GENERAL SAFETY PROGRAM

LOSS PREVENTION UNIT
OFFICE OF RISK MANAGEMENT
DIVISION OF ADMINISTRATION

20200701

CONTENTS

GENERAL SAFETY PROGRAM

OVERVIEW

Legislation establishing the Office of Risk Management (ORM) and the Loss Prevention (LP) Unit (R.S. 39:1543) calls for a comprehensive loss prevention program ["plan"] for implementation by all state Departments. *To comply with existing statutes, Departments shall develop individual safety plans and ensure that the plans are implemented.* (See Exhibit A, Title 37 Insurance in the Louisiana Register.) These rules require that each state Agency, board and commission with more than 15 employees shall implement an operational loss prevention plan to protect employees from injury.

At a minimum, a loss prevention plan as developed by the Department shall be implemented by each Agency and billing/location code within the Department. A **Departmental/Generic** General Safety Plan is one that is broad and covers the entire Department.

Ideally, an Agency-specific plan should be created for each location. Such a plan covers/addresses specific or unusual processes, procedures, systems for agencies within a Department that exceed the broad, general requirements of the Department.

It is possible for some agencies to operate under some **Departmental/Generic** components of the General Safety Plan, as well as have other **Site-Specific** components of their General Safety Plan.

The sample policies and procedures described in this manual are included as examples only. Each Agency should use the samples as a basis for writing and implementing its own individualized safety plan.

NOTE: This information is provided as a reference only. All questions regarding legal issues shall be addressed to the Agency's legal counsel.

This comprehensive loss prevention plan is organized around the following components:

1. General Safety Program
2. Driver Safety Program
3. Bonds, Crime, and Property Program
4. Equipment Management Program (if applicable)
5. Water Vessel Safety Program (if applicable)
6. Flight Operations Program (if applicable)
7. Any other program developed by the Loss Prevention Unit of the Office of Risk Management for the prevention of and/or reduction in events that may cause injury, illness, property damage, or any other damage/loss.

All employees shall be made aware of the Departmental or Agency site-specific loss prevention plan upon orientation. Documentation shall include employees' signatures acknowledging receipt of the plan and/or how to access the plan. Each location shall maintain a minimum of one (1) hard copy available for review by employees at all times or provide access to the program electronically.

Annual Loss Prevention Audit or Compliance Review (CR)

All state agencies and facilities shall be audited every 3 years by the Loss Prevention Unit concerning implementation of their loss prevention plan (Act 11, Extraordinary Session 1998, R.S. 39:1543). During the non-audit years, a compliance review shall be conducted by a Loss Prevention Officer. Each Agency is encouraged to conduct a self-audit prior to either the audit or the compliance review. Agencies shall receive their audit or CR within the same time frame each year.

The Loss Prevention Officer assigned to those locations shall schedule a CR/audit visit during the period that a compliance review/audit is traditionally conducted at each location.

Compliance with these rules is one factor in determining the insurance premium paid by the Agency in the next fiscal year. See Title 37, Insurance in the Louisiana Register.

Agencies implementing the operational loss prevention plan described here may benefit in many ways. First, and most importantly, employees and clients may enjoy a safer work environment. Second, fewer accidents may reduce absenteeism. Third, increased productivity may result because of safer work methods. Fourth, the Agency may experience reduced insurance premiums in following or subsequent fiscal years as a result of lower accident rates and claims.

COMPONENTS OF A GENERAL SAFETY PROGRAM FOR STATE FACILITIES

The following section describes the required components of a **general** safety program for state agencies and facilities, which shall be presented to new employees during orientation, documented, and made accessible to all employees.

Management Policy Statement

Top Management's responsibility for safety begins with a clear statement of its commitment to a safe environment for employees and clients of the Agency. The Departmental (and any Agency) management policy statement shall include the concept that safety is an integral part of every operation in all agencies and facilities. The statement shall also describe management's expectation of employees concerning safety. Management shall ensure that supervisors and employees are aware of their responsibility for safety, and management shall develop a system of accountability to ensure that all employees adhere to safety policies and procedures at all times. (See Exhibit B, Sample Management Policy Statement)

Assignment of Safety Responsibility

Agency management shall be responsible for the assignment of persons responsible for safety practices at the Agency and its facilities (R.S. 1453 B). Typically included in the definition of responsibility are executive management, loss prevention representatives, maintenance Department, supervisors or foremen, and all other employees. Other levels may be included as appropriate.

Written safety responsibilities shall include the Agency's policy for those employees who do not comply. A copy of the safety responsibilities shall be given to all employees at orientation and such action documented. Additionally, safety responsibilities shall be reviewed with employees upon any change in position that would place him/her in a different category.

(See Exhibit C, Sample Assignment of Safety Responsibility)

Safety Rules

Each state Agency or facility shall develop written safety rules that apply to its own operation. The Agency shall maintain a set of general safety rules that apply to all employees and, if appropriate, a set of site/task specific rules. As determined by each Agency, site/task-specific safety rules are necessary where hazardous activities/operations/tasks exist and other *general* safety rules are inadequate/fail to reduce or eliminate recognized/potential hazards.

The rules shall be written in terms that are easily understood and they shall be enforceable. Each employee shall receive a written copy of or be provided electronic access to both sets of safety rules for the facility, and such action documented. Documentation shall include employees' signatures acknowledging receipt of either the rules and/or how to electronically

access the rules. All employees at all levels shall be required to follow the rules. It is required that safety rules shall be reviewed annually at a safety meeting. It is further required that these rules be posted in the facility for review by all employees.

(See Exhibit D, Suggested Safety Rules)

Agency Classification

Effective July 1 of each Fiscal Year, the Office of Risk Management classifies each audited state agency as either Class A or Class B based upon the results of the agency's most recent audit or compliance review. This classification determines how often, monthly or quarterly, the agency is required to conduct safety meetings and building inspections.

Class A Agency – An audited agency which receives a Non-Compliant score on the audit or compliance review will be required to conduct safety meetings and building inspections on a monthly basis effective July 1 of the upcoming Fiscal Year. A Class A agency may elect to meet more often than monthly.

Class B Agency – An audited agency which receives a Compliant score on the audit or compliance review will be required to conduct safety meetings and building inspections on a quarterly basis effective July 1 of the upcoming Fiscal Year. A Class B agency may elect to meet more often than quarterly.

The Office of Risk Management will notify the state agency prior to July 1 should there be a change in the agency's classification from the prior Fiscal Year.

Safety Meetings

- Class A agencies shall conduct and document safety meetings on a monthly basis.
- Class B agencies shall conduct and document safety meetings on a quarterly basis.

Safety meetings are required for supervisors and all employees of each work unit. It is strongly recommended that the required meetings are held at the same time each quarter or month depending on the agency's prior year audit/CR results. A legible record (scanned or hard copy) shall be kept showing:

- Topics discussed,
- Employees receiving the information,
- Instructor's name,
- Teaching aids used,
- Date of training,
- Total number of employees on staff,
- Total number of employees in attendance at the training,

- Original signatures of employees on attendance sheets, or employee's initials next to typed names on attendance sheets or verification of "received and read" by e-mails, and
- Employee suggestions or follow up.

Agencies shall provide a means of ensuring that those employees who cannot attend the meetings have access to the material presented during the meeting.

NOTE: Safety meetings conducted electronically are acceptable as long as there is a record of receipt of the information by the employee (e.g., e-mail return receipt).

All agencies shall strive for 100% employee participation, with 75% being the minimum allowable attendance for each meeting to count toward the monthly/quarterly requirements of the ORM general safety audit.

Agencies whose audit/CR is rolled up to a higher level (i.e., conducted as one with other locations that all report to the same billing code location) can request, in writing, approval by the ORM Loss Prevention Manager to have their safety meeting attendance combined with that of the other roll up locations to calculate one overall attendance percentage for the billing code location.

In order to qualify for a roll-up audit or CR, locations must share the following:

- identical loss prevention programs
- identical safety training materials/content
- the same safety coordinator (whenever practical)
- the same physical location (whenever practical)

To demonstrate their total support for workplace safety and health as well as the loss prevention program, Department/Agency heads shall attend all in-person safety meetings. Alternatively, the highest ranking official (or his/her management designee) present on the day of the in-person meeting shall attend and their presence, as well as that of all other employees, documented.

A makeup meeting should be provided and documented for any absent employee and/or management representative. All makeup meetings must occur within the same month or quarter (depending on your Agency classification). Any exception to this must be submitted in writing to the ORM Loss Prevention Manager for review/approval.

Safety meetings may vary from formal presentations to informal discussions of safety problems. The meetings shall be educational and motivational, and shall also demonstrate management's concern for safety. Employees' suggestions at safety meetings have often resulted in the implementation of new safety policies and procedures that have reduced hazards, increased productivity, and improved work methods. Safety meeting topics shall apply to <u>all</u> employees in attendance and documentation of all meetings shall be available for review at the next audit or compliance review.

(See Exhibit E, Sample Procedures for Conducting Safety Meetings)

Training

Safety related training shall be provided to all employees who must perform new tasks or operate new equipment or whose safety performance is not satisfactory. The safety related training, whether conducted by a supervisor on the job or by a training specialist, shall include instruction in correct work procedures, use of safety equipment, and availability of assistance. Additionally, safety related training shall cover a review of the basics pertaining to a specific topic and also the Agency's specific policy on such. All safety related training, whether formal or on the job training (OJT), shall be documented.

Agency heads/designees shall ensure that trained persons are conducting safety meetings, inspecting the work area, investigating accidents, analyzing jobs for safety, and demonstrating leadership skills in safety.

The Agency's loss prevention coordinator and representatives shall have documented proof of attendance at least once every five years in the ORM Loss Prevention Program course.

All agencies are required to have a documented review of written policies with employees and conduct documented awareness on the following topics. Such awareness shall be completed within 90 days of hire and additionally as indicated thereafter, and may count toward the monthly/quarterly safety meeting requirements.

- Drug-Free Workplace (once every 5 years)
- Return to Work (once every 5 years)

An Agency's drug-free workplace policy/awareness program should be in accordance with RS 49:1001 et seq. and any other relevant statute.

Agencies are encouraged to continue awareness and/or training on Violence in the Workplace, Sexual Harassment, and the Code of Governmental Ethics.

(See Exhibit F, Procedures for Setting up a Training Program)

Safety Committees

It is recommended that all participating agencies (i.e., those with 15 or more employees) form a safety committee and hold meetings on a periodic basis. The committee may consist of members from different work disciplines of the Agency. The meetings may be a forum in which pertinent safety and health issues are discussed, such as:

- incident/accident forms
- theft and security
- reported hazards
- building inspection reports
- anonymous reports
- workplace assessments

Procedures for Inspection

- Class A agencies shall conduct and document inspections on a monthly basis.
- Class B agencies shall conduct and document inspections on a quarterly basis.

Inspections are required for all agency buildings/structures. It is strongly recommended that the required inspections are conducted at the same time each quarter or month depending on the agency's prior year audit/CR results.

The operational general safety plan shall include general housekeeping safety rules and a procedure for conducting inspections of the facility to identify and correct hazards. A written report is to be completed for each inspection, kept for review at the next audit or compliance review. The report shall include identification of unsafe conditions or acts and the recommended corrective action.

Inspections serve two basic functions:

1. To maintain a safe work environment and to control the unsafe actions of people.
2. To maintain operational efficiency.

Regular interior and exterior inspections of all buildings (whether in use or not) shall reinforce to employees the importance of safety and management's commitment to safety. Buildings used as a primary residence only require an exterior inspection.

The inspections encourage employees to inspect their own work areas and identify unsafe conditions. Preferably, safety inspections should be made regularly, using a site-specific inspection technique such as a checklist, regardless of whether a problem has been reported.

The same form can be used for more than one building, provided: the buildings are all of the same structure type; all information on the form is applicable to all buildings listed; and all information is neat and legible.

Corrections of unsatisfactory conditions shall be made immediately, to meet accepted and approved standards even if no accidents have occurred. A systematic inspection technique such as a site-specific checklist is recommended for analyzing work areas and should include:

- Building Safety
- Electrical Safety
- Emergency Equipment
- Fire Safety
- Office Safety
- Storage Methods

All employees are responsible for immediately reporting any recognized potentially hazardous condition or practice. Employees shall report any unsafe condition to the supervisor/appropriate party via the Hazard Control Log (Form HC-1-90) or other acceptable method.

The authorized person(s) shall take immediate temporary control of the area to prevent exposure until corrective action is taken. If a supervisor or the loss prevention representative cannot correct the hazard, they shall immediately report it to the next level of management.

Hazard Control Logs (or other similar reporting forms) shall be reviewed on a regular basis, and signed/initialed and dated each time.

Procedures must be developed and distributed to all employees that cover: the purpose of the HCL, how and when to use it, and who maintains them.

If a hazard exists for more than 30 days, the supervisor or appropriate individual(s) shall notify the Department and Agency heads and Loss Prevention Management of the Office of Risk Management.

The report of a hazard shall be retained in the affected work area until all hazards are corrected and made available for review at the next audit or compliance review.

Additionally, if applicable, any deficiency discovered during an inspection conducted by the State Fire Marshal's Office shall be corrected.

(See Exhibit G, Sample Inspection Procedures)

Procedures for Incident/Accident Investigation

Incidents/accidents may occur in spite of an emphasis on safety and regular inspections. When an incident/accident does occur, it shall be thoroughly investigated to determine the cause and any contributing factors to prevent a recurrence.

The appropriate investigation report (DA2000-employees only; DA3000-visitors, clients/inmates only OR equivalent forms) shall include information on the individual injured, a description of the incident/accident (bodily injury vs. property damage), a statement of what caused or might have caused the incident/accident, and any corrective action that has been taken or that should be taken to prevent recurrence. Agencies shall keep on file all incident and accident related DA2000 and/or DA3000 or equivalent forms for review by the Loss Prevention Officer.

NOTE: The DA2000 form is not required for motor vehicle accidents. The DA2041 form is required in such instances.

All information fields (including the root cause analysis section on the DA2000) on the forms shall be completed and reviewed for accuracy. Notations such as N/A (not applicable) are not acceptable.

The supervisor of the work unit involved is primarily responsible for conducting the incident/accident investigation and completing all related forms. Others, such as the loss prevention representative or safety committee, may be involved depending upon the nature and severity of the incident/accident.

The agency's loss prevention coordinator shall receive documented training on, and train the agency's loss prevention representatives on:

- Accident Investigations
- Inspections
- Safety Meetings
- Supervisor Responsibilities
- Job Safety Analyses

In the event of a fatality, or near fatality, ORM Loss Prevention Management shall be immediately notified via email or a phone call. A claim report should also follow. (See Exhibit H, Sample Procedure for Incident/Accident Investigation.)

Job Safety Analysis

Another component of incident/accident investigation is job safety analysis. As a responsibility of the immediate supervisor/designee, the job safety analysis is a procedure to be used in reviewing work methods and identifying hazards that may result in incidents/accidents. There may have been unforeseen hazards during the design of the building, workstation, equipment, tools, or processes. Hazards may have developed after the work procedure was designed, or they may be the result of a change in the work procedure or personnel. All applicable JSAs must be reviewed in post-incident/accident situations.

Job safety analysis is one of the first steps in hazard prevention, incident/accident analysis and safety training because a hazard must be recognized before it can be eliminated. Therefore, job safety analysis shall be performed on all tasks that have resulted in an incident/accident trend, death, or a change in job procedures or equipment.

Documented employee training on completed/existing JSAs should be conducted at least annually, and the JSAs should be kept in an area accessible to all employees.

There are three objectives in job safety analysis:

1. To systematically evaluate jobs and work methods to eliminate hazards and potential hazards,
2. To assist in the teaching of safe work procedures,
3. To provide a framework for incident/accident analysis.

(See Exhibit I, Sample Procedure for Job Safety Analysis)

Return to Work Program

In conjunction with reporting and investigating all incidents/accidents, it is critical that the agency have policies and procedures in place to get the injured employee(s) back to work as soon as possible thereafter, to the extent possible, as directed by the treating physician.

Pursuant to R.S. 39:1547, the Office of Risk Management (ORM) has developed the attached Transitional Return to Work Plan (See Exhibit N).

The TPA's Return to Work Coordinator (RTWC) will work closely with the individual(s) designated by the agency to ensure that the following required steps are put in place by the employer:

- Develop a written Transitional Return to Work policy.
- Establish an agency specific Transitional Return to Work team.
- Designate a Return to Work coordinator to facilitate return to work.
- Coordinate Transitional Return to Work efforts with the State's Third Party Administrator.
- Make all employees aware of its return to work policy.
- Modify regular job duties to accommodate restrictions placed by the treating physician.
- Make available a temporary, alternate work assignment to the injured worker who has been released to return to work on restricted duty by a treating physician.
- The temporary work assignment must be meaningful and productive within safe parameters of the injured worker's physical capabilities.
- Once the injured worker has been released to return to work, the employer must make a Bona Fide Offer of Employment (legitimate job offer) in writing.
- Evaluate and improve the program periodically.
- Maintain documentation of the agency's Transitional Return to work efforts

The development and implementation of the plan is mandatory. Agencies can use the attached plan as a model to assist in developing their own agency specific Transitional Return to Work Plan.

Record Keeping

Good record keeping is essential to occupational safety and loss prevention. Without records, it is impossible to analyze or measure the success of a general safety program. Records supply the information to transform haphazard, costly, and ineffective safety methods into a planned program that controls unsafe conditions and/or acts that may contribute to accidents. A second important use of safety records is to compare the safety effort of a facility to others performing similar functions. This comparison enables an Agency to evaluate its own safety accomplishments.

The following records from the previous fiscal year shall be available for review by the LPO at the next audit or compliance review: inspection reports, hazard control logs (or other

similar reporting forms), job safety analyses, incident/accident investigations, and minutes of safety meetings.

All training/awareness records shall be available for the previous five (5) years.

Blood Borne Pathogens (BBP)

All agencies shall have a written blood borne pathogens program that includes the following five (5) components:

- **Exposure Determination** - Each Agency that has an employee(s) with occupational exposure shall prepare an exposure determination. This exposure determination shall contain the following:

  A list of all job classifications, tasks, and procedures in which some/all employees in those job classifications have occupational exposure.

  This exposure determination shall be made without regard to the use of personal protective equipment.

- **Medical Evaluation for Affected Employees** – Following a confirmation of an exposure incident, the Agency shall make immediately available to the exposed employee a confidential medical evaluation and follow-up.

  When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

- **Methods of Compliance** – Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. This can be accomplished via the implementation of Engineering and Work Practice Controls and/or the use of Personal Protective Equipment.

- **Work Practice Controls** – Steps the Agency can take that reduce the likelihood of exposure by altering the manner in which a task is performed.

- **Training -** The training schedule shall be contingent upon the level of exposure to BBP. Employees shall be classified as high risk or low risk. Any uncertainty in classification of employees should be referred to ORM Loss Prevention Management for guidance.

  High Risk:

  High-risk positions shall be identified and listed in the plan (e.g., Health Care Facilities/professionals, and other high risk occupations). Workers with high-risk BBP occupational exposure shall receive training within 90 days of hire and at least once per year thereafter. Training records shall be maintained for five years. **Training for high-risk employees shall be instructor-led by someone qualified and knowledgeable in**

such matters (e.g., healthcare professional, safety & health professional, EMT, First Aid/CPR instructor, Red Cross, etc.)

Employees with job titles OR who perform job duties related to the following categories of workers (and have reasonable occupational exposure to blood or other potentially infectious materials) shall be classified as high-risk: shelter workers (e.g., special needs, disaster recovery), child welfare workers, healthcare workers, lab technicians, police officers and others who carry weapons, first responders, firefighters, custodial staff, kitchen staff (that may handle sharp equipment), public safety workers, and plumbers. The agency may classify additional employees as high-risk when appropriate.

NOTE: Employees who are trained in first aid and/or CPR are <u>not</u> deemed as high risk nor are they required to have annual blood borne pathogens training <u>unless</u> these individuals are mandated by their Agency to use their skills in the event of an employee or visitor emergency.

Low Risk (General Office/classroom personnel):

All low-risk employees shall participate in a BBP awareness/training program within 90 days of employment. If there are no BBP events, the awareness/training shall be required every five years thereafter. If an Agency's unit experiences a BBP event, the employees of that unit shall be required to retrain within the following 60 days. Awareness/training records shall be available for review at the next audit or compliance review and retained for a period of five years.

The plan shall include procedures for spills and spill cleanup. Spill kits (or equivalent supplies) shall be available, maintained and stocked. (See Exhibit K, Blood Borne and First Aid Requirements)

<u>First Aid</u>

All agencies shall have a written program for first aid that addresses the needs of employees and visitors. Each Agency and facility should provide one person trained in CPR/First Aid at each job site on each shift unless they are in close proximity* to a medical facility.

*This will vary from location to location, based on such factors as time, distance, and potential physical obstacles (e.g., railroad tracks running between your location and the medical facility). However, current industry practice recommends, in workplaces where serious accidents (e.g., falls, suffocation, electrocution, amputation) are possible, if there is no employee on the site who is trained to render first aid, emergency medical services must be available within 3-4 minutes. A somewhat longer response time of up to 15 minutes may be reasonable in workplaces, such as offices, where the probability of such serious work-related injuries is low.

A first aid kit with the proper supplies shall be maintained, stocked, and expired contents replaced as needed.

The need for first aid training is recommended in agencies:

- That have night shifts or minimal/partial crews
- When medical facilities are closed
- When field crews are working at points far removed from professional help

Even in agencies that have complete in-house medical Departments, other personnel trained in first aid who are first on the scene of an accident may provide life saving assistance and help transport injured persons safely. (See Exhibit K, Blood Borne and First Aid Requirements)

Emergency Preparedness Program

In addition to general safety rules, special rules are needed to cover various types of emergency situations such as fire, natural disasters, proximity threats, or terrorism. Each Agency and facility shall have an emergency preparedness plan for such events and contact information for response personnel should be on file with the local police and fire Departments.
Each Agency shall conduct actual fire drills at least once per year. Requests for exceptions to conduct mock fire drills must be submitted to the ORM Loss Prevention Manager for review and approval.

(See Exhibit L, Components of an Emergency Preparedness Plan)

Hazardous Materials

Special rules are needed to cover the handling, storing and usage of hazardous materials from receipt through disposal. Each Agency shall conduct and document a complete inspection of all facilities, grounds, vehicles and any other piece of state property that may contain hazardous materials.

The need to have a hazardous materials program is not based on the quantity of certain chemicals. Instead, it is based on the exposure potential for employees to those materials. Therefore, a full assessment of all materials must be made by the Agency, including a review of the Safety Data Sheet (SDS) for each.

If hazardous materials are found, then the Agency shall promulgate written policies and procedures to ensure the safety of everyone in their workplace. A substance is considered “hazardous” if it is classified as either a “physical hazard,” (flammables, explosives, etc.) or a “health hazard” (carcinogen, hepatogen, mutagen, etc.).

The hazardous materials plan shall competently address the availability of and/or documented training on: proper handling, storage (cabinets), Safety Data Sheets (SDS), container labels, Personal Protective Equipment (PPE), lab hoods and lab safety, required safety equipment and its training, and proper disposal of hazardous materials.

Training requirements should be appropriate for, and commensurate with, the nature of the work or exposure. Therefore:

- For those employees who are likely to encounter one or more hazardous materials in the course of a work shift:

  Documented training on the Hazard Communication Program is required:

  1) within 30 days of employment (full program); and
  2) if working in a new area or with new hazardous materials (refresher only); and
  3) whenever the Department Head, Department Safety Officer, or Supervisor determines (refresher or full program); and
  4) at least annually (full program).

- For those employees who are not likely to encounter one or more hazardous materials in the course of a work shift:

  Documented training on the Hazard Communication Program is required:

  1) once, within 30 days of employment (SDS and labels only); and
  2) if promoted/transferred/assigned to a job/area involving exposure to one or more hazardous materials (full program); and
  3) whenever the Department Head, Department Safety Officer, or Supervisor determines (refresher or full program).

(See Exhibit M, Sample Hazard Communication & Chemical Safety Program)

List of Exhibits

NOTE: All sample plans and programs provided throughout the Loss Prevention Manual can be modified as needed. They are intended to serve as a starting point and aid in assisting agencies to develop forms specific to their situation.

Exhibit A

Office of Risk Management Rules
Louisiana Register, Title 37 Insurance

RULE

Division of Administration
Office of Risk Management

The Office of Risk Management has the responsibility in accordance with the provisions of R.S. 39: 1527 et seq. to manage all state insurance except as specifically otherwise provided to the contrary, and in accordance with R.S. 39:1527 et seq. the Office of Risk Management adopted the following rules.

A. R.S. 39:1543 requires the development of a comprehensive loss prevention program for implementation by all state agencies including basic guidelines and standards of measurement.

B. In order to fully comply with this statute a comprehensive loss prevention plan has been developed and the following components shall be implemented by every state Department, Agency, board, or commission that employs 15 or more employees.

1. **Management Policy Statement-** An expression of management philosophies and goals toward safety. Develop and implement a comprehensive safety program that shall include a statement of safety policy and responsibility.

2. **Responsibility for Safety in an Organization-** A written document to clearly define supervisory responsibilities at all levels. In each Department in the executive branch of government there shall be a loss prevention representative designated by the Department head.

3. **Inspection Program-** A program to maintain a safe work environment and control unsafe acts and/or conditions by regular and periodic facility inspections.

4. **Job Safety Analysis-** A procedure to review job methods and hazards that relate to the work environment. The job safety analysis shall be performed on all tasks or processes that have a higher than normal rate of producing bodily injury or property damage.

5. **Investigation Program-** A program to thoroughly investigate and identify the actual causes and contributing factors of losses as soon as possible in an attempt to prevent recurrences. Investigate the job related accidents of employees of their Departments, offices or agencies.

6. **Safety Meetings-** Meetings shall be conducted with employees on a monthly or quarterly basis unless otherwise specified by ORM. The purpose of these meetings is to: educate, inform, and motivate employees and to examine work practices for potentially unsafe acts that may produce bodily injury and provide a method to preclude recurrences. Establish a program to promote increased safety awareness by employees

7. **Safety Rules-** General instructions developed by agencies regarding the employees' responsibilities.

8. **Employee Training-** Maintain a systematic method of training employees to perform their required tasks in a safe and efficient manner and to ensure all employees receive periodic refresher training.

9. **Record Keeping-** Implement a procedure for the uniform development and maintenance of loss prevention and control documents that shall be retained for review at the next audit or compliance review (unless otherwise specified). This shall include inspection reports, accident investigation reports, the minutes of safety meetings, training records, and boiler and machinery maintenance records.

10. **First Aid Program-** Adoption of a first aid program that, when required, shall provide a trained first aid person at each applicable job site and shift. This policy covers all facilities and crews.

11. **Equipment Management Program-** Written preventive maintenance program that shall include but not limited to a history of each piece of equipment, who is responsible, schedule of when maintenance shall be performed, list of equipment that shall be maintained, and how maintenance shall be performed.

12. **Driver Safety Program-** A program to provide a systematic method of screening, training, and accountability of employees who may be assigned or drive state-owned vehicles or personal vehicles on state business in the course and scope of their employment.

13. **Water Vessel Operator Safety Program-** Program to provide a systematic method of screening, training, and accountability for employees and supervisors required to assign or operate state-owned water vessels in the scope of their employment

14. **Aviation Safety Program–** Program to provide a systematic method of screening, training, and accountability for employees and supervisors required to assign or operate state-owned aircraft in the scope of their employment.

15. **Other Loss Prevention Programs-** Any other loss prevention program developed by the Office of Risk Management, Loss Prevention Unit for the prevention and reduction in accident events that may cause injury, illness, or property damage.

C. The minimum requirements are in no way intended to require revisions of existing safety plans that meet or exceed these minimum requirements. However, these existing plans shall be submitted to the Loss Prevention Unit for review and acceptance.

D. The Loss Prevention Unit shall audit each Department, Agency, board or commission to insure compliance of the development, implementation, and adherence to the program. The deadline for certification shall be June 30 of each year for insurance premiums for the following fiscal year. If an Agency, board or commission is determined to be in compliance, the Unit shall issue a certificate of compliance that will result in a five percent credit in the billed premiums. Such compliance shall be certified by major risk groups as follows:

1. Workers Compensation (Regular)
2. Workers Compensation (Maritime)
3. General Liability
4. Auto Liability and Auto Physical Damage
5. Property and Inland Marine
6. Boiler and Machinery
7. Bond and Crime Risk
8. Aviation
9. Marine

Exhibit B

MANAGEMENT POLICY STATEMENT GUIDELINES

A major goal of agencies and units is to provide safe and efficient services to residents of the State of Louisiana. Each employee shall help to accomplish this goal through safe and efficient work practices. Employee safety is vital to our success. We accept the moral and legal responsibility of providing safe and healthy work conditions. Our objective is to implement a comprehensive safety plan that meets all federal, state, and local safety codes, and establishes and maintains safe and healthy conditions in our offices, facilities, and grounds.

This objective can be reached if all employees accept personal responsibility for their own safety and well-being. Safe work habits are an essential element of satisfactory job performance. Each employee is responsible for immediately reporting potentially unsafe conditions and work practices and taking effective temporary actions to minimize the risk to him/her and others.

Each individual is responsible for helping us reach our loss prevention goal of preventing personal injury and loss of property due to accidents.

Supervisors will be held accountable for the actions of their employees. They are responsible for ensuring that both they and their employees follow all safety rules, policies, and procedures.

It is our intention to provide good supervision, effective training, and safe equipment on the job. The success of our loss prevention program depends upon the efforts of all employees to minimize and eliminate all potential hazards.

(See sample policy statement on page 21).

SAMPLE MANAGEMENT SAFETY STATEMENT

Date

To: (Agency/unit head)

From: (Department head)

SUBJECT: Safety and Health Policy Statement

I. Policy- It is the policy of the Department/Agency of _____ to provide a safe work environment for its employees in order to protect them from accidents that not only directly impact their quality of life, but also has the added benefit of reducing the Department's insurance costs. This dual benefit ensures the safety and health of Department employees and the protection of the taxpayer's hard earned dollars by keeping insurance costs down.

   Therefore, each employee of this Department/Agency is instructed to devote daily attention to making his or her activities and/or operations as safe and accident free as possible by complying with this policy and the Department's safety/loss prevention program.

II. Purpose- The purpose of this policy is to authorize the implementation of a safety program for all employees that will:

   A. Promote a safe, productive work environment for all employees, and prevent injuries that are painful and potentially disabling.
   B. Since this policy and program have cost savings potential to both this Department and the taxpayers of this state, this policy shall be applicable to all employees and all sections/units of this Department/Agency.

III. Questions- All questions concerning this policy should be directed to the Department's loss prevention coordinator.

_____ _____

Signature **Date**

Exhibit C

SAMPLE ASSIGNMENT OF SAFETY RESPONSIBILITY

The ultimate responsibility for preventing accidents and controlling hazards rests with management. Safety should be managed like any other administrative function. Management should direct the safety effort by setting achievable goals and by planning, organizing, and controlling activities to achieve those goals. The keys to effective safety performance are management procedures that assign accountability. The following is a suggested list of responsibilities for various positions in the organization.

Department/Agency Head

1. Has full responsibility for safety.
2. Authorizes necessary expenditures to provide safe work conditions.
3. Approves safety policies as formulated by the safety officer or safety committee.
4. Participates in the safety program as recommended by the safety officer or committee (conducts safety tours, approves safety contracts, reviews and responds to safety reports, ensures safety awareness among key management personnel, evaluates safety program, reviews safety audits).

Department/Loss Prevention Coordinator

A Department loss prevention coordinator is responsible for the overall safety program of the Department. They should have direct access to the Department secretary. They should have open communication with all safety officers within each Agency of their Department. They should demonstrate leadership to the safety officers in carrying out their duties and responsibilities. This should include help and support in the development of Agency programs and policies. Their duties should include but not be limited to:

1. Primary responsibility for coordinating the safety operations at each facility or Agency.
2. Keeping and analyzing accident records.
3. Conducting educational activities.
4. Conducting activities to stimulate and maintain interest in safety among employees.
5. Serving on the safety committee.
6. Supervising and appraising accident investigations.
7. Planning and directing a regular program of safety inspections.
8. Checking for compliance with applicable safety laws and codes.
9. Issuing regular reports showing safety performance and accident trends.

Agency Loss Prevention Representative

An Agency loss prevention representative is responsible for the development and implementation of the Agency safety program. They should have direct access to the head of the Agency. Their duties should include but not be limited to:

1. Planning and directing a regular program of safety inspections and accident investigations.
2. Conducting safety meetings.
3. Conducting activities to stimulate and maintain interest in safety among employees.
4. Serving on the safety committee.
5. Checking for compliance with applicable safety laws and codes.
6. Communicating with Departmental safety coordinator.

Maintenance Department

1. Works with safety committee, Agency loss prevention representative, and foremen to ensure safe work conditions.
2. Executes work orders promptly.
3. Cooperates in devising safety equipment, guards, and appliances.
4. Maintains a regular maintenance schedule on all equipment and keeps maintenance records.
5. Makes regularly scheduled inspections as instructed by safety Department and makes reports.

Supervisor/Foreman

1. Inspects work area for compliance with safe work practices and safety rules.
2. Trains employees to work safely.
3. Corrects unsafe conditions and unsafe acts.
4. Obtains prompt first aid for the injured.
5. Reports and investigates accidents and works with Agency loss prevention representative to determine cause and correct any problems.
6. Serves on safety committee.
7. Holds crew safety meetings.
8. Discusses safety with individual employees.

Employee

1. Works in accordance with accepted safety practices.
2. Reports unsafe conditions and practices.
3. Observes safety rules and regulations.
4. Makes safety suggestions.
5. Serves on safety committees.
6. Asks for assistance or further explanation when needed.

Exhibit D

SUGGESTED SAFETY RULES

The following are suggested safety rules for state facilities. Agencies may modify and add rules as needed:

1. Smoke only in approved areas.
2. Horseplay and fighting will not be tolerated in the work place.
3. Before beginning work, notify your supervisor of any permanent or temporary impairment that may reduce your ability to perform in a safe manner.
4. Use personal protective equipment to protect yourself from potential hazards that cannot be eliminated.
5. Operate equipment only if you are trained and authorized.
6. Inspect the workstation for potential hazards and ensure that the equipment or vehicle is in safe operating condition before using it.
7. Immediately report any recognized potentially unsafe condition or act to your supervisor.
8. If there is any doubt about the safe work method to be used, consult the supervisor before beginning work.
9. Immediately report accidents, near misses, and property damage to a supervisor regardless of the severity.
10. Supervisors should obtain special safety permits when required (e.g., hot work or confined spaces).
11. Follow recommended work procedures outlined for the job including safe work methods described in the job safety analysis.
12. Maintain an orderly environment and work procedure. Store all tools and equipment in a designated place. Put scrap and waste material in a designated refuse container.
13. Report any smoke, fire, or unusual odors to your supervisor.
14. Use proper lifting techniques. For objects exceeding 50 pounds in weight, the immediate supervisor shall determine specific methods for safe lifting.
15. Never attempt to catch a falling object.
16. If your work creates a potential slip or trip hazard, correct the hazard immediately or use safety tape to tag the area before leaving it unattended.
17. Fasten restraint belts before starting any motor vehicle.
18. Obey all driver safety instructions.
19. Comply with all traffic signs, signals, markers, and persons designated to direct traffic.
20. Adhere to Departmental rules regarding first aid, evacuation routes, and fire Department notification.
21. Adhere to Departmental rules and procedures specific to Departmental operations.
22. Assist and cooperate with all safety investigations and inspections and assist in implementing safety procedures as requested.

Exhibit E

SAMPLE PROCEDURES FOR CONDUCTING SAFETY MEETINGS

Prepare for Meeting

1. One idea to produce excellent topics for safety meetings is to conduct frequent inspections of the various areas and work practices and note any unsafe activities or tendencies that need to be eliminated.
2. Select an activity or topic to be used as a safety meeting topic that can benefit all employees in attendance. Examples of appropriate topics can include: a new job/ procedure/changes in an operation, an unsafe behavior or activity, or an annual review of the Agency safety rules. Safety meetings can help identify and eliminate hazards before accidents occur.
3. Safety Meeting Report shall list the topics to be discussed.
4. Identify the methods used to conduct the meeting (e.g., classroom, distribution of reading materials, demonstrations, etc.)

Conduct the Meeting

1. Meetings may be conducted in a classroom-like setting with lecture, video, and/or demonstrations.
2. Information may be distributed via e-mail, handouts, correspondence and employees shall be required to indicate that they “have received and read” the materials.
3. Record the total number of employees participating vs. the total number of employees and calculate a percentage of employees who participated.

Document Attendance

Ensure an original signature is obtained from each employee in attendance at each meeting and that the documentation reflects the date on which the information was actually received. For those employees to whom the safety meeting information is provided electronically, maintain a record of receipt by each employee (e.g., e-mail return receipt).

The percent participation at each meeting can be calculated by dividing the total number of employees who attended by the total number of employees eligible to attend.

Keep a Record of the Meeting

1. Copies of safety meeting report forms should be sent to the safety coordinator or Agency head. The supervisor should keep originals.
2. Sign in sheets shall be available for review at the next audit or compliance review.

Agencies should use the form below or one that contains the same information. All previous safety meeting forms are no longer acceptable.

EXHIBIT E
SAFETY MEETING REPORT

Agency_____ **Quarter or Month** _____

Section_____ **% Participation (total # EE attending/total #EE)** _____

Safety Manager/Instructor_____ **Date of Meeting**_____

Subject of Meeting:

Materials/Methods Used:

I have received and read the materials regarding the safety meeting topic above.

Print Name	**Signature/Initials**

Make copies of this sheet for additional signatures

EXHIBIT E
SAFETY MEETING REPORT

Comments/Suggestions/Remarks:

Exhibit F

PROCEDURES FOR SETTING UP A TRAINING PROGRAM

Safety Training for Employees:

The purpose of employee safety training is to establish a systematic method of teaching employees to perform the required tasks in a safe and efficient manner. There are four primary objectives in employee safety training:

1. To teach employees hazard recognition and methods of corrective action
2. To involve employees in accident prevention
3. To motivate employees to accept their safety responsibilities
4. To provide employees information on accident causes, occupational health hazards, and accident prevention methods

Steps in Conducting Employee Safety Training

1. Select appropriate training topics and schedule training by priority. Eleven training topics are recommended as essential to each Agency or facility (examples include):

   A. Safety Program Objectives

      1. Rights and responsibilities of the employee
      2. Authority and responsibilities of the supervisor
      3. Safety policy/rules
      4. Accident/incident reporting procedures
      5. Job safety analysis
      6. Accident experience and trends

   B. Hazard Recognition and Control

      1. Types of hazards
      2. Preventive measures
      3. Inspection procedures
      4. Recording and reporting
      5. Immediate temporary controls

   C. Emergency First Aid Procedures

      1. Recognizing first aid emergencies
      2. Gaining control
      3. Emergency care

D. Emergency Response Procedures

1. Alarm systems
2. Evacuation routes
3. Fire extinguisher training
4. Emergency Procedures

E. Personal Protective Equipment

1. What to use
2. When to use
3. Storage area
4. How to check, inspect, and maintain
5. How to dispose of contaminated PPE appropriately

F. Material Handling

1. High risk jobs
2. Proper lifting
3. Proper carrying

G. Slips, Trips, and Falls

1. Recognizing potential problems
2. Minimizing exposure

H. Unsafe Environmental Conditions

1. Outside (heat, cold, winds, rain, hurricanes, tornadoes)
2. Inside (noise, dust, vapor, fumes)
3. Other (fire, bomb threats)

I. Good Housekeeping Practices

1. Tools and equipment
2. Vehicles
3. Grounds
4. Work Area

J. Work from Elevations/Use of Ladders

1. Preventing a fall
2. Using proper fall protection devices

K. Safe Vehicle Operation

1. Pre-operational inspection
2. Control of common hazards
3. Rules of the road
4. Safety Belts
5. Reporting Vehicular Accidents

2. Develop a lesson plan for each training session. A complete lesson plan should include the following:

A. Title: Clearly identifies the topic.

B. Objectives: States what the trainee should know or be able to do at the end of the training period. A well-written objective limits the subject matter, is specific, and stimulates thinking on the subject.

C. Estimated Time of Instruction: States the length of the training session. Ample time should be allowed to thoroughly cover the subject.

D. Materials: States material to be used in training including equipment, tools, charts, slides, films, videos, etc.

E. What the Instructor Will Do: Gives the plan of action. Indicates the method of teaching (lecture, demonstration, class discussion, etc.). Provides directions for instructor (show chart, write key words on chalkboard, etc.).

F. What the Employee Will Do: Indicates how employees will apply the material in the training session.

G. Evaluation: Establishes an assessment method (test, discussion, demonstration) for determining whether the training objectives are achieved.

H. Assignment: Provides employees an opportunity to apply the material on the job.

<u>Safety Training for Supervisors/Foremen (Key Safety Person):</u>

The immediate responsibility for preventing accidents and controlling work hazards falls upon the supervisor/foreman because safety and production are part of the same supervisory function. Some objectives of safety training for supervisors/foremen are as follows:

A. To involve supervisors/foremen in the Agency's accident prevention program.

B. To establish a key safety person in each unit.

C. To help supervisors/foremen understand their safety responsibilities.

D. To provide supervisors/foremen and key safety person with information on causes of accidents and occupational health hazards and methods of prevention.

E. To help supervisors/foremen and key safety person gain skill in accident prevention activities.

Suggested Safety Topics for Supervisors/Foremen:

A. Safety and the Supervisor/Foreman: The relationship between safety and productivity.

B. Know Your Accident Problems: Elements of an accident (unsafe acts, unsafe conditions), accident investigations, measurements of safety performance, accident costs.

C. Human Relations: Employee motivation, basic needs of workers, supervisor/foreman as a leader, alcohol and drug problems.

D. Maintaining Interest in Safety: Committee functions, employee relations, supervisor's role in off-the-job safety.

E. Instructing for Safety: Job instruction-training, procedure for conducting job safety analysis (JSA's)

F. Industrial Hygiene: Environmental health hazards (lighting, noise, ventilation, temperature).

G. Personal Protective Equipment (PPE): Eye protection, face protection, foot and leg protection, hand protection, respiratory protection, protection against radiation.

H. Industrial Housekeeping: Results of good housekeeping, responsibility of the supervisor/foreman.

I. Material Handling, Storage, and Disposal: Lifting and carrying, handling specific shapes, hand tools for material handling, motorized equipment, hazardous liquids and compressed gases.

J. Guarding Machines and Mechanisms: Principles of guarding, benefits of good guarding, types of guards, standards and codes.

K. Hand and Portable Power Tools: Selection and storage, safe use of hand tools and power tools.

L. Fire Protection: Recognizing Fire hazards, understanding fire chemistry, setting up fire brigades, supervisor's/foreman's role in fire safety.

M. Inspections: Conducting inspections of the facility and employee work areas to identify and correct hazards.

Exhibit G

SAMPLE INSPECTION PROCEDURES

1. The head of each Agency divides the grounds and facilities under their direct control into specific housekeeping units. Housekeeping responsibility for each unit is assigned to a specific manager or their designee.

2. The manager/designee meets with first-line supervisors/foremen and employees to explain the purpose and objectives of the inspection procedure. Each employee should be encouraged to assist in identifying, eliminating, or effectively controlling potential safety and fire hazards.

3. Managers/designees are responsible for conducting regularly scheduled (at least monthly in Class A agencies and quarterly for Class B agencies) inspections and for identifying and correcting conditions or practices that are potential safety or fire hazards.

   Some examples of hazardous conditions are as follows:

   - Slip or trip hazards (e.g., cords or torn/broken floor covers)
   - Foreign materials that could cause loss of balance such as food, grease, oil, liquids, mud, algae, trash, etc.
   - Holes or protrusions such as eroded, broken or sunken walking surfaces
   - Temporary accumulation of flammable or combustible materials
   - Storage and use of chemical products and other hazardous materials

4. The manager/designee completes the site-specific inspection checklist for the area. The completed checklist for the area it covers shall be available for review at the next audit or compliance review.

5. All employees are responsible for reporting any potentially hazardous condition or practice they find. The employee records the unsafe condition on the Hazard Control Log or other similar reporting form that shall be kept in each operating area.

   The first-line supervisor/foreman or loss prevention representative is responsible for checking the Hazard Control Log (or other similar reporting forms) daily and is authorized to take immediate temporary control of the area to prevent exposure to the hazard until corrective action is taken. If a supervisor or safety officer cannot correct the hazard, they shall immediately report it to the next level of management.

   Procedures must be developed and distributed to all employees that cover: the purpose of the HCL, how and when to use it, and who maintains them.

6. If a hazard exists for more than 30 days, the supervisor shall send copies of the Hazard Control Log or other similar reporting forms to the Department and Agency heads and to the Office of Risk Management's Loss Prevention Unit.

_____QUARTER/MONTHLY INSPECTION BUILDING FORM

Date: _____

Building: _____

Inspector's Name: _____

FIRE SAFETY AND EMERGENCIES					
	Item	Yes	No	N/A	Comments
1	If allowed for use, do portable heaters have automatic shut off if tipped over? Are portable heaters operated away from flammable materials?				
2	Is there at least an 18" clearance for all sprinkler heads?				
3	Are boxes, paper, or other combustible items allowed to accumulate that would present a fire hazard?				
4	Are all fire extinguishers visible & accessible? Are they fully charged? (check for needle in the green) Is the pin in place & secure?				
5	Are fire extinguisher tags in place and less than one year old? (check punched date for year & month)				
6	Is the fire alarm system functioning properly and has it been tested within the past year? (look for green inspection tag by alarm control panel)				
7	Are smoke alarms functioning correctly? (test each alarm, push test button)				
8	Are evacuation plans posted near doors?				
9	Has a fire/evacuation drill been conducted within the past year?				
10	Are all exits marked with exit signs and illuminated? (if battery operated, push test button)				
11	Are exit routes kept free of obstructions?				
12	Are all doors and hallways that lead to an exit, free to access with no possibility of being locked in?				
13	Do exit doors open outwards? Will fire & exit doors close and latch properly?				
14	Are emergency phone numbers posted? (ex: security, fire, ambulance)				
15	Are emergency lights functioning correctly? (test by pushing button)				
16	Are first aid kits visible & accessible? Are they stocked? Are expiration dates current?				
17	Is there a person in the area trained in first-aid? If not, are the numbers and names of trained personnel available?				
18	Are BBP spill kits stocked and accessible?				

_____QUARTER/MONTHLY INSPECTION BUILDING FORM

BUILDING AND OFFICE SAFETY					
	Item	Yes	No	N/A	Comments
1	Is there litter or spilled liquid on the floor?				
2	In areas that may be wet, greasy or slippery are floor mats or other anti-slip material used and in good condition?				
3	Are floors in good condition with no loose or broken flooring?				
4	Are floor surfaces chipped, does carpeting show worn spots or holes?				
5	Are aisles free of boxes, wastebaskets, chairs and other obstacles that impede traffic?				
6	Are service holes, man holes, drains, etc. properly covered?				
7	Are stairways in good condition with handrails in place? Are stair treads in good condition?				
8	Are all ceiling tiles in place and in good condition throughout the building?				
9	Is the building well lit, inside & outside?				
10	Is the building secure? Are all outside doors locked at the end of each day? Are all locks and other security devices functioning properly?				
11	If equipped, is the security system for the building working properly?				
12	Are all maintenance and mechanical areas secure? (i.e. boiler rooms, air handlers)				
13	Do any windows have broken panes?				
14	Are all elevators working correctly? Are elevators equipped with an emergency phone?				
15	Is the parking lot in good condition? (i.e. no potholes, parking lines visible, etc.)				
16	Are there any water leaks in the building? Note exact location of leaks if it can be determined.				
17	Are all plumbing systems working properly? (toilet flushing problems, drainage problems, leaks from faucets, pipes, etc.)				
18	Is the Hazard Control Log posted?				
19	Are safety rules posted?				
20	Do employees stand on chairs/desks instead of approved ladders/stepstools?				
21	Are warning signs posted near repair work or redecorating?				
22	Any employees observed performing unsafe behavior?				
23	Is one or more desk or file drawer left open?				
24	Are files top-heavy with empty drawers at the bottom and full drawers on top?				
25	Are boxes, papers, and books stored on top of files, storage cabinets, and windowsills?				
26	Is equipment turned off/powered down when not in use?				
27	Do employees secure dangling jewelry or floppy clothing around machinery?				
28	Is the paper cutter placed in a safe location and secure while not in use?				
29	Are items with sharp edges stored properly?				
30	Do employees practice good house keeping and maintain a safe environment in their respective work areas?				
31	Has a complete walkthrough assessment of the facility been conducted to determine the presence of hazardous materials?				
32	Does the building have any pest problems?				

_____QUARTER/MONTHLY INSPECTION BUILDING FORM

ELECTRICAL SAFETY AND STORAGE METHODS					
	Item	Yes	No	N/A	Comments
1	Are all breaker boxes labeled correctly? Are empty breaker slots covered? Are the doors closed?				
2	Do panel boxes have any hot spots? If so, note location of hot spot & which panel box.				
3	Check extension cords: are they properly grounded and adequately sized for the current being drawn? Are they placed in a manner to prevent tripping?				
4	Are there any surge protectors plugged into other surge protectors? Only one surge protector allowed per outlet.				
5	Check extension cords: are they damaged in any way?				
6	Are cords placed where they might trip a passerby?				
7	Do cords looked frayed? Are they bent around hooks or stepped on?				
8	Are flimsy extension cords in use? (All extension cords should be 3-pronged)				
9	Are all electrical equipment connected with three pronged plugs?				
10	Are electrical outlet boxes or bonnets exposed so that they pose a tripping hazard?				
11	Are storage areas neat? Are items stacked properly? Are heavier items stored below shoulder height?				
12	Do top shelves have overhang?				
13	Are all custodial areas in good condition? Are chemicals stored in appropriate container? Is this area secure?				
14	Are flammable items stored in proper cabinets and/or containers?				
15	Are oxygen and/or acetylene tanks secured properly?				

OTHER BUILDING SAFETY ISSUES & CONCERNS NOTED BY THE INSPECTOR		
	Item	Comments

Upon completion send a copy to the Loss Prevention Representative and keep a copy for your file. Any hazards found shall be reported to the Loss Prevention Representative for corrections and/or follow-up.

Inspector's Signature **Date**

HAZARD CONTROL LOG

HC-1-90

DEPARTMENT:	AGENCY:
LOCATION:	DATE:

DATE	HAZARD	IMMEDIATE TEMPORARY CONTROL	LONG-TERM SOLUTION	HAZARD DETECTED	PRIORITY	SCHEDULED/DATE COMPLETION

HAZARD NOT CORRECTED AFTER 30 DAYS SEND LOG TO:
OFFICE OF RISK MANAGEMENT, LOSS PREVENTION SECTION
P.O. BOX 91106
BATON ROUGE, LOUISIANA 70821-9106

SAFETY PAYS

PRIORITY
E = EMERGENCY
A = TODAY
B = ONE WEEK
C = ONE MONTH
D = THREE MONTH

REVIEWED BY:	DATE:	REVIEWED BY:	DATE:

Hazard Log Form

Exhibit H

SAMPLE PROCEDURE FOR INCIDENT/ACCIDENT INVESTIGATION

An **accident** is defined as "an unplanned event(s) that caused personal injury or property damage." An **incident** is defined as “an unplanned event(s) that could have caused personal injury or property damage.” All incidents/accidents, including those occurring to non-employees, should be investigated by personnel responsible for the area in which the incident/accident occurred.

Incident/ Accident Reporting Form (DA2000-WC Only; DA3000-GL Only)

Incidents/accidents do not just happen; they are caused. The Incident/Accident Reporting Forms are used to assist in determining the causes and procedures to prevent the recurrence of similar incidents.

All spaces on the forms shall be completed. Notations such as N/A (not applicable) are not acceptable.

These forms are available online in the Loss Prevention portion of the ORM website. -They appear under the section called “Forms Available.” To access the Loss Prevention portion of the ORM website use the following address:

http://www.doa.la.gov/orm/lpforms.htm

If you do not have internet access, you can call your local Loss Prevention Officer to request one.

AFTER ACQUIRING NECESSARY MEDICAL AID FOR INJURED PERSONS, the supervisor should follow these steps in investigating the accident.

1. If possible, ask the person or persons involved to describe what happened. Do not assign blame or fault; just get the facts.

2. Survey the accident scene for information. If a camera is available, document the scene with photographs as necessary. Assemble and secure any objects that may have contributed to the incident/accident.

3. Determine if there were any witnesses to the incident/accident and get their written description of the incident/accident.

4. Take whatever steps are necessary to prevent recurrences until the condition can be permanently corrected.

5. Complete the Incident/Accident Reporting Form (DA2000).

STATE EMPLOYEE INCIDENT/ACCIDENT ANALYSIS FORM - DA2000

OFFICE OF RISK MANAGEMENT - UNIT OF RISK ANALYSIS AND LOSS PREVENTION

WORKER'S COMPENSATION – FOR AGENCY USE ONLY

- **This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com**
- **Required for all incidents/accidents except auto accidents, for which a police report serves as the investigation document.**
- **Keep completed forms on file at the location where ~~incident/accident occurred~~. the audit/compliance review will occur.**

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE: _____

2. ACCIDENT DATE and TIME: _____ 3. REPORTING DATE: _____

4. EMPLOYEE NAME (LAST, FIRST): _____

5. JOB TITLE: _____

6. IMMEDIATE SUPERVISOR: _____

7. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED: (USE ADDITIONAL SHEET IF NECESSARY): _____

_____

_____

_____

_____

_____

_____

8. PARISH WHERE OCCURRED: _____ 9. PARISH OF DOMICILE: _____

10. WAS MEDICAL TREATMENT REQUIRED? _____Y_____N?

11. EXACT LOCATION WHERE EVENT OCCURRED: _____

_____

12. NAME(S) OF WITNESS(ES): _____

13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: _____

14. SIGNATURE: _____15. DATE: _____

STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM - DA2000

MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: _____

17. POSITION/TITLE: _____

18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION? _____Y _____ N

19. WAS EQUIPMENT INVOLVED? _____Y _____N (If no, skip to question 20) STATE-OWNED? _____ Y _____N

A. TYPE OF EQUIPMENT: _____

B. IS THERE A JSA FOR EQUIPMENT? _____Y _____N C. DATE LAST JSA PERFORMED: _____

20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED? _____Y _____N

21. DID INCIDENT INVOLVE SAME INDIVIDUAL? _____Y _____N

22. SAME LOCATION? _____Y _____N

23. WAS THE SCENE VISITED DURING THE INVESTIGATION? _____Y _____N

A. DATE & TIME: _____ B. ARE PICTURES AVAILABLE? _____Y _____N

C. IF NO, REASON FOR NOT VISITING: _____

ROOT CAUSE ANALYSIS

UNSAFE ACT (PRIMARY): ☐ *Failure to comply with policies/procedures* ☐ *Failure to use appropriate equipment/technique* ☐ *Inattentiveness* ☐ *Inadequate/lack of JSA/standards* ☐ *Incomplete or no policies/procedures* ☐ *Inadequate training on policies/procedures* ☐ *Inadequate adherence of policies/procedures*

Other (specify) _____

Detailed explanation of checked box _____

_____

WHY WAS ACT COMMITTED:

UNSAFE CONDITION (PRIMARY): ☐ *Inappropriate equip/tool* ☐ *Inadequate maintenance* ☐ *Inadequate training* ☐ *Wet surface* ☐ *Worn/broken/defective building components* ☐ *Broken equipment* ☐ *Inadequate guard* ☐ *Electrical hazard* ☐ *Fire Hazard*

Other (specify) _____

Detailed explanation of checked box _____

_____

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

This form is for internal use only and is prepared in anticipation of litigation.

VISITOR/CLIENT POST INCIDENT/ACCIDENT INITIAL INFORMATION FORM - DA 3000

OFFICE OF RISK MANAGEMENT - UNIT OF RISK ANALYSIS AND LOSS PREVENTION

GENERAL LIABILITY – FOR AGENCY USE ONLY

- **This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com**
- **Required for all incidents/accidents except vehicle accidents for which a police report serves as the proper documentation.**
- **Keep completed forms on file at the location where the audit/compliance review will occur.**

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE: _____

2. DATE and TIME of INCIDENT/ACCIDENT: _____ 3. REPORTING DATE: _____

4. VISITOR/CLIENT NAME (LAST, FIRST): _____

5. VISITOR/CLIENT ADDRESS: _____

_____

6. VISITOR'S/CLIENT'S TELEPHONE #: _____

7. VISITOR'S/CLIENT'S DETAILED DESCRIPTION OF HOW ACCIDENT OCCURRED:

_____

_____

_____

_____

_____

8. DID ANY EMPLOYEE ASK THE VISITOR/CLIENT IF HE/SHE WAS INJURED? ___Y ___N

9. DID THE VISITOR/CLIENT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY? ___Y ___N

(IF NO, SKIP TO Q. 10)

A. WHICH PART OF HIS/HER BODY WAS INJURED? PLEASE BE SPECIFIC (e.g., RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) _____

B. WAS MEDICAL CARE OFFERED? ___Y ___N

1. DID THE VISITOR/CLIENT ACCEPT MEDICAL CARE? ___YES ___NO

10. WERE THERE ANY WITNESS(ES)? ___Y ___N (IF NO, SKIP TO Q. 11)

A. WITNESS'S NAME, ADDRESS, and TELEPHONE # (use additional sheet if needed)

_____

_____

B. WITNESS STATEMENT(S) ATTACHED? ___Y ___N

This form is for internal use only and is prepared in anticipation of litigation.

VISITOR/CLIENT POST INCIDENT/ACCIDENT INITIAL INFORMATION FORM - DA 3000

11. DETAILED DESCRIPTION OF INCIDENT/ACCIDENT LOCATION _____

_____

A. IS THIS LOCATION IN A ☐ STATE-OWNED OR ☐ LEASED BUILDING?

B. IS THIS SPACE SHARED WITH NON-STATE EMPLOYEES? ___Y ___N

12. DID THE PERSON CONDUCTING THE INVESTIGATION OBSERVE ANYTHING THAT WAS DIFFERENT THAN THE VISITOR'S/CLIENT'S/WITNESS'S ACCOUNT? ___Y ___N IF YES, PLEASE PROVIDE A BRIEF SUMMARY:

_____

13. CHECK THE APPROPRIATE ENVIRONMENTAL CONDITION(S) THAT IS/ARE APPLICABLE TO THE INCIDENT/ACCIDENT:

☐ RAINING ☐ SUNNY ☐ CLOUDY ☐ FOGGY ☐ COLD ☐ HOT ☐ LIGHTING ☐ WIND

☐ OTHER WEATHER CONDITION(S)_____ ☐ WEATHER NOT A FACTOR

14. CHECK THE APPROPRIATE BOX(ES) THAT PERTAINS TO THE INCIDENT/ACCIDENT:

☐ STAIRS ☐ PARKING LOT ☐ GARAGE ☐ SIDEWALK ☐ ELEVATORS ☐ GRATING

☐ SPONSORED ACTIVITY ☐ DORMITORY ☐ WAITING ROOM ☐ WALKWAYS ☐ RAILINGS

☐ FURNITURE ☐ LIQUID ON FLOOR - TYPE OF LIQUID _____

☐ FLOORING - DESCRIBE THE TYPE OF FLOOR AND TYPE OF WAX _____

☐ EQUIPMENT (SPECIFY TYPE) _____ STATE-OWNED? ___Y ___N

☐ OTHER CONDITION(S): _____

15. IF THE INCIDENT/ACCIDENT INVOLVED ITEMS THAT CAN BE RETAINED (e.g., furniture, muffler, exam table), THE CLAIMS UNIT REQUIRES THAT THE ITEM BE TAGGED WITH THE DATE OF INCIDENT/ACCIDENT AND NAME OF VISITOR/CLIENT.

IF THE STATE-OWNED ITEM IS BROKEN OR DAMAGED, IT MUST BE PLACED IN A SECURED AREA AFTER BEING TAGGED.

THE TAG CANNOT BE REMOVED OR THE BROKE/DAMAGE ITEM CANNOT BE SURPLUS/DISCARDED UNTIL NOTIFIED BY THE CLAIMS UNIT.

IF APPLICABLE, WERE THESE STEPS FOLLOWED? ___Y ___N

16. WAS THE VISITOR/CLIENT AUTHORIZED TO BE IN THIS AREA? ___Y ___N

17. DID ANY EMPLOYEE OBSERVE ANYTHING BEFORE/AFTER THAT IS REVELANT TO THE ACCIDENT? ___Y ___N

(IF NO, SKIP TO Q. 18)

A. WAS A STATEMENT OBTAINED AND ATTACHED? ___Y ___N

18. DID THE SUPERVISOR OR AGENCY SAFETY OFFICER RECEIVE A REPORT OF ANY OBSERVED CONDITIONS? ___Y ___N

19. WERE PICTURES TAKEN AND ARE THEY ATTACHED TO REPORT? ___Y ___N

20. NAME AND POSITION OF EMPLOYEE FILLING OUT THIS REPORT:

_____ _____
DATE

This form is for internal use only
and is prepared in anticipation of litigation.

Exhibit I

SAMPLE PROCEDURE FOR JOB SAFETY ANALYSIS

When to Perform a Job Safety Analysis- A job safety analysis shall be performed on all jobs that have resulted in an incident/accident trend, death, or a change in a job procedure/equipment.

Job Safety Analysis Procedures

Step 1: Select the Job- In selecting jobs to be analyzed and in establishing the order of analysis, the following factors should be considered. They are listed in order of importance.

1. Occurrence of Injuries: Jobs that have produced an incident or accident trend, or death, during the past five years shall be analyzed.

2. Frequency of Accidents: Jobs that repeatedly produce accidents (trends) are candidates for a job safety analysis. The greater the number of accidents associated with the job, the greater its priority for a job safety analysis. Subsequent injuries indicate that preventive action taken prior to their occurrence was not successful.

3. Potential Severity: Some jobs may not have a history of accidents but may have the potential for severe injury or property damage. The greater the potential severity, the greater its priority for a job safety analysis.

4. New Jobs or a Change in a Job: New operations created by changes in equipment or processes obviously have no history of accidents, but their accident potential should be fully appreciated. A job safety analysis shall be made on every new job with potential hazards. Analysis should not be delayed until an accident or incident occurs.

5. Death: Any accident that caused the death of an employee shall have a job safety analysis made as part of the investigation.

Step 2: Perform the Analysis- The supervisor/foreman or the Agency loss prevention representative responsible for the task shall perform the job safety analysis using the Job Safety Analysis Worksheet (JSA-1-00). The supervisor or safety officer shall conduct the job safety analysis with the help of employees who regularly perform the task. The job being analyzed shall be broken down into a sequence of steps that describe the process in detail. Avoid two common errors:

1. Making the breakdown too detailed so that an unnecessarily large number of steps result; or

2. Making the job breakdown so general that the basic steps are not distinguishable.

As a rule, the job safety analysis should contain less than 12 steps. If more steps are needed, the job should be broken into separate tasks.

Job safety analysis involves the following steps:

1. Selecting a qualified person to perform the analysis.

2. Briefing the employee demonstrating the task on the purpose of the analysis.

3. Observing the performance of the job, and breaking it into basic steps.

4. Recording and describing each step in the breakdown.

5. Reviewing the breakdown and description with the person who performed the task.

Select an experienced, capable, and cooperative person who is willing to share ideas. They should be familiar with the purpose and method of a job safety analysis. Sometimes it is difficult for someone who is intimately familiar with a job to describe it in detail; therefore, reviewing a completed job safety analysis before conducting one may help illustrate the terminology and procedure to be followed.

Review the breakdown and analysis with the person who performed the job to ensure agreement of the sequence and description of the steps. Variations of routine procedure should be analyzed also.

The wording for each step should begin with an action word such as "remove," "open," or "lift."

Step 3: Identify Hazards- Hazards associated with each step are identified. To ensure a thorough analysis, answer the following questions about each step of the operation:

1. Is there a danger of striking against, being struck by, or otherwise making injurious contact with an object?

2. Can the employee be caught in, by, or between the objects?

3. Is there a potential for a slip or trip? Can someone fall on the same level or to another?

4. Can employees strain themselves by pushing, pulling, lifting, bending, or twisting?
5. Is the environment hazardous to one's health (toxic gas, vapor, mist, fumes, dust, heat, or radiation)?

Using the Job Safety Analysis Form (JSA-1-00), document hazards associated with each step. Check with the employee who performed the job and others experienced in performing the job for additional ideas. A reliable list may be developed through observation and discussion.

Step 4: Develop Solutions- The final step in job safety analysis is to develop a safe, efficient job procedure to prevent accidents. The principal solutions for minimizing hazards that are identified in the analysis are as follows:

1. Find a new way to do the job. To find an entirely new way to perform a task, determine the goal of the operation and analyze the various ways of reaching this goal. Select the safest method. Consider work saving tools and equipment.

2. Change the physical conditions that create the hazard. If a new way to perform the job cannot be developed, change the physical conditions (such as tools, materials, equipment, layout, location) to eliminate or control the hazard.

3. Change the work procedure to eliminate the hazard. Investigate changes in the job procedure that would enable employees to perform the task without being exposed to the hazard.

4. Reduce the frequency of its performance. Often a repair or service job has to be repeated frequently because of another condition that needs correction. This is particularly true in maintenance and material handling. To reduce the frequency of a repetitive job, eliminate the condition or practice that results in excessive repairs or service. If the condition cannot be eliminated, attempt to minimize the effect of the condition.

   Reducing the number of times a job is performed contributes to safer operations only because the frequency of exposure to the hazard is reduced. It is, of course, preferable to eliminate hazards and prevent exposure by changing physical conditions or revising the job procedure or both.

   In developing solutions, general precautions such as "be alert," "use caution," or "be careful" are useless. Solutions shall precisely state what to do and how to do it. For example, "make certain the wrench does not slip or cause loss of balance" does not tell how to prevent the wrench from slipping. A good recommendation explains both "what" and "how." For example, "set wrench jaws securely on the bolt. Test its grip by exerting slight pressure on it. Brace yourself against something immovable, or take a solid stance with feet wide apart, before exerting slow steady pressure." This recommendation reduces the possibility of a loss of balance if the wrench slips.

   If a job or process is changed dramatically, it should be discussed with all personnel involved to determine the possible consequences of the changes. Such discussions check the accuracy of the job safety analysis and involve personnel in an effort to reduce job hazards.

Step 5: Conduct a Follow-up Analysis- No less than once per month, each supervisor/foreman should observe employees as they perform at least one job for which a job safety analysis has been developed. The purpose of these observations is to determine whether or not the employees are doing the jobs in accordance with the safety procedures developed. The supervisor should review the job safety analysis before doing the follow-up review to reinforce the proper procedures that are to be followed.

Step 6: Use of the Job Safety Analysis- The job safety analysis provides a learning opportunity for the supervisor and employee. Copies of the job safety analysis should be distributed to all employees who perform that job. The supervisor should explain the analysis to the employees and, if necessary, provide additional training.

New employees or employees asked to perform new tasks must be trained to use the safe and efficient procedures developed in the job safety analysis. New employees should be taught the correct method to perform a task before dangerous habits develop, to recognize the hazards associated with each job step, and to use the necessary precautions to avoid injury or accidents.

Jobs that are performed infrequently require additional effort to minimize accident potential. Pre-job instruction addressing the points listed on the job safety analysis, will serve as a refresher to employees who may have forgotten some of the hazards in performing the task and the proper procedure to be used to avoid these hazards.

Finally, the job safety analysis is an incident/accident investigation tool. When incidents/accidents occur involving a job for which a job safety analysis has been performed, the analysis should be reviewed to determine if proper procedures were followed or if the procedures should be revised.

Step 7: Record Keeping- Job safety analysis forms should be maintained in the Department creating the documents and should be readily accessible to employees. An index naming the task, date the job safety analysis was completed, and date the analysis was revised should be maintained.

JSA FORM

JSA WORKSHEET (FORM JSA-1-00)

STATE OF LOUISIANA JOB SAFETY ANALYSIS TRAINING GUIDE	JOB:	DATE:	
	TITLE OF PERSON WHO DOES JOB:	SUPERVISOR:	ANALYSIS BY:
DEPARTMENT:	LOCATION:		REVIEWED BY:
REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:			APPROVED BY:

SEQUENCE OF BASIC JOB STEPS	**POTENTIAL ACCIDENTS OR HAZARDS**	**RECOMMENDED-SAFE-JOB-PROCEDURES**

JSA 1-00 STATE OF LOUISIANA

EXAMPLE JSA

JOB SAFETY ANALYSIS *EXAMPLE*	JOB: **Sharpening & Replacing a Rotary Mower Blade**		DATE: **1/1/2000**
	TITLE OF PERSON WHO DOES JOB: **Yard Worker**	SUPERVISOR: **John Jones**	INDIVIDUAL PREPARING JSA: **John Jones**
DEPARTMENT: **Maintenance Group**	LOCATION: **Outdoor Beautification**		
REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT: **Gloves & Safety Glasses**			

SEQUENCE OF BASIC JOB STEPS	**POTENTIAL ACCIDENTS OR HAZARDS**	**RECOMMENDED SAFE JOB PROCEDURE**
1. Disconnect spark plug wire.	1. Striking against housing Burn hand	1. Do not use excessive force. Allow mower to cool.
2. Remove gasoline.	2. Spillage – Fire –Inhalation.	2. Ventilation. No smoking, proper container. Flush away with water (if necessary).
3. Invert mower.	3. Caught between (CB) Spilling gasoline Overexertion	3. Tip properly. (Grass catcher chute up). Be sure cap is tight. Lift properly, use leg muscles.
4. Remove dull blade.	4. Knuckles striking against blade.	4. Secure block blade – wooden block. Use gloves. Use proper size socket wrench with extender.
5. Check for bent blade.	5. None.	5. None.
6. Sharpen & balance dull blade.	6. Cutting hand; striking against vice.	6. Wear gloves. Avoid contact with sharp blade.
7. Reassemble blade to mower.	7. Striking against blade or housing.	7. Block blade. Wear gloves. Avoid contact with sharp blade.
8. Return mower to cutting position.	8. Overexertion.	8. Use leg muscles, not back.
9. Reconnect spark plug wire.	9. None.	9. None.
10. Add gasoline.	10. Fire.	10. Ventilate. No smoking. Proper container.
11. Operate mower.	11. Normal operating hazards.	11. Check for excessive vibration or unusual noise.

EMPLOYEES ASSISTING IN DEVELOPMENT OF JSA	**IS THERE DANGER OF:**
_____ _____ _____ _____ _____	**A. STRIKING AGAINST OR BEING STRUCK BY** **B. CAUGHT IN, BY, OR BETWEEN** **C. SLIP, TRIP, OR FALL** **D. PUSHING, PULLING, LIFTING, OR TWISTING** **E. TOXIC GAS, VAPOR, FUMES, EXCESSIVE HEAT OR COLD**

Exhibit J

LIST OF REQUIRED RECORDS

The following safety records shall be maintained by each Agency for at least five years. Copies of forms describing the specific procedures as noted are included with exhibits or are provided on the ORM website.

Safety Meeting Documentation: Completed monthly or quarterly in each unit following safety meeting occurrences and maintained in the operating area for review at the next audit or compliance review. Copies may be sent to the Department loss prevention coordinator or Agency head.

(See Exhibit E, Sample Procedures for Conducting Safety Meetings.)

Training Documentation: Sign in sheets and/or electronic read receipts shall be completed for all training sessions and maintained in the operating area for review at the next audit or compliance review.

Inspection Checklist: Inspection forms shall be completed monthly (Class A) or quarterly (Class B) in each work unit following a general safety inspection. The completed form shall be kept in the area it covers for review at the next audit or compliance review and shall be made available to the Department loss prevention coordinator or Agency head and the Office of Risk Management's Loss Prevention Management upon request.

(See Exhibit G, Sample Inspection Procedures.)

Hazard Control Log (or other similar reporting forms): Shall be posted in a conspicuous location and made available as needed to identify potential hazards in each work unit. The original form should remain in the area it covers until the hazard has been corrected, and all completed forms will be kept on file until the next Loss Prevention audit or compliance review. Copies are sent to the Agency head or Department loss prevention coordinator, and ORM's Loss Prevention Management if not corrected in 30 days. Copies shall be made available to ORM's Loss Prevention Management upon request.

(See Exhibit G, Sample Inspection Procedures.)

Post-Incident/Accident Analysis Forms: Complete a DA2000 or DA3000 form for each incident/accident that occurs whether or not it requires medical expense or lost time. A copy should be given to the loss prevention coordinator within the Agency. These forms should not be used in lieu of the required claims reporting forms.

(See Exhibit H, Sample Procedure for Incident/Accident Investigation.)

Job Safety Analysis: Completed by supervisors in each work unit or the Agency loss prevention coordinator. Job safety analyses shall be performed for death, trends, new equipment or a change in procedures. Job safety analysis forms shall be maintained by the Agency in the originating area. The documents should be readily accessible to employees and there should be an index naming the task and the date the job safety analysis was completed or revised.

(See Exhibit I, Sample Procedures for Job Safety Analysis.)

Exhibit K

SAMPLE BLOOD BORNE PATHOGENS/FIRST AID REQUIREMENTS

SAMPLE

Blood Borne Pathogens
Exposure Control Plan

This Sample Plan was developed for use by the general population of state employees. Health care facilities and health care professionals as well as other occupations with a higher risk for exposure shall comply with state and federal standards, regulations and laws.

The purpose of this Program is to reduce or eliminate occupational exposure to blood and other potentially infectious materials to state employees. This exposure control plan can minimize or eliminate exposure through the use of protective equipment, training, clean up procedures and medical protocol involving post exposure evaluation

All bodily fluids will be considered infectious regardless of the perceived status of the source individual. Procedures for providing first aid and decontaminating/sanitizing contaminated areas will duplicate those developed and used by the health industry.

Blood Borne Diseases (not an all-inclusive list)

- HIV: Human Immunodeficiency Virus causes AIDS
- Hepatitis B and C
- Syphilis
- Malaria

Preventive Measures

Use universal precautions: TREAT ALL BLOOD AND BODY FLUIDS AS POTENTIALLY INFECTIOUS.

- Unbroken skin provides some protection from blood borne pathogens
- Wear personal protective equipment (PPE) (examples: latex gloves, safety glasses, goggles, face shields, aprons, boots) whenever blood or body fluids are present or expected
- Utilize engineering techniques (examples: tongs, recognized work practices, specialized equipment) whenever possible

Decontamination Procedures

1. Call a professional for proper decontamination and disposal.
2. Obtain BBP Clean Up Kits and either require employees to follow the manufacturer's instructions that are provided with the kits or train employees on their use and disposal.

The following are the general guidelines for decontamination:

- After an accident, the contaminated area must be cleaned with the proper recommended decontamination solution
- Cleaning equipment must be properly decontaminated
- Wear required PPE
- Restrict access to the area
- Use disposable supplies whenever possible and dispose of properly

Disposal: Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations.

All waste with the possibility of contamination of BBP shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded prior to removal to prevent spillage or protrusion of contents during handling, storage, transportation or shipping.

MEDICAL PROVISIONS

Preventive Vaccine

If the HBV vaccine is offered to an employee and the employee accepts it, it will be provided to the employee free of charge. Training by a knowledgeable person will be provided to the employee.

If an employee declines the offer of the HBV vaccine, then the employee is required to sign a declination statement. If at anytime the employee changes his/her decision and decides to accept the offer of the HBV vaccine, then the series will be provided free of charge and training by a knowledgeable person will be provided to the employee.

Post-exposure Procedures

- Wash hands with antibacterial soap after contact
- Flush eyes and face with fresh water for several minutes after contact
- Follow Agency's notification/reporting procedures for an exposure
- Follow Agency's written procedures for seeking medical counseling

Other Exposure Hazards

- Cleaning surfaces contaminated with blood, vomit, feces
- ALWAYS wear gloves and protective apron or clothing
- Be alert for sharp objects, broken glassware, used syringes in trash
- Do not pick up broken glass – use brush or broom & dustpan
- Dispose of glass, sharp objects safely
- Laundry – bloody or contaminated linens or sharp objects

TRAINING: The training schedule shall be contingent upon the level of exposure to BBP:

High Risk: Health Care Facilities/professionals, and other high risk occupations
Workers with occupational exposure shall receive training within 90 days of hire and at least once per year afterwards.

Low Risk: General Office/Classroom personnel
All employees shall participate in a training program within 90 days of employment. If there are no BBP events, the training shall be required every five years thereafter. If an Agency's unit experiences a BBP event, the employees of that unit shall be required to retrain within the following 60 days.

Sample Guidelines for Avoiding the Spread of Infection

- Wash hands & remove protective clothing before eating, drinking, smoking, handling contact lenses, applying lip balm or cosmetics
- Keep hands away from eyes, nose, mouth while cleaning
- Frequent hand washing is best defense against spreading infection

Summary

- Protect yourself on and off the job; know the facts
- Practice good personal hygiene
- Follow work rules, use gloves and protective clothing
- Wash your hands often, after work or exposure
- Keep areas clean – report problems immediately to supervisors

Appendix A

EMPLOYEE'S REFUSAL TO TAKE HEPATITIS B VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline this vaccine, and understand that I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine; I can receive the vaccination series at no charge to me.

_____	_____
Signature	Witness
_____	_____
Employee's Personnel No.	Date

FIRST AID

Requirements for First Aid: All employees shall report any injury to the first aid station or appropriate personnel (immediate supervisor, safety officer, etc.) as soon as possible, at least before the end of the shift during which the accident occurred.

If available, a first aid station attendant, or someone who has completed a certified first aid course, will treat minor injuries and the employee will be returned to work. The employee shall be required to complete an Accident/Incident Report (DA2000). A description of the accident and names of witnesses (if any) are included on the form.

If a physician is needed, the employee may be given an Employer's First Report of Injury Form for treatment to be given to the treating physician.

The employee will provide the Agency with the treating physician's diagnosis of the injury and the length of time he or she is expected to be unable to work.

In addition, agencies shall develop procedures to report and handle visitors and or non-employee accidents and injuries.

First Aid Training: Only someone who has completed a certified first aid or emergency response course or someone who has advanced medical training may administer first aid. Refresher training is required according to certification requirements.

First Aid Kit and Inventory Form: A first aid supply kit shall be maintained and inventoried periodically. An inventory list may be included in each first aid kit. Expiration dates on kit contents must be checked as well.

Emergency Eye Wash: In such situations where this is needed, typical protocol calls for a minimum of 15 minutes constant flushing time. This normally cannot be achieved via the use of small, portable, disposable containers of fluid found in many first aid kits. A fixed flushing station that uses an unlimited supply of uncontaminated fluid (e.g., potable water) is preferable.

Exhibit L

SAMPLE COMPONENTS OF AN EMERGENCY PREPAREDNESS PLAN

The purpose of the Emergency Preparedness Program is to ensure that each Agency develops a plan for the safe evacuation of all persons in the affected area and the rapid control of hazards during life threatening situations. This program includes procedures for:

1. Preventing and controlling emergency situations,
2. Warning employees of actual or impending disasters and preparing them for possible evacuation or shelter in place, and
3. Establishing safe evacuation routes.

Every organization must be prepared to effectively cope with the unique problems that arise in an emergency situation. Emergency preparedness is critical to protect employees, citizens, clients, students and property against incidents such as: fires, natural disasters, proximity threats, and terrorism. Effective planning for emergency situations can minimize the interruption of operations by providing a logical course of action during the emergency.

Emergency preparedness requires a system for the prompt recognition of a serious situation; the availability of a well publicized, flexible, and tested plan; and clear delineation of the responsibilities of authorities and employees. Each organizational unit must stress the importance of being prepared in emergencies. Instructions for emergency situations should be posted in each facility and office. Emergency procedures should be established, implemented, and monitored by the Agency.

Components of the Program

Emergency Control Committee: An emergency control committee should be organized in each Agency. This committee develops plans for emergency situations. Control of emergencies such as fire, explosion, or toxic chemical releases require the coordination of the following: disaster communication, facility shutdown, employee evacuation or shelter in place, utility control, first aid and rescue, damage control, and notification of police and fire Departments and hospitals.

A list of the names and titles of personnel involved in the emergency preparedness plan should be compiled in each Agency and/or facility. Upper management is responsible for staffing and implementing the emergency control committee. The members' work and home phone numbers, as well as the estimated travel time from home to work, should be noted.

Emergency Alarms: A distinctive, reliable emergency signal that is capable of being heard in all areas of the facility shall be installed and tested in accordance with the applicable accreditation requirements. All employees should know how to activate the alarm, be familiar with the different warning signals, and know what actions to take upon hearing it.

Emergency drills (e.g., fire, natural disasters, and proximity threats) shall be conducted during all shifts at least annually.

Emergency First Aid: Some personnel at each facility should be trained in first aid techniques. If an injured person requires additional medical attention, employees should know how to send for an ambulance.

.

Emergency Power Systems: Automatic emergency power supply systems should be installed in areas where uninterrupted electrical service is essential for the preservation of life or property, such as in areas where precise procedures are performed (control room or operating room) or in areas where sensitive equipment is located (instruments or supplies requiring refrigeration). There should also be a manual control switch to activate the emergency power if the automatic system should fail. Alternative power sources and equipment should be maintained and regularly tested to ensure that the system is capable of supplying service within the time limits required by the specific operations.

Types of Emergency Plans

Fire Prevention and Control: Almost all fires are preventable, and control measures can limit the losses if a fire does occur. Fire prevention and control principles include the following:

1. Prevention of fire from starting by using fireproof construction materials, designing facilities to isolate hazardous areas, controlling operations, using preventive maintenance, and eliminating unsafe practices.

2. Limit the spread of fire. Provide suitable fire barriers and keep the amount of combustibles stored to a minimum, and housed in approved cabinets when appropriate.

3. Maintain exits in facilities.

The following components are essential to a fire safety and prevention program:

Alarm System:

Prompt discovery of a fire is vital. Fire sensing and alarm systems should be reliable and should be designed for rapid discovery of a fire. An effective alarm system must:

1. Be reliable and distinctive,
2. Reach those trained to respond,
3. Require immediate attention,
4. Indicate the fire location,
5. Warn building occupants and area residents.

Agencies shall conduct at least one documented fire drill annually at each location.

Fire Suppression Equipment:

Fire protection shall be incorporated into the building design to achieve maximum effectiveness. Special processes presenting unique fire protection problems should be handled individually by fire protection engineers and the Office of Risk Management.

Water Supply:

Water is the most effective extinguishing agent for most fires. A reliable water supply is essential and should be sufficient to fulfill the demand of the automatic protection system for at least four hours. Water for firefighting should be stored separately from process and domestic water.

Distribution Systems: Pumping equipment may be required to produce the water pressure demanded by the firefighting operations.

Monthly Fire Extinguisher Equipment Inspection and Maintenance: The Agency's maintenance Department representative shall be responsible for inspecting, testing, and maintaining all fire protection equipment such as pumps, hydrants, hose lines, automatic equipment, and portable extinguishers. Equipment testing also provides training opportunities for employees. Extinguishers shall also be inspected and certified by an outside contractor once a year.

Civil Disturbances: Civil disturbances are generally riot and demonstrations, marches, and groups that have become riotous or a threatening individual.

1. Restrict both employee and visitor movement in your area
2. Prepare for evacuation or relocation
3. Secure your area (lock doors, safes, files, vital records, etc.)
4. Notify your local law enforcement immediately and then your Agency Head, Safety Coordinator or supervisor.

Natural Disasters:

The following are some suggested procedures for handling natural disasters such as hurricanes, floods, or tornadoes:

1. Formulate plans to isolate people from potential hazards.
2. Only enter disaster areas if it is essential.
3. Do not bring lanterns, torches, or lighted cigarettes into buildings that have been flooded or damaged because of the possibility of leaking gas lines or flammable materials.
4. Do not touch fallen or damaged electric wires.
5. Immediately leave the area upon discovering a leaking gas line.
6. When a tornado warning is issued, take shelter immediately. The warning indicates that a tornado has been sighted in the area. Protect yourself from falling objects and flying debris. The best protection is an underground shelter or ditch or a steel-framed or reinforced concrete building. If no shelter is available, go to the basement or inner hallway of the lowest floor of the building.

Proximity Threats: These occur near location and can cause damage to life and property. May require need for evacuation. Examples include:

Railroad, interstate, and water vessel disasters

1. Obtain emergency response procedures from local municipality.
2. Once notified, determine if voluntary or mandatory evacuation is required.
3. Use applicable emergency response procedures as per the local municipality.

Local chemical or nuclear plant disasters – by law, all plants must report what is produced and include all of the following emergency procedures:

1. Contact local/municipal government.
2. Once notified, determine if voluntary or mandatory evacuation is required.
3. Vertical, upwind, or downwind evacuation determined by type of incident.
4. Shut down heating, ventilation, and air conditioning (HVAC) system if sheltering in place and the situation allows.

Aircraft Disasters

1. Federal, state, and local authorities will assist once notification is received.
2. Follow Agency emergency action plan.

Terrorist Threats include:

Biological Weapons
Bomb scares/bombings
Chemical attacks
Cyber attacks
Nuclear weapons
Suspicious mail

Bomb Threats:

Every threat should be taken seriously. If a bomb threat is received by mail, message, or telephone, record in writing the time and type of threat, location of bomb, expected time of detonation, if it is a male or female voice, and any other important information. If the threat is received by phone, keep the person on the phone as long as possible to determine any unusual voice characteristics such as raspiness, hoarseness, or stuttering. Try to notice any background noises. Ask why the bomb was placed there and whom the caller wishes to hurt. DO NOT HANG UP THE PHONE WHEN THE CALL ENDS. POLICE MAY BE ABLE TO REVERSE TRACE THE CALL. Report a bomb threat to a supervisor, who will contact the proper authorities. The phone number of local law enforcement shall be placed in conspicuous places throughout agencies.

It is important that each employee visually scans his/her work area before leaving to look for unusual packages or something out of the ordinary. Do NOT touch anything suspicious but report it immediately to law enforcement personnel as you arrive at your designated outside area. Local law enforcement has no way of knowing what belongs in a work area and what does not. It is necessary that employees identify suspicious objects/packages for the bomb squad. Only take your personal items with you.

Do not use a cell phone in or near the building or during the evacuation as this could trigger the bomb.

Do not return to your work area until you receive the all-clear signal by the authorized person.

SAMPLE BOMB THREAT CHECKLIST

Description Detail Report

Questions to Ask:

1) When is the bomb going to explode?

2) Where is it right now?

3) What does it look like?

4) What kind of bomb is it?

5) What will cause it to explode

6) Did you place the bomb?

7) If voice is familiar, who did it sound like?

8) What is your address?

9) What is your name?

Exact wording of threat:

Sex of Caller: _____Race: _____

Age: _____Length of call: _____

Number at which call was received:

Caller's Voice - Circle as applicable

-Calm -Nasal
-Angry -Stutter
-Excited -Lisp
-Slow Raspy
-Rapid -Deep
-Soft -Ragged
-Loud -Clearing throat
-Laughter -Deep breathing
-Crying -Cracked voice
-Normal -Disguised
-Distinct Accent
-Slurred -Familiar

Background Sounds:

Street noises-Factory machinery

- Animal noises -Voices
- Clear -Static
- PA System -Music
-Long Distance -Local Call
-House noises -Motor
-Phone booth -Office machinery
-Other

Threat Language:

-Well Spoken -Incoherent
-Foul -Taped
-Irrational -Message read by threat maker

Time: _____Date:

EXHIBIT M

SAMPLE HAZARD COMMUNICATION & CHEMICAL SAFETY PROGRAM

SAMPLE: THESE ARE GUIDELINES ONLY

Hazard Communication Plan for Non-Laboratory Agencies*

* These guidelines may NOT be sufficient for agencies with laboratory facilities.

Employers shall provide information to employees regarding the hazardous chemicals in the workplace and the hazardous properties of these chemicals. This information must be disseminated through a hazard communication program involving labeling, material safety data sheets, employee training, employee access to written records, and a written hazard communication plan. The hazard communication program applies to any hazardous chemical, which is known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use, or in a foreseeable emergency. Thus, the program does not extend to office personnel, other employees whose job performance does not involve potential exposure to hazardous chemicals, or to laboratory employees. The definition of "hazardous chemical" is extremely broad, and includes any chemical, which is a physical hazard or a health hazard. For determination of physical and health hazards associated with products not synthesized on-site, personnel should rely on the evaluation performed by the chemical manufacturer or importer transmitted via Material Safety Data Sheets (MSDS).

Responsibilities: (Agency Name)’s Hazard Communication Program is overseen by (Position of Responsible Person).

Chemical Hygiene Officer shall:

- Determine when and what kind of employee exposure monitoring is required.
- Write and maintain the Hazard Communication Program and ensure that all parts of the program are properly implemented.
- Develop and maintain a Hazard Communication training program.
- Monitor procurement, use, and disposal of hazardous chemicals.
- Help develop Standard Operating Procedures for their hazardous operations.
- Perform random safety reviews.
- Review the Hazard Communication Program and Training programs at least yearly, and make necessary changes.

Department Heads: Department Heads or their designees (Safety Officers or Supervisors) who have employees who work in areas where hazardous chemicals are stored, handled or used are responsible for:

- Creating and maintaining an inventory of all hazardous chemicals.
- Ensure that all hazardous chemicals/products are properly labeled, and that these labels are not removed or defaced.
- Maintaining copies of MSDS for each hazardous chemical in the workplace, and ensuring that they are readily accessible to employees when they are in their work areas.
- Informing employees of any operations in their work area where hazardous chemicals are present and the location and availability of the written hazard communication program, the inventory, and material safety data sheets.
- Providing employees with training regarding hazards or practices specific to their work area at the time of their assignment and whenever a new hazard is introduced into their work area.
- Determining the required personal protective equipment (PPE) for the procedures and materials in use in their area.
- Ensuring that the proper personal protective equipment (PPE) is available in good condition and that the employees are trained and encouraged in its use.
- Developing safe procedures for work in their area, as well as written procedures for emergencies and evacuations, and train employees in those procedures.
- Inform employees about proper performance of non-routine tasks.

Employees are responsible for:

- Planning and conducting each operation according to the Hazard Communication Program.
- Maintaining area in good order.
- Using the required personal protective equipment.
- Reporting any exposures, injuries, or problems to supervisor and the Safety Officer.
- Reviewing MSDS's prior to using a substance for the first time, and reviewing it periodically thereafter.

Contracting Officials: Contracting officials (Purchasing agents, Facilities Maintenance, and Operations, Architectural Engineering Services, and Department Heads) are responsible for:

- Instructing all outside contractors to contact the US Department of Energy, Office of Environmental Health and Safety for specific information about hazardous chemicals within the Agency that may pose a risk to contract employees.
- Contracting Officers will require all contractors to provide the information concerning hazardous chemicals brought into any Agency facility to perform contracted work before that work begins.

Hazardous Chemicals Inventory

The supervisor, or designee, is required to maintain a list of all hazardous chemicals known to be present in each work area (e.g. maintenance shop, section, etc.) and update the list as necessary.

The inventory must identify

- Each hazardous chemical by the primary name on the label,
- The manufacturer or distributor of the chemical, and
- Chemical abstract number (CAS).

The inventory must

- Be kept in the work area in a suitable format,
- On a log sheet, or in a computer.
- List all hazardous chemicals found in the work area for which the supervisor is responsible including, but not limited to:
    - Laboratory chemicals, janitorial supplies, compressed gases, cleaning products,
    - Materials found in the maintenance Departments (such as lubricating oils, solvents, etc.),
    - Specialty chemicals used by animal caretakers, illustrators, and printers.

Labeling Requirements: The supervisor shall ensure that all hazardous chemicals are properly labeled. Labels shall list:

- At least the chemical identity,
- Appropriate hazard warnings, and
- The name and address of the manufacturer, importer or other responsible party.

Portable containers of working solutions shall be labeled appropriately unless they are intended for immediate (during a day's work-shift) use by the employee who prepared it. In this case, only the identity of the chemical must be supplied on the label.

The contents of all vessels (containing chemicals or products such as cleaning solutions) shall be identified by name on the container.

Products that are synthesized by the Agency and distributed to outside parties shall be labeled if they contain hazardous chemicals in concentrations greater than one percent (or 0.1% for carcinogens). It is the responsibility of the laboratory synthesizing the product to develop this label.

Chemicals stored in bulk quantities, pipelines, and storage tanks are required to be adequately labeled.

Storage tanks or drums may be labeled collectively rather than labeling individual containers if they are not removed from the labeled area and if the hazards are the same. It is the responsibility of the Department or area supervisor ordering and using these bulk chemicals to ensure adequate labeling.

Container labeling shall provide an immediate visual warning about the specific harm that may result from exposure to the chemical. If the manufacturer or supplier has adequately labeled the original container, transferring the information on that label to a secondary workplace container is appropriate. In many cases, the chemical manufacturer or supplier may cooperate by providing additional labels, upon request, with a chemical shipment.

In the event that the Department needs to create labels, durable printed labels will be available in blank form with chemical names and an assortment of hazard symbols, which may be affixed to the basic label.

Personnel responsible for container labeling shall correct any outdated hazard warnings with the updated information as soon as they learn of any hazard characteristic changes.

Material Safety Data Sheets (MSDS)

- The supervisor is responsible for acquiring and updating material safety data sheets for all hazardous chemicals located in their work area.
- The material safety data sheets shall be reviewed by all personnel using the chemical before it is used and kept in the work area so that they are readily accessible.
- To obtain specific material safety data sheets, request them from the manufacturer or distributor, or search the Internet for assistance.
- Departments shall document their efforts to obtain MSDS's from suppliers.
- Maintain a copy of letters requesting MSDS's in the file until the MSDS's are received.
- Chemicals purchased locally from retail stores may not come with MSDS's. Under these circumstances, ask the retailer if they have the MSDS or request it from the chemical manufacturer or supplier.
- If you have more than one material safety data sheet for a hazardous chemical from the same manufacturer:
    - Check the date and
    - Use the most current one
    - Discard all others.
- To obtain further information or assistance in interpreting material safety data sheets, contact the manufacturer or distributor.
- A material safety data sheet shall be developed and sent with those products that are synthesized by the Agency and distributed to outside parties if they contain hazardous chemicals in concentrations greater than one percent (or 0.1% for carcinogens). It is the responsibility of the laboratory synthesizing the product to develop and distribute the material safety data sheet.

Employee Training and Information

Employees shall receive further hazard communication training

- When working in a new area,
- Whenever a new material or procedure is introduced into the work place, or
- Whenever the Department Head, Department Safety Officer, or Supervisor feels that refresher training is in order.

This training shall include:

- Location and availability of the written Hazard Communication Plan.
- Physical and health hazards of chemicals in the work area and their locations.
- Methods and observation techniques used to detect the presence or release of a hazardous chemical.
- How to lessen or prevent exposure to these hazardous chemicals through usage of controls, work practices and personal protective equipment (PPE).
- How to use material safety data sheets information.
- How to read and understand labels.
- Contingency plans for medical and accident response.
- The proper use of any PPE required.
- Location of MSDS file and hazardous chemicals inventory.
- All training shall be documented by recording the training session subject(s), date, and attendees. The Agency shall maintain the official files. The supervisor shall also maintain a copy of these records.

Information about the Agency's Hazard Communication Program shall be disseminated to all new employees. All new employees shall be trained by their supervisor concerning hazardous chemicals in the workplace at the time of initial assignment and whenever a new hazard is introduced into the work area.

Non-routine Tasks

Employees performing "non-routine" tasks may be exposed to chemicals from unusual and unsuspected sources. These "non-routine" tasks may include, for example, periodic tank or boiler cleaning or the replacement of seals and gaskets. Written procedures shall be developed for every "non-routine" task by the supervisor of the employees who will perform the task. The information shall include chemical hazards associated with the performance of the tasks and appropriate protective measures required to perform the task safely. The procedures shall be included in the local copy of the Hazard Communication Program.

The Office of Risk Management shall provide advice and guidance upon request.

EXHIBIT N

TRANSITIONAL RETURN TO WORK PROGRAM

STATE OF LOUISIANA

OFFICE OF RISK MANAGEMENT

TRANSITIONAL RETURN TO WORK PLAN

FOR

STATE AGENCIES

GOALS OF TRANSITIONAL RETURN TO WORK

Injured workers should be returned to gainful employment as soon as medically possible after a job-related injury or illness. The program shall:

- Provide a safe return to work for occupationally related injuries or illnesses.
- Give employees return to work options.
- Provide suitable accommodations for employees who have sustained an injury or illness that impacts their ability to perform all aspects of their pre-injury or pre-illness job
- Retain qualified employees.
- Facilitate a safer working environment.
- Reduce the duration of time needed for the employee to transition back to full duty
- Retain valuable employee work skills, physical conditioning
- Reduce workers' compensation claim costs.
- A workers' compensation claims reporting process.
- A process of semi-annual reports to the legislature and the governor.

IMPLEMENTATION PLAN

Agency plans shall include the following procedures, components and policies. Agencies that provide special services to ensure public safety may add statements to clarify its mission. A successful transitional return-to-work plan shall be based on medical prognosis and recovery. Transitional work shall be available **until an employee is able to resume full duty employment or up to one year**. Unforeseen medical issues shall be referred to the ORM's third party administrator's (TPA) vocational rehabilitation counselor.

Plan Implementation

- Review the Return to Work program with existing employees annually
- Review the Return to Work program with all new hires during the new hire orientation

Reporting a Work Related Accident/Illness

Once an injury/illness is reported by an employee the agency will

- Report work related injuries or illnesses **immediately** via the TPA's claims system.
- Provide employee with a Functional Capability form to provide to the treating physician.
- Refer the injured employee to the Occupational Medical Clinic chosen for the agency or
- Allow the injured employee to seek treatment with a physician of choice.

TRANSITIONAL RETURN-TO-WORK TEAM

Each State agency shall have a transitional return-to-work team to review all lost-time workers' compensation employees under its authority.

Team scope

- complete transitional return-to-work plans
- review of job modifications
- job tasking
- task identification
- comply with the State's requirement for a transitional return-to-work plans
- oversight of plans
- facilitate success of plans
- report transitional return-to-work program results.

Team composition

- human resource
- immediate supervisor
- safety personnel
- management representatives
- TPA staff
- RTW coordinator
- Voc Rehab Counselor as needed

Return to Work Coordinator

The RTW coordinator is the primary contact for employees and outside agencies on matters related to disability management and return to work planning. This includes but is not limited to:

- Responsible for the overall coordination and day-to-day administration of the disability management program.
- Develop, facilitate and monitor return-to-work program
- Develop and facilitate accommodations
- Work with the employee and the employer to facilitate RTW programs
- Monitor RTW plan and provide progress reports to appropriate individuals

Frequency of Team Meetings

- The Transitional Return to Work team shall meet bi-weekly or monthly or when an employee is injured and/or there is a change in the injured employee's medical status based on the following:
- Size of the agency
- Number of lost time claims.

Team meetings will not be necessary if there are no active lost time claims.

JOB TASKING

Job tasking is the process of detailing each specific job task performed in a position. If assistance is needed with job tasking, please contact ORM's Third Party Administrator.

- Job tasking should begin before the accident occurs or
- Once an injury has occurred that leads to lost time.
- Complete job tasking for each position of injury that results in lost time.
- Consult with first-line supervisors.
- There is no need for repetition of job tasking with each new occurrence.
- Compile a master list of transitional tasks for each position.
- Maintain a file of job tasks for each position for which a lost-time claim has occurred.

Accommodation Types

Modification of job tasks, equipment or schedules for up to one year, or when IW has been released to return to work, to assist an injured worker transition to return to work. Accommodations may include, but are not limited to:

- Modified Work –Includes modification to the job tasks, functions, hours of work, frequency of breaks, worksite, or any combination of these.
- Alternate Work – Different from the employee's pre-injury job or illness offered to a worker who is temporarily or permanently unable to perform their pre-injury work.
- Transitional work – A group of tasks or specific jobs that can be performed until the worker is capable of returning to full pre-injury duties

TRANSITIONAL RETURN TO WORK

A transitional return to work plan should be completed with the supervisor of the injured employee and a representative from the return-to-work team to include:

- Specific job tasks identified
- Hours to be worked
- Duty assignment
- Physical restrictions.
- The plan shall be reviewed and approved by each member of the team.

Eligibility for Return to Work

When reviewing an individual worker's eligibility for return-to-work options, the following criteria should be followed:

- Assess the job task of the worker's pre-injury position
- Identify transitional tasks that can be performed with the employee's current physical restrictions.
- Review other services or tasks that can be performed which would improve the overall function of the agency.
- Review tasks that can be performed that would return an employee to gainful employment.

The Office of Risk Management's TPA will be available to identify transitional return to work tasks if needed.

Before the Return to Work

The agency will hold a return-to-work meeting with the employee to review the plan before the employee returns to work.
Once the meeting has taken place, an offer of transitional duty employment shall be made to the injured employee in writing.
If the injured employee is represented by counsel, the notice shall be sent to the employee via counsel.

Agency Responsibility

- Provide a good detailed job description that includes the physical demands and essential functions of the job
- Treat the injured worker with dignity and respect
- Reflect State values and guiding principles – create a positive atmosphere where the employee knows they are valued
- Promote an open, cooperative process including maintaining regular contact with the employee
- Work with the RTW Coordinator to develop a suitable RTW plan for the employee and stay within the outlined abilities/limitations
- Monitor the progress of the employee through the RTW plan and involve the RTW Coordinator if there are any changes in circumstances
- Promote and enforce safe work practices
- Visibly support the RTW program
- Ensure a work environment that is conducive for a successful RTW program

The Return to Work Offer

The offer of transitional return to work employment shall include the following:

- Offer must be made in writing
- certified mail return receipt request
- a specific return to work date and time
- duty assignment
- Who to report to.
- The employing agency shall provide transitional employment for up to **one year** or until that employee has reached maximum medical improvement whereby he can return to his previous job, whichever is **less**.

Employee Responsibility

- Return the Functional Capability Form to the immediate supervisor within 24 hours or prior to the next scheduled shift.
- Accept the transitional return to work offer
- Report to work as requested in the return to work offer letter
- Work within the restrictions provided by the physician
- Comply with medical treatment and keep all scheduled medical appointments

- Advise the immediate supervisor and the RTW Coordinator if the transitional work is physically too difficult

After the Employee Has Returned to Work

When an employee returns to work on transitional duty employment, the agency shall not require the employee to perform tasks that have not been approved by the treating physician.

- Evaluate the plan every 30 days to assess the employee's ability to return to full duty.
- The Office of Risk Management's TPA will be responsible for communications with medical personnel.
- An agency shall not have direct contact with the treating medical personnel without the approval of the Office of Risk Management's TPA.

TERMINATION OF EMPLOYMENT

An agency should notify ORM's TPA if a person is at risk of termination due to exhaustion of sick leave.

- Termination of employment because an injured worker has exhausted sick leave shall be evaluated as a "last resort method".
- Maintain documentation of failed transitional return to work employment.
- Maintain documentation of efforts made to identify transitional return to work tasks
- Maintain documentation of barriers in identifying transitional return to work.
- The employing agency shall document the necessity to terminate employment.
- Documentation shall include evidence that transitional return to work tasks could not be identified.
- Notify the RTW Coordinator for ORM's TPA when an injured worker is removed from work or the accommodations are no longer available

MEASURE OF EFFECTIVENESS

The attached **TRANSITIONAL RETURN TO WORK AUDIT FORM (DA WC4000)** shall be used to measure the effectiveness of the agency's transitional duty employment program.

Information to be tracked shall include the following:

- Number of workers injured per month
- Number of lost-time days from work-related injuries per month
- Number of employees returned to work on transitional employment duties. (Include employees who have resigned or who have been terminated.
- This information is tracked as long as the employee is receiving workers' compensation indemnity benefits.
- Lost-time days for those employees will be tracked as an average of 21.5 days per month.)

This report will reviewed by the Loss Prevention section of the Office of Risk Management's TPA during the agency's annual loss prevention audit.

ADDENDUM

I. CIVIL SERVICE GENERAL CIRCULAR No. 001290
http://www.civilservice.la.gov/PROGASST/Gencirc/GENCIRC97/001290.HTM

II. TRANSITIONAL RETURN TO WORK AUDIT FORM (DA WC4000)

III. PHYSICIAN'S MODIFIED WORK INFORMATION SHEET

IV. TRANSITIONAL RETURN TO WORK FLOW CHART

TRANSITIONAL DUTY EMPLOYMENT AUDIT FORM – DA WC4000

The purpose of this form is to record an agency's Transitional Duty activity for the **current month** only. It is not cumulative.

Month of Report_____ Location code_____

Agency_____ Contact Person_____

The agency has developed and implemented a Transitional Duty Employment plan: _____ Yes _____ No

Transitional Duty Employment is monitored at the department level: _____ Yes _____ No

REPORT THE FOLLOWING ACTIVITY:

1. Number of lost time workers' compensation claims during the month of reporting: _____. *
2. Number of employees returned to work on transitional duty: _____.
3. Number of employees returned to work full duty: _____.
4. Number of employees on workers' compensation at month's end: _____.
5. RTW committee has met and reviewed all W/C claims eligible for Transitional Duty Employment: _____yes_____ no ____ n/a.

***NOTE: Lost time refers to whole days an employee has missed from work due to a work-related accident for which indemnity benefits would be paid.**

Please keep completed forms on file at the location or department level that is responsible for Transitional Duty Employment.

THIS FORM IS FOR INTERNAL USE ONLY.

FORM DA WC4000
REVISED 06.2020

PHYSICIAN'S MODIFIED WORK INFORMATION SHEET

Employee Name:_____Injury/Illness date:_____

Doctor Name: _____Phone Number:_____

RETURN TO WORK FULL DUTY WITH NO RESTRICTIONS? YES NO DATE _____

To All Employees:
Please return this completed report directly to your supervisor within 24 hours of your injury or illness, and prior to the start of your next scheduled work shift.

The following details the employee's current capabilities; *(please checkmark as appropriate)*

	1 to 2 lbs	3 to 5 lbs	6 to 10 lbs	11 to 20 lbs	21 to 30 lbs	31 to 40 lbs	41 + lbs
Lifting							
Carrying							
Push/pull							

	Minimal	Under 1 Hr	1-2 Hrs	2-3 Hrs	3-4 Hrs	4-5 Hrs	5-6 Hrs	8 hrs
Sitting								
Standing								
Walking								

	YES	NO
Squatting		
Bend/Twist at Waist		
Reaching		
Work above Shoulder		

List any other restrictions:_____

_____

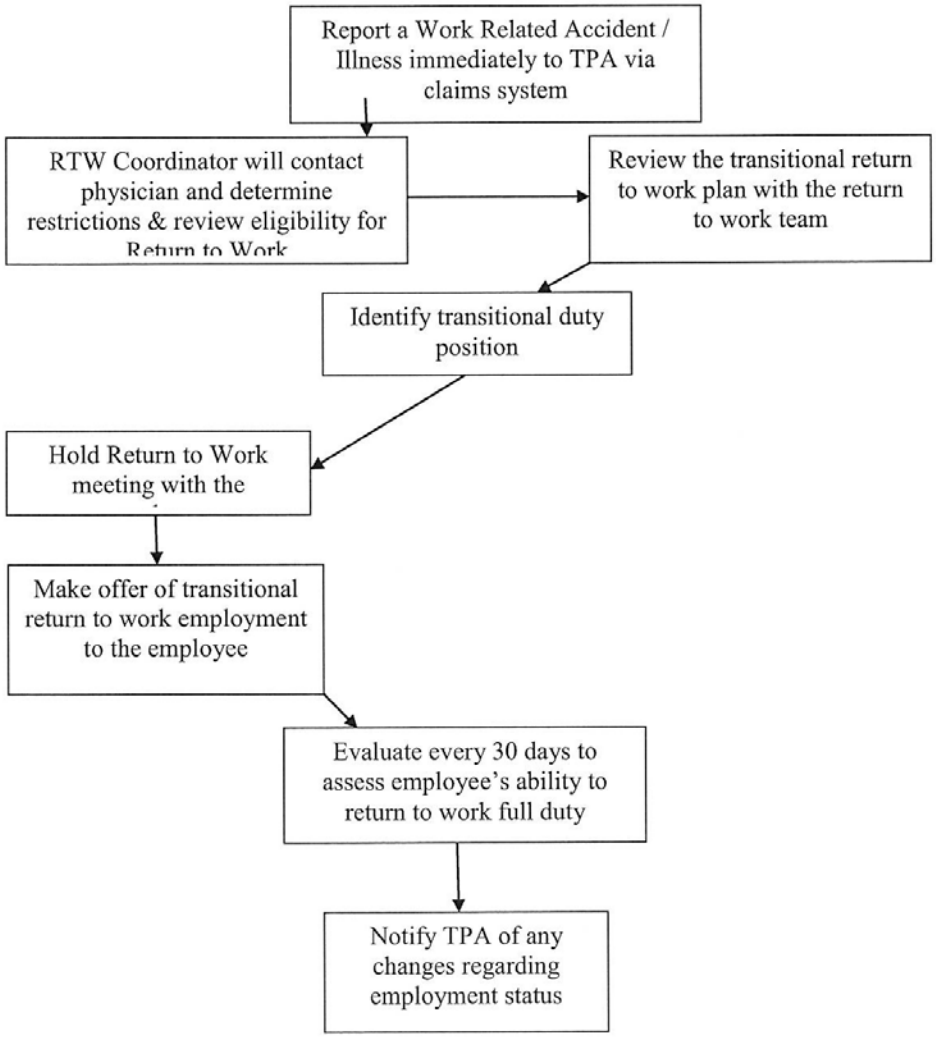
Restrictions effective until (date) _____

Follow Up Appointment date(s): _____

Signature of Attending Physician: _____

Date:_____

Transitional Return to Work



DRIVER SAFETY PROGRAM

LOSS PREVENTION UNIT
OFFICE OF RISK MANAGEMENT
DIVISION OF ADMINISTRATION

20200701

CONTENTS

DRIVER SAFETY PROGRAM

DRIVER SAFETY PROGRAM

Introduction

R.S. 39:1543 requires the development of a comprehensive loss prevention program, for implementation by all state Agencies, including basic guidelines and standards of measurement. The Driver Safety Program is part of the Loss Prevention program required by the Office of Risk Management in accordance with LAC Title 37. Its purpose is to provide a systematic method of screening, training, and accountability for employees and supervisors required to assign or drive state owned vehicles or personal vehicles on state business. The Office of Risk Management is required by state law to assess premiums to each state Agency.

The following materials are included to assist administrators, supervisors, and loss prevention representatives, in managing and implementing safe driving by state employees. A glossary and sample forms are included and described later in this section of the manual.

Components of Louisiana's Driver Safety Program

1. Agency Policies and Procedures:

   A. Responsibilities – Each Agency shall implement a written safe driving program. This program shall include rules defining:

      1. Who shall be permitted to drive on state business.
      2. Identifying employees authorized to operate motor vehicles under the Agency's control. Only those employees authorized by their Agency head or designee shall be permitted to operate their personal vehicle or a state (owned or leased) vehicle on state business.
      3. Policies shall outline the roles and responsibilities of managers, supervisors, and employees in driver safety. These policies shall be issued to all drivers and form the basis for the Agency's Driver Safety Program.

      Upon request, the Third-Party Administrator (TPA) shall assist agencies in organizing, directing, implementing, controlling and providing training for a Driver Safety Program that minimizes the adverse impact of motor vehicle accidents.

      ### Department/Agency: Heads, Driver Safety Coordinators, or Program Designees

      These individuals are responsible for implementation of the Driver Safety Program and shall stress the importance of the Department's Driver Safety Program to all employees. Prior to authorizing state employees to drive, they are responsible for completing all of the following steps for employees that are authorized to drive:

      1. Verifying that each driver has a valid and properly classed driver's license.
      2. Obtaining official driving records (ODRs) no longer than every twelve (12) months, reviewing them no later than forty-five (45) days from the date the ODR is obtained, and ensuring that employees meet all program requirements to be authorized to drive.
      3. Certifying that each employee has completed an ORM-recognized defensive driving course (e.g., LPOST, Loss Prevention instructor-led, National Safety Council, FLI, etc.) within 90 days of entering the program.
      4. Signing and dating, along with the employee (if applicable), the Driving Authorization and History Form (DA 2054). The DA2054 form can be used more than once if the authorized Agency representative signs and dates the supplemental signature sheet and attaches it to the DA2054. The original form cannot be modified.

5. Notifying the appropriate supervisors which employees have been authorized to drive or not authorized to drive.
6. Maintaining at each audited location a signed and dated list of employees who have been authorized to drive or employees not authorized to drive at each audit location. (See appendix). Employees who are hired or terminated throughout the year are not required to be added or deleted from the authorized or unauthorized list, except on an annual basis prior to the audit. However, any person that is determined in the year to be a high risk driver should be removed from the authorized list or added to the unauthorized list, whichever list the Agency is updating.
7. Ensure that policies and procedures are established and implemented; and
8. Training courses are conducted and documented.

Supervisors

Supervisors shall:

1. Provide time for each authorized employee to complete the ORM on-line Defensive Driving Course (LPOST), ORM instructor- led Defensive Driving Course, or another ORM recognized defensive driving course.
2. Allow only authorized employees to drive on state business.
3. See that all vehicles provided to these employees are in safe operating condition, including the use of a monthly checklist (e.g., DA424 or the MV3/4).
4. Follow through that all deficiencies noted during the inspections are corrected and such actions documented.
5. Ensure that all accidents and incidents are properly reported and said records are maintained.

Employees

1. Employees shall only operate those vehicles for which they are licensed and insured.
2. Employees who are authorized to drive state vehicles are responsible for the safe operation of those vehicles.
3. Drivers shall report any unsafe condition or accident involving state vehicles to their supervisor or designee. Accidents by employees in their personal vehicle after hours need not be reported unless the employee was ticketed.
4. Employees who drive their personal vehicle on state business shall be required to sign the DA2054 form attesting that they currently carry at least the required minimum vehicle insurance. Such signature is not required if the employee ONLY drives a state vehicle on all state business.
5. Employees shall immediately report any revocation of their driver's license or any moving violations received to their supervisor, but no later than their next scheduled workday. Said reporting applies whether on state or personal/private business and whether in a state or personal/private vehicle.
6. Employees shall not use a Wireless Telecommunications Device while driving in a state-owned, leased, or private vehicle that is being driven on state business. This includes writing, sending, or reading a text-based communication and engaging in a call. Use of a Wireless Telecommunications Device is permissible for passengers in such vehicles.

   Exceptions:
   - 1. Report a traffic crash, medical emergency, or serious road hazard.
   - 2. Report a situation in which the person believes his personal safety is in jeopardy.

- 3. Report or avert the perpetration or potential perpetration of a criminal act against the driver or another person.
- 4. Engage in a call or write, send or read a text-based communication while the motor vehicle is lawfully parked.

B. Authorization Process: Prior to approval by their Agency Head or his/her designee, the employee shall complete the Authorization and Driving History form (DA 2054). The information on this form is used to acquire the Official Driving Record (ODR) from the Department of Public Safety, Office of Motor Vehicles. An ODR shall be obtained annually (i.e., no longer than every twelve (12) months between records). The Authorization and Driving History Form and the ODR are then submitted to the Agency head or designee for review and compliance with requirements to be authorized to drive.

If an employee possesses an out-of-state license, the Agency must either acquire a certified copy of the ODR from that state or require the employee to do so at his/her own expense. It is the Agency's responsibility to designate which employees are authorized to drive or NOT authorized to drive on state business.

The authorization process shall include:

1. An annual review of the employee's motor vehicle driving record (ODR).
2. Only individuals possessing a current and proper class driver's license shall be authorized by an Agency to drive a motor vehicle on state business.
3. Verifying (via the DA2054) that the employee can provide proof of liability insurance if he/she will use a personal vehicle to conduct state business. Requiring the employee to furnish proof is strictly up to each Agency.
4. Completing and passing of an ORM recognized defensive driving course within 90 days of entering the program and a minimum of every three years thereafter.
5. Developing a signed and dated list of employees authorized to drive or employees NOT authorized to drive. Any person that is determined in the year to be a high risk driver should be removed from the authorized list or added to the unauthorized list, whichever list the Agency is updating. Such list must be kept at each audited location at all times.
6. Determining when driving responsibility shall be taken away from an employee because of moving violations or revocation of license, or lack of insurance for their private vehicle.

Within 45 days of obtaining the ODR, the Agency head or designee shall review the ODR and sign and date the Authorization and Driving History Form (DA 2054). NOTE: If there are no changes to the driver information, then the DA2054 may be used on more than one occasion if the authorized Agency personnel date and sign the supplemental signature sheet and attach it to the DA2054 (See Appendix).

High-risk drivers shall not be authorized to drive vehicles on state business from the date of discovery for a minimum of twelve (12) months. High-risk drivers are those individuals:

1. Having three or more convictions, guilty pleas, and/or nolo contendere pleas for moving violations within the previous twelve (12) month period or
2. Having a single conviction, guilty plea, or nolo contendere plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle, or similar violation within the previous twelve (12) month period.

If an employee is not authorized to drive, that employee and his/her supervisor shall be notified in writing that they shall not drive on state business. The immediate supervisor and the fleet control officer shall be notified that this employee shall not be given authority to drive on state business, and that employee's name shall be added/removed to/from the appropriate list.

C. Preventive Maintenance - The Agency shall develop a preventive maintenance procedure and a preventive maintenance schedule for each vehicle included in the program. It is recommended that the Agency follow the suggested manufacturer's preventive maintenance (PM) on vehicles.

D. Training – The TPA shall, upon request, assist each Agency in implementing documented driver safety training programs that address the needs of the Agency and in identifying training aids and resources that can be used for driver safety.

All authorized drivers shall successfully complete an ORM recognized defensive driving course within ninety (90) days of entering the program and shall complete a refresher course at least once every three years unless their class of license requires other additional training or testing. Drivers who have convictions on their motor vehicle records shall be required to retake a recognized driving course within ninety (90) days of notification of a conviction. One such course, entitled High-Risk Driver, can be found here:

https://www.doa.la.gov/Pages/orm/Training.aspx

E. Claims Reporting/Accident investigation – Upon request, the TPA will assist Agencies in conducting investigations into claims resulting from accidents involving vehicles used on state business.

2. Accident Reporting

A. A vehicular accident is defined as any incident in which the vehicle comes in contact with another vehicle, person, object, or animal that results in death, personal injury, or property damage, regardless of: who was injured, what was damaged or to what extent, where it occurred, or who was responsible.

All accidents shall be reported to the employee's immediate supervisor and Driver Safety Coordinator by the driver of the state vehicle on the day of the accident. If the driver is not able to complete the Louisiana State Driver's Accident Report Form (DA 2041), then the driver's supervisor will complete the report to the best of his/her ability for the employee. The supervisor may enter identifying information and attach the police report. The DA 2041 shall be completed within 48 business hours after any vehicle accident while on state business and forwarded to the Claims Unit. The DA 2041 form can be downloaded from: http://www.doa.la.gov/orm/formsCR.htm. (See appendix).

If the accident involves a workers' compensation claim, it must be reported to the TPA. A completed DA2000 form is no longer required for automobile accidents.

(Note: When an accident occurs in either an employee's personal vehicle or a rental vehicle while he/she is on state business, complete the DA2041 and note whether or not the vehicle is state-owned, rented, or personal.)

A copy of the Uniform Motor Vehicle Traffic Accident Report (police report) shall accompany the DA 2041 or should be sent to the Claims Unit as soon as it is received by the Agency. **Do NOT delay submission of the DA 2041 waiting on the police report.**

1. Failure of an authorized driver to report any vehicular accident may be cause for suspension of Driver Authorization.

2. The supervisor of the authorized driver involved in an accident shall review the accident report within two working days of the accident for completeness of information. Incomplete reports shall be returned for completion or corrected information. The supervisor may assist the individual in completing the report. All accidents require completion of the Vehicle Accident Report (DA 2041).

3. The supervisor (or safety coordinator, if appropriate) may consider what corrective action(s) may be necessary for accidents thought to be preventable. The corrective action(s) may include: temporary suspension of driving privileges, special training, physical examination, etc.

4. Agency heads, or the designee, will review the Accident Report Form, the Uniform Motor Vehicle Traffic Accident Report (police report – if one was completed), and the Authorization and Driving History Form (DA 2054).

3. Safety Audits and Record Keeping:

   The TPA shall, upon request, assist Agencies in reviewing and analyzing the Driver Safety Program to ensure it is properly designed to have the intended impact. Data concerning the type, frequency, and amount of claims shall be provided to the Agency. By providing this data, the Unit assists the Agencies in identifying where losses are occurring and how the losses may be reduced or eliminated.

   Driver Safety Program records shall be maintained at the Agency location and/or a central location designated by the Agency for review until at least the next audit or compliance review. Specifically:

   - ODRs, High-risk driver documentation (e.g., re-training records, letters), vehicle inspection forms, preventive maintenance records – maintain for 1 year
   - Driver training (initial, refresher) documentation – maintain for 3 years
   - DA2054 forms – maintain indefinitely or until form information is updated

   However, Agencies shall maintain at each audited location a list of employees who have been authorized to drive or employees not authorized to drive at each audit location.

4. Fleet Management:

   Each Agency that provides for the use of state vehicles by employees to conduct official business is expected to adhere to the requirements of the State's Fleet Management Program (Title 4, Part V, subchapter F; Title 34, Part XI of the Louisiana Administrative Code).

GLOSSARY

A. **Louisiana State Driver Safety Program Accident Report** (DA 2041): This form is completed for any vehicular accident that occurs while being operated on state business. It is critical that employees and supervisors understand their roles in reporting accidents and accurately describing what occurred in a vehicular accident.

B. **Agency Head**: The highest authority within a subsidiary of a Department.

C. **Authorization and Driving History Form** (DA 2054): Record that is maintained by the Agency on each employee who drives on state business. The form shows:

1. The employee's current personal information (Name, license number)
2. Employment information (supervisor)
3. When an employee was authorized to drive
4. The date of his/her last Defensive Driving class
5. Certification by the employee that he/she maintains liability insurance as required by state law
6. The signature of the Agency Head or designee authorizing the employee to drive

D. **Department Head**: The highest authority within the branches of State Government.

E. **Designee**: Individual(s) specifically designated by the Department/Agency head to act on their behalf.

F. **Driver Safety Coordinator**: Individual appointed by Department/Agency head to plan, organize, direct, and control the Driver Safety Program for the Agency.

G. **Guilty Plea**: The admission of guilt from the defendant to each charge of the commission of a violation.

H. **High-Risk Driver**: Individuals having three of more convictions, guilty pleas and/or nolo contendere pleas for moving violations or individuals having a single conviction, guilty plea or nolo contendere plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle or similar violation, within the previous twelve (12) month period.

I. **Hit and Run**: The intentional failure of the driver of a vehicle involved in or causing any accident, to stop such vehicle at the scene of the accident, to give his identity, and to render reasonable aid.

J. **Moving Violation**: A moving violation occurs whenever a vehicle is in motion. Examples of moving violations include: speeding, running a stop sign or red light, driving without a license, making a left turn from the right hand lane.

K. **Negligent Injury**: The inflicting of any injury upon the person of a human being when caused proximately or caused directly by an offender engaged in the operation of, or in actual physical control of any motor vehicle, aircraft, watercraft, or other means of conveyance whenever any of the following conditions exist:

- The operator is under the influence of alcoholic beverages.
- The operator's blood alcohol concentration is 0.08 percent or more by weight based upon grams of alcohol per one hundred cubic centimeters of blood.
- The operator is under the influence of any controlled dangerous substance listed in Schedule I, II, III, IV, or V as set forth in R.S. 40:964.

- The operator is under the influence of a combination of alcohol and one or more drugs that are not controlled dangerous substances and which are legally obtainable with or without prescription.
- The operator is under the influence of one or more drugs that are not controlled dangerous substances and which are legally obtainable with or without a prescription and the influence is cause by the operator knowingly consuming quantities of the drug or drugs that substantially exceed the dosage prescribed by the physician or the dosage recommended by the manufacturer of the drug.

L. **Nolo Contendere**: "No contest" – has the same effect as a plea of guilty, as far as the sentence is concerned, but may not be considered as an admission of guilty for any other purpose.

M. **Official Driving Record** (ODR): Record maintained by the Office of Motor Vehicles on each driver in the State of Louisiana containing history of driver violations and accidents.

N. **Reckless Operation**: The operation of any motor vehicle, aircraft, vessel, or other means of conveyance in a criminally negligent or reckless manner.

O. **State Business**: Any legal and lawful activity conducted/engaged in, by an employee or agent of the State of Louisiana, on behalf of and benefiting the state in the course and scope of their duties.

P. **State Vehicle**: Any licensed vehicle owned, leased and/or rented by the State of Louisiana.

Q. **Unauthorized ("NOT authorized") Driver**: A driver shall be considered "NOT" authorized if any of the following occur:

1. Meets the high-risk driver definition
2. Does not complete/pass the ORM-recognized driver course within the allowed time period,
3. He/she does not hold a valid driver's license
4. The ODR isn't cleared of all flags as noted in Item #5 of "How to review an ODR" (in Appendix)
5. The Authorization and Driving History Form (DA 2054) has not been completed and signed by both the employee and Agency Head/Designee annually.
6. Is a student not employed by the State of Louisiana.

R. **Vehicular Operation While Intoxicated**: A vehicle operator shall be considered under the influence when:

1. The operator is under the influence of alcoholic beverages; or
2. The operator's blood alcohol concentration is 0.08 percent or more by weight based on grams of alcohol per one hundred cubic centimeters of blood; or
3. The operator is under the influence of any controlled dangerous substance listed in Schedule I, II, III, IV, or V as set forth in R.S. 40:964; or
4. The operator is under the influence of a combination or alcohol and one or more drugs that are not controlled dangerous substances and which are legally obtained with or without a prescription.

S. **Vehicular Accident**: Any collision in which the vehicle comes in contact with another vehicle, person, object, or animal – which results in death, personal injury, or property damage (regardless of: who was injured, what was damaged or to what extent, where it occurred or who was responsible).

T. **Wireless Telecommunications Device:** Any type of instrument, device, or machine that is capable of transmitting or receiving telephonic, electronic, radio, text, or data communications, including but not limited to a cellular telephone, a text-messaging device, a personal digital assistant, a computer, or any other similar wireless device that is designed to engage in a call or communicate text or data.

APPENDIX

Steps for Authorizing Drivers

Process for Reviewing an Official Driving Record (ODR)

Examples of:
Official Driving Records (ODR)
Driver's License Restriction Codes
Authorization and Driving History Form (DA 2054)
Louisiana State Driver's Accident Report Form (DA 2041)
Sample Vehicle Inspection Checklist

Authorizing Drivers

1. Agency head or designee reviews the Official Driving Record that is requested and issued by the applicable State Office of Motor Vehicles to ensure the employee does not meet the high-risk driver definition (see ODR Review Instructions).

2. Agency head or designee verifies that the employee has passed an ORM recognized defensive driving course within ninety (90) days of entering the program and is repeated every three (3) years.

3. Employee shall read and sign the Employee Acknowledgement/Authorization section of the Authorization and Driving History Form (DA 2054).

4. If the employee meets all of the above requirements, that employee may be authorized to drive on state business.

5. Only the Agency Head or his/her designee may review and authorize an employee to drive on state business. The authorization form shall be signed and dated by the Agency Head or his/her designee. The ODR shall be attached to the DA 2054 or other acceptable authorization format.

6. A signed and dated list indicating who is authorized to drive or not authorized to drive on state business shall be completed after all employee records have been reviewed and then released to the proper supervisor/fleet control manager. This list shall be available at the audited location for the Loss Prevention Officer's review upon request.

7. The Department Head or his/her designee is allowed to deem contractors as authorized travelers for official state business only. An executed DA2055 form is required, along with the driver's ODR, in advance of the authorized travel.

How to Review an ODR (Official Driving Record)

(See sample ODR form on p.13)

1. Verify the employee name, address and license number match the information on the Driving Authorization Form (DA2054).

2. Check the license expiration date.

3. Check the license class and any restrictions that may affect the employee's ability to drive.

4. Verify any violations that were received in the past twelve months and whether these violations meet the high-risk driver definition in your Agency's policy.

5. Make sure the following flags are not noted on the record above the violations section:

NI = No Insurance (i.e., NO LIABILITY SECURITY COVERAGE on the vehicle.)

- Individual's driver's license is blocked against renewal or re-issuance.
- DOES NOT mean a driver's license suspension is imposed.
- If authorized by the agency, individual can still operate only a state-owned/leased/rented vehicle on state business (since the state's insurance on such vehicles is primary). Use of a personal vehicle is prohibited until the NI flag has been resolved.

Revoked = The individual's registering privileges are withdrawn.

Suspended = A suspension of the individual's driving privileges

For further clarification, please contact ORM Loss Prevention Management.

Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
P.O. Box 64886
Baton Rouge, LA 70896

OFFICIAL CERTIFICATION OF DRIVING RECORD

Accident involvement indicated does NOT mean the individual was at fault or given a citation.

This document is for official Agency use only.
This Official Online Driving record was issued: Date: / / Time:

DATE	BIRTH DATE	SEX	LICENSE NO	CLASS	EXP DATE	RESTRICITIONS
/ /		M		E	**2**	NO RESTRCITIONS **3**

NAME/ADDRESS **1**

ENDR: NONE

71409 DIS 3

PER STATUS: SUS /AF/NI/*PUL* EX **5**

N/C

03-19-02 SPEED EXCESS OF POSTED MAXIMUM 02-04-01
ALEXANDRIA JUDICIAL
PRIVATE VEHICLE **4**

NUMBER OF ACCD: 0 NUMBER OF CONVS: 1 NUMBER OF RECORDS: 1

0104

DRIVER LICENSE RESTRICTION CODES

(This partial list represents those codes listed on the back of a Class E license. For a complete list, please contact the Louisiana Department of Public Safety at: www.dps.state.la.us)

0, 00 NO RESTRICTION

01 CORRECTIVE LENS (Glasses/contacts).

02 OPERATING A VEHICLE ONLY WITH LICENSED DRIVER. In the case of applicants seventeen (17) years of age and above, this restriction will be issued to individuals needing more practical driving experience. An "02" restricted license may be renewed and it is permissible to include a "07" (motorcycle endorsement) with such a license. (See Section I, Policy/Procedure Statement #21.00).

In the case of applicants fifteen (15) or sixteen (16) years of age, this restriction shall be issued on all first time applications. A motorcycle endorsement may be placed on a learners permit for those 15 or 16 years of age, however, they are restricted to operating within a distance of three miles from the applicant's residence, unless a parent, tutor, or other person having custody is temporarily staying or residing at another location, where the applicant would be restricted to operating within three miles of that location. (See Section I, Policy/Procedure Statement #1 for various Class Requirements, and #6.1 for Driver Education Requirements).

03 USING LEFT OUTSIDE REARVIEW MIRROR. The restriction will be added to individuals who have impaired vision worse than 20/40 in either or both eyes. The "03" restriction does not mean that eyes cannot be improved.

04 EYES CANNOT BE IMPROVED. This is an information code designed to avoid the continued referral of an applicant whose vision cannot be improved.
Should not be added unless specified by the eye doctor.

05 AUTOMATIC TRANSMISSION. This will be added for applicants who have lost one or both legs, or have lost the use of one or both legs. If the applicant wears one or two artificial limbs, a driving test may be necessary to determine if he/she has adapted sufficiently for the safe operation of a motor vehicle without the necessity of the "05" restriction. In this case, restriction #40 (wearing artificial limb) would be required.

06 POWER STEERING. This is to be used when a physical handicap hinders the strength or movement of the applicant's arms. This would compensate for the loss of mobility of the arms to control the steering.

08 DAYTIME DRIVING ONLY. This restriction will apply when the applicant's visual acuity is not 20/70 or better in each eye or upon the recommendation of a vision specialist.

09 SPECIAL RESTRICTION. May be used for any restriction which is not covered with a specific restriction code, or when there are four (4) or more restrictions to be used. This special code should be suitable and appropriate to enable the applicant to operate a motor vehicle safely. Anytime this restriction is used, it must be completely explained to the applicant, whether it is for a new license issuance or a renewal. This restriction is hereby abolished. With new programming (6/01), computer will allow 6 endorsements. Also the use of the 60 restriction (Restriction Card) will be used if necessary.

43 SPECIFIC VISUAL FOR CDL. (Effective 12-01-90, must be used in conjunction with restriction #53). This restriction is to be used whenever CDL applicants can only achieve 20/40 (Snellen) visual acuity in one eye. EXAMPLE: Applicant is blind in one eye, but achieves 20/40 with or without corrective lenses in the good eye. Applicant must have been employed as a commercial vehicle driver continuously since March 31, 1990.

M MOTORCYCLE

STATE OF LOUISIANA

DRIVER AUTHORIZATION FORM

TO BE COMPLETED ANNUALLY, UPON CHANGE OF STATE OF ISSUANCE, CLASS OF LICENSE, AND/OR DRIVING RESTRICTION CHANGE

Agency: _____
Employee Name: _____ Employee Number: _____
Immediate Supervisor: _____ Driver Training Course (MM/DD/YY):_____
Drivers License Number: _____ State of Issuance: _____

AGENCY HEAD OR DESIGNEE AUTHORIZATION

By executing this document, I have reviewed the Official Driving Record and Driver Training Course dates and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements.

My signature authorizes the aforementioned employee to drive the following on state business as required (check all that apply):

_____ **STATE VEHICLE**
_____ **RENTAL VEHICLE**
_____ **PERSONAL VEHICLE**

_____ _____
AGENCY HEAD **DATE OF AUTHORIZATION**
(or designated individual)

EMPLOYEE ACKNOWLEDGEMENT/AUTHORIZATION

This is to certify that, as a condition of and if authorized to drive my personal vehicle on state business, I have and will maintain at least the minimum liability coverage as required by *LA. R.S. 32:900 (B) (2)*.

I understand that the use of my vehicle on state business requires prior written authorization from my supervisor or agency head.

Further, by signing this document, I agree to notify my agency in writing should any of the following change on my license: Drivers License No., State of Issuance, Class of License or Driving Restrictions.

I authorize my agency to obtain access to my Official Driving Record (ODR) as necessary to comply with the State's Loss Prevention Program.

I affirmatively acknowledge and understand that operating a state-owned, state-rented or state-leased vehicle while intoxicated as set forth in R.S. 14:98 and 14:98.1 is strictly prohibited, unauthorized, and expressly violates both the terms and conditions of my use of said vehicle, and my employer's instructions. In the event such operation results in my being convicted of, pleading nolo contendere to, or pleading guilty to, driving while intoxicated under R.S. 14:98 or 14:98.1, I acknowledge and understand that such would constitute evidence of: (1) my violating the terms and conditions of my use of said vehicle, (2) my violating the direction of my employer, and (3) my acting beyond the course and scope of my employment with the State of Louisiana. I further affirmatively acknowledge and understand that personal use of a state-owned, state-rented or state-leased vehicle is not permitted.

My signature on this document shall remain in effect until revoked by the agency or until a new form is executed.

_____ _____
EMPLOYEE SIGNATURE **DATE**

07/01/2012
DA 2054

ANNUAL SUPPLEMENTAL SIGNATURE PAGE

EMPLOYEE NAME:______________________________

DRIVERS LICENSE NUMBER:_____________________

DEPARTMENT/AGENCY:__________________________

AGENCY HEAD OR DESIGNEE STATEMENT

By executing this document, I have reviewed the following and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements:

Official Driving Record
Drivers Training Course

Further, my signature allows the aforementioned employee to drive a state vehicle, rental vehicle or personal vehicle on state business.

______________________________	______________________________
Agency Head *(or designated individual)*	***Date of Authorization***
______________________________	______________________________
Agency Head *(or designated individual)*	***Date of Authorization***
______________________________	______________________________
Agency Head *(or designated individual)*	***Date of Authorization***
______________________________	______________________________
Agency Head *(or designated individual)*	***Date of Authorization***
______________________________	______________________________
Agency Head *(or designated individual)*	***Date of Authorization***
______________________________	______________________________
Agency Head *(or designated individual)*	***Date of Authorization***
______________________________	______________________________
Agency Head *(or designated individual)*	***Date of Authorization***

(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)

07/01/2011
DA 2054
Supp.-1

STATE OF LOUISIANA

CONTRACTOR DRIVER AUTHORIZATION FORM

TO BE COMPLETED ANNUALLY, UPON CHANGE OF STATE OF ISSUANCE, CLASS OF LICENSE, AND/OR DRIVING RESTRICTION CHANGE

Agency: _____ Drivers License Number: _____

Driver Name: _____ State of Issuance: _____

AGENCY HEAD OR DESIGNEE AUTHORIZATION

By executing this document, I have reviewed the Official Driving Record and Driver Training Course dates and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements.

My signature authorizes the aforementioned contractor to drive the following on state business as required (check all that apply):

_____ **STATE OWNED VEHICLE**
_____ **STATE-RENTED VEHICLE**
_____ **STATE-LEASED VEHICLE**

_____ **DEPARTMENT HEAD**
(or designated individual)

_____ **DATE OF AUTHORIZATION**

CONTRACTOR ACKNOWLEDGEMENT/AUTHORIZATION

I understand that the use of a state-owned/rented/leased vehicle on state business requires prior written authorization from the Department Head or his/her designee.

Further, by signing this document, I agree to notify the Department Head in writing should any of the following change on my license: Drivers License No., State of Issuance, Class of License, or Driving Restrictions.

I authorize the above agency to obtain my Official Driving Record (ODR) as necessary to comply with the State's Loss Prevention Program.

I affirmatively acknowledge and understand that operating a state-owned, state-rented or state-leased vehicle while intoxicated as set forth in R.S. 14:98 and 14:98.1 is strictly prohibited, unauthorized, and expressly violates both the terms and conditions of my use of said vehicle, and the agency's instructions.

My signature on this document shall remain in effect until revoked by the agency or until a new form is executed.

_____ **CONTRACTOR SIGNATURE**

_____ **DATE**

07/01/2012
DA 2055

ANNUAL SUPPLEMENTAL SIGNATURE PAGE

CONTRACTOR NAME:___________________________

DRIVERS LICENSE NUMBER:______________________

DEPARTMENT/AGENCY:_________________________

AGENCY HEAD OR DESIGNEE STATEMENT

By executing this document, I have reviewed the following and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirement:

Official Driving Record

Further, my signature allows the aforementioned contractor to drive a state-owned, rented, or leased vehicle on state business.

____________________________ ***Agency Head*** *(or designated individual)*	______________________ ***Date of Authorization***
____________________________ ***Agency Head*** *(or designated individual)*	______________________ ***Date of Authorization***
____________________________ ***Agency Head*** *(or designated individual)*	______________________ ***Date of Authorization***
____________________________ ***Agency Head*** *(or designated individual)*	______________________ ***Date of Authorization***
____________________________ ***Agency Head*** *(or designated individual)*	______________________ ***Date of Authorization***
____________________________ ***Agency Head*** *(or designated individual)*	______________________ ***Date of Authorization***
____________________________ ***Agency Head*** *(or designated individual)*	______________________ ***Date of Authorization***

(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)

07/01/2012
DA 2055
Supp.-1

Office of Risk Management

VEHICLE CHECKLIST

Section_____ **Driver/Inspector**_____

Date_____ **LA License Plate**_____

Prior to departure, the driver should conduct a visual inspection by walking around the vehicle. The driver should note the conditions of the following:

ITEM	YES	NO
Tire Pressure (Low or flat?)		
Exterior Body (Dents or pronounced scratches?)		
Fluid Leaks (Unusual leaks under the automobile?)		
Windshield (Cracks?)		

Once the driver has started the vehicle, the following should be checked for proper functioning:

ITEM	YES	NO
Warning Lights (Do any indicator lights display and **remain on**?)		
Gauges (Are all gauges in the "safe" zone?)		
Windshield Wipers (Operational?)		

If any items are not okay, the driver should provide comments in the space provided.

Comments:

DA 2041
Rev. 12/98

ACCIDENT REPORT
LOUISIANA STATE DRIVER SAFETY PROGRAM

Submit report to ORM
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	1. Agency Name	2. Person to Contact	3. Phone [ ] -	4. Loc. Code
5. State Vehicle Driver's Name		6. Driver's Social Security No. - -	7. Date of Accident / /	8. Time of Accident ☐ AM ☐ PM

9. Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location)

10. DESCRIBE HOW ACC. HAPPENED	
11. Seat Belt in Use ☐ Yes ☐ No	

STATE VEHICLE INFORMATION

If other then vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.

12. State Vehicle Driver's Address (Street No)	City	State	Zip Code	13. Home Phone [ ] -	14. Work Phone [ ] -

15. Driver's License No.	16. Age	17. Sex ☐ M ☐ F	18. Vehicle's Owner's Name and Address

19. Year Vehicle	20. Make Vehicle	21. Model Vehicle	22. Body Type	23. Vehicle Lic. No. / Equip No. / VIN

24A. Where can the Vehicle be Seen ?	24B. Describe Damage

OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

25. Other Vehicle Driver's Name	26. Driver's Social Security No. - -	27. Driver's License No.	28. Age	29. Sex ☐ M ☐ F

30. Other Vehicle Driver's Address (Street No.)	City	State	Zip Code	31. Home Phone [ ] -	32. Work Phone [ ] -

33. Vehicle Owner's Name and Address (Street No.) City State Zip Code

34. Year Vehicle	35. Make Vehicle	36. Model Vehicle	37. Body Type	38. Vehicle I.D. No. or Lic. No.	39. Where can the vehicle be seen ?

40. Other Vehicle Insurance Co.	41. Policy No.

42. Describe Damage	43. Estimated Amount $.

INJURED

44. Name and Address	45. Phone [ ] -	46. PED ☐	47. Ins. Veh. ☐	48. Other Veh. ☐	49. Police Investigated ? ☐ Yes ☐ No

44. Name and Address	45. Phone [ ] -	46. PED ☐	47. Ins. Veh. ☐	48. Other Veh. ☐	49. Type Report ☐ State ☐ Sheriff ☐ City

44. Name and Address	45. Phone [ ] -	46. PED ☐	47. Ins. Veh. ☐	48. Other Veh. ☐	49. Report No. (Item No.)

WITNESSES OR PASSENGERS

50. Name and Address	51. ☐ Witness ☐ Passenger	52. Phone [ ] -	53. PED ☐	53. Ins. Veh. ☐	53. Other Veh. ☐	53. (Specify)

50. Name and Address	51. ☐ Witness ☐ Passenger	52. Phone [ ] -	53. PED ☐	53. Ins. Veh. ☐	53. Other Veh. ☐	53. (Specify)

54. State Driver's Signature	55. Name of Driver's immediate Supervisor and Phone No. [ ] -

AUTHORIZATION AND DRIVING HISTORY LOG (SAMPLE)

LAST NAME	FIRST NAME	DL #	FIELD OFFICE	DATE OF ODR FOR PRIOR FISCAL YEAR	DATE OF ODR FOR CURRENT FISCAL YEAR	CAR PRIVILEGES			DATE OF LAST DEFENSIVE DRIVING TRAINING	PERSONAL AUTO INSURANCE AT TIME OF HIRE? (YES OR NO)	APPROVAL STATUS (AUTHORIZED, NON-AUTHORIZED OR HIGH RISK)	DATE OF HIGH RISK DETERMINATION
						STATE	PERSONAL	RENTAL				

THIS FORM DOES NOT REPLACE THE REQUIRED DA2054. IF USED FOR TRAINING AND ODR TRACKING, THE FORM MUST BE SIGNED BY THE AGENCY HEAD OR HIS/HER DESIGNEE

BONDS, CRIME, & PROPERTY PROGRAM

LOSS PREVENTION UNIT
OFFICE OF RISK MANAGEMENT
DIVISION OF ADMINISTRATION

20200701

CONTENTS

BONDS, CRIME, & PROPERTY PROGRAM

BONDS, CRIME, AND PROPERTY PROGRAM

Introduction

The Bonds, Crime, & Property Program is intended to protect the State from financial and/or property losses resulting from any act and/or omission by any state public officials, appointees and employees in the performance of their respective duties.

The ORM policy guidelines outlined in this document are not a substitute for the accounting control guidelines established by the Office of Statewide Reporting and Accounting Policy (OSRAP), found here: http://www.doa.louisiana.gov/OSRAP/PPM.html. Conformance by an Agency with all relevant OSRAP policies regarding fiscal controls and safeguards shall satisfy ORM's requirements. The Agency shall be responsible for complying with any other ORM requirement or exception not specifically addressed by OSRAP policy, as relates to this program.

The purpose of the Bonds, Crime, & Property Program is to:

A. Assign responsibility for developing and managing fiscal controls in state Agencies.

B. Establish each individual's accountability for the performance of his/her duties in compliance with the Agency's fiscal control program.

C. Reduce the State's exposure and losses and to safeguard state assets against theft, robbery, abuse, etc.

D. Maintain the public's confidence in the ability of state officials, appointees, and employees to conduct the State's business in an honest and professional manner.

Components of Louisiana Bonds, Crime, and Property Program

1. Agency Policy and Procedures:

A. Responsibilities

Each Agency is responsible for developing and implementing a written Bonds, Crime & Property Loss Control Program that shall include:

B. Procedures (for managing assets and the fiscal internal control system to minimize potential losses and damages)

These procedures shall address, at a minimum:

1. Handling/processing negotiable items such as: cash, checks, and postage stamps.

2. Controlling inventories, including disposal thereof.

3. Employee accountability for equipment assigned to them.

4. The securing of vaults and safes.

5. Purchasing procedures.

C. Implementation of training programs for employees. Training may include formal and on-the-job training. All training shall be documented.

D. Investigation/reporting procedures for incidents involving losses/damages to assets that include corrective action to prevent recurrence. There must be a method for reporting discrepancies or problems to supervisors and/or management, as well as timely submission of the claim to the Third-Party Administrator (TPA).

E. The responsibilities and accountability for managers, supervisors, and employees who have duties requiring Bonds, Crime, & Property coverage.

These policies/procedures shall be given to employees involved in the fiscal control program and form the basis of the Bonds, Crime, & Property Program. Only those individuals authorized and trained to manage or handle cash, property, stamps, fees, licenses, permits, securities and other State assets shall be assigned to those duties. "*Manage*" is defined as including "approval of transactions and/or directing the approval of transactions."

The TPA will, upon request, assist Agencies in organizing, directing, implementing, and controlling a Bonds, Crime, & Property internal control program that minimizes the potential for financial and/or property losses.

Department and Agency heads

These individuals are responsible for the implementation of an internal fiscal control program that includes operating guidelines and the specific duties of all employees involved in the program. Department heads or their designees are responsible for reviewing the fiscal control program regularly for efficiency and effectiveness. Recommendations contained in internal control audits should be implemented promptly.

Supervisors or program designee

Supervisors must ensure that employees are properly trained in the program's policies, procedures and guidelines so that all safeguards are followed at all times. Supervisors should review the program's internal controls to ensure protection of the State's assets and property from losses. No safeguard of the internal control plan is to be eliminated or bypassed.

Employees

Employees are expected to follow the program fiscal controls and to report any deviations. Deviations include but are not limited to:

- deliberate recording of a transaction with inadequate documentation, inadequate information, and/or approval
- deliberate omission of information in a financial/statistical report
- failure to safeguard an asset (e.g., equipment: left in an insecure environment [such as a laptop with no lock], left on a desk, or in an unlocked room)
- unauthorized use (e.g., personal use of a computer and/or use of unauthorized/unlicensed programs on a computer)

- failure to safeguard fiscal/personal information (e.g., computer left unattended with 'desktop' open)
- failure to secure files with confidential information (should use encryption and/or password protection)

The employees shall report the deviation in accordance with Agency policies/procedures. The specified individual should forward the deviation to the appropriate person at the Office of Risk Management (ORM).

2. Bonds, Crime, & Property Coverage

Fidelity Bonds: The Employees Faithful Performance Blanket Bond covers loss sustained by insured because of dishonest or fraudulent acts of employees or by failure of employees to faithfully perform duties. The following mandatory areas are covered:

A. Property Manager Bond: This bond covers dishonest or fraudulent acts or failure to faithfully perform duties in connection with the handling and control of state property, resulting in loss to insured.

B. Notary Bond: This bond guarantees that a notary public will comply with applicable laws and regulations.

C. Postal Bond: This bond guarantees that a post office contract, branch, or station located at such places as a university or college shall faithfully discharge all duties required under rules and regulations of the U.S. Postal Service. It must account for, deliver, and pay over monies, mail matters, and other properties that come in its possession to the proper post office official.

D. Public Official Bond: This bond is required for state elected or appointed officials to fill positions of trust. It protects against dishonest and fraudulent acts as well as a person's failure to perform duties required.

E. Crime (Inside/Outside Premises): Money and Securities; Depositors Forgery (usually secured by Combination Crime Policy): This policy should cover all perils except those that are excluded by the policy on money and securities including outside premises while conveyed by messenger. Property other than money and securities is insured against robbery or burglary. Coverage is provided against loss through forgery or alteration of checks drawn by insured. The Crime Policy shall also provide coverage for property damage to a safe during an attempted or actual robbery.

Cyber events where the insured receives and acts upon a fraudulent instruction that is allegedly coming to them from a vendor, client, or management instructing them to transfer funds, money or securities are covered under the crime policy. Cyber events involving attacks that re-route state funds are also covered by this policy as well.

3. Guidelines for Developing a Bonds, Crime, and Property Program

Each Agency shall establish a system of internal accounting and administrative controls in accordance with applicable Federal and Louisiana State Statutes and regulations utilizing the following guidelines:

A. Reasonable Assurance - Internal control systems relative to fiscal matters shall provide reasonable assurance that the objectives of the system will be accomplished. This standard recognizes that the cost of internal control should not exceed the benefits derived.

B. Competent Personnel - Employees exercising oversight and control shall achieve (unless already possessing) adequate education, experience, and/or training as soon as possible upon hire to accomplish their assigned duties.

C. Internal Control Guidelines - Specific internal control guidelines on fiscal matters shall be developed for each applicable Agency function. Each goal must be complete, logical, and applicable to the specific activity and are to be consistent with the accomplishment of the overall objectives of internal controls, including but not limited to:

1. Obligations and costs are in compliance with applicable law.

2. Funds, property, and other assets are safeguarded against waste, loss, fraud, unauthorized use, or misappropriation.

3. Revenues and expenditures applicable to Agency operations are to be properly recorded and accounted for. This will permit the preparation of reliable financial and statistical reports required to maintain accountability over the assets.

D. Documentation - Internal control systems, (i.e., control objectives, internal control techniques, accountability for resources) and all transactions and events shall be clearly documented. Documentation shall be readily available, including for all damages/losses. Transactions shall be classified properly upon recording and execution.

E. Separation of Duties - Key duties (e.g., authorizing, approving, and recording transactions; issuing or receiving assets; making payments; reviewing or auditing) shall be assigned to separate individuals to minimize the risk of loss to the State. Internal control depends largely on the elimination of opportunities to conceal errors or fraud. Internal fiscal control requires the assignment of work in such a manner that no one individual controls all phases of an activity or transaction, thereby minimizing the possibility that errors or irregularities will go undetected.

F. Supervision - Proper supervision shall be provided to assure that approved procedures are followed. Lines of personal responsibility and accountability shall be clearly defined.

G. Access to Resources - Access to resources shall be limited to authorized personnel. Access includes both direct physical access and indirect access through the preparation or processing of documents that authorize the use or disposition of

resources. Periodic internal audits shall be made comparing the physical resources with the recorded accountability to determine whether the two agree (e.g., petty cash; physical inventories – supplies, food; check stock). The frequency of the audit shall be determined by the vulnerability of the asset.

H. Addressing Audit Findings - Managers should promptly evaluate findings and recommendations reported by auditors; determine proper action and, within established time frames, implement actions that correct the findings.

4. Security

The goal of a successful security plan is to ensure the safety and security of each state employee and visitor/client while also securing state property and its contents (regardless of current value). Each Agency is responsible for implementing a documented site-specific security plan, which includes property control procedures. The security plan must provide a means of controlling access to state agency buildings for state employees as well as clients/visitors, and vendors. Means for access control may include but are not limited to:

- Door locks
- Alarm systems (regardless of contents or their value)
- Lighting
- Surveillance cameras
- Security guards
- Entrance phones
- ID cards
- Electronic swipe cards
- Keypads
- Locked desks, cabinets, and doors

The security plan should include assignment of responsibilities as well as employee accountability and lockdown procedures. Other points to consider while developing a security plan are:

- Parking lot security
- Campus/Grounds security
- Cyber/Data security
- Alternative entrances (i.e. loading docks)
- Past incidents in the building or the vicinity of the building
- Hours of operation
- Nature of the business the Agency conducts

The security plan should be re-evaluated at least annually and as the situation necessitates.

5. Key Control

All state Agencies shall have site-specific policies and procedures in place for key control. Key control shall include responsibility for keys, security badges, access cards, security systems, etc. These procedures are for security of the Agency's physical

plant, property, and most importantly, employees. The policy and procedures shall cover, at a minimum:

1. Issuance and return of keys/cards,
2. Reporting lost or stolen key(s),
3. Changing locks/codes (when applicable), and
4. Employee responsibility for handling keys.

Agencies should maintain an inventory log that indicates employees issued keys, the date the key(s) were issued (and returned), what areas the key(s) access.

See attachment for sample policy/procedure and forms.

Sample Security Planning Template

FINAL VERSION ☐ No ☐ Yes (If Yes, insert date below)

Date: _____

Location Information:

Health Unit Name _____

Address _____

City _____ Zip _____

Primary Contact Phone Number: _____

Services Provided at this Unit (Check all that apply):

☐ Vital Records
☐ Children's Special Health Services
☐ Family Planning
☐ Food and Drinking Water Protection
☐ Hearing and Vision Screening
☐ HIV/AIDS Service
☐ Immunizations
☐ Lead Screening
☐ Maternity Services
☐ WIC/Nutrition Services
☐ Prenatal Care
☐ STD/HIV
☐ TB
☐ OTHER_____
☐ OTHER_____
☐ OTHER_____
☐ OTHER_____
☐ OTHER_____
☐ OTHER_____
☐ OTHER_____

Lease/Ownership: Describe the ownership/lease status of the property. Be sure to include the contact name and number.

_____

Security System: ☐ No ☐ Yes (If Yes, complete information below)

Security Company Name _____

24 Hour Monitoring? ☐ No ☐ Yes

Where is the system monitored?

☐ Online ☐ Offsite ☐ Not Monitored

Address _____

City _____ Zip _____

Primary Contact Name _____

Contact Number _____

Secondary Contact Name _____

Secondary Contact Number _____

What surveillance resources are present? (Check all that apply)

☐ Security Cameras ☐ Security Guards ☐ Lighting ☐ Mirrors ☐ Sensors
☐ Perimeter Alarms ☐ Intercoms ☐ Access Cards & Readers

Fire Alarm

Is there a fire system and/or fire suppression system? ☐ No ☐ Yes

If yes, check all that apply: ☐ Smoke/heat detectors ☐ Sprinklers

Where is the system monitored? ☐ Online ☐ Offsite ☐ Not Monitored

Provide phone number of monitoring office: _____

If offsite monitoring, provide vendor name: _____

Are there fire extinguishers on each floor? ☐ No ☐ Yes

If yes, how many on each floor? _____

Building Access:

Is 24 hour access to the building allowed? ☐ No ☐ Yes (If Yes, complete information below)

List everyone who has 24 hour access to facility:

NAME	TITLE

How many doors are at the facility? _____

How many doors are kept unlock during business hours? _____

How many doors are emergency exits? _____

Is the unit handicapped accessible? ☐ No ☐ Yes

Opening/Closing of Unit:

List everyone who has opening/closing responsibilities:

NAME	TITLE

Is there a Standard Operating Procedure for Opening/Closing of the unit?

☐ No (Request template and complete SOP)

☐ Yes (Submit with this report)

Visitors:
Do visitors have to sign in? ☐ No ☐ Yes
Describe your Visitor procedure:

Petty Cash/WIC Vouchers
Where are petty cash and WIC vouchers kept?

Who has access to petty cash and WIC vouchers?

NAME	TITLE

Janitorial Staff: ☐ No ☐ Yes (If Yes, complete information below)
Janitorial Company Name
Frequency ☐ Daily ☐ Weekly ☐ Monthly ☐ Other
Address
City Zip
Primary Contact Name
Contact Number
Secondary Contact Name
Secondary Contact Number

Power Source:
Identify the primary power source:
Identify the back-up power source:
Is the system designed to automatically switch over to back-up power source upon primary power failure? ☐ No ☐ Yes
Will this back power source operate lights, refrigeration and communication system?
☐ No ☐ Yes

Water Sources:
Identify water source: ☐ City ☐ Well ☐ Other, please specify:
If Well, please specify size of pump and capacity:
Please specify power source to pump: ☐ Electric ☐ Gas
Does the facility have a hot water heater? ☐ No ☐ Yes
If yes, please indicate: ☐ Gas ☐ Electric
Please specify location of hot water heater:
Type of sewerage: ☐ City Sewer ☐ Septic Tank ☐ Other, please specify:

Communications:
Identify the communication services available at the unit? (check **all** that apply)
☐ Land line ☐ Fax ☐ Intercom ☐ Radio, 700/800 MHZ radio ☐ Internet capacity
Telephone Service Carrier: _____
Internet Service Carrier: _____

Medical Facilities (*Please enter data for the closest medical facilities):*
Medical Facility Name: _____
POC Name: _____
Facility Phone: _____ Helipad? ☐ No ☐ Yes
Fax Phone: _____ Type of facility? ☐ Hospital ☐ Clinic
Alternate Phone: Distance to facility (miles): _____

Medical Facility Name: _____
POC Name: _____
Facility Phone: _____ Helipad? ☐ No ☐ Yes
Fax Phone: _____ Type of facility? ☐ Hospital ☐ Clinic
Alternate Phone: Distance to facility (miles): _____

Local Law Enforcement
What jurisdiction is the facility located in?
☐ City Police Dept ☐ Parish Sheriff's Office ☐ State Police
Law Enforcement Agency Name: _____
POC Name: _____
Title: _____
Work Phone: _____ Fax Phone: _____ Alternate Phone: _____

OTHER
Does the Unit have an area for storing medical or other hazardous waste?
☐ No ☐ Yes
If Yes, where is the location? _____
Who is in charge of ensuring proper disposal? _____
Does the unit have elevators? ☐ No ☐ Yes Are they handicap accessible? ☐ No ☐ Yes
Number of public restrooms in the unit: Male _____ Female _____
Number of handicapped accessible restrooms in the unit: Male _____ Female _____
Is there a break room for staff in the unit? ☐ No ☐ Yes
Does the break room have an oven? ☐ No ☐ Yes ☐ N/A
Does this unit have AED's (Automatic External Defibrillators ☐ No ☐ Yes
Does this unit have a first aid kit? ☐ No ☐ Yes

SAMPLE AUTHORIZATION FORM

Authorization for Building Access Card and/or Building Office Key

Specify Option: Building/Office Key_____Building Access Card_____

Employee Name: _____

Agency Name: _____

Classification: _____

Justification: _____

I recommend that a building access card/office key be issued to the above named employee for the period of _____ (specify dates or separation).

_____ _____
Supervisor Date

Approved by: _____ Date _____

I acknowledge receipt of Building Access Card number: _____

I acknowledge receipt of Building/Office Key to room number: _____

I accept responsibility for the card/key and will not allow another person use of the card/key without the consent of the director and/or building manager. If the card/key is lost or stolen, I will report it to the director and the building manager immediately. I understand that upon separation from employment, the card must be returned no later than the date of separation.

_____ _____
Employee Signature Date

I acknowledge that the above named employee returned the assigned building access card/key.

_____ _____
Supervisor/Manager Date

EQUIPMENT MANAGEMENT PROGRAM

LOSS PREVENTION UNIT
OFFICE OF RISK MANAGEMENT
DIVISION OF ADMINISTRATION

20200701

CONTENTS

EQUIPMENT MANAGEMENT PROGRAM

EQUIPMENT MANAGEMENT PROGRAM

Introduction:

All Agencies housed in state-owned buildings shall implement an equipment management program for all electrical and mechanical equipment.

The Office of Risk Management has a comprehensive equipment program to assist all State Agencies in conducting effective maintenance operations within their facilities. The program will assist Agencies in lowering the high cost of insurance, reducing the number of unplanned outages and extending the life of the State's mechanical and electrical equipment. Equipment covered under the boiler and machinery policy is not depreciated; it is covered for the replacement value.

Program Goal:

The primary goal of an equipment management program is to ultimately decrease repairs to equipment by increasing the efficiency in managing the scheduled equipment maintenance. The State of Louisiana is committed to a continuing, aggressive program for maintenance of mechanical and electrical equipment at all levels of state government.

The Equipment Management section applies only to electrical and mechanical systems/equipment that are integral to the operation of the building and/or are an affixed (i.e., hardwired and/or plumbed) part of buildings/structures. It does not apply to mobile or portable equipment.

Portable and fixed generators that are used to supply power to any part of the operation of the building during an emergency will be included in the electrical portion of the Equipment Management Program. Portable generators that are used for any other purpose (welding, running a sump pump, running an irrigation pump, running power tools at a remote site, etc.) will not be included in the EM Program.

An effective program will reduce loss of equipment, decrease operational down time and extend the life of State mechanical and electrical and other equipment. The size, nature and complexity of an operation dictate certain maintenance requirements. All systems shall be monitored so that temperature, humidity, plumbing, lighting, air quality, emergency, and safety equipment are maintained at an acceptable level.

Components of an Equipment Management Program:

I. Agency Maintenance Policies and Procedures:

A) Responsibilities - Each Agency is responsible for implementing a viable

equipment management program. *This program shall be made available and accessible to all maintenance or other designated personnel.* The program shall include designating personnel who are responsible for specific maintenance areas. Policies must outline the roles and responsibilities of managers, supervisors and employees within the maintenance program. The Third-Party Administrator (TPA) will provide guidance and direction to Agencies in developing an effective equipment management loss control and maintenance program.

B) Specific Inventory – Each Agency shall develop a specific inventory of all mechanical and electrical equipment in the program including the name of the equipment, location, model number, and serial number.

C) Preventive Maintenance Procedures –The Agency shall develop preventive maintenance procedures for each piece of mechanical and electrical equipment included in the program that include:

- Tasks to be completed
- Trade skills needed to accomplish the task
- Estimated time required to complete task

If the Agency has a preventive maintenance contract, the contract shall specify the work to be performed and a copy of the contract shall be available for review during the audit.

D) Preventive Maintenance Schedule – The Agency shall develop preventive maintenance schedule(s) for each piece of equipment included in the program. It is recommended that the Agency follow the suggested manufacturer's preventive maintenance (PM) on its equipment; however, if the manufacturer's information is not available, ORM's program contains some suggested schedules. Agencies using a preventive maintenance contract shall specify therein how often the work is to be performed.

E) Testing Procedures – Each Agency shall develop testing procedures for each piece of equipment that requires testing. The program shall specify the test(s) to be performed and the frequency. It is recommended that the Agency follow the suggested manufacturer's testing procedures on its equipment; however, should the manufacturer's information not be available, ORM's program contains some suggested tests and schedules.

F) Documentation – Each Agency shall document its preventive maintenance and/or repair procedures, schedules, and testing procedures performed on the mechanical and electrical equipment. Handwritten notations, computer based programs or tables, and other forms of checklists that cannot be readily deciphered by the Loss Prevention Officer will need to be clarified. Typewritten notations may be required in these instances.

The documentation provides the Agency with an equipment history and the following shall be included, if applicable:

1. What work was performed on the equipment
2. Who performed the work
3. How long did it take to perform
4. What replacement parts where used and their cost
5. Whether the work was billed to a tenant
6. If the Agency is using a contractor to perform preventive maintenance, repairs, testing, etc., the Agency shall require the contractor to provide clear, concise documentation of the work performed
7. Date work was performed/completed

G) Training – The Agency shall provide documented training for all employees trained in areas related to the program, whether formal or on-the-job training, to include training on:

1. the written Equipment Management Program
2. the operation of equipment included in the program
3. the preventive maintenance of the equipment included in the program
4. the testing procedures for equipment and the operation of testing equipment
5. the safety precautions to be aware of when performing the preventive maintenance as well as the PPE needed before starting the procedure

NOTE: employees who come from elsewhere (public or private sector) with significant, relevant experience and/or training do not need to re-train provided there is proof of an agency policy where the agency reviews and determines an employee's level of training and competency to safely perform the job.

II. Communication/Organization:

The TPA shall, upon request, assist Agencies in setting up the program within the Agency. The Unit shall also assist Agencies in identifying equipment to be included in the program. The State Loss Prevention Officer shall cite maintenance program deficiencies during their inspections at state facilities. These deficiencies, along with any recommendations for corrective action, shall be reported in writing to the Office of Risk Management. All correspondence shall then be forwarded to the Agency location in question for a response to and/or corrective action plans addressing the recommendations.

Agencies that have commercial maintenance/service contracts in force will provide all relevant documentation to the Loss Prevention Officer upon request.

III. Audits and Record Keeping:

The TPA shall, upon request, assist Agencies in reviewing and analyzing their equipment management maintenance program to determine if it is properly designed to

have the intended impact. Records will be maintained for the life of the equipment on all program equipment including, but not limited to: preventive maintenance schedules, testing results, repair documents, replacement documents and all completed service documents. The documentation may be listed on the work order comments if using a computer based Maintenance Management program designed specifically for maintenance management such as work orders, inventory, preventive maintenance and time management. Loss Prevention audits shall be conducted on the program every three years. Recertification/Compliance reviews shall be conducted in subsequent years.

Personal Protective Equipment (PPE):

Each Agency shall establish a written Personal Protective Equipment Program that includes:

- Performing an assessment of its workplace to determine if hazards requiring the use of PPE are present or likely to be present. (If possible, hazards should be reduced or eliminated with engineering or work practice controls rather than PPE. PPE should be a last resort.)
- Identifying appropriate PPE and supplying such at no cost to the employees.
- Training employees on the use of PPE including:
  - What PPE is required when performing job tasks
  - When PPE is required when performing job tasks
  - How to obtain the required PPE
  - How to properly use PPE, including properly donning/removing and fit testing the PPE
  - Limitations of the PPE
  - How to properly care for and store
  - Disposal
  - How and/from whom to request assistance from concerning PPE
  - Identifying how the Agency will enforce proper PPE usage
  - Identifying how the Agency will provide for any required medical examinations (i.e. for respirator usage)
  - Identifying how and when to evaluate the PPE Program

The Agency must be able to provide documentation of implementation of each area of the program as it applies.

Work Order System:

Each Agency location shall have documented work order system procedures that address scheduled preventive maintenance and/or repairs. The procedures should include reporting work orders and assignments and documenting work completion. All repairs should be initiated, and serious ones completed, within thirty (30) days.

Handwritten notations, computer based programs or tables, and other forms of checklists that cannot be readily deciphered by the Loss Prevention Officer will need to be clarified. Typewritten notations may be required in these instances.

All employees shall be informed on the work order procedure for reporting problems. Documentation shall be available for audit review.

It is recommended that documentation of the most recently completed work orders for each type of repair be maintained and available for review upon request.

Lockout/Tagout (LO/TO):

Preventing worker injuries and deaths from the uncontrolled release of electrical, mechanical, and other types of hazardous energy is at the heart of any equipment management effort. The ORM Loss Prevention Unit requires that every state entity possessing electrical and mechanical equipment necessitating an equipment management program must include a written Lockout/Tagout plan. Any Lockout/Tagout Plan must first consider who is to be protected, as well as what forms of hazardous energy are present.

If any LO/TO work is to be performed by an outside contractor, the Agency shall ensure that the contractor has its own written LO/TO program and that the Agency's affected employees are trained on the contractor's program.

Employees to be protected are primarily those who service and maintain the machinery or equipment, and secondarily, those who operate or use such. These groups of employees are referred to, and defined as:

Affected Employee is the individual who operates or uses a machine or equipment on which servicing/maintenance is being performed under lockout or tagout, or whose job requires working in an area in which such servicing or maintenance is being performed.

Authorized Employee is the individual who locks out or tags out machines or equipment in order to perform servicing or maintenance. An *affected employee* is also an *authorized employee* when that employee's duties include performing servicing or maintenance on covered equipment.

Employees may be exposed to hazardous energy in several forms and combinations during installation, maintenance, or repair work: The forms of energy include:

- Kinetic (mechanical*) energy* in the moving parts of mechanical systems
- Potential energy stored in pressure vessels, gas tanks, hydraulic or pneumatic systems, etc. (Potential energy may be released as hazardous kinetic energy)
- Electrical energy from generated electrical power, static sources, or electrical storage devices (such as batteries or capacitors)
- Thermal energy (high or low temperature) resulting from mechanical work, radiation, chemical reaction, or electrical resistance

Sample lockout/tagout (LO/TO) policies and procedures are included that can be modified for Agency use. Each Department/Agency must tailor their LO/TO policy and procedure to their own needs. Each Agency shall train all of their **authorized** employees annually, and their **affected** employees once every three years, and document such.

Appropriate LO/TO devices shall be available for employee use.

Boilers:

The Commercial Insurance Carrier shall perform boiler inspections on applicable equipment to insure Agencies are operating within the prescribed boiler/machinery code and law. The carrier shall forward a copy of this report to the affected Agency for corrective actions, as well as a copy to the Office of Risk Management's Loss Prevention Unit. Upon completion of all required corrections, the Agency shall report such back to the LP Unit.

Current inspection certificates shall be posted on or near the corresponding approved boilers.

Elevators:

A Commercial Elevator Inspector shall conduct **semi-annual** elevator inspections at all Agencies. Maintenance deficiencies, recommendations and code violations for the elevator contractor and the building owner/manager shall be issued. The Agency is responsible for the repair/replacement and documentation of all corrective action and code violations. The Agency shall also provide clear documentation that all contractor and owner violations have been corrected.

Agencies should take any elevator out of service that poses an immediate threat to life or health until all necessary repairs are complete. Any elevator taken out of service is required to be re-inspected and approved for use by a qualified elevator inspector after repairs are complete prior to being placed back into service.

Each Agency location with an elevator shall have written procedures concerning the availability of the fire service elevator key. It shall include a listing of personnel assigned the responsibility of the fire service key and procedures to ensure the fire service key is provided to the local fire Department or readily accessible upon their arrival. The elevator equipment room key and the fire service call key shall be in a lockbox, distinctly labeled, at an appropriate location (e.g., such as the building manager's or security office) and the elevator equipment room key may be attached to the fire service key.

Certificates/inspection reports shall be posted in the corresponding elevators or information on their availability must be posted.

Fire Alarm Systems:

As required by the State Fire Marshal, each fire alarm system must be inspected annually by a licensed fire alarm service company.

Confined Spaces:

The Office of Risk Management recognizes the risk to the State whenever confined spaces exist and the Agency has no program for the employees to follow. The State also has liability when an Agency does not require contractors to follow their own confined space procedures.

"Confined space" (non-permit required) means a space that:

- Is large enough and so configured that an employee can bodily enter and perform assigned work;
- Has limited or restricted means for entry or exit (e.g., tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry); and
- Is not designed for continuous employee occupancy.

Training

The primary goal of a Confined Space Program is to ensure all confined spaces are identified and no one is permitted to work in an unsafe environment. Training requirements should be appropriate for, and commensurate with, the nature of the work or exposure.

Components include the following:

Each state facility shall assess itself in accordance with the definition of a confined space to determine if any exist. The Agency must know how to identify and classify a confined space and address the hazards associated with each. Any exception to this must be submitted in writing to the ORM Loss Prevention Manager for review/approval.

If no confined spaces exist or if the Agency contracts out **all** work in identified confined spaces, the Agency shall document this and a program does not have be developed. Provisions shall be available to ensure contractors are required to work under their own program.

If confined spaces do exist, the Agency shall determine whether they are permitted or non-permitted spaces.

A permit-required space meets all of the above non-permit criteria plus one or more of the following:

- a substance that has the ability to engulf or asphyxiate the entrant
- a potentially hazardous atmosphere
- inwardly converging walls within the space or a floor the slopes downward, tapering to a small cross-section
- contains any other serious safety or health hazard

Department and/or Agency heads are responsible for the development and implementation of a confined space program whenever state employees are required to work in these environments.

The TPA will assist agencies in setting up their program to include identifying confined spaces and determining whether they are permitted or not. The Agency shall ensure that all appropriate equipment is available for personnel assigned to perform confined space entry related work.

Training on the written program shall be provided to all applicable employees:

(i) Before the employee is first assigned duties under this section;
(ii) Before there is a change in assigned duties;
(iii) Whenever there is a change in permit or non-permit space operations that presents a hazard about which an employee has not previously been trained;
(iv) Whenever the employer has reason to believe either that there are deviations from the permit or non-permit procedures or that there are inadequacies in the employee's knowledge or use of these procedures;
(v) or at least annually

and shall cover, as appropriate, the following:

- Equipment
- PPE
- Rescue
- Environmental Testing
- Permits

The TPA shall audit the agency's program to determine if it is written in compliance with current Federal, State, or local codes. Documentation shall be present at the time of the audit or compliance review to verify that the program parallels such standards. Program documentation shall be maintained on site for a minimum of three years.

Equipment Listing/Schedules:

The following is a sample list of equipment that shall be included in the program as well as a sample maintenance schedule for each:

Below are <u>examples</u> of various maintenance schedules provided to assist Agencies in the development of their specific schedule needs. Agencies are reminded to follow manufacturer's recommended maintenance schedules in particular when a warranty is still in force. Agencies that encounter problems or have difficulty developing a PM are directed to contact their Loss Prevention Officer.

<u>Water Heaters:</u>

A. Monthly

1. Visually check pressure temperature relief valve for proper spring action and disk seating.
2. Check for leaks at all seams on the outer casing, around the bottom, and all plumbing connections.
3. Check the operation of the safety valve(s) by manually opening it.

B. Annually

1. Inspect the burner and burner controls for proper flame setting (gas fuel).
2. Flush the vessel and check for evidence of mineral deposits.
3. Check the resistance of the heating elements on electric water heaters. An infinite resistance indicates that the element is burned out and needs to be replaced.

<u>Boilers</u> (small heating and supply types)

A. Daily

1. Check the gauges and record the readings.
2. Check the water level and gauge glass.
3. Check operational water level.
4. Clean the boiler room when necessary.

B. Weekly

1. Check the control linkages for the burner.
2. Manually trip the low water cutoff and check its operation.
3. Check the air damper.
4. Check the valves on the gas train for proper operation and check for leaks.
5. Check the pilot light or the electronic ignition system.

C. Monthly

1. Check flame detector.
2. Blow down boiler (If chemically treated, this should be done only if sludge is present).

D. Yearly

1. Shut off the low water cutoff and check its operation and general condition.
2. Inspect the water side of the boiler and clean if necessary. (Hot water supply boilers annually, hot water heating boilers biannually)
3. Check the burner setting and adjust if necessary.
4. Inspect the fire side and repair if necessary.
5. Check the resistance of the elements if the boiler is electric.

Boilers

A. General

1. Provide a thorough water-side and fire-side inspection at least annually.
2. Inspection frequencies are most generally established by the legal jurisdiction.
3. Unattended boilers should have two low water fuel cutoffs. One should be of the manual reset type and should be located in the lower portion of the unit.
4. A daily log as well as records of all inspections, maintenance, and testing should be maintained.
5. Follow manufacturer's instructions for startup and operation.
6. If water level is noted below safe level on steam boilers, shut down immediately and cool slowly. Apply a hydrostatic test and inspect for leaks and overheating.
7. Following the operation of a safety device, always determine the cause and correct the deficiency before resuming operation.
8. On steam boilers, blow down water-wall heaters and economizers in accordance with manufacturer‘s instructions.
9. Keep blow down valve in good repair and free of leaks.
10. Water treatment should be controlled to retard corrosion and/or scale formation. A reputable water treatment specialist should conduct this.
11. ASME certified welders should do all boiler repairs that may affect the integrity of the pressure parts.
12. Perform a slow drain test on low water fuel cutoff on boilers whenever boiler is drained.

B. Daily

1. Continually monitor water level.
2. Check water gauge glass for proper water level on steam heating boilers.
3. Check pressure on altitude gauge on hot water heating boilers.
4. Blow down water gauge glass each shift on steam boilers.

5. Observe combustion conditions and check for leaks.
6. Make sure all drain valves and cocks are tightly closed after daily tests.

Steam heating boilers:

1. Operate each gauge cock.
2. Open blow off valve for a few seconds to drain off sediment.

Hot water boilers:

1. Check expansion tank glass to ascertain proper air cushion.
2. Check water temperature. It should never exceed 250 degrees Fahrenheit (120 degrees Centigrade).
3. On high-pressure steam boilers, test feed water regulators, low water fuel cutoff by a quick drain test and alarms.
4. Check boiler for water leaks. Leaks should be repaired.

C. Weekly

1. Blow down float (or electrode) chambers of each low water fuel cutoff, low water alarm, and feed water regulator to keep chambers free of sediment and operable. Testing of low water fuel cutoffs should be done with the burner in operation. If the burner fails to shut off, service immediately.
2. Low-pressure steam boilers, test low water fuel cutoffs using a quick drain test.
3. Flush low water fuel cutoff on hot water boilers.

D. Monthly: Perform prescribed inspections and tests of combustion safeguards at intervals recommended by manufacturers or at least once a month on gas or oil fired equipment. Include tests for tightness of safety shutoff valves, response to flame failure and proper action of fuel air interlocks.

E. Quarterly: Test each low water fuel cutoff on high pressure and low pressure steam boilers in an actual test by slowly lowering the boiler water level until the burners shut off. When making this test, water level should never be permitted to fall out of sight in the gauge glass.

F. Annually: At a minimum, the low water cutoff should be inspected and cleaned as necessary to determine proper operation.

G. End of Heating Season (This only applies if the boilers are used for heating only).

Steam boilers

1. Drain boiler and remove closure plate and/or plugs from all access openings.
2. Remove all fuses from burner circuits.
3. Remove all soot and ash from furnace, tubes, and flue surfaces.

4. Flush boilers thoroughly to remove all sludge and loose scale particles from internal surfaces.
5. Repair or replace leaking tubes, nipples, stay bolts, packing and insulation.
6. Clean all controls, check operation, and overhaul automatic controls if necessary.
7. Check the condensate return system for tightness and integrity of components.
8. Leave steel boilers open and dry.
9. Attach a conspicuous sign warning that boiler is empty and not to be fired. (Note: This step may be accomplished at the disconnect supplying power to the boiler. Lockout/tagout may be used so the boiler cannot be fired until the proper procedures are followed.)
10. If wet, lay up is preferred, boiler should be completely filled with properly treated water to prevent corrosive action. A water treatment specialist should be consulted.
11. After draining and flushing cast iron boilers, refill with clean water to normal operating level.

Hot Water Boilers

Drain from bottom while boiler is hot until the water runs clear, then refill. If water treatment is used, sufficient treatment compound should be added to condition replacement water.

H. Beginning of Heating Season (if applicable)

After firing, test all automatic controls including feed water regulator, low water fuel cutoff, alarm, and combustion safeguards. Also "pop test" safety valves to assure they will work under boiler pressure within allowable tolerances. At all times maintain a permanent boiler log book to record maintenance work, inspections, tests, and other pertinent data.

Coil-Type Water Tube Boilers

Annual: Excess temperature controls and low water cutoff should be provided and properly maintained (see Boilers for testing and maintenance).

Pressure Relief Valves

General: The testing interval should be based on operating experience and not exceed what is necessary to keep the safety valves in satisfactory condition. Any safety valve testing requirements established by regulatory bodies, including government Agencies, must take precedence over other procedures.

Testing: Per manufacturer and/or jurisdiction specifications

Pressure Vessels

A. General

1. Pressure vessels are generally designed and fabricated for a specific service and should be used in accordance with the manufacturer's suggested operating and maintenance procedures. Pressure, temperature, corrosion and cracking should be continuously monitored.
2. This section includes air receivers, heat exchangers, etc.
3. Repair and clean as needed based on previous records and inspection.
4. Periodic thickness checks should be conducted where there is a possibility of corrosion or erosion.

B. Weekly

1. Observe physical condition.
2. Where applicable, drain condensate.
3. Where applicable, inspect and record operating valves and controls.

C. Monthly: Test safety devices.

D. Annually: Test and calibrate all controls.

E. Every Two Years: Conduct an internal examination. Pressure vessels containing corrosive materials or involving erosion problems should be examined more frequently. The National Board of Boiler and Pressure Vessel Inspectors provides good lists of items to be inspected at:

https://www.nationalboard.org/nationalboard/Default.aspx)

Air Conditioning Units (window units/heat pumps)

A. Monthly: (window units) clean the evaporator air filter or replace if it is a disposable type.
B. Annually: (window units)

1. Lubricate the fan motor.
2. Clean the evaporator and condenser coils (more often for severe conditions).
3. Clean the condensate drain.
4. Check for leaks throughout the system.
5. Check the electrical connections for looseness and tighten if necessary.
6. Winterize the system if necessary.
7. Check the Freon charge before summer use.

Heat Pumps

A. Monthly: Clean the evaporator air filter or replace if it is a disposable type.

B. Annually:

1. Lubricate the fan motor.
2. Clear the evaporator and condenser coils (more often for severe conditions).
3. Inspect for leaks throughout the system.
4. Test the defrost cycle.
5. Clean the condensate drain.
6. Check the electrical connections for looseness and tighten if necessary.
7. Check the fan belts, adjust or replace as necessary.
8. Check the Freon charge in the system.

Large Air conditioning units/DX units

A. Weekly: Check the oil level if applicable
B. Monthly: Same as for heat pumps
C. Annually: Same as for heat pumps

Air Conditioning Systems

A. During Off Season or Maintenance Shutdown (most systems run all year)

1. An annual vibration, oil analysis and heat scan should be done. These tests will determine whether there are internal problems that could affect the life of the equipment. The oil analysis shows whether there are metal particulates, moisture or other symptoms that could be detrimental to the integrity of the equipment. The vibration analysis will show if the tolerances inside the machine are becoming unacceptable. The heat scan will show if there are unusual areas that are running hot such as bearings.
2. Check the oil carefully and renew before spring startup. Drain the seal oil reservoir, atmospheric float chamber and main oil pump and fill with new oil after service operations have been completed.
3. Make a thorough inspection for leaks and repair if necessary. The most likely places are around the cooler ruptured disc or relief valve, the cooler condenser expansion joint, suction, damper seal, low refrigerant cutout bulb in the cooler, and valves, flare and gauge connections in the purge.
4. Inspect the purge thoroughly for tightness of all connections. Make a leak test and an operational test.
5. Inspect electric dryers. Check starter contacts for burning and replace if necessary. Check for loose connections and starter operation.
6. Clean motors of foreign material. On variable speed motors, inspect the drum controller for smooth operation. Check the resistance element for loose connections.

7. Check operation and setting of all safety controls. This includes condenser high-pressure cutout, low refrigerant temperatures cutout, and low oil pressure switch. Inspect operating controls such as the chilled water controller. Inspect and clean all thermostats, hydrostats and relays. Check for proper calibration. Examine sequence of operation of control instruments and operators such as damper motors and chilled water valves.

B. On a Regular Basis as Necessary

1. Clean or replace filters according to manufacturer's specifications.
2. Perform shutdown and startup inspections on condensers and/or cooling towers and check frequently for excess noise or vibration.
3. Obtain specific water treatment advice from a water treatment specialist since the major part of preventive maintenance on cooling towers and evaporative condensers is a good water treatment program.

<u>Air conditioning systems (chilled water type)</u>

A. Daily

1. Log equipment readings.
2. Check oil and Freon levels in the bull's-eyes.
3. Check to see if the controls are operating properly.

B. Annually

1. Check for leaks.
2. Tighten flange nuts and belts.
3. Check baffles and gaskets.

<u>Compressors</u>

A. Daily

1. Listen for unusual noises and vibrations.
2. Check and record suction and discharge pressures.
3. Check the oil level and look for oil leaks.
4. Check the bearing temperature.
5. Check for crank case sweating (reciprocating type).

B. Monthly: Check high and low pressure cutoff setting.

C. Annually
1. Check for Freon leaks.
2. Check couple alignment if it is an open drive.
3. Check unloading devices for proper operation.

4. Clean strainers and oil filters if it is determined by the annual oil analysis that it is needed or due to manufacturer's recommendations. (Note: Due to the improvement of the lubricants, most manufacturers recommend that if the oil analysis shows the oil is good condition, to leave it alone).
5. Check and test relief valves.

D. 5 Years: Perform an Eddy Current Test on the condenser and evaporator.

Motors

A. Daily: Visually check the motor and bearings for excessive noise, vibration or high temperature.

B. Monthly

1. Oil or grease the bearings according to manufacture's specifications if necessary. (Note: The practice of greasing monthly often causes overheating of the bearings and premature failure. Only lubricate monthly if that is what the manufacturer recommends. It is usually based on hours of use rather than time dated such as monthly).
2. Check the brushes for arcing (D.C. only).

C. Annually

1. Clean the frame and air passages.
2. Check voltage and amperage.
3. Check vibration isolators and anchor bolts.
4. Check to see if the motor comes up to speed promptly.
5. Check all electrical connections for looseness and tighten if necessary.
6. Check the couple for alignment and tightness.

Condensers

A. Daily

1. Check cooling water for proper level and foreign materials.
2. Check and record water temperature and pressure.

B. Monthly: Check for cooling water leaks.

C. Annually

1. Check for Freon leaks.
2. Drain out all the water and clean if necessary.
3. Check the tubes for corrosion/erosion and inspect for clogging.
4. Replace any damaged tubes.
5. Replace gaskets.
6. Check all the valves and repair if necessary.

Evaporators

A. Daily: Check and record inlet and outlet chilled water temperatures.

B. Monthly

1. Check for refrigerant leaks.
2. Check for chilled water leaks.

C. Annually

1. Check for refrigerant leaks.
2. Drain out all the water and clean if necessary.
3. Check the tubes for corrosion or erosion and inspect the tube for clogging.
4. Replace any damaged tubes.
5. Replace all gaskets.

Cooling Towers

A. Daily

1. Check the water for proper water level and foreign materials.
2. Check the operation of spray nozzles or condition of tower fill.
3. Check the float for proper operation.

B. Monthly

1. Oil or grease bearing in the fan motor or as per manufacturer's recommendation. Visually check for leaks if the tower has a gearbox drive.
2. Check for algae growth in the pan.
3. Do a chemical analysis on the water.
4. Visually check the fan bearing for proper lubrication.
5. Check the fan rotation for imbalance.
6. Check the tension on the fan belt.

C. Annually

1. Drain and clean pan and inspect for rusting.
2. Repair or replace float valve if necessary.
3. Clean the spray nozzles, pan and/or tower fill.
4. Check fan drive and check bearing for water.
5. Check all valves and repair if necessary.
6. Drain and refill gearbox if applicable according to manufacturer's specifications.

Piping

A. Monthly: Check for leaks and repair if necessary.

B. Annually

1. Check all the valves and repair if necessary.
2. Check the piping for signs of rust and corrosion, repairing or replacing as necessary.
3. Clean the strainers (cooling water).
4. Check for signs of sweating on insulation and repair (chilled water or refrigerant lines).

Purge System

A. Weekly: Check the sight glass for evidence of water floating on the refrigerant and drain when necessary.

B. 3 Months: Check the belt tension.

Absorption machine

A. Daily

1. Inspect for corrosion and leaks.
2. Check sight glasses.

B. Monthly

1. Test for hydrogen.
2. Check control wells. Clean and renew oil.
3. Grease and operate all valves.
4. Determine absorber loss.
5. Take lithium bromide samples.
6. Test the unit for non-condensable accumulation rate.
7. Clear motor cooling line strainer(s).

Steam Turbines

A. General

1. Conduct a complete Warranty Dismantle Inspection by the manufacturer within the first year of operation if applicable.
2. A complete dismantle inspection should be made as follows:
   a. Every 25,000 operating hours or five years for units operating less than 8,000 hours per year and experiencing more than eight starts per year.

b. Every 40,000 operating hours for units operating at least 8,000 hours per year and experiencing less than eight starts per year.
c. Every 12,000 operating hours or three years for all other units.

3. The frequency of tests should be increased if indicated by operating experience
4. Records kept should include operating hours, repairs, tests, and other important data.
5. Manufacturer's suggested operating procedures should be followed for oil systems, temperatures, vibration, etc.

B. Weekly: Test units equipped with throttle valve stem, reheat stop valve, and interceptor valve stem exerciser.

C. Monthly- Check:

1. Overspeed trip
2. Low bearing oil pressure trip
3. Low vacuum trip
4. Thrust bearing oil trip
5. Lubricating oil for contamination

D. Semi-Annually

1. Test overspeed trip mechanism by overspeeding. If continuous operation, test annually or when coming online with unit.
2. Test solenoid trip, initial pressure regulator, thrust bearing trip and auxiliary governor while unit is out of service for overspeed tests.
3. Turbine units less than 1000 hp and not equipped with exercisers for simulating should be tripped by actual overspeeding test every 6 months to check the installed independent overspeed trip devices. For other turbines, test unit when going on line and coming off line.

E. Annually

1. Inspect speed governor system and replace any worn parts. Clean and lubricate.
2. Annual inspection should include stop valve assembly, bearings, and oil system. Access openings should be visually examined.

<u>Internal Combustion Engines:</u> (Excluding Automobiles)

A. Every 25 hours or 4 months

1. Adjust fan and alternator belt.
2. Add oil to oil cup for distributor housing if applicable.
3. Inspect air filter for cleanliness. Change oil in oil type air filter or clean or change according to manufacturer's specifications.

B. Every 50 hours or 6 months

1. Drain and refill crankcase.
2. Clean crankcase ventilation air cleaner.
3. Clean dry type air cleaner.
4. Check transmission oil.
5. Check battery.
6. Clean external engine surface.
7. Perform 25-hour service (above).

C. Every 100 hours or 8 months

1. Replace oil filter element.
2. Check crankcase ventilator valve.
3. Clean crankcase inlet air cleaner.
4. Clean or change fuel filter.
5. Replace dry type air cleaner.

D. Every 200 hours or 12 months

1. Adjust distributor contact points if applicable.
2. Check spark plugs for fouling and ensure proper gap.
3. Check timing if applicable.
4. Check Fuel Injection System.
5. Perform 25, 50, and 100-hour service.

E. Every 500 hours or 24 months

1. Drain and refill transmission if applicable.
2. Replace crankcase ventilator valve.
3. Replace fuel filter.
4. Check crankcase vacuum.
5. Check compression.
6. Perform 25, 50, 100, and 200-hour service (above).

<u>Reciprocating Compressor</u>

General

1. Daily documented visual inspection of lubrication oil level, oil pressure, and oil flow. Also check inlet filters and water condensate level in storage tank.
2. Daily documented visual inspection of cooling water inlet and outlet temperatures, plus high water temperature warning device to shut down compressor during prolonged high cooling water temperatures.
3. Check operating compressor for unusual vibrations and excessive external vibrations of attached piping.

4. Full capacity pressure relief valve between compressor discharge and first shutoff valve on the main compressed air pipeline if applicable.

Centrifugal Compressor

A. General

1. The internal or external lubrication system operating parameters should be monitored daily with all data documented to an operating log.
2. Inlet and outlet temperature of cooling media to compressor assembly should be monitored daily and documented to the operating log.
3. Lubrication oil in compressor gear case should be sampled and tested monthly for evidence of oil break down and early destruction of internal components.
4. Portable vibration monitoring should be done annually on the operating compressor and the data should be documented in a permanent equipment record.
5. Centrifugal compressor manufacturer's recommendations for tear down, cleaning, inspection and rebuilding of their compressor and all auxiliaries should be incorporated into the plant maintenance program.
6. Daily documented visual inspection of lubrication system and cooling system parameters during vacuum pump operations.
7. Daily documented verification of actual vacuum gauge readings and actual operating temperatures of vacuum pump and discharged gases.
8. Special filtering equipment, with adequate capacity upstream of vacuum pump to prevent foreign material from entering the pump and causing subsequent internal damage.
9. Annual vibration and oil analysis.

Pumps

A. Positive Displacement

1. The internal or external pressure relief valve installed at the pump discharge should be cleaned, inspected, and tested on routine preventive maintenance program.
2. Clean or replace the strainer at pump inlet at programmed intervals to prevent foreign material entrance into the rotating elements and the pressure relief valve.
3. Installation of check valve at pump discharge to prevent backflow from main piping header through pump and into the suction lines.
4. Daily visitation for excessive noise levels produced by pump as a result of broken or worn internal parts.
5. Daily visual inspection for excessive vibration on piping system as a result of piping misalignment to the pump inlet and discharge connections.
6. The parameters of the pump heating or cooling fluids should be monitored daily and documented to the operating log book.
7. Lubrication of all pump bearings as recommended by pump manufacturer.

B. Centrifugal and Axial

1. Daily documented inspection of pump site to check for stuffing box leakage, excessive bearing temperatures, excessive pump noise and excessive piping vibration.
2. Check valve at pump discharge to prevent reverse flow through pump, and subsequent impeller detachment from shaft.
3. Adequate fluid flow to mechanical seals should be monitored daily to prevent early destruction of the seal.
4. Factory lubrication recommendations should be followed during the life of the pump.
5. A generally accepted rule for maintenance of a centrifugal pump is, “as long as operation continues, the unit should be left alone”.

Fans and Blowers

1. Quarterly documented inspection of lubrication oil flow, oil clarity, reservoir oil levels, or grease lubrication system.
2. Quarterly documented verification of inlet and outlet temperatures of coolant supplied to fan housing or liquid cooled driver motors.
3. Very high temperature (over 800 degrees Fahrenheit) process fans and blowers should be equipped with high temperature sensors and inlet shutoff or automatic bypass at fan inlet to prevent overheated process gas damage to the fan wheel.
4. Documented quarterly portable vibration inspection of fan or blower housing during normal operations. (Note: This is not always necessary unless the fan or blower is essential for 24/7 operation or as a safety element such as being in a lab. Daily visuals of these components usually show problems well before a quarterly vibration inspection.)

Gear Sets

A. OPEN
    1. Annual documentation of visual inspection of lubrication grease film on gear teeth.
    2. Machine monitors on pinion gear bearings as a constant maintenance surveillance of all rotating parts in the gear set.
    3. Yearly surface pyrometer or infrared inspection of pinion gear tooth flank to verify alignment of gear set.

B. ENCLOSED
    1. Daily documented inspection of lubrication oil flow, oil clarity, and reservoir oil level.
    2. Daily documentation of gearbox temperatures, inlet and outlet temperatures of cooling medium used for external cooled heat exchanger.

3. Annual lubrication oil samples taken from the gearboxes should be tested for oil breakdown, atmosphere contamination, metallic particles from internal components, and moisture build-up from atmospheric condensate or liquid cooled internal heat exchanger.
4. Documented annual portable vibration inspection on gearbox input and output shafts for all machines critical to plant production.
5. Documented yearly visual internal inspection of all gear surfaced and gear box structural integrity.

Shaft Mounted Couplings

1. Documented annual portable vibration monitor signatures of bearings at each side of the shaft mounted couplings.
2. Scheduled lubrication as recommended by manufacturers of all shaft-mounted couplings.

Base Mounted Couplings and Clutches

1. Inlet and outlet temperature of cooling media on all coupling and clutches should be monitored daily with information documented in all operating logs.
2. Lubrication oils and coupling fluids should be monitored daily for temperature and fill level and documented in an operating log.
3. Lubrication oil samples from all couplings and clutches should be tested every three months for evidence of oil breakdown, oil contamination, and disintegration of internal components.
4. All electric clutches and couplings should have collector rings cleaned and tested as required by environmental conditions.
5. Manufacturers' recommended periodic tear down, cleaning, inspection, and rebuilding procedures should be incorporated into the existing plant maintenance program.

Fly Wheels and Pulleys

1. If overspeed devices are used on the drive system, they should be cleaned, inspected, recalibrated, and tested yearly.
2. During yearly scheduled shutdowns, a visual inspection of all painted surfaces will reveal any areas of over-stress that should be further inspected with the appropriate equipment.

Electric Panels: Conduct periodic visual inspection for discoloration of wiring, loose connections and cleanliness.

A. Daily

1. Listen for unusual noises.
2. Check for overheating.
3. After each fault interruption, check unit and replace damaged parts.

B. Weekly: Examine indoor enclosures for signs of moisture or water.

C. Annually (Environmental or operational conditions may warrant more frequent inspections.)

1. Keep interior clean and free of any dust or accumulation of foreign materials.
2. Check interior surfaces for moisture.
3. Check ventilation.
4. Check all insulating members for evidence of cracking.
5. Check high voltage switchgear for corona (white or gray powdery residue).
6. Check for thermal damage caused by exposure to excessive temperatures.
7. Check and tighten loose connections.
8. Examine the contacts for burning or pitting.
9. Exercise the breaker mechanism.
10. Test protective relays to trip breakers.

D. All wiring: Infrared scanning is required once every five (5) years to detect hot spots, loose connections, overloaded circuits, etc. Agencies without the proper testing equipment shall have the tests conducted by an outside contractor.

<u>Motor Control Equipment</u>

A. General: The proper cleaning frequency depends upon the operation and surrounding conditions.

B. Monthly

1. Clean and tighten all connections and lubricate bearings.
2. Check level and condition of oil.
3. Keep covers closed and latched and enclosures tight.

C. Annually

1. Inspect copper arching tip and renew when proper contour cannot be maintained.
2. Remove deposits from arc chutes and barriers.
3. Remove and replace barriers before they are burned through.
4. Check contact pressure and alignment.
5. Check controls for undesirable grounds.
6. Replace frayed or worn shunts.
7. Check busbar support insulators and keep clean.

Oil Circuit Breakers

Annually

1. Perform complete inspection.
2. Test oil.
3. Thoroughly clean all parts inside and out. Lubricate those parts requiring it. Give particular attention to operating and tripping mechanisms and bushings.
4. Check contact alignment and adjustment.
5. Smooth slightly rough places on contacts with sandpaper or a fine file.
6. See that lift rods are not warped or cracked.
7. See that latches and triggers are properly adjusted and not badly worn or corroded.
8. Inspect flexible shunts, if any.
9. Examine main current paths for evidencing of overheating.
10. Check pins, bolts, nuts, and general hardware. Tighten and replace if necessary.
11. See that auxiliary switches are tightly mounted and contacts are in good condition.
12. Check control wiring for loose connections.
13. Check settings for auto tripping units and test their operation.
14. Check reliability and adequacy of circuit breaker and tripping current source.
15. Lubricate bearings, gears, etc.

Air Circuit Breakers

Annually

1. Clean the arc quenching or de-ionizing mechanisms.
2. See that arc chambers are properly aligned and securely fastened.
3. Perform complete inspection.
4. Thoroughly clean all parts inside and out. Lubricate those parts requiring it. Give particular attention to operating and tripping mechanisms and bushings.
5. Check contact alignment and adjustment.
6. Smooth slightly rough places on contacts with sandpaper or a fine file.
7. See that lift rods are not warped or cracked.
8. See that latches and triggers are properly adjusted and not badly worn or corroded.
9. Inspect flexible shunts, if any.
10. Examine main current paths for evidence of overheating.
11. Check pins, bolts, nuts, and general hardware. Tighten and replace if necessary.
12. See that auxiliary switches are tightly mounted and contacts are in good condition.
13. Check control wiring for loose connections.
14. Check settings for auto tripping units, and test their operation.
15. Check reliability and adequacy of circuit breaker tripping current source.
16. Lubricate bearings, gears, etc.

Transformers

A. General

1. A Direct Current (D.C.) high potential test should be scheduled whenever internal trouble is suspected.
2. If a transformer has handled severe overloads or there is indication of internal trouble, it should be inspected as soon as possible.
3. The need for spares depends on importance of the process or production served, repair time and replacement lead time.

B. Daily: Listen for unusual noises.

C. Annually

1. Check liquid level on liquid-immersed units.
2. Check ambient temperature.
3. Check inlet and discharge cooling-water temperature for water-cooled units.
4. Check temperature of ingoing and outgoing cooling air for dry type.
5. Check temperature of oil entering and leaving the heat exchanger for a forced oil-cooled unit.
6. Check pressure/vacuum gauge on sealed type units.
7. Check any pumps and fans for proper operation.
8. Investigate the cause of unusual noise.
9. Check the ampere load on important transformers if changes have been made in power consumption.
10. Clean dirt and dust from exterior.
11. Check breather for any restrictions.
12. Check protective alarms such as temperature indicators.
13. If located outdoors, check surrounding area for vegetation, foreign objects stored there, or wildlife that pose a threat of grounding or shorting the phase conductors.
14. Complete an external inspection on liquid-immersed and gas cooled dry type units:
    a. external damage
    b. deterioration
    c. leakage
    d. accumulation of foreign deposits
    e. corrosion
    f. clean and test bushings
    g. check ground connections
15. Check tap changers and load ratio control apparatus when provided.
16. Analyze water for scale, corrosive properties, etc. for water-cooled units.
17. Service any pumps and fans by cleaning and overhauling.
18. Check ground connection resistance. Resistance of ground should be five ohms or less.

19. Check and clean lighting arrestors.
20. Clean, test and recalibrate relays.

Fuses

1. Clean all insulators and inspect for damage.
2. Replace badly pitted or burned contacts. Check pressure and alignment.
3. Check expulsion fuses for mufflers to restrict gas discharge.
4. Check latch to be sure fuse assembly is firmly locked in when closed.
5. Check size of fuses and adequacy of interruption capacity.
6. Test insulation liquid for acid, moisture, color, gas and dielectric strength.
7. Insulation Test
   a. Insulation Resistance
   b. Dielectric absorption

AC Generators (High or Extreme Usage)

A. General

1. Peaking units may require more frequent inspections that base load machines.
2. Qualified personnel or a manufacturer's representative should conduct internal examinations.

B. Daily: Visually inspect collector rings for sparking, dust accumulations, or vibration.

C. Weekly

1. Blow excessive dust from collector ring insulation and brush rigging.
2. Check collector ring for smoothness of operation.
3. Inspect the lube oil system for possible leaks, excessive vibration and temperature.

D. Every Three Years (Totally Enclosed Recirculating)- this operation only for extreme conditions This should be based on hours, not time dated.

1. Clean the stator and field windings. Re-varnish stator coils where required.
2. Check stator and field windings for looseness in slots and tightness of slot edges. Inspect condition and tightness of blocks and spacers and twine lashings. Check for tape separation and evidence of damage to the insulation due to corona discharge.
3. Examine rotor retaining rings and slot wedges for signs of movement, overheating and cracking.
4. Check bearings.
5. Check collector rings.
6. Check vibration of machine before and after each overhaul.
7. Service the exciter.
8. Test the insulation resistance of the rotor and stator windings.

9. Following a satisfactory insulation resistance test, make a dielectric absorption, over potential or insulation power factor test.
10. Carefully inspect the oil lines, steam lines, valves, fittings, and other hot surfaces of the turbine.
11. Inspect all oil lines for the generator and eliminate all leaks and vibration. Inspect connections for gauges and similar accessories.

E. Unscheduled Shutdown (All Types): Recommendations 1 to 8 below should be performed at each major shutdown. If a dismantle inspection has not been made within twenty-four months, follow all recommendations.

1. Clean collector insulation thoroughly.
2. Check insulation resistance of the collector ring and the rotor winding.
3. Determine if collector rings are cylindrical and running true.
4. Inspect air filters and clean or replace.
5. Check gas or air coolers for effectiveness. Keep outer heat transfer surfaces of cooler tubes clean, and check drains for signs of leaks.
6. Check hydrogen-cooled machines for leakage by observing the ability of the system to maintain the gas pressure or by the gas purity indicator.
7. Remove end shields and check stator winding for oily deposits and corona. Clean winding if necessary and inspect insulation and connections. Check bracing and cording for looseness.
8. Check gas passages and remove any obstructions.
9. Check all connections, hose, and piping for leaks in liquid conductor-cooled machines.
10. Inspect armature core, fingerplate, and structural parts for hot spots.
11. Examine rotor for movement or distortion of field coils, blocking of end turns, dirt in ventilating ducts, loose wedges, and local hot spots on rotor surfaces between the retaining ring wedges and rotor body.
12. Examine stator lead bushings for cracks, loose parts and oil leakage; clean thoroughly.
13. Inspect fan blades for cracking.
14. Test retaining ring for cracks by means of ultrasonic detection, liquid penetrant, or by the magnetic particle method.
15. At each major overhaul, dismantle the hydrogen seals and clean seal oil grooves and holes. Check the wearing surfaces of the seal ring and shaft for alignment and wear. The seal oil and vacuum pumps should be dismantled and carefully inspected at this time.
16. Check the bearing assembly for tightness and correct alignment.
17. Test all gas control equipment and the alarm system.
18. Remove all loose dust with a vacuum cleaner. Remaining oil or dirt should be removed by wiping exposed surfaces with clean cloths.
19. Inspect windings for evidence of deterioration.

AC Generators Normal Usage (Emergency Stand-by Only)

A. Weekly

1. Visually inspect entire unit for leaks (oil and water).
2. Visually inspect collector rings for sparking, dust accumulations and excessive vibration or noises.

B. Monthly

1. Visually inspect entire unit for leaks (oil and water).
2. Check all fluid levels including fuel.
3. Visually check belts and hoses for correct tightness and general condition.
4. Check battery for cleanliness. Remove all corrosion from battery terminals and put a light coat of grease on the terminals to prevent corrosion.
5. Check electrolyte level in cranking battery and add distilled water if needed.
6. Visually inspect collector rings for sparking, dust accumulation or vibration.
7. Run the generator manually or program the unit to start at a preset time. Also use the switch on the transfer switch or the generator to simulate a power failure to ensure that the generator starts in the event of a power failure.
8. Run the generator with a load from the building if possible.

C. Annually

1. Visually inspect entire unit for leaks (oil and water) and repair as necessary.
2. Change engine oil and filters or what is recommended by the manufacturer stipulated by hours of usage. The oil and filters shall be changed regardless of the hours if they are less than the manufacturer's specifications.
3. Check the belts and hoses on the cooling system. If cracks or hardness is detected, the components shall be changed during the annual inspection.
4. Perform a load test with a portable load bank that will produce at least 80% load of the KW rating on the generator.
5. Disconnect the main power from the generator via the building main to simulate a true power outage to confirm the operation of the transfer switch as well as ensuring the generator will start as designed during a power failure.

D. Every two years: The entire cooling system shall be drained, flushed and refilled with the proper antifreeze mixture as recommended by the manufacturer.

<u>DC Generators (Rotary Converters)</u>

A. Weekly: Visually inspect bearings and commutators.

B. Annually: Check insulation resistance.

C. Every Two Years
   1. Check bearings and air gaps on sleeve-bearing units.
   2. Recondition commutator and slip rings if needed.
   3. Clean windings and reinsulate or revarnish if conditions require.
   4. Examine rotorband wires for corrosion or looseness.
   5. Check rotor coils, washers, and coil braces for looseness or mechanical defects.

Electric Motors Over 10 h.p.

A. Semi-Annually
   1. Open frame motors in dusty or linty locations should be cleaned with vacuum equipment unless designed for cleaning with low pressure compressed air. Air should be clean, dry, and less than 30 psi.
   2. Lubricate motor as per manufacturers' recommendations.
   3. Check the bearing temperature.
   4. Inspect motor surrounds for water, oil, steam, dirt, dust and any loose objects.
   5. Observe motor for vibration and noise.
   6. Examine main current paths for evidence of overheating.
   7. Check grease in ball and roller bearings. Bearings sealed for life require no additional lubrication. If unit has sleeve bearings, drain, clean and renew oil in cups. Drain, wash out, and renew oil in sleeve bearings.
   8. Check motor amperes.
   9. Check motor hold down bolts, end shield bolts, pulleys, couplings, gears, journal keys, set screws and alignment.

B. Annually: The following pertains to open-type motors larger than 500 hp.
   1. Clean foreign accumulations from windings and air passages.
   2. Check all electrical connections for tightness.
   3. Check the condition of coil insulation and examine all windings.
   4. Perform vibration analysis and heat scan.
   5. Lubricate according to manufacturers recommendation.
   6. If varnish has deteriorated, windings should be re-varnished in accordance with manufacturer's recommendations.

Storage Batteries

A. General
   1. Adequate ventilation should be provided for all battery storage areas to prevent hydrogen accumulation.
   2. Inspect battery terminals to make sure they are clean, tight, and free of corrosion.
   3. Remove any dust or dirt accumulations on top of cells and keep them clean and dry.
   4. Check level of electrolyte.
   5. Batteries in a common bank should be maintained at the same temperature. Therefore, windows in a battery room are not recommended (one reason).

6. Batteries should be supported on racks so they are not in direct contact with the ground.

B. Monthly: Check and record specific gravity and voltage of the pilot cell on each battery or group of cells.

C. Quarterly: Give the battery an equalizing charge to ensure that it is fully charged.

D. Semi-Annually

1. Check specific gravity and voltage of each individual cell. Uneven cell voltages and specific gravity indicate trouble or approaching failure.
2. Check ventilation in the area where the battery is located.

Relays

A. Daily: Observe indicating targets.

B. Semi-Annually: Inspect relays and condition of contacts.

C. Annually

1. Check contacts and replace if necessary.
2. Check calibration and operate to determine if relays will function as needed under fault conditions by setting up artificial conditions under simulated loads.
3. Check floor for matchbooks, folded paper, etc. used to prevent relay contacts from making contact (over-riding relay) which are removed just prior to your examination.

Lightning and Surge Protective Equipment

Annually

1. Inspect and clean all exposed insulation surfaces on lightning arrestors and capacitors. Occasionally, an enthusiastic maintenance person will put a coat of paint on arrestors or bushings. Beware!
2. Check line and ground leads for damage. Clean and tighten connections.
3. Test resistance of the ground connection. Resistance should be five ohms or less.

Rectifiers (Power Semi-conductor Equipment)

General

1. Check for excess temperature build-up by installing thermocouple to the base or heat sink.

2. For forced cooling type units, ensure that the cooling medium is operating properly.
3. Clean any dirt accumulation with a solvent that is safe to use on that piece of equipment.
4. Check for looseness of connections and mounting and tighten if necessary.

Uninterruptible Power Supplies

General

1. Be sure all input and output power has been disconnected when work is to be done.
2. Discharge and ground all capacitor terminals in charger and inverter with a grounding stick.
3. Use a vacuum cleaner and a cloth to clean inside of charger and inverter cabinets.
4. Check for liquid contamination (battery electrolyte, oil from capacitors, etc.).
5. Tighten all terminals.
6. Inspect all terminations and control circuits for corrosion.
7. Check battery condition.
8. Connect source power and check control circuit power supply voltages per manufacturer's specifications.
9. Check and adjust voltage output and frequency per manufacturer's specifications.
10. After reconnection, check the output voltage and frequency under load.
11. Simulate a power failure and check for proper system operation.

NON-DESTRUCTIVE EXAMINATION METHODS

Documentation of Equipment Maintenance:

Individual maintenance schedule records for boiler and pressure vessels, motors and engines, gear sets, electrical equipment and transformers are provided in this program. These schedules should be tracked on a computer based program or typewritten.

All rotating machines need to be on a formal lubrication program with specific individuals assigned the task of lubricating. They should document how often lubrication is performed, what type of lubrication is used, quantity required in each piece of equipment, and keep an inventory record of the different lubricants needed.

MONITORING SYSTEMS TESTING EQUIPMENT

As applicable, this testing equipment should be included for a complete preventive maintenance program:

1. Vibration - installed on all critical rotating machines.

2. Infrared - used to find hot spots in electrical equipment such as transformers, switchgears, and cables.
3. Megger testing (insulation resistance) - used to detect grounds, damp windings, damaged insulation, current leakage to ground and other conditions that contribute to electrical breakdown.
4. Transformer oil testing - used to detect dissolved gases in the transformer oil (annually).

It is recommended that on special equipment the Agency follow suggested manufacturer's preventive maintenance.

ULTRASONIC: Used on metal, ceramics, plastic, etc. to detect surface and subsurface discontinuities, measure thickness of a material, and detect weld flaws.

Advantage: Only one side of a surface of an object need be accessible.

Principle: High frequency vibration or sound waves are reflected as echoes from both the discontinuity and the front and back surfaces of the piece being tested. Echoes are converted to electric signals for amplification and display on an oscilloscope.

RADIOGRAPHY

Radiography is used to search for imperfections beneath the surface of fabricated metal in fired and unfired pressure vessels. It is also used to reveal internal discontinuities in welded joints. It will pick up gas pockets or voids, slag inclusions, incomplete fusion and inadequate joint penetration.

Advantage: Gives a permanent record and in most instances, will detect a small discontinuity.

Principle: Short wavelength electromagnetic radiation, specifically X-Ray or Gamma Ray, is used to penetrate objects opaque to longer wavelength visible light.

LIQUID PENETRANT

Liquid Penetrant is used to locate surface discontinuities in various products, such as fine surface cracks.

Advantage: Can provide indication of discontinuities in metals and other nonporous materials.
Principle: Liquid flows evenly over the object and into the tiny cavities of the specimen. Excess material is removed leaving behind that which seeped into the discontinuity. A developer draws the material that seeped into the discontinuity by capillary action. After drying, examination is performed under a white light or black light condition depending on whether visible dye or fluorescent penetrants were used.

MAGNETIC PARTICLE

Magnetic particle is used to detect discontinuities such as surface or slightly subsurface cracks in ferromagnetic materials.

Advantage: The sensitivity of the magnetic particle test is higher than that of the dye penetrate process.

Principle: Either dry powder or liquid fluorescent magnetic particles are used. The method consists of magnetizing an area to be examined and then applying magnetic particles of different colors to the surface. The particles are retained on the surface at cracks and discontinuities due to leakage in the magnetic field.

EDDY CURRENT

Eddy Current is used to check pipe and tubing for defects such as seams as shallow as .002 of an inch in such material as automotive valve spring wire. It can check over 150 feet of resistance per minute.

Advantage: Can detect flaws in materials not easily accessible.

Principle: A circulating electrical current is induced in an object being checked. This electrical whirlpool is known as an eddy current. Flaws in the test material disrupt the current and consequently, reveal themselves.

THERMAL OR INFRARED

Thermal or infrared is used to test the amount of heat or the heat flow through a piece of equipment and measure its quality for evaluation. It will pick up hot spots in electrical equipment such as switchboards, cables, etc.

Advantage: An entire plant can have its electrical equipment checked in a short period of time. It will point out hot spots and the degree of heat being admitted over normal temperatures.
Equipment can take a picture of the material showing the seriousness of the condition.

Principle: Infrared, known as thermovision, is equipment that detects admitted infrared radiation, converts it to video signal and reproduces the thermal image in black and white on a monitor screen. It allows you to see heat images.

OVERPOTENTIAL

Overpotential determines if insulation on electrical equipment can withstand the normal or abnormal stresses to which it is subjected.

Advantage: Equipment for D.C. overpotential testing is relatively small, lightweight, portable and less expensive than the equivalent A.C. equipment. D.C. voltages are less damaging to insulation than A.C. and time is not critical.

Principle: The D.C. overpotential test is a controlled over-voltage test, sometimes referred to as a direct current leakage test or step voltage test. The current is measured at each step increase of applied direct current-potential and is constantly observed for any abnormalities since, in most cases, the test can be stopped before breakdown occurs.

INSULATION-RESISTANCE

Insulation–resistance is used to detect grounds, damp windings, carbonized or damaged insulation, foreign deposits, current leakage to ground and other conditions that cause or contribute to electrical breakdown.

Advantage: Test equipment is generally lightweight and portable. Testing can also be completed in a short time.

Principle: A 500-volt D.C. megger is standard test instrument. Electrical equipment should be disconnected from all sources of power. Insulation resistance varies with changes in temperature, humidity, test voltage, and duration of test voltage application. Consequently, for a comparison of one set of readings with another, the conditions should be the same. Ideally, the insulation-resistant test should be administered by applying 500 volts for D.C. for one minute at a temperature of 40 degrees FC.

DIELECTRIC ABSORPTION

This test furnishes data concerning the relative condition of the insulation with respect to moisture and other contaminants.

Advantage: Test equipment is generally lightweight and portable. Access to only one surface is needed.

Principle: Insulation-resistance test equipment can be used for this test. A test voltage of 500 volts direct current is commonly used and applied for 10 minutes, with readings of the insulation resistance taken at definite intervals. For high voltage apparatus, a 2,500-volt test voltage is preferred. A graph of the insulation resistance in megohms as a function of time should be plotted. Readings are taken at 1/4-minute intervals for the first minute and every minute for the next 9 minutes. A steady increase in insulation resistance during the time that the voltage is applied is an indication of clean dry windings. A moist or dirty winding will not have a steady increase and the curve will flatten out. This is the result of current leaking through, or over, the surface of the winding insulation.

POWER FACTOR

Sometimes known as the “dobble” test, power factor is used for determining the quality of the insulation in cables, circuit breakers, insulating liquids, regulators, rotating machines and transformers. It is also used for determining the insulating qualities of bushings and insulators, machines and transformers as well as the insulating qualities of bushings and insulators.

Advantage: Equipment is generally lightweight and portable.

Principle: Power factor is a measure of the energy component of the charging current and watts loss of insulation. The type of insulation, test voltage and the moisture and voids in the insulation, principally affects the power factor of the insulation. An increase in the power factor over a period of time indicates deterioration. Results are recorded and compared with previous tests. A low power factor is an indication of a safe condition.

DISSOLVED GAS ANALYSIS

GAS CHROMATOGRAPHY (GC)

The most informative method of fault gas detection is dissolved gas analysis. In this laboratory method, an oil sample is taken from a transformer; the dissolved gases are then extracted, separated, identified, and quantitatively determined.
Various lab methods have been used, including infrared absorption and mass spectroscopy, but gas chromatography has emerged as the most popular technique. Electrical arcing or corona action under oil creates acetylene and other combustible gases; therefore, the presence of combustible gases dissolved in the oil is indicative of incipient faults. These incipient faults can often be found in advance of failure. Many costly failures, both from the standpoint of rewind costs and unit downtime, have been avoided, based on GC test results.

Diffusion of gases between liquid and gaseous spaces takes time, during which serious equipment damage can occur undetected, if only gas samples from the transformer headspace are analyzed for combustibles.

Monitoring the oil for dissolved gases offers both the required sensitivity, and gives the earliest possible detection of a newly formed fault. The only disadvantage for GC lies in that it can't be done readily (as yet) in the field. On the other hand, this method is not only applicable to all types of oil-filled equipment, it gives the information required to properly evaluate the transformer's ability to properly perform its intended function.

LOUISIANA PREVENTIVE MAINTENANCE PROGRAM

(Revised January 2000)

Funds are appropriated from the Legislature for the continuation of the State's Mechanical and Electrical Preventive Maintenance Program.

To apply for funds for internal inspection repairs, replacement and/or overhaul of boiler/machinery and air conditioning equipment owned by the State:

1. To be eligible for funds, you must have a written Loss Prevention Maintenance Program for all mechanical and electrical equipment that will contain the history of each piece of equipment, and will include maintenance responsibilities, when maintenance is to be performed, and how records will be maintained. This program must be audited and found to be in compliance by the Office of Risk Management (ORM).

2. A written request shall be submitted to the assigned Loss Prevention Officer, who will forward his recommended concurrence/non-concurrence to the Loss Prevention Unit Manager, Office of Risk Management, stating the amount of funding needed for each piece of equipment. Each request shall refer to each piece of equipment by location, manufacturer's name, model and serial number. Three bids must accompany the request.

3. <u>A statement from the Agency Head must also be included stating no funds are available within the Agency budget to perform the necessary repairs.</u>

4. An inspection of the equipment may be made by engineers of the Mechanical and Electrical Insurer for the State and/or by an ORM Loss Prevention Officer.

5. Contract price from factory representative or low bidder to perform operation necessary to effect an inspection must not exceed $1,500.00.

6. After receiving approval from FP&C, coordinate all future activities with FP&C.

SAMPLE
LOCKOUT/TAGOUT POLICY

1.0 POLICY

1.1 It is the policy of *(Department/Agency name)* that any individual engaging in the maintenance, repairing, cleaning, servicing, or adjusting of prime movers, machinery, or equipment on Department/Agency property will abide by the procedures outlined in this document and specific procedures outlined in the (name of Department/Agency) Equipment Management Program.

1.2 Lockout is a first means of protection; warning tags only supplement the use of locks. Tags alone may be used only when the application of a lock is not feasible and with approval of the appropriate supervisor (provided the employer complies with the provisions of the standard that requires additional training and more rigorous periodic inspections).

2.0 PURPOSE

To ensure that all individuals are protected from accidental or unexpected activation of mechanical and/or electrical equipment during maintenance, repairing, cleaning, servicing, or adjusting said equipment.

3.0 DEFINITIONS

3.1 LOCKOUT: The practice of using keyed or combination security devices ("locks") to prevent the activation of mechanical or electrical equipment.

3.2 TAGOUT

a. The practice of using tags in conjunction with locks to increase the visibility and awareness that equipment is not to be energized or activated until such tags are removed.
b. Tagout devices will be of the non-reusable type, attachable by hand, self-locking, and non-releasable with a minimum unlocking strength of no less than 50 pounds.

3.3 ACTIVATION/ENERGIZATION: To set machinery into motion by starting, switching, pushing, moving, or otherwise engaging power sources for such equipment. To provide a flow of electricity or complete a circuit that is the main power source for the machinery/equipment.

3.4 ENERGY CONTROL PROCEDURES: Use of lockout/tagout equipment to ensure safe work practices.

3.5 HAZARDOUS MOTION: Motion of equipment under mechanical stress or gravity that may abruptly release and cause injury. Hazardous motion may result even after power sources are disconnected. Examples are coiled springs or raised hydraulic equipment.

3.6 PRIME MOVER: Power driven machinery and equipment.

4.0 RESPONSIBILITIES

4.1 Department Head or Qualified Designee

a. Provide training to authorized/affected employees on lockout/tagout procedures.
b. Inspect energy control procedures and practices at least annually to ensure that general and specific lockout/tagout procedures are being followed.

i. Inspections must be carried out by persons other than those employees directly utilizing energy control procedures.
ii. Inspections will include a review of each authorized employee's responsibilities.
iii. Certify that periodic inspections have been performed
(See: LOCKOUT/TAGOUT INSPECTION FORM)

c. Maintain a record of equipment, machinery, and operations that require the use of lockout/tagout procedures. The record will include the location, description, power source, and primary hazards of equipment/machinery, a list of the primary operators/maintenance personnel, and a list of lockout/tagout equipment that is used and maintained on site.

4.2 Department Head or Qualified Designee: Ensures that each supervisor adheres to procedures.

4.3 SUPERVISORS

a. Ensure that all employees and all contractor/vendor employees engaging in work requiring locking/tagging out of energy sources understand and adhere to adopted procedures.

b. Ensure that employees have received training in energy control procedures prior to operating the machinery/equipment.

c. Provide and maintain necessary equipment and resources, including accident prevention signs, tags, padlocks, and seals.

d. Where applicable, incorporate operation specific lockout/tagout procedures into the Department/Agency Equipment Management Program.

e. Notify the designated individual(s) of new or revised equipment, machinery, or operations that require the use of lockout/tagout devices during servicing, maintenance, or repair.

4.4 EMPLOYEES

a. Adhere to Specific Procedures outlined in this document for all tasks that require the use of lockout/tagout procedures.

b. Maintain lockout/tagout supplies in maintenance vehicles.

5.0 SPECIFIC PROCEDURES

The following simple lockout procedure is provided to assist Agencies in developing their own procedures. For more complex systems, more comprehensive procedures may need to be developed, documented, and utilized.

5.1 PREPARATION FOR LOCKOUT/TAGOUT: Conduct a survey to locate and identify all isolating devices to determine which switch(es), valve(s), or other energy isolating devices apply to the equipment to be locked or tagged out. More than one energy source (electrical, mechanical, stored energy, or others) may be involved.

5.2 SEQUENCE OF LOCKOUT/TAGOUT SYSTEM PROCEDURE

a. Notify affected employees that a lockout or tagout system is going to be utilized and the reason why. The authorized employee shall know the type and magnitude of energy that the machine/equipment utilizes and shall understand the hazards thereof.

b. If the machine/equipment is operating, shut it down by the normal stopping procedure (depress stop button, open toggle switch, etc.).

c. Operate the switch, valve, or other energy isolating device(s) so that the equipment is isolated from its energy source(s). Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc.

d. Lockout/Tagout the energy isolating devices with assigned individual lock(s) or tag(s). No copies of keys shall be made or distributed.

e. After ensuring that no personnel are exposed, verify the energy sources have been disconnected. Operate the push button or other normal operating controls to make certain the equipment will not operate. CAUTION: Return operating control(s) to neutral or off position after the test.

f. The equipment is now locked out or tagged out.

5.3 RESTORING MACHINES OR EQUIPMENT TO NORMAL OPERATIONS

a. After the servicing and/or maintenance is complete and equipment is ready for normal production operations, check the area around the machines or equipment to ensure that no one is exposed.

b. After all tools have been removed from the machine or equipment, guards have been reinstalled, and employees are in the clear, remove all lockout or tagout devices. Operate the energy isolating devices to restore energy to the machine or equipment.

5.4 PROCEDURE INVOLVING MORE THAN ONE PERSON

In the preceding steps, if more than one individual is required to lockout or tagout equipment, each shall place his/her own personal lockout/tagout device on the energy isolating device(s). When an energy-isolating device cannot accept multiple locks or tags, a multiple lockout or tagout device (hasp) may be used. If lockout is used, a single lock may be used to lockout the machine or equipment (with the key being placed in a lockout box or cabinet that allows the use of multiple locks to secure it). Each employee will then use his/her own lock to secure the box or cabinet. As each person no longer needs to maintain his or her lockout protection, that person will remove his/her lock from the box or cabinet.

5.5 TEMPORARY REMOVAL OF LOCKOUT/TAGOUT DEVICES

In situations where lockout/tagout devices must be temporarily removed from the energy isolating device and the machine or equipment energized to test or position the machine, equipment or component thereof, the following sequence of actions will be followed:

a. Remove non-essential items and ensure that machine or equipment components are operationally intact.
b. Notify affected employees that lockout/tagout devices have been removed and ensure that all employees have been safely positioned or removed from the area.
c. Have employees who applied the lockout/tagout devices remove them. Energize and proceed with testing or positioning.
e. De-energize all systems and reapply energy control measures in accordance with section 5.2 of these procedures.

5.6 MAINTENANCE REQUIRING UNDISRUPTED ENERGY SUPPLY- Where maintenance, repairing, cleaning, servicing, adjusting, or setting up operations cannot be accomplished with the prime mover or energy source disconnected, such operations may only be performed under the following conditions:

a. The operating station (e.g. external control panel) where the machine may be activated must be under the control of a qualified operator at all times.

b. All participants must be in clear view of the operator or in positive communication with each other.

c. All participants must be beyond the reach of machine elements that may move rapidly and present a hazard.

d. Where machine configuration or size requires that the operator leave the control station to install tools, and where there are machine elements that may move rapidly if activated, such elements must be separately locked out.

e. During repair procedures where mechanical components are being adjusted or replaced, the machine shall be de-energized or disconnected from its power source.

6.0 EMPLOYEE TRAINING- Authorized employees shall receive annual lockout/tagout training from a qualified individual. Affected employees shall receive awareness level training every three (3) years.

7.0 RECORDKEEPING

7.1 INSPECTION RECORDS

The maintenance unit supervisor will maintain inspection records in accordance with 4.1 B of this document, as well as complete and maintain all LOCKOUT/TAGOUT INSPECTION FORMS

7.2 TRAINING RECORDS

Training records will be maintained and include an outline of topics covered and a sign in sheet of those employees attending.

SAMPLE LOCKOUT/TAGOUT INSPECTION FORM

1. Inspection Date:_____

2. Inspector (Printed

Name/Signature):_____/_____

3. Employee(s) Inspected
(Printed/Signature):_____/_____
_____/_____
_____/_____
_____/_____

4. Machine/equipment on which the energy control procedure was being utilized:
_____

_____

_____

_____

Item	Yes	No
Does employee have access to adequate lockout/tagout devices?		
Has employee tested the effectiveness of his/her lockout/tagout devices?		
Has employee received lockout/tagout training in the last year?		
If this is an outside contractor, has a supervisor informed him/her of the necessity for adhering to these procedures?		
Have all procedures been followed?		
Were tagouts legible and clearly displayed?		

SAMPLE LO/TO PROCEDURE

The following lockout procedure is provided to assist Agencies in developing procedures to meet the requirements of this standard. When the energy isolating devices are not lockable, tagout may be used provided the employer complies with the provisions of the standard that require additional training and more rigorous periodic inspections. When tagout is used and the energy isolating devices are lockable, the employer must provide full employee protection (see paragraph (c)(3)) and additional training and more rigorous periodic inspections are required. For more complex systems, more comprehensive procedures may need to be developed, documented, and utilized.

Lockout Procedure

Lockout Procedure for_____

(Name of entity for single procedure or identification of equipment if multiple procedures are used).

Purpose

This procedure establishes the minimum requirements for the lockout of energy isolating devices whenever maintenance or servicing is done on machines or equipment. It shall be used to ensure that the machine or equipment is stopped, isolated from all potentially hazardous energy sources and locked out before employees perform any servicing or maintenance where the unexpected energization or startup of the machine or equipment or release of stored energy could cause injury.

Compliance With This Program

All employees are required to comply with the restrictions and limitations imposed upon them during the use of lockout. The authorized employees are required to perform the lockout in accordance with this procedure. All employees, upon observing a machine or piece of equipment that is locked out to perform servicing or maintenance shall not attempt to start, energize, or use that machine or equipment.

_____
(Type of compliance enforcement to be taken for violation of the above)

Sequence of Lockout

(1) Notify all affected employees that servicing or maintenance is required on a machine or equipment and that the machine or equipment must be shut down and locked out to perform the servicing or maintenance.

_____
(Name(s)/Job Title(s) of affected employees and how to notify)

(2) The authorized employee shall refer to the Agency procedure to identify the type and magnitude of the energy that the machine or equipment utilizes, shall understand the hazards of the energy, and shall know the methods to control the energy.

_____

(Type(s) and magnitude(s) of energy, its hazards and the methods to control the energy)

(3) If the machine or equipment is operating, shut it down by the normal stopping procedure (depress the stop button, open switch, close valve, etc.).

_____

(Type(s) and location(s) of machine or equipment operating controls)

(4) De-activate the energy isolating device(s) so that the machine or equipment is isolated from the energy source(s).

_____

(Type(s) and location(s) of energy isolating devices)

(5) Lock out the energy isolating device(s) with assigned individual lock(s).

(6) Stored or residual energy (such as that in capacitors; springs; elevated machine members; rotating flywheels; hydraulic systems; and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as grounding, repositioning, blocking, bleeding down, etc.

_____

(Type(s) of stored energy - methods to dissipate or restrain)

(7) Ensure that the equipment is disconnected from the energy source(s) by first checking that no personnel are exposed, then verify the isolation of the equipment by operating the push button or other normal operating control(s) or by testing to make certain the equipment will not operate.

Caution: Return operating control(s) to neutral or "off" position after verifying the isolation of the equipment.

_____

(Method of verifying the isolation of the equipment)

(8) The machine or equipment is now locked out.

"Restoring Equipment to Service." When the servicing or maintenance is completed and the machine or equipment is ready to return to normal operating condition, the following steps shall be taken.

(1) Check the machine or equipment and the immediate area around the machine to ensure that nonessential items have been removed and that the machine or equipment components are operationally intact.

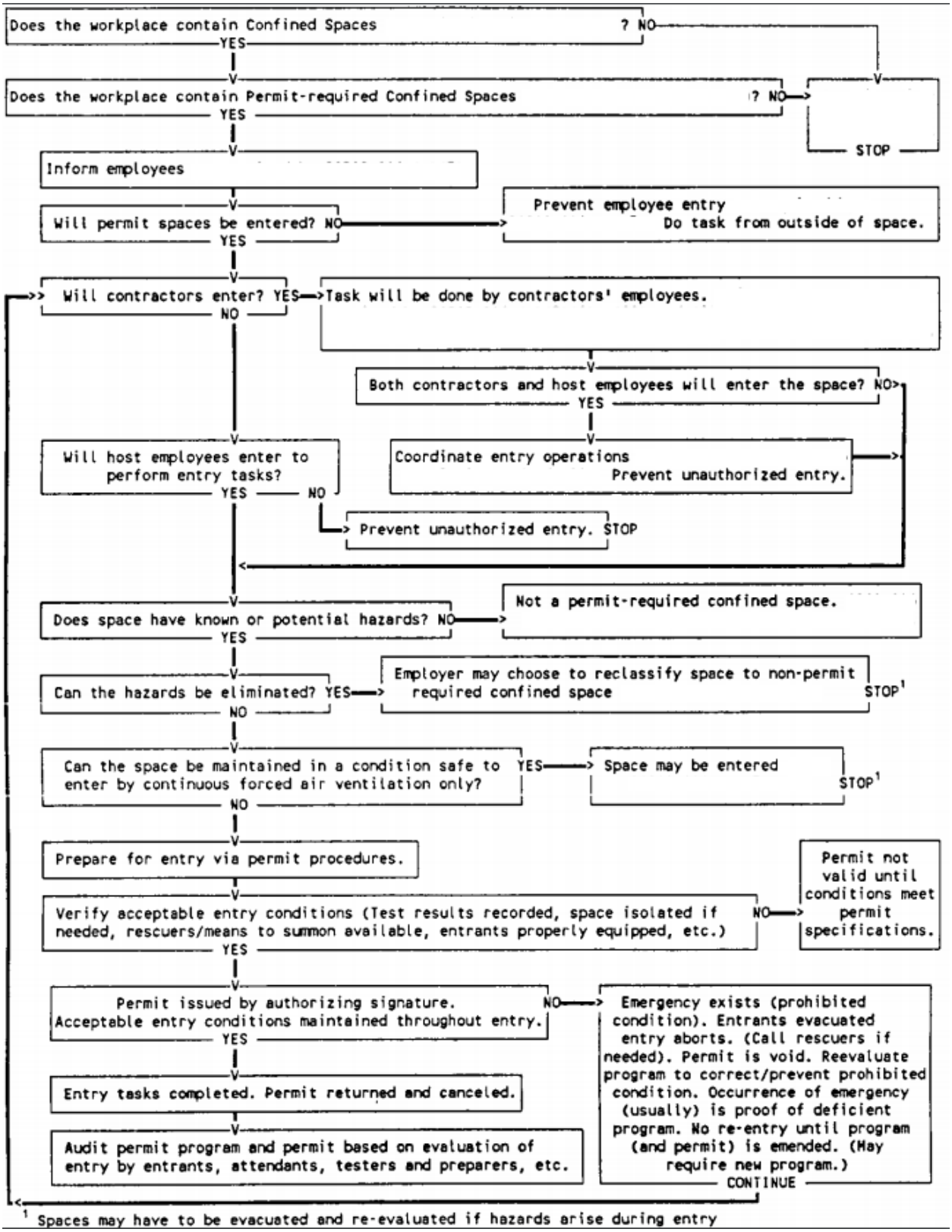
(2) Check the work area to ensure that all employees have been safely positioned or removed from the area.

(3) Verify that the controls are in neutral.

(4) Remove the lockout devices and reenergize the machine or equipment. Note: The removal of some forms of blocking may require reenergization of the machine before safe removal.

(5) Notify affected employees that the servicing or maintenance is completed and the machine or equipment is ready for use.

SAMPLE CONFINED SPACE DETERMINATION CHART



CONFINED SPACE ENTRY PERMIT

Confined Space Location/Description/ID Number **Date:**

_____

Purpose of Entry

_____

_____

Time In: _____ **Permit Canceled Time:** _____

Time Out: _____ **Reason Permit Canceled:** _____

Supervisor: _____

Rescue and Emergency Services-

Hazards of Confined Space	Yes	No	Special Requirements	Yes	No
Oxygen deficiency			Hot Work Permit Required		
Combustible gas/vapor			Lockout/Tagout		
Combustible dust			Lines broken, capped, or blanked		
Carbon Monoxide			Purge-flush and vent		
Hydrogen Sulfide			Secure Area-Post and Flag		
Toxic gas/vapor			Ventilation		
Toxic fumes			Other- List:		
Skin- chemical hazards			**Special Equipment**		
Electrical hazard			Breathing apparatus- respirator		
Mechanical hazard			Escape harness required		
Engulfment hazard			Tripod emergency escape unit		
Entrapment hazard			Lifelines		
Thermal hazard			Lighting (explosive proof/low voltage)		
Slip or fall hazard			PPE- goggles, gloves, clothing, etc.		
			Fire Extinguisher		

Communication Procedures:

_____

DO NOT ENTER IF PERMISSABLE ENTRY LEVELS ARE EXCEEDED		**Test Start and Stop Time:** **Start**	**Stop**
	Permissable Entry Level		
% of Oxygen	19.5 % to 23.5 %		
% of LEL	Less than 10%		
Carbon Monoxide	35 PPM (8 hr.)		
Hydrogen Sulfide	10 PPM (8 hr.)		
Other			

Name(s) or Person(s) testing: _____

Test Instrument(s) used- Include Name, Model, Serial Number and Date Last Calibrated:

CFM-Ventilation	Size-Cubic Feet	Pre Entry Time	❑ Central Notified Before Entrance	Time Notified:
			❑ Central Notified After Entrance	Time Notified:

Authorized Entrants	Authorized Attendants
_____	_____
_____	_____
_____	_____

PERMIT AUTHORIZATION **I Certify that all actions and conditions necessary for safe entry have been performed.**	
Name-Print:	
Signature:	
Date:	Time:

Entry Procedure Checklist: Complete the following steps before, during, and after a confined space entry:

Step 1
Obtain a Permit-Confined Space Entry Form from Program Coordinator.

Step 2
Notify Supervisor before the **Confined Space Entry**

Step 3
Verify Confined Space Meter has been calibrated and is in working order

Step 4
Complete the top portion of the Permit-Confined Space Entry Form

Step 5
Ensure all rescue equipment (e.g. tripod, body-belt, lanyard) is in place prior to entry

Step 6
Monitor the confined space with the MSA 4-Gas Detector prior to entry. The entrant and attendant should sign the permit authorization section on the bottom of the permit to ensure all actions and conditions necessary for safe entry have been performed.

Step 7
Employee entering the confined space should wear the 4-Gas Detector after the pre-atmosphere test. The employee should also have a full body harness and lanyard attached to the rescue tripod. Employee shall have a radio and any other necessary personal protective equipment.

Step 8
Employee can enter the confined once Step 7 is completed. The entrant and attendant should complete the Hazards of Confined Spaces and Special Requirements Section of the Permit-Confined Space Entry Form once the employee is within the confined space. The entrant should also gather the % Oxygen, % Explosive Gases, Carbon Monoxide, and Hydrogen Sulfide readings and communicate them to the attendant to place on the Permit Form.

Step 9
The attendant should maintain constant communication with the entrant until the entrant has exited the confined space.

Step 10
The attendant should contact Supervisor once the entrant has exited the confined space.

Step 11
The Permit-Confined Space Entry Form should be given to program coordinator, to file in the Confined Space Records.

WATER VESSEL PROGRAM

LOSS PREVENTION UNIT
OFFICE OF RISK MANAGEMENT
DIVISION OF ADMINISTRATION

20200701

CONTENTS

WATER VESSEL SAFETY

WATER VESSEL PROGRAM
Cites referencing Water Vessel
LAC Title 37

Introduction

The Water Vessel Safety Program is part of the overall Loss Prevention program, as required by R.S. 39:1543. Its purpose is to provide a systematic method of screening, training, and accountability for employees and supervisors required to assign or operate state-owned/leased/hired water vessels in the scope of their employment as required by LAC Title 37.

The following materials are included to assist administrators, supervisors, loss prevention coordinators and/or representatives, and Agency designees in managing and implementing proper vessel operation by state employees. Definitions and forms are included and described in the appendix.

Components of Louisiana's Water Vessel Program

1. Agency Safety Policies and Procedures:

   A) **Responsibilities** Each Agency owning/operating a water vessel is responsible for implementing a Water Vessel Program. The program shall include rules concerning who shall be permitted to operate vessels under the Agency's control. Policies shall outline the roles and responsibilities of Department/Agency heads, or program designee, and employees in water vessel safety. These policies shall be issued to all applicable employees and form the basis for an Agency's Water Vessel Program.

   Upon request, the Loss Prevention Officer shall provide guidance and direction to Agencies in the development of effective water vessel safety policies.

   Department/Agency Heads or Designees

   Department/Agency Heads are responsible for implementation of the Water Vessel Program and shall stress the importance of the Department's Water Vessel Program to all affected employees. Department/Agency heads or their designees are responsible for reviewing operator records and identifying employees (e.g., via an annually signed and dated list) who shall be authorized to operate state vessels.

   Department/Agency Heads should ensure that **only** state-owned/leased/hired vessels are used on state business.

   Water Vessel Coordinators or Designee

   These individuals plan, organize, direct, and control the Water Vessel Program for the Agency, ensuring that:

   - Policies and procedures are established and implemented
   - Training courses are conducted and documented
   - Official Driving Records (ODRs) from the Office of Motor Vehicles and Water Operator Records (WORs) from the Louisiana Department of Wildlife and Fisheries (LDWF) are requested and reviewed annually and maintained*

- Authorization/Operating History Forms (DA 2066) are signed and dated by the Agency head/designee annually and reviewed no later than forty-five (45) days from the date the ODR is obtained
- "BoatUS" (see appendix) (or other National Association of State Boating Law Administrators [NASBLA]-approved) course and/or ORM refresher course (see appendix) statuses are reviewed annually
- All accidents are reported
- Employees meet all the requirements to be authorized to operate a water vessel

* Drivers license suspensions and/or reckless operation convictions for automobile use now apply to a person's water vessel operating record.

Specifically, R.S. 32:667 B (5) states that if you driver license is suspended or revoked, your privileges to operate a watercraft upon waterways of the state are suspended or revoked as well. R.S. 14.99 defines reckless operation of a vehicle to include: motor vehicle, aircraft, vessel, or other means of conveyance in a criminally negligent or reckless manner.

Therefore, Agencies must check these areas of the ODR to determine if an employee is considered high risk as it pertains to suspension or reckless operation as such information will not appear on records received from the La. Department of Wildlife and Fisheries (LDWF).

<u>Water Vessel Operators' Supervisors:</u>

- shall provide time for each employee that needs to be authorized to operate a water vessel to attend the "BoatUS" (or other NASBLA-approved) course and/or refresher course
- shall ensure that all vessels and vessels' accessories provided to water vessel operators fit for their intended purpose
- shall ensure that all water vessel policies and procedures are followed
- shall submit reports within the required time frame
- shall allow only authorized employees to operate water vessels on state business
- shall assist in conducting accident investigations

<u>Employees</u>

Only employees authorized by their Agency head (or designee) to operate a state-owned/leased/hired water vessel shall operate state-owned/leased/hired water vessels for state business. Employees shall only operate the type of water vessel for which they are authorized, licensed, and insured. Employees who are authorized to operate such vessels shall be responsible for the safe operation of those vessels. Operators shall report any unsafe condition, accident, or citation received involving a state-owned/leased/hired water vessel to their supervisor or designee for mitigation.

B) **Authorization Process** –The authorization process shall include:

- A review of the employee's or prospective employee's ODR from the Office of Motor Vehicles and his/her WOR obtained from the LDWF
- Verifying completion of a "BoatUS" (see appendix) (or other NASBLA-approved) course and/or refresher course (see appendix) training course
- Determining when operator responsibility shall be taken away from an employee because of reckless operation of a vessel or being cited for boating violations

* Drivers license suspensions and/or reckless operation convictions for automobile use now apply to a person's water vessel operating record.

Procedures for Enrolling Operators

Upon recognizing the need for an employee to operate a state-owned/leased/hired vessel by their supervisor, the employee shall complete the Authorization History Form (DA 2066). The information on this form shall be used to acquire the Water Operator Record (from the Department of Wildlife and Fisheries). The Authorization History Form and the WOR is then submitted to the Agency head or designee who shall review the operator record and sign the Authorization History Form. When employees are authorized to operate water vessels, they shall be enrolled in the "BoatUS" course (or other NASBLA-approved course) or the refresher course. A copy of the certificate of completion shall be retained on file.

It is the responsibility of the individual Agency to retain any/all records pertaining to the Water Vessel program (with the exception of records for the BoatUS Course) as the Department of Wildlife and Fisheries will NOT maintain such.

High Risk Operators

High Risk operators are those individuals:

- Having three or more convictions, guilty pleas, and/or nolo contendere pleas for moving vessel violations, or having a single conviction, guilty plea, or nolo contendere plea for operating a vessel while intoxicated, careless operation, reckless operation, negligent homicide, or similar violation including any civil case for which negligence has been proven within the previous twelve (12) month period.

Individuals designated to be High Risk operators shall be notified in writing that they are not authorized to operate state-owned/leased/hired water vessels from the date of discovery for a minimum of twelve (12) months and that they shall be required to retake the initial "BoatUS" (or other NASBLA-approved) course within ninety (90) days of discovery.

The High Risk Operator's immediate supervisor and the individual in charge of water vessels shall also be notified in writing that the unauthorized employee shall not be given authority or access to operate a vessel on state business.

C) **Preventive Maintenance** – The appropriate Agency designee shall ensure that preventive maintenance is performed on all required engines/motors/vessels and that documented corrective actions are taken within the applicable time frame.

A system of preventive maintenance shall be developed and implemented for all vessels of any size.

Vessel Inspections and Repairs

A monthly inspection shall be performed on all powered/non-powered vessels, regardless of size, and corrective actions for all deficiencies found shall be performed and documented. Items to be inspected shall include, but are not limited to:

- Fire Extinguishers
- Signaling Devices (e.g., air horn)
- Damage to the Vessel
- Lighting
- Personal Flotation Devices
- Flares
- Communication Devices (e.g., radio)
- Trailers

Additionally, for all vessels twenty-six (26) feet or longer, the appropriate Coast Guard inspections shall be conducted as required and all corrective actions performed and documented.

D) **Training** – Upon request, the Office of Risk Management Loss Prevention Unit shall assist each Agency in implementing water vessel safety training programs that address the needs of the Agency by assisting Agencies in identifying training aids and resources that may be used for water vessel safety.

Upon request, LDWF will provide train-the-trainer courses for state Agencies.

The following requirements shall be met:

Employees

a. who will be authorized to operate a state-owned/leased/hired water vessel shall be required to obtain/maintain certification by taking either the "BoatUS" (or other NASBLA-certified) water vessel training course or the refresher course (as appropriate) taught by the Louisiana Department of Wildlife and Fisheries (LDWF) prior to operating a vessel. LDWF shall regulate the instructor designations for this program and provide train-the-trainer courses for state Agencies.

b. shall attend the appropriate, required training within the first ninety (90) days of hire (or upon entering the program) and at least once every three years thereafter.

c. who have convictions or negligence on their boating records shall be required to retake the “BoatUS” (or other NASBLA-certified) course within ninety (90) days of discovery of a conviction.

E) **Claims Reporting/ Accident Investigation**

Upon request, the Office of Risk Management’s Loss Prevention Unit shall assist the Agency in accident analysis and in establishing preventive procedures.

Accident Reporting-General

A boating/water vessel accident is defined as a collision, accident, or other casualty involving a state water vessel, other water vessel, or individual. A water vessel is considered to be involved in a boating accident whenever the occurrence results in damage by or to the water vessel or its equipment, results in injury or loss of life to any person, or results in the disappearance of any person from on board under circumstances that indicate the possibility of death or injury. A boating accident also includes, but is not limited to, capsizing, foundering, flooding, fire, explosion and the disappearance of a water vessel other than by theft.

1. All accidents shall be reported to the next level of supervision by the water vessel operator having the accident on the day of the accident or as soon thereafter as possible in the appropriate format (See requirements below by water vessel size). As provided for in R.S. 34:851.10, all accidents involving a vessel and resulting in death or injury to a person must be reported to DWLF within 48 hours and those with property damage in excess of $500 must be reported within 5 days to: 1-800-442-2511. A wildlife agent will respond to investigate the accident.

2. The supervisor of the individual having the accident shall review the accident report within two working days of the accident and verify the completeness of the report. Incomplete reports shall be returned for missing information. It may be necessary for the supervisor to aid the individual in completing the report.

3. When investigating accidents, the supervisor shall request assistance, when appropriate, from the Agency Water Vessel coordinator or Agency designee or the assigned Loss Prevention Officer. (The supervisor shall send the appropriate accident report forms to: the Third Party Administrator [TPA], LDWF, and/or U.S. Coast Guard immediately.)

   For any non-commercial vessel involved in an accident in any waters, a Louisiana Department of Wildlife and Fisheries (LDWF) Boating Accident/Investigation Report (DWF-BIR-010-OP – See appendix) shall be completed for each accident and submitted to LDWF.

   If the accident(s) occurred in a commercial vessel on navigable waters, a Report of Marine Accident, Injury, or Death form (CG-2692) shall be completed for each and submitted to the U.S. Coast Guard.

   Upon request, the DWLF will assist in the investigation of any incident/accident.

4. After gathering all available information about the accident, the supervisor of the individual having the accident shall attempt to make a determination of whether the accident was preventable. The supervisor shall consider what corrective action(s) is appropriate, which may include: temporary suspension of operating privileges, special training, physical examination, etc., and make a recommendation to the Agency head. The report and any recommendations shall then be forwarded to the Agency head, or their designee, for review. The Agency head shall review the accident report, the Authorization/Operating History Form (DA 2066), and the Water Operator Record (WOR). The need for corrective disciplinary action may be considered for each accident where there was improper use of a vessel.

5. Agencies shall forward a copy of the Authorization/Operating History Form (DA 2066) and Water Operator Vessel Record to the TPA. This shall be completed within the time required by the type of claim being filed.

For vessels 26 feet in length or longer:

A. The State of Louisiana provides insurance for liability and hull damage.

B. All claims involving vessels equal to or in excess of 26 feet, as well as all non-employee bodily injury and non-state-owned property claims, shall be reported in writing to the TPA.

C. Complete a copy of the Louisiana Boating Accident Report that includes the following:

(This information shall be submitted when a claim is reported.)

- Complete description of vessel including hull identification and Coast Guard certificate number
- Name of captain or master and passengers
- Exact location of incident
- Date and time of incident
- If applicable, names and addresses of third parties involved (if known)
- Description of damages
- Names of persons who can assist in investigation
- Circumstances surrounding and/or cause of accident

D. All lawsuits, demands, notices, summons, or other legal documents pertaining to a claim against a state Agency shall be forwarded immediately to the Office of Risk Management's Transportation Unit supervisor for further handling.

E. Any objects and/or products that may have caused, contributed to, or that are suspected of causing an accident shall be retained and preserved as evidence.

F. If a loss occurs or a claim arises, the Agency shall not assume any obligation or incur any expenses without authority from the Office of Risk Management.

For vessels under 26 feet in length:

The State of Louisiana provides insurance coverage for bodily injury and property damage. An Agency shall report the claim to the TPA when an employee is injured.

A. Property and/or General Liability claims shall be submitted in writing to the TPA. A completed copy of the accident report, Authorization/Operating History Form (DA 2066) and WOR shall be submitted with a claim.

B. If a loss is serious in nature, it is to be reported by telephone to TPA for review to determine if coverage is applicable.

C. Claims made against a state Agency by a third party shall be submitted to the TPA for review to determine if coverage is applicable.

D. All lawsuits, demands, notices, summons, or other legal documents pertaining to a claim against a state Agency shall be forwarded immediately to the TPA for further handling.

E. Any objects and/or products that may have caused, contributed to, or that are suspected of causing an accident shall be retained and preserved as evidence.

F. If a loss occurs or a claim arises, the Agency shall not assume any obligation or incur any expenses without authority from the Office of Risk Management.

2. Safety Audits and Record Keeping:

Upon request, the TPA shall assist Agencies in reviewing and analyzing their water vessel policies and procedures to determine if the Agency's program is in compliance. Data concerning the number, type, frequency, and loss amount of claims shall be provided to the Agency. This data is useful in identifying where losses are occurring and how losses may be controlled.

Water Vessel Safety Program records shall be maintained at the Agency location and/or a central location designated by the Agency head/designee for review until at least the next audit or compliance review.
Specifically:

- WORs, ODRs, High-risk driver documentation (e.g., re-training records, letters), vehicle inspection forms, preventive maintenance records – maintain for 1 year
- Operator training (initial, refresher) documentation – maintain for 3 years
- DA2066 forms – maintain indefinitely or until form information is updated

It is the responsibility of the individual Agency to retain any/all records pertaining to the Water Vessel program. However, records pertaining to the BoatUS course will be maintained by the Department of Wildlife and Fisheries.

GLOSSARY

Authorization/Operator History Form (DA 2066) - This form shall be maintained by the Agency on each employee who operates a vessel on a regular basis. The form shows when an employee was authorized, the type of vessel the employee may use, and information on the vessel operator's record.

Boating Accident - A boating/water vessel accident is defined as a collision, accident, or other casualty involving a state water vessel, other vessel, or individual. A water vessel is considered to be involved in a boating accident whenever the occurrence results in damage by or to the water vessel or its equipment, in injury or loss of life to any person, or in the disappearance of any person from on board under circumstances that indicate the possibility of death or injury. A boating accident also includes, but is not limited to, capsizing, foundering, flooding, fire, explosion, and the disappearance of a water vessel other than by theft.

BoatUS (or other NASBLA-approved) Course - This is a mandatory initial course and certification for all Louisiana citizens who operate a watercraft under the jurisdiction of LDWF and whose birth year is 1984 or later. It is also required within ninety (90) days of discovery for any employee deemed "high-risk" by the Agency. The new online course is approved by LDWF and the National Association of State Boating Law Administrators (NASBLA) and allows Louisiana boaters to get their safe boating certification at no cost in the comfort of their own home. The course can be found at www.laorm.com/lp_boater.html or www.wlf.louisiana.gov/boating/courses.

Capsizing - When a vessel overturns and the bottom becomes uppermost, except in the case of a sailboat. If a sailboat overturns, it will normally lay on its side.

Careless Operation - Operation of any watercraft in a careless or heedless manner so as to be grossly indifferent to the person or property of other persons or at a rate of speed greater than will permit exercise of reasonable care to bring the watercraft to a stop within the assured clear distance ahead.

Commercial Vessel – Any vessel engaged in commercial trade or that carries passengers for hire.

Flooding - Filling with water, regardless of method of ingress, but retaining sufficient buoyancy to remain upon the surface.

High Risk Operator - High Risk operators are those individuals having three or more convictions, guilty pleas, and/or nolo contendere pleas for moving vessel violations or individuals having a single conviction, guilty, plea, or nolo contendere plea for operating a vessel while intoxicated, careless operation, reckless operation, negligent homicide, or similar violation including any civil case for which negligence has been proven within the previous twelve (12) month period.

Navigable Water – A body of water deep and wide enough for a vessel to pass without obstructions.

Negligent Homicide - Operation of any watercraft at an immoderate rate of speed or in a careless or negligent manner causing the death of another.

Refresher Course – This is a mandatory course for all employees once every three years after having taken the initial boating course. It is offered free of charge on-line at: http://riskmgmtboatcourse.wlf.louisiana.gov.

Reckless Operation - Operation of any watercraft in such a manner as to endanger the life, limb or damage the property of any person.

State-owned/leased/hired Vessel - Any water vessel owned, leased, and/or rented by the State of Louisiana.

Water Operator Record (WOR) - Record containing history of boating violations and accidents maintained by the Department of Wildlife and Fisheries (Enforcement Division) on each operator in the State of Louisiana.

Water Vessel - Every type of watercraft, other than a seaplane, on the water used or capable of being used as a means of transportation. Private vessels commandeered in an emergency situation will be included in the definition of a water vessel.

APPENDIX

Authorization/Operator History Form (DA 2066) - This form shall be maintained by the Agency on each employee who operates a vessel on a regular basis. The form shows when an employee was authorized, the type of vessel the employee may use, and information on the vessel operator's record.

Boating Accident Form (DWF-BIR-010OP) - This form shall be completed on an accident involving a state vessel.

Report of Marine Accident, Injury, or Death (CG-2692) and instructions

VESSEL AUTHORIZATION/OPERATOR HISTORY FORM

The following information shall be retained on file by all Agencies on their Operators authorized to operate a State vessel:

Name:_____ **Employed by:**_____

Address:_____ **(Department, Board, Commission)**

_____ **Zip**_____ **Assigned to:**_____

(Agency, District, Office)

Operator License No.:_____ **Job Title:**_____

Expiration Date:_____ **Immediate Supervisor's Name:**_____

Date of Birth:_____ **Operator's Phone Number:**_____

Issue Date:_____ **Is the Primary purpose to operate vessels? Yes___No___**

Is a Current Operator Record attached:____ Has it been verified as accurate?____

****

	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6
TYPES OF VESSEL:	**No motor, Pirogue skiff Raff bateau**	**Motorboat Class A-1-2-3**	**Airboat Push**	**Tug**	**Ferry Marsh Buggy**	**Other**
State Vessels Authorized to Operate:						

Date Trained:_____ **Source of Training:** _____

Number of days per week required to operate a vessel: _____
Required to handle hazardous cargo: Yes____ No____
Trained to haul/Handle: Yes____ No____
****

I have reviewed this individual's genuine need to operate a State vessel. In conducting this review I have considered his/her operating experience, class/type equipment to be operated, and a one-year operating record. The attached Operator Record has been verified as accurate and updated as necessary. I authorize this individual to operate the vessels listed above in accordance with the provisions of this program. This authorization expires in one year from this date.

_____ _____

Agency Head Signature
(or specifically designated individual)

Date of Authorization

DA 2066 (6/06/01)

ANNUAL SUPPLEMENTAL SIGNATURE PAGE

EMPLOYEE NAME:_____

OPERATOR LICENSE NUMBER:_____

DEPARTMENT/AGENCY:_____

AGENCY HEAD OR DESIGNEE STATEMENT

By executing this document, I have reviewed the following and have confirmed the information to be current and in accordance with the ORM Loss Prevention requirements:

Official Operator Record
Water Vessel Operator Training Course

Further, my signature allows the aforementioned employee to operate a state vessel on state business.

_____ _____
Agency Head ***Date of Authorization***
(or designated individual)

_____ _____
Agency Head ***Date of Authorization***
(or designated individual)

_____ _____
Agency Head ***Date of Authorization***
(or designated individual)

_____ _____
Agency Head ***Date of Authorization***
(or designated individual)

_____ _____
Agency Head ***Date of Authorization***
(or designated individual)

_____ _____
Agency Head ***Date of Authorization***
(or designated individual)

_____ _____
Agency Head ***Date of Authorization***
(or designated individual)

(DUPLICATE SUPPLEMENTAL SIGNATURE PAGE AS NEEDED)

LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES
LAW ENFORCEMENT DIVISION
P.O. BOX 98000
BATON ROUGE, LA 70898-9000

VESSEL REGISTRATION #

Rev. 09/10

OPERATOR BOATING INCIDENT REPORT

Pursuant to Louisiana Revised Statute 34:851.10, the operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an incident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of $500 or complete loss of the vessel. Reports must be submitted within 5 days. Reports must be submitted to the Louisiana Department of Wildlife & Fisheries. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")

NAME AND ADDRESS OF OPERATOR	NAME AND ADDRESS OF OWNER ☐ same as operator
LAST: STREET 1:	LAST: STREET 1:
FIRST: STREET 2:	FIRST: STREET 2:
MI: CITY:	MI: CITY:
PHONE NO: STATE/ZIP:	PHONE NO: STATE/ZIP:
OPERATOR AGE AND DATE OF BIRTH yrs. / /	RENTED BOAT? ☐ YES ☐ NO — NUMBER OF PERSONS ON BOARD
OPERATOR'S EXPERIENCE — HOURS: Under 20 / 20-100 / 100-500 / Over 500 / None THIS TYPE OF BOAT ☐ ☐ ☐ ☐ ☐ OTHER BOAT OPERATING EXP ☐ ☐ ☐ ☐ ☐	FORMAL INSTRUCTION IN BOATING SAFETY ☐ None ☐ USCG Auxiliary ☐ State ☐ American Red Cross ☐ U.S. Power Squadrons ☐ Other

BOAT REGIST. NO.	BOAT NAME	MANUFACTURER	BOAT MODEL	MFR. HULL IDENTIFICATION NO.

TYPE OF BOAT
☐ Open Motorboat
☐ Cabin Motorboat
☐ Auxiliary Sail
☐ Sail (only)
☐ Rowboat
☐ Canoe
☐ Personal Water Craft
☐ Airboat
☐ Houseboat
☐ Pontoon Boat
☐ Other

HULL MATERIAL
☐ Wood
☐ Aluminum
☐ Steel
☐ Fiberglass
☐ Rubber / Vinyl
☐ Other

ENGINE
☐ Outboard
☐ Inboard
☐ Inboard-outdrive
☐ Jet-drive
☐ Air thrust
☐ Other

TYPE OF FUEL
☐ Gasoline ☐ Other
☐ Diesel

PROPULSION
No. of engines ____
ENGINE 1
Mfg. ____
Horsepower ____
Serial No. ____
ENGINE 2
Mfg. ____
Horsepower ____
Serial No. ____

CONSTRUCTION
Length ft Width ft
Year Built Depth ft

STEERING
☐ Remote ☐ Other
☐ Hand tiller

HAS BOAT HAD A SAFETY EXAMINATION?
☐ Yes ☐ No
For Current Year? ☐ Yes ☐ No
Which Kind?
☐ USPS / USCG Auxiliary Inspection
☐ State/local Examination
☐ Other

INCIDENT DATA

DATE OF INCIDENT	DAY OF WEEK	TIME OF INCIDENT	NAME OF BODY OF WATER	LOCATION *(give precisely)* Lat: Long:

STATE	NEAREST CITY OR TOWN	PARISH	PARISH CODE
LOUISIANA			

WEATHER *(check all applicable)*
☐ Clear ☐ Rain
☐ Cloudy ☐ Snow
☐ Fog ☐ Hazy

WATER CONDITIONS
☐ Calm (less than 6")
☐ Choppy (waves 6" to 2')
☐ Rough (waves 2' to 6')
☐ Very Rough (greater than 6')
☐ Strong Current

TEMPERATURE
Air ____ deg F
Water ____ deg F

DEPTH
____ ft

WIND
☐ None
☐ Light (0-6 mph)
☐ Moderate (7-14 mph)
☐ Strong (15-25 mph)
☐ Storm (over 25 mph)

VISIBILITY
☐ Good
☐ Fair
☐ Poor

TIME OF DAY
☐ Day
☐ Night

PERSONAL FLOTATION DEVICES (PFD'S)

Was the boat adequately equipped with USCG APPROVED personal floatation devices? ☐ Yes ☐ No
Were they accessible? ☐ Yes ☐ No
Were they serviceable? ☐ Yes ☐ No
What Type and How Many?
☐ Type I (#)____
☐ Type II (#)____
☐ Type III (#)____
Were PFDs properly:
Used? ☐ Yes ☐ No
Adjusted? ☐ Yes ☐ No
Sized? ☐ Yes ☐ No

Was the vessel carrying NON-APPROVED life saving devices? ☐ Yes ☐ No
Were they accessible? ☐ Yes ☐ No
Were they used? ☐ Yes ☐ No
If yes, indicate kind:

IGNITION AND THROTTLE

Ignition key position
☐ On ☐ Off
Engine equipped with Kill Switch?
☐ Yes ☐ No
Kill switch used?
☐ Yes ☐ No
Throttle position
☐ Forward ☐ Neutral
☐ Reverse ☐ Unknown

FIRE EXTINGUISHERS

WERE THEY USED?
(If yes, list Type(s) and number used.)
☐ Yes ☐ No ☐ N/A
Types:

----CONTINUED----

VESSEL REGISTRATION #

OPERATOR BOATING INCIDENT REPORT

INCIDENT DATA CONTINUED

OPERATION AT TIME OF INCIDENT *(Check all applicable)*	TYPE OF INCIDENT *(Number by order of occurrence)*	WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT? *(Number by order of importance; primary-1, secondary-2, tertiary-3)*
☐ Commercial Activity ☐ Cruising ☐ Maneuvering ☐ Approaching Dock ☐ Leaving Dock ☐ Water Skiing ☐ Racing ☐ Towing ☐ Other ☐ Drifting ☐ At Anchor ☐ Tied to Dock ☐ Fueling ☐ Fishing ☐ Hunting ☐ Skin Diving/ Swimming ☐ Being Towed	_____Grounding _____Capsizing _____Flooding _____Sinking _____Fire or Explosion (fuel) _____Fire or Explosion(other than fuel) _____Skier Mishap _____Struck submerged object _____Collision with Vessel _____Collision with Fixed Object _____Collision with Floating Object _____Falls overboard _____Falls in Boat _____Hit By Boat or Propeller _____Other _____ _____Unknown	_____Weather _____Excessive Speed _____No Proper Lookout _____Restricted Vision _____Overloading _____Improper Loading _____Hazardous Waters _____Alcohol use _____Sharp Turn _____Rules of the Road Specify #(s)_____ _____Improper Anchoring _____Force of Wake/Wave _____Starting in Gear _____Ignition Spilled Fuel/Vapor _____Missing/Inadequate ATONS _____Unknown _____Drug use _____Fault of Hull _____Fault of Machinery _____Fault of Equipment _____Operator Inexperience _____Operator Inattention _____Passenger/Skier Behavior _____Congested Waters _____Dam/Lock _____Standing/Sitting on Gunwales, bows,& transom _____Failure to Vent _____Off Throttle Steering Loss _____Careless/Reckless Operation _____Improper/No Running Lights _____Other _____

INSURANCE / PROPERTY DAMAGE

IS VESSEL INSURED? ☐ Yes ☐ No	Insurance Agency	Policy Number
ESTIMATED AMOUNT OF DAMAGE This Boat $ ____ Other Property $ _____	DESCRIPTION OF DAMAGE TO THIS VESSEL	
DESCRIPTION OF OTHER PROPERTY DAMAGED	NAME/ADDRESS OF OWNER PHONE # ( )	

PASSENGERS

NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH		MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN?
NAME TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?

----CONTINUED NEXT PAGE---

VESSEL REGISTRATION #

OPERATOR BOATING INCIDENT REPORT

OTHER VESSEL

Name of Operator	Address	Boat Number
Telephone Number ( )		Boat Name
Name of Owner	Address	

OTHER WITNESSES

Name	Address	Telephone Number ( )
Name	Address	Telephone Number ( )
Name	Address	Telephone Number ( )

PERSON COMPLETING REPORT

SIGNATURE	ADDRESS	Telephone Number ( )
QUALIFICATION (Check One) ☐ Operator ☐ Owner ☐ Other _____		Date Completed

ATTACH ADDITIONAL IF NECESSARY

-----CONTINUED NEXT PAGE----

VESSEL REGISTRATION #

OPERATOR BOATING INCIDENT REPORT

DIAGRAM OF INCIDENT

Indicate North w/ arrow

NAMEOF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED

COMMENTS:

VESSEL REGISTRATION #

OPERATOR BOATING INCIDENT REPORT

DETAILED DESCRIPTION OF INCIDENT

NAMEOF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED

OMB Control No. 1625-0001

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)	**REPORT OF MARINE ACCIDENT, INJURY OR DEATH**	RCS No. G-MOA MISLE NOTIFICATION NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility	2. Official No.	3. Nationality	4. Call Sign	5. USCG Certificate of Inspection Issued at:

6. Type *(Towing, Freight, Fish, Drill, etc.)*	7. Length	8. Gross Tons	9. Year Built	10. Propulsion *(Steam, diesel, gas, turbine...)*

11. Hull Material *(Steel, Wood...)*	12. Draft *(Ft. - in.)* FWD	AFT.	13. If Vessel Classed, By Whom: *(ABS, LLOYDS, DNV, BV, etc.)*	14. Date *(of occurrence)*	15. TIME *(Local)*

16. Location *(See Instruction No. 10A)*	17. Estimated Loss of Damage TO:
18. Name, Address & Telephone No. of Operating Co.	VESSEL _____ CARGO _____ OTHER _____

19. Name of Master or Person in Charge	USCG License	20. Name of Pilot	USCG License	State License
	☐ YES ☐ NO		☐ YES ☐ NO	☐ YES ☐ NO

19a. Street Address *(City, State, Zip Code)*	19b. Telephone Number	20a. Street Address *(City, State, Zip Code)*	20b. Telephone Number

21. Casualty Elements *(Check as many as needed and explain in Block 44.)*

- ☐ NO. OF PERSONS ON BOARD _____
- ☐ DEATH - HOW MANY? _____
- ☐ MISSING - HOW MANY? _____
- ☐ INJURED - HOW MANY? _____
- ☐ HAZARDOUS MATERIAL RELEASED OR INVOLVED *(Identify Substance and amount in Block 44.)*
- ☐ OIL SPILL - ESTIMATE AMOUNT: _____
- ☐ CARGO CONTAINER LOST/DAMAGED
- ☐ COLLISION *(Identify other vessel or object in Block 44.)*
- ☐ GROUNDING ☐ WAKE DAMAGE
- ☐ FLOODING; SWAMPING WITHOUT SINKING
- ☐ CAPSIZING *(with or without sinking)*
- ☐ FOUNDERING OR SINKING
- ☐ HEAVY WEATHER DAMAGE
- ☐ FIRE
- ☐ EXPLOSION
- ☐ COMMERCIAL DIVING CASUALTY
- ☐ ICE DAMAGE
- ☐ DAMAGE TO AIDS TO NAVIGATION
- ☐ STEERING FAILURE
- ☐ MACHINERY OR EQUIPMENT FAILURE
- ☐ ELECTRICAL FAILURE
- ☐ STRUCTURAL FAILURE
- ☐ FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE *(Describe in Block 44.)*
- ☐ LIFESAVING EQUIPMENT FAILED OR INADEQUATE *(Describe in Block 44.)*
- ☐ BLOW OUT *(Petroleum exporation/production)*
- ☐ ALCOHOL INVOLVEMENT *(Describe in Block 44.)*
- ☐ DRUG INVOLVEMENT *(Describe in Block 44.)*
- ☐ OTHER *(Specify)* _____

22. Conditions

A. Sea or River Conditions *(wave height, river stage, etc.)*

B. WEATHER: ☐ CLEAR ☐ RAIN ☐ SNOW ☐ FOG ☐ OTHER *(Specify)* _____

C. TIME: ☐ DAYLIGHT ☐ TWILIGHT ☐ NIGHT

D. VISIBILITY: ☐ GOOD ☐ FAIR ☐ POOR

E. DISTANCE *(miles of visibility)* _____

F. AIR TEMPERATURE (F) _____

G. WIND SPEED & DIRECTION _____ _____

H. CURRENT SPEED & DIRECTION _____ _____

23. Navigation Information

☐ MOORED, DOCKED OR FIXED
☐ ANCHORED ☐ UNDERWAY OR DRIFTING
SPEED AND COURSE _____

24. Last Port Where Bound _____

24a. Time and Date of Departure

25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED	Empty	Loaded	Total	25b. TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	Length	Width	25d. *(Describe in Block 44.)*
									☐ PUSHING AHEAD ☐ TOWING ASTERN ☐ TOWING ALONGSIDE ☐ MORE THAN ONE TOW-BOAT ON TOW

SECTION II. BARGE INFORMATION

26. Name	26a. Official Number	26b. Type	26c. Length	26d. Gross Tons	26e. USCG Certificate of Inspection Issued at:

26f. Year Built	26g. ☐ SINGLE SKIN ☐ DOUBLE	26h. Draft FWD	AFT	26i. Operating Company

26j. Damage Amount	26k. Describe Damage to Barge
BARGE _____ CARGO _____ OTHER _____	

PREVIOUS EDITION IS OBSOLETE

SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved
☐ MALE or ☐ FEMALE
☐ DEAD ☐ INJURED
☐ MISSING

27a. Name *(Last, First, Middle Name)*

27b. Address *(City, State, Zip Code)*

27c. Status
☐ Crew
☐ Passenger
☐ Other

28. Birth Date

29. Telephone No.

30. Job Position

31. *(Check here if off duty)* ☐

32. Employer - *(if different from Block 18., fill in Name, Address, Telephone No.)*

33. Person's Time

	YEAR(S)	MONTH(S)
A. IN THIS INDUSTRY -		
B. WITH THIS COMPANY -		
C. IN PRESENT JOB OR POSITION -		
D. ON PRESENT VESSEL/FACILITY -		
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		

34. Industry of Employer *(Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)*

35. Was the Injured Person Incapacitated 72 Hours or More?

36. Date of Death

37. Activity of Person at Time of Accident

38. Specific Location of Accident on Vessel/Facility

39. Type of Accident *(Fall, Caught between, etc.)*

40. Resulting Injury *(Cut, Bruise, Fracture, Burn, etc.)*

41. Part of Body Injured

42. Equipment Involved in Accident

43. Specific Object, Part of the Equipment in block 42., or Substance *(Chemical, Solvent, etc.)* that directly produced the Injury.

SECTION IV. DESCRIPTION OF CASUALTY

44. Describe how accident occured, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. *(See instructions and attach additional sheets if necessary).*

45. Witness *(Name, Address, Telephone No.)*

46. Witness *(Name, Address, Telephone No.)*

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) *(Last, First, Middle)*

47a. Signature

47b. Address *(City, State, Zip Code)*

47c. Title

47d. Telephone No.

47e. Date

FOR COAST GUARD USE ONLY

REPORTING OFFICE:

MISLE Incident Investigation Activity Data Entry:

MISLE Incident Investigation Activity Number (if applicable)

☐ NONE ☐ PRELIMINARY ☐ DATA COLLECTION ☐ INFORMAL ☐ FORMAL

Serious Marine Incident ☐ Yes ☐ No Major Marine Casualty ☐ Yes ☐ No	INVESTIGATOR *(Name)*	DATE	APPROVED BY *(Name)*	DATE

INSTRUCTIONS

FOR COMPLETION OF FORM CG-2692

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

AND FORM CG-2692A, BARGE ADDENDUM

WHEN TO USE THIS FORM

1. This form satisfies the requirements for written reports of accidents found in the Code of Federal Regulations for vessels, Outer Continental Shelf (OCS) facilities, mobile offshore drilling units (MODUs), and diving. The kinds of accidents that must be reported are described in the following instructions.

VESSELS

2. A vessel accident must be reported if it occurs upon the navigable waters of the U.S., its territories or possessions; or whenever an accident involves a U.S. vessel; wherever the accident may occur. (Public vessels and recreational vessels are excepted from these reporting requirements.) The accident must also involve one of the following (ref. 46 CFR 4.05-1):

A. All accidental groundings and any intentional grounding which also meets any of the other reporting criteria or creates a hazard to navigation, the environment, or the safety of the vessel;

B. Loss of main propulsion or primary steering, or an associated component or control system, the loss of which causes a reduction of the maneuvering capabilities of the vessel. Loss means that systems, component parts, subsystems, or control systems do not perform the specified or required function;

C. An occurrence materially and adversely affecting the vessel's seaworthiness or fitness for service or route including but not limited to fire, flooding, failure or damage to fixed fire extinguishing systems, lifesaving equipment or bilge pumping systems;

D. Loss of life;

E. An injury that requires professional medical treatment (beyond first aid) and, if a crewmember on a commercial vessel, that renders the individual unfit to perform routine duties.

F. An occurrence not meeting any of the above criteria but resulting in damage to property in excess of $25,000. Damage cost includes the cost of labor and material to restore the property to the condition which existed prior to the casualty, but it does not include the cost of salvage, cleaning, gas freeing, drydocking or demurrage.

MOBILE OFFSHORE DRILLING UNITS

3. MODUs are vessels and are required to report an accident that results in any of the events listed by Instruction 2-A through 2-F for vessels. (Ref. 46 CFR 4.05-1, 46 CFR 109.411)

OCS FACILITIES

4. All OCS facilities (except mobile offshore drilling units) engaged in mineral exploration, development or production activities on the Outer Continental Shelf of the U.S. are required by 33 CFR 146.30 to report accidents resulting in:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours;

D. Damage affecting the usefullness of primary lifesaving or firefighting equipment;

E. Damage to the facility in excess of $25,000 resulting from a collision by a vessel;

F. Damage to a floating OCS facility in excess of $25,000.

5. Foreign vessels engaged in mineral exploration, development or production on the U. S. Outer Continental Shelf, other than vessels already required to report by Instructions 2 and 3 above, are required by 33 CFR 146.303 to report casualties that result in any of the following:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours;

DIVING

6. Diving casualties include injury or death that occurs while using underwater breathing apparatus while diving from a vessel or OCS facility.

A. COMMERCIAL DIVING. A dive is considered commercial if it is for commercial purposes from a vessel required to have a Coast Guard certificate of inspection, from an OCS facility or in its related safety zone or in a related activity, at a deepwater port or in its safety zone. Casualties that occur during commercial dives are covered by 46 CFR 197.486 if they result in:

1. Loss of life;
2. Injury causing incapacitation over 72 hours;
3. Injury requiring hospitalization over 24 hours.

In addition to the information requested on this form, also provide the name of the diving supervisor and, if applicable, a detailed report on gas embolism or decompression sickness as required by 46 CFR 197.410(a)(9).

Exempt from the commercial category are dives for:

1. Marine science research by educational institutions;
2. Research in diving equipment and technology;
3. Search and Rescue controlled by a government agency.

B. ALL OTHER DIVING. Diving accidents not covered by Instruction (6-A) but involving vessels subject to Instruction (2), VESSELS, must be reported if they result in death or injury causing incapacitation over 72 hours. (Ref. 46 CFR 4.03-1(c)).

HAZARDOUS MATERIALS

7. When an accident involves hazardous materials, public and environmental health and safety require immediate action. As soon as any person in charge of a vessel or facility has knowledge of a release or discharge of oil or a hazardous substance, that person is required to immediately notify the U. S. Department of Homeland Security's National Response Center (telephone toll-free 800-424-8802 - in the Washington, D.C. area call 202-426-2675). Anyone else knowing of a pollution incident is encouraged to use the toll-free telephone number to report it. If etiologic (disease causing) agents are involved, call the U.S. Public Health Service's Center for Disease Control in Atlanta, GA. (telephone 404-633-5313). (Ref. 42 USC 9603; 33 CFR 153; 49 CFR 171.15)

COMPLETION OF THIS FORM

8. This form should be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a question is not applicable, the abbreviation "NA" should be entered in that space. If an answer is unknown and cannot be obtained, the abbreviation "UNK" should be entered in that space. If "NONE" is the correct response, then enter it in that space.

9. Once completed, deliver or mail this form as soon as possible to the Coast Guard Marine Safety, Marine Inspection or Activities Office nearest the location of the casualty or, if at sea, nearest the arrival port.

10. Amplifying information for completing the form:

A. Block 16 - "LOCATION" - Latitude and longitude to the nearest tenth of a minute should always be entered except in those rivers and waterways where a mile marker system is commonly used. In these cases, the mile number to the nearest tenth of a mile should be entered. If the latitude and longitude, or mile number, are unknown, reference to a known landmark or object (buoy, light, etc.) with distance and bearing to the object is permissible. Always identify the body of water or waterway referred to.

B. Tug or towboat with tow - Tugs or towboats with tows under their control should complete all applicable portions of the CG-2692. SECTION II should be completed if a barge causes or sustains damage or meets any other reporting criteria. If additional barges require reporting, the "Barge Addendum," CG-2692A, may be used to provide the information for the additional barges.

C. Moored/Anchored Barge - If a barge suffers a casualty while moored or anchored, or breaks away from its moorage, and causes or sustains reportable damages or meets any other reporting criteria, enter the location of its moorage in Block (1) of the CG-2692 and complete the form except for Blocks (2) through (13). The details will be entered in SECTION II for one barge and on the "Barge Addendum" CG-2692A, for additional barges.

D. SECTION III - Personnel Accident Information - SECTION III must be completed for a death or injury. In addition, applicable portions of SECTIONS I, II and IV must be completed. If more than one death or injury occurs in a single incident, complete one CG-2692 for one of the persons injured or killed, and attach additional CG-2692's, filling out Blocks (1) and (2) and SECTION III for each additional person.

E. BLOCK 44 - Describe the sequence of events which led up to this casualty. Include your opinion of the primary cause and any contributing causes of the casualty. Briefly describe damage to your vessel, its cargo, and other vessels/property. Include any recommendations you may have for preventing similar casualties. *ALCOHOL AND DRUG INFORMATION.* Provide the following information with regard to each person determined to be directly involved in the casualty: name, position aboard the vessel, whether or not the person was under the influence of alcohol or drugs at the time of the casualty; and the method used to make this determination. If toxicological testing is conducted the results should be included; if results are not available in a timely manner, provide the results of the toxicological test as soon as practical and indicate that this is the case in block 44 of the casualty form.

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

FLIGHT OPERATIONS PROGRAM

LOSS PREVENTION UNIT
OFFICE OF RISK MANAGEMENT
DIVISION OF ADMINISTRATION

20200701

CONTENTS

FLIGHT OPERATIONS PROGRAM

FLIGHT OPERATIONS PROGRAM

INTRODUCTION:

The Flight Operations program is intended to reduce the number and severity of accidents and thereby minimize the financial impact on state government.

The cost of insurance coverage assessed to each agency's budget is determined by considering two factors: 1) value of the aircraft, and 2) cost of prior claims.

The Office of Risk Management (ORM) has a comprehensive Loss Prevention Program as required by R.S. 39:1543 for statewide implementation. The Flight Operations program is part of the overall program. Its purpose is to address safety, control use of aircraft, reduce the state's exposure, reduce the loss expenses, achieve accountability, and meet the requirements of R.S. 39:1543.

The following materials are included to assist administrators, supervisors, loss prevention coordinators, loss prevention representatives, and Agency or unit safety officers in managing and implementing a flight operations program. Definitions and forms are included and described in the appendix.

COMPONENTS OF LOUISIANA'S FLIGHT OPERATIONS PROGRAM

1. Agency Safety Policies and Procedures:

    A. Responsibilities – Each agency using or maintaining aircraft is responsible for implementing a flight operations safety program. This program should include rules concerning:

        - who shall be permitted to operate aircraft under the agency's control,
        - flight training,
        - proper maintenance procedures in accordance with FAA regulations,
        - procedures for addressing and documenting correction of any FAA citations received by the agency,
        - maintenance of all required agency and/or FAA forms and other documentation,
        - emergency procedures, and
        - proper accident reporting.

    Only employees authorized by their agency head or designee shall operate aircraft for agency business. Policies must outline the roles and responsibilities of Department/agency heads, supervisors/chief pilots, and employees in aircraft safety. These policies shall be issued to all affected employees and form the basis for the agency's flight safety program.

The TPA will, upon request, assist Agencies in organizing, directing, implementing, and controlling a flight operations program that minimizes the adverse impact of aircraft accidents.

Departments/Agency Heads

Department and agency heads are responsible for implementation of the flight operations program and must stress the importance of the Department's program to affected employees. Department/agency heads or their designees are responsible for reviewing pilot records and identifying employees authorized to operate state aircraft. They are also responsible for annual reviews of all pilots to determine whether they should continue to operate state-owed aircraft and to verify that each pilot has valid certificates in all areas of flight operation.

Supervisors/Chief Pilots

Supervisors and chief pilots must identify employees certified for each type of aircraft and flight operation. The supervisor or designee shall make time available for each authorized operator to attend the necessary training courses and flight checks. Supervisors are responsible for seeing that all aircraft provided to these employees are in safe operating condition and all airworthiness certificates are posted and current. They must ensure that all aircraft policies and procedures are followed and that all Agency and/or FAA required reports are submitted. A safe environment shall be provided in work areas, shops, ramps, vehicles, aircraft and offices.

Employees

Employees who are authorized to operate and/or maintain state-owned/leased aircraft are responsible for the safe operation of those aircraft on the ground as well as in the air. They shall report any unsafe condition or accident involving the state-owned or leased aircraft to their supervisor and are responsible for having all necessary operator permits for type of aircraft and flight conditions.

Employees must report revocation of operator license and notify their supervisors of any violation of FAA/state procedures in the operation and maintenance of state-owned/leased aircraft.

Each pilot shall hold a current FAA commercial pilot certificate in the type and class rating for the aircraft they are assigned to fly. A copy of the certificate must be kept on file. This includes flight instructors but not student pilots.

The Command Pilot shall adhere to all Federal Aviation Regulations on the operation of a particular aircraft. He shall also be responsible for assuring that adequate measures are taken to afford public protection in the vicinity of aircraft during periods of its operation or expected operation.

B. Training - The Loss Prevention Unit will, upon request, assist agencies in implementing safety training programs that address the needs of the agency. The LP Unit will help to identify training aids and resources that can be used for flight safety. All pilots shall attend required training and flight checks per the FAA.

C. Accident Analysis - The Office of Risk Management has the authority to investigate any and all accidents of any type. The Loss Prevention Unit will, upon request, assist the TPA and/or other agencies in investigating accidents resulting in a claim.

D. Definition of an accident – An accident is defined as any incident in which the aircraft comes in contact with another aircraft, object, person, or ground which results in death, personal injury, and/or property damage, regardless of who was injured, what was damaged or to what extent, where it occurred or who was responsible.

E. When to report an accident – The first consideration after experiencing an accident is the preservation and protection of human life. All flight crew action will be directed toward this end. Pilots will refer to NTSB requirements that pertain to aircraft accidents, incidents, overdue aircraft and safety investigations.

F. How to report an accident – In addition to FAA forms or Agency forms, the pilot will complete the Office of Risk Management Aircraft Incident/Accident Report and forward to the TPA, within forty-eight (48) hours (see appendix). If the pilot is unable to complete this form their supervisor should complete the form. If injury or property damage is evident, contact the TPA by phone as soon as possible.

GLOSSARY

AD: Airworthiness Directive

Agency Head: The highest authority within a subsidiary of a Departments

Chief Pilot: Pilot designated by Agency to handle duties

Command Pilot: The pilot in charge during the flight

FAA: Federal Aviation Agency

NTSB: National Transportation Safety Board

ORM: Office of Risk Management

TPA: Third Party Administrator

R.S. 39:360(C): Revised Louisiana statute governing use of state-owned aircraft; criteria; maintenance

State Aircraft: Any aircraft owned or leased by the State of Louisiana

APPENDIX

Aircraft Incident/Accident Statement

AIRCRAFT INCIDENT / ACCIDENT STATEMENT

SECTION 1—AIRCRAFT OWNERSHIP/OPERATION: STATE OWNED? YES ☐ NO ☐

OWNER OF AIRCRAFT:
ADDRESS:
PHONE:
FAX:
EMAIL:

OPERATOR OF AIRCRAFT (IF DIFFERENT FROM OWNER):
ADDRESS:
PHONE:
FAX:
EMAIL:

LIEN HOLDER (IF ANY):
ADDRESS:
PHONE:
FAX:

SECTION 2—DESCRIPTION OF INCIDENT/ACCIDENT:

DATE AND TIME OF ACCIDENT:	
LOCATION OF ACCIDENT:	
CURRENT LOCATION OF AICRAFT:	
UNDER WHAT FAA REGULATION WAS THE AIRCRAFT BEING OPERATED (PART 41/61/91/135/121/125/ETC):	
THE PURPOSE OF THE FLIGHT:	

WHAT HAPPENED?
DESCRIBE THE EVENTS AND CIRCUMSTANCES INVOLVED WITH THE ACCIDENT IN AS MUCH DETAIL AS POSSIBLE. INCLUDED COPIES OF ALL STATEMENTS FIVE TO THE NTSB, FAA, POLICE, ETC., IF AVAILABLE. USE EXTRA SHEETS OF PAPER IF NECESSARY AND INCLUDE AND PHOTOS OR DIAGRAMS THAT YOU FEEL MAY BE RELATED TO THE ACCIDENT.

SECTION 3—INJURIES TO PASSENGERS:
(LIST ALL PASSENGERS AND INJURIES—IF ANY)

NAME/ADDRESS/PHONE NUMBER	INJURIES:

SECTION 4—INDICATE ANY NON-PASSENGER INJURIES OR PROPERTY DAMAGES AS A RESULT OF THE ACCIDENT:

NAME/ADDRESS/PHONE NUMBER	NATURE AND EXTENT OF INJURY AND/OR DAMAGE

SECTION 5—PILOT INFORMATION:

	PILOT IN COMMAND	CO-PILOT
NAME		
ADDRESS		
PHONE		
DATE OF BIRTH		
EMPLOYER		
SEAT POSITION DURING ACCIDENT		
PILOT CERTIFICATE TYPE (STU/PVT/CML/ATP)		
RATINGS (SEL.MEL/IFR/ETC)		
TYPE RAITNGS HELD		
CLASS/DATE OF MEDICAL		
TOTAL PIC TIME		
TOTAL PIC MEL/TP/JET		
TOTAL PIC MAKE & MODEL		
TOTAL PIC MAKE 7 MODEL LAST 12 MONTHS		
TOTAL PIC MAKE & MODEL LAST 90/30 DAYS		
DATE LAST REQ CHECK RIDE (BIANNUAL/PART 135/ETC)		
WHO GAVE.WHERE WAS LAST CHECK RIDE		
DATE LAST CHECK RIDE IN MAKE & MODEL		
DATE/LOCATION OF MFG APPROVED GRD/FLT TRAINING (MAKE/MODEL A/C)		
LIST ANY PREVIOUS ACCIDENTS OR VIOLATIONS		

PLEASE ATTACH A PHOTOCOPY OF YOUR AIRMAN'S CERTIFICATE, LAST MEDICAL AND LAST PAGE OF YOUR PERSONAL LOGBOOK SHOWING A SUMMARY OF YOUR TOTAL FLIGHT EXPERIENCE INCLUDING YOUR LAST CHECK RIDE.

SECTION 6—AIRCRAFT INFORMATION:

AIRCRAFT YEAR MAKE & MODEL	
REGISTRATION NUMBER	
SERIAL NUMBER	
AIRFRAME TIME ON DATE OF ACCIDENT	
ENGINE TIME ON DATE OF ACCIDENT (L)	
ENGINE TIME ON DATE OF ACCIDENT (R)	
WHO REGULARLY MAINTAINS AICRAFT (INHOUSE/INDIVIDUAL/FBO/ETC)	
UNDER WHAT FAA REGULATION IS THE AIRCRAFT MAINTAINED (91/135/121/125 ETC)	
TYPE OF MAINTENANCE PROGRAM (MFG/AAIP/ANNUAL/ETC)	

WHEN WAS THE LAST REQUIRED INSPECTION COMPLETED (DATE &A/F TIME) (ANNUAL/100HRS/ETC)	
AIRFRAME	
LEFT ENGINE	
RIGHT ENGINE	
WHO PERFORMED:	

ENGINE (S) MAKE & MODEL	
ENGINE SERIAL NUMBER (L)	
ENGINE SERIAL NUMBER (R)	

ENGINE TIME			
(L) TSN		(R) TSN	
(L) TSOH		(R) TSOG	
(L) TBO)		(R) TBO	
(L) TSHSI		(R) TSHSI	

MAKE & MODEL PROPELLER (S)				
PROPELLER SERIAL NUMBER (L)				
PROPELLER SERIAL NUMBER (R)				
PROPELLER TIME	(L) TSOH		(R) TSOH	

HAS THIS AIRCRAFT EVER BEEN DAMAGED PRIOR TO THIS ACCIDENT? IF SO, WHEN AND WAS THE EXTEND OF THE DAMAGE	

PLEASE ENCLOSE COPIES OF MAINTENANCE LOGBOOK ENTRIES FROM YOUR LAST TWO INSPECTIONS FOR AIRFRAME/ENGINES AND PROPS IF APPLICABLE.

SECTION 7—VANDALISM OR THEFT CLAIMS

WHERE WAS YOUR AIRCRAFT WHEN THE THEFT AND/OR VANDALISM OCCURRED?

WHO SECURED THE AIRCRAFT?

WHEN WAS THE LAST TIME YOU SAW YOUR AIRCRAFT OR MISSING EQUIPMENT?

WHEN WAS YOUR AIRCRAFT AND/OR EQUIPMENT TAKEN OR VANDALIZED?

PLEASE PROVIDE THE FOLLOWING FOR ALL THEFTS OR VANDALISM LOSSES:

- A COPY OF THE POICE REPORT THAT WAS FILED (MANDATORY IN ORDER TO ESTABLISH A NCIC NUMBER)
- A LIST OF THE EQUIPMENT TAKEN WITH SERIAL NUMBERS
- ORIGINAL INVOICES OF EQUIPMENT OR AN AIRCRAFT EQUIPMENT LIST
- INVOICES FOR REPLACEMENT EQUIPMENT

SECTION 8—CERTIFICATION OF STATEMENT:

DATE INCIDENT/ACCIDENT STATEMENT WAS COMPLETED:		
NAME& SIGNATURE OF PERSON COMPLETING FORM:		
NAME & SIGNATURE OF AIRCRAFT OWNER:		
NAME & SIGNATURE OF AIRCRAFT OPERATOR (IF DIFFERENT FROM OWNER:		