

Safety Manual for Clinton County

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Clinton County
Management Statement of Safety Policy

The success of Clinton County depends upon our efficient use of resources to produce a high quality product for the citizens of our community. Our most important resource is our employees. To protect this resource, we are committed to providing a safe and healthful workplace for all employees by establishing and maintaining an effective safety and health program. We consider safety to be a core value of our organization's operations.

The safety manual of Clinton County is organized to give each department responsibility for the incident prevention program. All employees at all levels of our workforce are directed to make safety a matter of continuing concern, equal in importance to all other operational considerations. We are all expected to cooperate in implementing safety practices and to adopt the concept that the safe way to perform a task is the most efficient, and the only acceptable way to perform it.

Board of Supervisor Chairperson Signature

(Date)

Safety Responsibilities

Management Safety Responsibilities

Management = Elected Officials and Department Head

Management is responsible for providing a place of employment that is free from recognized hazards that could result in injuries or incidents. Since it is impossible for managers to personally observe all employee activities, management must rely on and assure that all supervisors and staff are trained and aware of their safety responsibilities. Other safety responsibilities for managers include:

1. Provide leadership and direction concerning safety activities.
2. Develop, train, and enforce safety policies and procedures specific to your department/office.
3. Coordinate the development of safety rules and safe work methods specific to your department/office.
4. Coordinate safety training specific to the department/office.
5. Participate actively in the continuous evaluation of the safety program.
6. Set goals concerning safety performance within your department.
7. Review losses for potential trends on a regular basis.
8. Enforce all safety rules.
9. Participate in facility and work site audits.
10. Participate and support all incident investigation activities.
11. Review incident reports and recommend corrective actions.

Supervisors' Safety Responsibilities

Safety is as much a part of the supervisor's responsibility as is getting the job done efficiently. Among the important safety responsibilities of each and every supervisor are:

1. Familiarize yourself with and enforce the safety rules and regulations that have been established by applicable local, state and federal organizations. These regulations are intended to set minimum standards for safety and the contents of the regulations should be enforced as minimum safety requirements for all activities on CLINTON COUNTY'S worksites and facilities.
2. Correct all reported hazards. Operating under known hazardous conditions will not be tolerated.
3. Do not permit new or inexperienced employees under your supervision to work with power tools, machinery or complex equipment without proper instruction and training.
4. Give adequate instructions. Do not assume that an employee knows how to do a job unless you personally have knowledge that the person can perform the task correctly.
5. Ensure tools, equipment and machinery being used in the workplace is in proper working condition. Do not allow the use of unsafe tools or equipment under any circumstances.
6. Ensure that proper personal protective equipment is available and used by employees when necessary or required.
7. Always set a good example in safety, such as wearing the proper safety equipment (safety
8. Consistently enforce the requirements of the organization's safety program and any associated rules or policies.
9. Ensure that all employees have access to a copy of the safety manual and Department specific safety policies and procedures.
10. Encourage safety suggestions from employees under your supervision.
11. Obtain prompt first aid for injured employees.
12. Participate in accident or incident investigations involving your employees.

13. Conduct audits of all work areas and facilities on a regular basis in an effort to improve housekeeping, eliminate unsafe conditions and encourage safe work practices.
14. Monitor first aid box and assure supplies are stocked and not out of date.

Employee Safety Responsibilities

All employees carry a certain amount of responsibility in any safety program. You must be aware that your actions, mental state, physical condition, and attitude directly affect the safety of yourself and your fellow employees. All employees are expected to:

1. Know your job, follow instructions, and think before you act.
2. Use protective equipment (eye protection, hard hats, gloves, etc.), as the job requires.
3. Work according to good safety practices as posted, instructed, and/or discussed.
4. Refrain from any unsafe act that might endanger yourself or your fellow workers.
5. Use all safety devices provided for your protection.
6. Report any unsafe situation or act to your supervisor immediately.
7. Assume responsibility for thoughtless or deliberate acts that may cause injury to yourself or your fellow workers.
8. Abide by all policies, procedures, rules, etc. associated with Clinton County Safety Program and Department/Office policies and procedures.
9. Never operate equipment that you are unfamiliar with or not trained to use. Also, equipment that is defective or in need of repair shall not be used and must be reported to your supervisor.
10. Report all accidents/incidents to your supervisor as soon as they occur. Failure to report any injury or incident may be cause for disciplinary action.
11. Complete all trainings assigned by given deadline. Failure to complete may be cause for disciplinary action.

Risk Management Committee

A Risk Management committee was established by the Board of Supervisors and is composed of the following individuals: Conservation Department Director, Sheriff's Office representative, County Auditor, County Attorney representative, a member of the Board of Supervisors, the Facilities Director, the Emergency Management Coordinator, a Secondary Road employee, a Conservation Department employee, the HR Director, and the County Engineer. Members of the committee should be chosen from those employees recognized for their good work, are safety conscious and have familiarity with the overall work area and equipment. Employees from various work areas should be represented, both supervisory and non-supervisory. The committees is to meet on a regular basis. The committee shall adhere to the County Risk Management Policy Statement and will have the following responsibilities:

1. Review accident/injury investigation reports from all departments to see if corrective measures need to be implemented.
2. Ensure that inspections are conducted in identified County facilities to identify safety hazards and recommend ways to correct hazards.
3. Review department safety rules and safe work methods during site audits.
4. Coordinate safety training between departments when applicable. This may include online, films, speakers and exhibits.

Medical Emergency Procedures

The following actions should be taken in the event of a medical emergency:

1. Call **911**.
2. Make sure site is safe before providing assistance. **Do not attempt rescue alone!**
3. Provide assistance to injured person.
4. Notify Department Head and Department Head shall notify the Auditor's office.
5. Call **Company Nurse 1-888-770-0928**
6. Each Department should develop Emergency Action Plans for their facilities.

Each building will have emergency contacts and telephone numbers posted in a conspicuous manner.

Incident Reporting and Company Nurse

As a member of the Iowa Municipalities Workers' Compensation Association, Clinton County employees are required to report all potential work-related injuries using Company Nurse. Reporting claims through Company Nurse provides employee's access to 24-hour, 7 days a week claims reporting and medical recommendations (triage) from a registered nurse. This report replaces the *First Report of Injury Form*.

To report a claim through Company Nurse, call 1-888-770-0928 and use group code: IMWCA.

Employees that fail to report injuries to Company Nurse within 24 hours may be subject to discipline.

Injury and Incident Reporting and Investigation

Many incidents and injuries occurring in the workplace or that involve equipment and property are preventable. In order to prevent future incidents and injuries, it is necessary to immediately review the circumstances surrounding each incident. Once the primary cause for the incident has been established, action shall be taken to prevent recurrence. An Incident Review Form (Appendix #1) has been developed to facilitate the investigation. The Department Head/Elected Official or their assignee shall complete this form and a copy will be forwarded to Auditor's office and Risk Management Committee as applicable for the following incidences:

1. Any work-related incident resulting in an employee needing medical attention.
2. Any work-related incident resulting in damage to property or equipment.
3. Any incident involving a member of the public that could result in a claim being filed against Clinton County, whether it is personal or property damage.

Anytime an employee is involved in an incident with a county vehicle which involves private property, whether there is damage or not, the Police/Sheriff's Department should be called immediately. If the Police/Sheriff's Department is called on an incident, the police report shall accompany the Incident Review *Form*. This Incident Review Form does not replace calling the Company Nurse, which still must be completed for an employee who incurs a work-related injury.

If the investigation determines an employee has contributed to the cause of an incident by failure to obey laws, department or safety rules and regulations, disciplinary action may result.

The Department Head shall provide a written response to any recommendations by the Risk Management committee as approved by the Board of Supervisors or the investigator that outlines corrective actions taken by the department.

Copies of all incident reports and corrective actions shall be kept on file with a copy of the OSHA 300 log for the year that the incident occurred in. The Auditor keeps such files.

Employer Investigation Report available at www.imwca.org/Claims/pages/Forms.aspx

Training and Orientation

The **Department Head or their designee** will provide ongoing safety training in the following areas as the need arises:

- New equipment purchases.
- New/changes in operations.
- Identified areas of increased incidents and injury.
- Newly identified areas of exposure.
- Annual refresher training required for each program.
- OSHA required programs.

Documentation of Safety Training

Documentation from any training courses attended by employees, supervisors or managers will be kept for recordkeeping purposes. Documentation associated with safety meetings and training will be kept in HR Department. Employees who do not attend regularly scheduled safety meetings or training activities will be identified and scheduled to attend make-up training (if available). Documentation will be noted for employees that attend make-up training. Disciplinary actions may occur with employees who regularly miss trainings without prior permission from their manager.

New Employee Safety Orientation

Department heads or their designee will provide an orientation to all new employees to address the hazards of their position. This will include a review of all safety rules, policies/procedures, equipment, etc., that are applicable to the new employee's area of assignment. The new employees will be given an opportunity to ask any relevant questions that may pertain to their assigned duties. Documentation of the safety orientation training for each new employee will be maintained in Department Head's files.

Hiring Practices

Safety starts with the proper hiring practices to ensure that the person being hired for a position is physically and technically capable of safely performing the task(s).

It is the policy of Clinton County that every new employee undergo a pre-placement physical. The employee will be directed to a designated physician or physical therapist. The physician performing the physical shall present an opinion as to the employee's ability to perform the required job description physical requirements. The costs of the physical shall be paid by the county.

Job Descriptions

It shall be the responsibility of the Department Head or Human Resources to provide a copy of the applicable job description to the physician conducting a pre-placement physical for each new employee. Each Department Head shall be responsible for periodically updating all job descriptions within their department with HR to ensure they adequately reflect the requirements of the job.

Medical Services

Designated Physician Policy

The following policy will be in effect regarding workers' compensation illnesses or injuries.

Clinton County has designated the Mercy One Industrial Department, in Clinton Iowa, Genesis Occupational health, Clinton Iowa, Genesis Emergency Room, DeWitt Iowa, Mercy One Clinton Iowa, and Jackson County Public Hospital, Maquoketa Iowa, as its workers' compensation authorized treating physician/clinics as provided under law under Chapter 85.39 of the Code of Iowa. Employees with a work related illness or injury will be required to have their initial evaluation with this physician/clinic. If appropriate, and with prior approval from IMWCA, the physician/clinic may make referrals to other specialists.

If an employee decides to go to another provider without the referral from the authorized treating physician/clinic, the employee will be responsible for all expenses related to those visits. No workers' compensation benefits may be claimed unless seen by the authorized treating physician/clinic.

First Aid

Any injury may be treated by the supervisor or other available personnel in accordance with their individual abilities and the severity of the injury.

Medical treatment is mandatory for any of the following:

- Severe chest pains
- Traumatic injuries (head injury or severe cut)
- Loss of consciousness or severe dizziness

At least one first aid kit shall be maintained in each occupied building. In addition, a first aid kit shall be located in each vehicle, suitably stocked by operator's exposure. Kits are to be inspected on a regular basis, replacing used, missing, soiled, damaged or outdated items. Make sure all employees are advised of the location of the first aid kits. Oral medications such as aspirin, antacids, or salt tablets are not to be provided in these kits.

An eye wash station suitable for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate use if employees are exposed to harmful materials.

Return to Work Policy

Temporary Modified Assignment

It is the policy of Clinton County to provide temporary modified work, if available at the earliest possible date following an injury or illness, for employees who are unable to return to their regular job classifications. This policy is to complement the procedures applicable to employees eligible for reasonable accommodation or covered under the Americans with Disabilities Act (ADA) or leave benefits under the Family and Medical Leave Act (FMLA).

Inquiries about the ADA or FMLA should be directed to the Human Resources Department.

Eligibility:

Whenever an employee becomes unable to temporarily perform his/her regular job classification the Clinton County may offer temporary modified work. Whether Clinton County offers temporary modified work is always dependent upon the individual circumstances.

Definitions:

Modified Duty:

Temporary work assignments within the worker's physical abilities, knowledge and skill (also known as light duty and transitional duty). Modified Duty assignments must be accompanied with a Work Status Report or medical provider's certification.

Objectives:

- Provide procedures for administering temporary modified return-to-work assignments;
- When possible, temporary modified assignments will be made available to injured workers to minimize or eliminate lost time from work. Clinton County cannot guarantee temporary modified assignments and is under no obligation to offer, create or burden any specific position for the purpose of offering placement to such a position.
- Promote speedy recovery and rehabilitate employee back to work as effectively and as quickly as possible while keeping the employee's work patterns and income consistent.
- Complete the essential tasks of the employee's job function.
- Maintain communication among all parties to ensure quality medical care and to manage claim costs.

Procedures:

Member Human Resources or Employees Direct Supervisor

- The Employees Direct Supervisor shall Provide the employee with a job description that reflects the essential functions and physical demands of the position and a Work Status Report for the designated medical provider to complete
- Human Resources will review the completed Work Status Report or medical certification in conjunction with the job description to determine if a temporary modified work is available in any department within the Clinton County. Consults with the Designated Medical Provider if necessary
- The Direct Supervisor in conjunction with Human Resources fills out the RTW Agreement and Temporary/Modified Alternate Duty Agreement Form and meets with the employee to review. (Appendix #2)
- The Direct Supervisor in conjunction with Human Resources monitors on-going medical and work adjustment, meets with employee as needed to review status

Employee

- Takes required paperwork to designated medical provider appointments (job description, Work Status Report)
- Reviews and signs RTW Agreement and Temporary/Modified Alternate Duty Agreement Form (Appendix #2)
- Follows work restrictions as prescribed by designated medical provider.
- Adheres to the temporary restrictions and accommodations, does not perform any activities that exceed work restrictions. Adheres to restrictions both at work and elsewhere as determined by Medical Provider.
- Reports immediately to supervisor any work duties or activities that exceed work restrictions
- Reports immediately to supervisor if any work restriction(s)/accommodation(s) cause discomfort or make medical condition worse.
- Informs supervisor in advance of medical appointments, schedule any medical appointments during non-work time, if possible.
- Updates supervisor and or HR with current Work Status Report or updated certification from designated medical provider after every appointment.

In the event an employee refuses a temporary modified assignment, which is within the restrictions identified by the designated medical provider, workers compensation benefits could be affected. In such cases, Clinton County will notify the insurance carrier of the employee's refusal of the temporary modified assignment. For an employee covered by the FMLA, an employee may refuse a light duty or modified work assignment, but it may have an adverse effect on the employee's workers' compensation benefits.

If, at the end of the temporary modified duty assignment, the employee is able to perform his/her regular job duties with or without reasonable accommodations, then the employee may return to his/her regular position. If, at the end of the temporary modified duty assignment, the employee

is not able to perform his/her regular job duties with or without reasonable accommodations, Clinton County will review the employee's medical condition and determine whether the individual is a qualified individual with a disability and whether the employee's work restriction can be reasonably accommodated to allow the employee to return to work in some capacity. If no reasonable accommodation is available to return the employee to the previous or different position, Clinton County will then consider placing the employee on a time limited unpaid leave of absence or ending the employment.

Employees who are off work due to personal injuries/illnesses may be required to complete functional capacity/ fit for duty examinations before they can return to their former jobs. The cost of such examination will be paid for by the employer.

Outside Contractors

In hiring short term contractors, Clinton County will require the contractors to submit proof of their safety programs and successful safety training. Before a contractor commences work in a Clinton County workplace, the project coordinator and/or supervisor who controls the work area will be responsible for informing all outside contractors of the elements of all safety programs of the county that affect the project.

Contractors who fail to follow safety program requirements will be asked to leave the premises. Contractors with an insufficient program will not be allowed to begin work until their program meets or exceeds the requirements of this program.

Disciplinary Policy

Each employee is required to comprehend and abide by the contents of Clinton County Safety Program.

Safety reprimands

Should employees be observed not following documented safety rules/procedures, the Clinton County Disciplinary Form will be used. Supervisors should make every effort to ensure employees are following safe work practices.

Clinton County has developed a progressive disciplinary policy that applies to the safety and health program of this organization. The disciplinary policy is a tool to ensure enforcement of the rules and procedures for a safe and healthful working environment. The disciplinary policy applies to all employees of Clinton County.

Verbal warnings

Supervisors may issue verbal warnings to employees that commit minor infractions or violations of the safety rules or safe work practices. Continued violations or verbal warnings will lead to more stringent action.

Written warnings

Supervisors may issue written warnings for the following:

- Repeated minor violations of safety rules or procedures.
- Single serious violations of a rule or procedure that could have potentially resulted in injury to themselves or another employee or could have caused property damage.
- Activities that could potentially result in injury or property damage.

Final Written Warning or Disciplinary leave

Supervisors may recommend and management may institute disciplinary leave for the above reasons and the following:

- A single serious violation of a rule or procedure that results in an injury to themselves, another employee or causes property damage.
- Repeated violations or non-conformance to safety rules/procedures.

Termination

Supervisors and management may recommend termination of any employee for repeated serious violations of the above circumstances.

Documentation

The Department Head will forward the disciplinary form to the Human Resource Department to maintain records of disciplinary action. Violations of Clinton County rules, regulations or procedures will be documented by filling out a Clinton County Disciplinary Form on the employee. The report will state the type of violation and corrective action(s) taken. The employee must read and sign the report acknowledging that they understand the seriousness of the violation. All Disciplinary actions will be done in a private area away from other workers.

Safety Audits and Inspections

Reporting Unsafe Acts/Unsafe Conditions

All employees are encouraged and required to immediately report any unsafe acts or unsafe conditions.

1. Stop work immediately and secure the location or lockout unsafe equipment.
2. Inform immediate supervisor of problem.
3. Complete *Unsafe Conditions Report*. (Appendix #3)

Basic Safety Rules

General Safety Rules

1. Each employee will be required to comprehend and abide by the contents of this safety program.
2. All incidents, no matter how minor, shall be reported immediately to the supervisor.
3. All hazardous conditions, actions and/or practices shall be reported to the supervisor.
4. Work areas, including the inside and outside of vehicles and buildings, shall be kept clean and orderly at all times.
5. Employees are only to operate equipment/tools that they are trained and authorized to operate.
6. Smoking is prohibited in areas where there is a danger to equipment, materials, coworkers or buildings, or where "No Smoking" signs are posted.
7. Employees must use all safety devices and personal protective equipment provided for their protection.
8. Employees shall wear clothing and shoes suitable for the particular work they are doing.
9. Employees must use assisted lifting devices or obtain assistance from a coworker when lifting heavy objects.
10. Guards are never to be removed except when authorized to make repairs or adjustments. Replace guard immediately upon completion of work.
11. The use of drugs and alcohol during working hours is prohibited. Any employee reporting for work under the influence of alcohol or controlled substances is subject to disciplinary action.
12. Any employee taking prescription drugs or over-the-counter drugs that could impair assigned work shall report this fact to the supervisor as required by the Alcohol and Controlled Substances Policy.
13. Employees shall not engage in practical jokes or horseplay that could result in injury to themselves, others or cause property damage.

Specific Safety Programs and Procedures

Employees will be trained on specific programs and procedures in their departments that may include the following:

- A. Personal Protective Equipment
- B. Respiratory Protection
- C. Hearing Conservation
- D. Lockout/Tagout
- E. Confined Spaces Entry
- F. Hazardous Communications
- G. Blood-Borne Exposure Control Plan

Incident Investigation Procedure

Appendix # 1

1. Employee notifies supervisor of incident immediately. Employee will be directed to the designated healthcare provider by the supervisor if necessary. In the event of an emergency with injuries requiring immediate care, employees will be sent to the emergency room.
2. If the incident involves damage to equipment or if an employee requires medical treatment, the supervisor is required to investigate complete an *Incident Review Report* form.
3. The supervisor **must** complete the *Incident Review Report* form with the employee and both the supervisor and employee sign the form.
4. The department head must review and sign the form.
5. The completed and signed forms **must** be submitted to the HR department within **48 hours** of the incident.
6. In the event of a fatality or severe injury including, amputations, major fractures, any in-patient hospitalization and other life threatening conditions, the HR Director or Auditor will be notified by the supervisor immediately.
 - OSHA defines in-patient hospitalization as a formal admission to the in-patient service of a hospital or clinic for care or treatment. Treatment in an Emergency Room only is not reportable.
 - An amputation is the traumatic loss of all or part of a limb or other external body part. This would include fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; and amputations of body parts that have since been reattached. If and when there is a health care professional's diagnosis available, the employer should rely on that diagnosis.
7. If the incident involves an employee that is killed on the job OSHA must be called within **8 hours**. If an employee suffers a work related in-patient hospitalization, amputation, or loss of an eye OSHA must be called within **24 hours**.
 - OSHA 24-hour hotline at 1-800-321-6742
 - Iowa OSHA reporting of fatalities and catastrophes 1-877-242-6742
 - Iowa OSHR reporting of non-fatalities and catastrophes 1-515-242-5870
 - Be prepared to supply: Business name; names of employee(s) affected; location and time of incident; brief description of the incident; contact person and phone number.
8. If an incident does not involve damage to equipment or if no medical care is necessary, the supervisor is not required to fill out an *Incident Review Report* form, but departments are required to keep an internal incident log of all minor incidents.

Incident Review Report

Prior to completing this form, the supervisor should review applicable safety procedures, policies and job hazard analysis to compare the circumstances of the incident to the prescribed guidelines.

Employee name: _____ Date of incident: _____

Location of incident: _____ Time of incident: _____

What task was the employee performing at time of incident?

Is there a procedure for this task? **Circle one:** Yes No N/A
If yes, answer the following:

Was employee following procedure? Yes No

If the answer is no, why not?

Were proper tools or equipment being used? Yes No N/A

If the answer is no, why not?

Were tools or equipment in good condition? Yes No N/A

If the answer is no, why not?

Any witnesses? Yes No

If the answer is Yes, please list the names.

Immediate Supervisor signature: _____

Employee signature: _____

Return-To-Work Agreement

Appendix #2

[Date]

[Name of temporarily restricted worker]

I understand a temporary modified assignment that complies with my temporary work restrictions as identified by my designated medical professional is being offered to me.

I understand that if I am eligible for leave under the Family Medical Leave Act (FMLA), I cannot be forced to return to work. I also understand that I may lose my eligibility for certain worker's compensation benefits for rejection of the modified assignment.

I understand this offer is for a temporary period of time.

I agree to follow the work restrictions as prescribed by the designated medical provider and understand that I need to adhere to the agreed upon temporary restrictions and accommodations. Pursuant to the healthcare provider, these restrictions may apply both at work and at non-work locations. I also understand that if I am asked to perform any work assignments or activities that exceed my work restrictions, I will immediately report the situation to my direct supervisor and that I will not perform these activities. Furthermore, I will immediately report to my direct supervisor if any of the work restriction(s)/accommodation(s) cause me discomfort or make my medical condition worse.

I understand that I should try to schedule any medical appointments during non-work time. If I am unable to do so, I understand that I need to inform my supervisor in advance of the appointment date. I understand that these appointments may fall under Family Medical Leave Act (FMLA) and it is my responsibility to apply for FMLA leave according to my employer's policy if I cannot schedule appointments outside my work time. I understand that the time off for the appointment will be unpaid, unless otherwise covered by a paid leave policy.

I also understand that it is my responsibility to provide my supervisor with current work status reports from my physician.

I understand that a temporary modified/alternate duty assignment will be periodically reviewed and will not normally exceed 90 calendar days. This does not imply entitlement to a permanently modified position.

Clinton County follows the provisions of the Americans with Disabilities Act (ADA) and the Iowa Civil Rights Act. If the employee believes he or she is disabled within the meaning of ADA or ICRA, then he or she should discuss that belief with the Human Resources Designee. Clinton County will engage in an interactive process with the employee to determine whether the Clinton County can reasonably accommodate the employee. If Clinton County agrees that the law applies, it will, when appropriate, consider reasonable accommodations to the employee's regular job. If such accommodations are not reasonable or constitute an undue hardship, then other reasonable accommodations such as placement in vacant jobs where the employee is qualified or an appropriate leave of absence may be considered.

Employee Signature

Date

Supervisor Signature

Date

TEMPORARY/MODIFIED ALTERNATE DUTY AGREEMENT FORM

Employee Name: _____

Date of Injury/Onset of Illness: _____

Job Title: _____

Supervisor Name: _____

Department: _____

Date Assigned to Temporary Light Duty by Physician: _____

Temporary Duty Start Date: _____ Temporary Duty End _____

Description of Work Restrictions, per Treating Physician: (List specifically what is stated in medical note.)

Assignment Type: Modified Alternate* (Temporary work in another position and/or location)

*If Alternative location, Supervisor's Name: _____

Alternative location: _____

Description of Accommodation(s) Offered:

Work schedule: Unchanged Changed _____ Work hours per Day from _____ am/pm to _____ am/pm

Work Days: Sunday Monday Tuesday Wednesday Thursday Friday

Saturday

Wage Rate: _____

If assignment not available - Reason/Discussion Points:

FMLA Eligible: Yes No

I understand that I am required to report directly to

For job duty on: _____ at: _____ am/pm, at:

The work restrictions and accommodations were reviewed with the employee on:

- Yes, I understand this agreement and I accept this work. I will comply with restrictions as prescribed by my treating physician.
- No, I understand this agreement and I do not accept this work alternate work position. I understand that refusal of this return to work offer may adversely affect my worker's compensation benefits.

I refuse this offer of work restrictions and accommodations because:

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Clinton County Unsafe Conditions Report Appendix # 3

Department Name:
Employee Name:
Date Report Filed:
Date of Unsafe Condition:
Description of Unsafe Condition:
Name of Supervisor Notified of Condition:
Description of Actions Taken to Mitigate Unsafe Condition:
Signature of Employee:
Signature of Supervisor:

Note: Submit completed form to Department Head and Risk Management Committee