



Employee Acknowledgment City of Texas City

Safety Policy

I have received the Safety Policy, and I understand that it is my responsibility to read and comply with the policy and any revisions made.

Employee Signature

Date

Print Employee Name

"the place where COMMUNITY MATTERS"

1801 9th Avenue North * P.O. Drawer 2608 * Texas City, TX 77592-2608

(409) 948-3111 * www.texascitytx.gov

VEHICLE INSPECTION FORM

Department _____
Vehicle # _____
Inspection Expiration Date _____
Engine Oil Mileage _____

Date of Vehicle Inspection _____
License Plate# _____
Registration Expiration Date _____
Next Engine Oil Change Due _____

| Item | Satisfactory | Unsatisfactory | Item | Satisfactory | Unsatisfactory |
|------------------------|--------------|----------------|--------------------|--------------|----------------|
| HORN | _____ | _____ | TAIL LIGHTS | _____ | _____ |
| MIRRORS | _____ | _____ | BRAKE LIGHTS | _____ | _____ |
| GLASS | _____ | _____ | REVERSE LIGHTS | _____ | _____ |
| BATTERY WATER/CABLE | _____ | _____ | BRAKES/BRAKE FLUID | _____ | _____ |
| ENGINE | _____ | _____ | SLACK IN STEERING | _____ | _____ |
| WIPERS / FLUID | _____ | _____ | EXHAUST SYSTEM | _____ | _____ |
| POWER STEERING / FLUID | _____ | _____ | TIRES / SPARE TIRE | _____ | _____ |
| TURN INDICATORS | _____ | _____ | DOORS | _____ | _____ |
| EMERGENCY FLASHERS | _____ | _____ | BUMPERS | _____ | _____ |
| SEAT BELTS | _____ | _____ | HOOD MECHANISM | _____ | _____ |
| HEAD LIGHTS | _____ | _____ | CAB / BED | _____ | _____ |
| PARKING LIGHTS | _____ | _____ | TRANSMISSION / OIL | _____ | _____ |
| DEFROSTER | _____ | _____ | COOLANT | _____ | _____ |
| GRILL/FENDERS | _____ | _____ | SAFETY EQUIPMENT | _____ | _____ |

Explain all items shown as unsatisfactory: _____

Corrective actions for unsatisfactory items reported to supervisor? _____

Supervisors name _____

What corrective action was made to unsatisfactory item: _____

Inspection performed by: _____
Employee's (Driver's) Signature

**CITY OF TEXAS CITY
EMPLOYEE'S REPORT OF INJURY/ILLNESS**

To be completed by the employee the day of the injury/illness and given to supervisor for processing.
The completed form must be received by the Human Resource Department by 10:00 am the morning following the injury/illness. The supervisor is responsible for having the employee drug tested the day of the accident, if required by City policy.

Check One
 Near Miss Report
 Exposure Report
 Accident Report

| | |
|------------------------------------|---|
| Employee Name: _____ | Date of Injury/Illness: _____ |
| Department: _____ | Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Division: _____ | Location where injury/illness occurred: _____ |
| Job Title: _____ | _____ |
| Immediate Supervisor's Name: _____ | _____ |

| | | |
|---------------------|---|-----------------------|
| Home Address: _____ | Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated | Spouses Name: _____ |
| Home Phone: _____ | | No of children: _____ |

Did the injury/illness occur in the course of doing your regular job? Yes NO

Described how injury/illness occurred: (Include, What, How, and Object/Equipment or Substance Involved):

| | | | |
|----------------------------------|------------------------------|-----------------------------|-------------------------|
| Was Safety Equipment being used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, describe: _____ |
| Medical Attention Sought: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Return to Regular Job: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Return to Light Duty Job: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Lost Time Accident: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Name of Doctor: _____

Hospital/Clinic: _____

Name of Witness: _____

| | |
|--|--|
| Part of Body Injured: <input type="checkbox"/> Eye (L <input type="checkbox"/> R <input type="checkbox"/>) <input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Back Upper <input type="checkbox"/> Lower <input type="checkbox"/> <input type="checkbox"/> Abdomen <input type="checkbox"/> Arm (L or R) (L <input type="checkbox"/> R <input type="checkbox"/>) <input type="checkbox"/> Hand/Finger (L <input type="checkbox"/> R <input type="checkbox"/>) <input type="checkbox"/> Leg (L or R) (L <input type="checkbox"/> R <input type="checkbox"/>) <input type="checkbox"/> Foot - Toe (L <input type="checkbox"/> R <input type="checkbox"/>) <input type="checkbox"/> Respiratory System <input type="checkbox"/> Other _____ | Type of Injury: <input type="checkbox"/> Laceration <input type="checkbox"/> Abrasion <input type="checkbox"/> Puncture <input type="checkbox"/> Burn <input type="checkbox"/> Fracture <input type="checkbox"/> Strain-Sprain <input type="checkbox"/> Amputation <input type="checkbox"/> Foreign Body <input type="checkbox"/> Hernia <input type="checkbox"/> Contusion <input type="checkbox"/> Other _____ |
|--|--|

Note: False statements on this form is cause for disciplinary action, up to and including termination.

Employee's Signature: _____ Date: _____

For Supervisor's Use

When was this injury/illness reported to you? (Date and Time): _____

Additional Comments: _____

Signature: _____ Date: _____

Reviewed by Department Head

Signature: _____ Date: _____

FOR PERSONNEL DIRECTOR'S USE ONLY

Employee # _____ TWCC Report Submitted: Yes No

Signature: _____ Date: _____

CITY OF TEXAS CITY
ACCIDENT/LOSS INVESTIGATION REPORT

TO BE COMPLETED BY SUPERVISOR OR DEPARTMENT HEAD WITHIN 3 DAYS OF INCIDENT OCCURRENCE

| | | |
|---|--|------------------------|
| Department: | Division: | Date Reported: |
| Exact Location: | On Employer's Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date of Occurrence: | Time: <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| Personal Injury or Illness | | Property Damage |
| Name: | | Property Damaged: |
| Job Title: | Estimated Costs: | Actual Costs: |
| Nature of Injury or Illness: | Nature of Damage: | |
| Object/Equipment/Substance Causing Injury or Illness | Object/Equipment/Substance Causing Damage: | |
| Person with Most Control of Object/Equipment/Substance: | Person with Most Control of Object/Equipment/Substance: | |

| | |
|--------------------|--|
| DESCRIPTION | Describe clearly how the accident occurred. |
| | Did Injured Leave Work: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Time: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | Did Injured Go to the Doctor: <input type="checkbox"/> YES <input type="checkbox"/> NO To Hospital <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Name of Physician or Hospital: |
| | Expected Date of Return to Work: |

| | | | | | | | | |
|---|---|-------------------------|--------------------------|---------------------------------------|--|---|--|--------------------------------------|
| ANALYSIS | What acts, failures to act and/or conditions contribute most directly to this accident: (Immediate Cause) | | | | | | | |
| | What are the basic or fundamental reasons for the existence of these acts and/or conditions? (Fundamental Cause) | | | | | | | |
| | <p><i>For Material Handling Property Damage Accidents, Complete Additional Information on Reverse Side.</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">LOSS SEVERITY POTENTIAL</td> <td style="width: 50%;">PROBABLE RECURRENCE RATE</td> </tr> <tr> <td><input type="checkbox"/> High (Major)</td> <td><input type="checkbox"/> High (Frequent)</td> </tr> <tr> <td><input type="checkbox"/> Medium (Serious)</td> <td><input type="checkbox"/> Medium (Occasional)</td> </tr> <tr> <td><input type="checkbox"/> Low (Minor)</td> <td><input type="checkbox"/> Low (Rare)</td> </tr> </table> | LOSS SEVERITY POTENTIAL | PROBABLE RECURRENCE RATE | <input type="checkbox"/> High (Major) | <input type="checkbox"/> High (Frequent) | <input type="checkbox"/> Medium (Serious) | <input type="checkbox"/> Medium (Occasional) | <input type="checkbox"/> Low (Minor) |
| LOSS SEVERITY POTENTIAL | PROBABLE RECURRENCE RATE | | | | | | | |
| <input type="checkbox"/> High (Major) | <input type="checkbox"/> High (Frequent) | | | | | | | |
| <input type="checkbox"/> Medium (Serious) | <input type="checkbox"/> Medium (Occasional) | | | | | | | |
| <input type="checkbox"/> Low (Minor) | <input type="checkbox"/> Low (Rare) | | | | | | | |

| | |
|-------------------|---|
| PREVENTION | What action is to be taken to prevent recurrence? |
| | What action has already been taken to prevent recurrence? |

| | |
|------------------------------------|-------------|
| Supervisors Signature: _____ | Date: _____ |
| Department Head's Signature: _____ | Date: _____ |

Departmental Safety Meeting Documentation Form



Date: _____ Time: _____

Facilitated By: _____

Department: _____

Division: _____

Name of Safety Video: _____

EMPLOYEE ATTENDANCE LIST

| | |
|-----|-----|
| 1. | 16. |
| 2. | 17. |
| 3. | 18. |
| 4. | 19. |
| 5. | 20. |
| 6. | 21. |
| 7. | 22. |
| 8. | 23. |
| 9. | 24. |
| 10. | 25. |
| 11. | 26. |
| 12. | 27. |
| 13. | 28. |
| 14. | 29. |
| 15. | 30. |

Topics Covered

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |

City of Texas City
GENERAL SAFETY INSPECTION CHECKLIST

DEPARTMENT _____ FACILITY _____

PERSON CONDUCTING INSPECTION _____ DATE OF INSPECTION _____

*Instructions: Check each item below as "Satisfactory" or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory." **If the item does not apply to the facility or grounds please check "N/A."***

| | Satisfactory | Unsatisfactory | N/A | Comment / Location |
|--|--------------|----------------|------|--------------------|
| General Safety | | | | |
| Aisles and walkways clear | ----- | ----- | ---- | |
| Area free of falling hazards | ----- | ----- | ---- | |
| First Aid kit available & supplies are maintained | ----- | ----- | ---- | |
| Emergency Lighting functioning | ----- | ----- | ---- | |
| Lighting adequate | ----- | ----- | ---- | |
| Ladders in adequate condition | ----- | ----- | ---- | |
| Safety signs posted | ----- | ----- | ---- | |
| Emergency numbers posted | ----- | ----- | ---- | |
| Emergency exits posted | ----- | ----- | ---- | |
| Access to emergency equipment | ----- | ----- | ---- | |
| Hurricane supply buckets are adequate | ----- | ----- | ---- | |
| Housekeeping / Common Hazard | | | | |
| Materials properly stored | ----- | ----- | ---- | |
| Work areas neat and clean | ----- | ----- | ---- | |
| Floors clean and dry | ----- | ----- | ---- | |
| Excess paper & trash removed | ----- | ----- | ---- | |
| Floors free from protrusions, loose tiles, etc. | ----- | ----- | ---- | |
| Carpets and rugs secure | ----- | ----- | ---- | |
| Handrails are secure/in good repair | ----- | ----- | ---- | |
| Desk, cabinets & doors in good repair | ----- | ----- | ---- | |
| Proper lifting procedures are practiced | ----- | ----- | ---- | |
| Safety signs posted where needed | ----- | ----- | ---- | |
| Fire Safety | | | | |
| Fire extinguishers and other fire equipment maintained and checked regularly | ----- | ----- | ---- | |
| Fire extinguishers mounted, visible, and accessible | ----- | ----- | ---- | |
| Employees trained to use fire extinguishers | ----- | ----- | ---- | |
| Fire alarms and smoke detectors maintained | ----- | ----- | ---- | |
| Sprinkler system in good working condition | ----- | ----- | ---- | |
| Evacuation plan posted | ----- | ----- | ---- | |
| Emergency exits properly marked | ----- | ----- | ---- | |
| Flammable materials properly stored / ventilated | ----- | ----- | ---- | |
| Rubbish and used chemicals disposed of properly | ----- | ----- | ---- | |

| Grounds and Buildings | Satisfactory | Unsatisfactory | N/A | Comment / Location |
|---|--------------|----------------|-------|--------------------|
| Grounds free of unusual hazards such as holes, protrusions, other obstacles. | ----- | ----- | ----- | |
| Trees are free of loose branches or protruding roots | ----- | ----- | ----- | |
| Fences are structurally sound & free of holes | ----- | ----- | ----- | |
| Sidewalks, entrances, steps and lawns properly maintained | ----- | ----- | ----- | |
| Walkways and paved areas free of cracks and loose pavement | ----- | ----- | ----- | |
| All doors and windows in working condition | ----- | ----- | ----- | |
| Outside lighting sufficient around pedestrian traffic area | ----- | ----- | ----- | |
| Ceilings free of cracks | ----- | ----- | ----- | |
| Restrooms free of water hazards & sanitized | ----- | ----- | ----- | |
| Handrails in stairways in good condition | ----- | ----- | ----- | |
| Stairway and all area lighting is adequate | ----- | ----- | ----- | |
| Floors in good repair, free of protruding nails, slippery surfaces, loose boards, etc | ----- | ----- | ----- | |
| Opening in floors covered and marked | ----- | ----- | ----- | |
| Aisles and passageways have adequate width and are unobstructed | ----- | ----- | ----- | |
| Electrical outlets or cords adequate for intended load | ----- | ----- | ----- | |
| Coffee pots or heat producing products away from flammable materials | ----- | ----- | ----- | |
| Electrical wiring in good condition | ----- | ----- | ----- | |
| Circuit breaker panels clearly marked with "caution" warning | ----- | ----- | ----- | |
| Breaker and control box covers closed | ----- | ----- | ----- | |
| Employee lunch areas pose no exposure to health hazards | ----- | ----- | ----- | |
| Drop boxes in adequate condition | ----- | ----- | ----- | |
| Drinking fountains working properly | ----- | ----- | ----- | |
| Machinery / Tools / Equipment | | | | |
| Machinery and equipment is maintained properly | ----- | ----- | ----- | |
| Belts, gears, chains, clutches and shafting properly guarded | ----- | ----- | ----- | |
| Effective points-of-operation guards are in place | ----- | ----- | ----- | |
| Equipment and facilities free of oil & grease spills | ----- | ----- | ----- | |
| Visible electrical equipment used appropriately and in good condition | ----- | ----- | ----- | |
| Tampering or unauthorized use of any machinery or equipment is prohibited | ----- | ----- | ----- | |
| Tools and machines are free of split or loose handles | ----- | ----- | ----- | |
| Electrical tools, switch boxes and fixtures are properly grounded | ----- | ----- | ----- | |
| Extension cords free of frays and breaks | ----- | ----- | ----- | |
| Ladders, scaffolds, and saw horses in good condition | ----- | ----- | ----- | |
| Ladders are only placed on stable surfaces | ----- | ----- | ----- | |

| Machinery / Tools / Equipment Continued | Satisfactory | Unsatisfactory | N/A | Comment/Location |
|---|--------------|----------------|-------|------------------|
| Metal ladders not being used around electrical wiring | ----- | ----- | ----- | |
| Rung ladders are equipped with nonslip safety feet | ----- | ----- | ----- | |
| Compressed gas cylinders capped properly | ----- | ----- | ----- | |
| Compressed gas cylinders free of defects, dents, cracks, deep rusting, cracks in view glass, warped gauges or leakage | ----- | ----- | ----- | |
| Compressed gas cylinders properly labeled | ----- | ----- | ----- | |
| Compressed gas cylinders properly secured | ----- | ----- | ----- | |
| Compressed gas cylinders protected from heat and shock | ----- | ----- | ----- | |
| Compressed gas cylinders stored upright in designated areas | ----- | ----- | ----- | |
| Dates current (expiration, hydrostat test, etc) | ----- | ----- | ----- | |
| Empty cylinders appropriately marked and/or the valve closed | ----- | ----- | ----- | |
| Care taken in the handling and storing of cylinders | ----- | ----- | ----- | |
| Welding cables and hoses in good condition | ----- | ----- | ----- | |
| Hand and power tools in good condition and used only with guards in place | ----- | ----- | ----- | |
| Hoist, chains, slings and ropes in good condition | ----- | ----- | ----- | |
| Power motor blade sharp and discharge guards properly installed and maintained | ----- | ----- | ----- | |
| Shoring boxes in good condition | ----- | ----- | ----- | |
| Hazardous / Flammable / Combustible Liquids | | | | |
| Flammable and combustible liquids stored in approved safety cans | ----- | ----- | ----- | |
| Containers of flammable or combustible liquids labeled | ----- | ----- | ----- | |
| Containers inspected periodically for corrosion and damage | ----- | ----- | ----- | |
| Smoking is prohibited | ----- | ----- | ----- | |
| Inventory list of I hazardous chemicals and materials is used in the workplace and updated periodically | ----- | ----- | ----- | |
| Materials safety data sheet available on all hazardous chemicals and materials | ----- | ----- | ----- | |
| Employees trained on how to use hazardous chemicals and materials | ----- | ----- | ----- | |
| Emergency phones numbers are posted | ----- | ----- | ----- | |
| Pesticide mixing and loading away from water sources | ----- | ----- | ----- | |

| | Satisfactory | Unsatisfactory | N/A | Comment/Location |
|--|--------------|----------------|-------|------------------|
| Personal Protective Equipment (PPE) & Safety | | | | |
| Active safety & health program in operation for the department (safety meetings) | ----- | ----- | ----- | |
| An employee is designated for activities in department safety meetings? | ----- | ----- | ----- | |
| Personal protective equipment readily available | ----- | ----- | ----- | |
| Use of personal protective equipment enforced | ----- | ----- | ----- | |
| Safety rules enforced | ----- | ----- | ----- | |
| Adequate space to perform work tasks safely | ----- | ----- | ----- | |
| Personal protective equipment maintained in a sanitary condition and ready for use | ----- | ----- | ----- | |
| Procedures in place for disposal of/ or decontaminating personal protective equipment | ----- | ----- | ----- | |
| Injuries reported immediately to supervisor | ----- | ----- | ----- | |
| Accident & injury reports reviewed by supervisors | ----- | ----- | ----- | |
| Accidents & injuries discussed with employees | ----- | ----- | ----- | |
| Equipment & machinery maintained & used properly | ----- | ----- | ----- | |
| Materials loaded and unloaded safely | ----- | ----- | ----- | |
| Lifting done in proper manner | ----- | ----- | ----- | |
| Assistance available to lift or move heavy objects safely | ----- | ----- | ----- | |
| Safety devices used | ----- | ----- | ----- | |
| Vehicles operated in a safe manner at all times | ----- | ----- | ----- | |
| Traffic cones, warning flags and barriers used with construction traffic control standards | ----- | ----- | ----- | |
| Access to all first aid supplies adequate | ----- | ----- | ----- | |
| Safety signs posted | ----- | ----- | ----- | |
| Fall hazards addressed | ----- | ----- | ----- | |
| Employees receive training on the proper operation of all machinery at the work site | ----- | ----- | ----- | |
| Assigned operators qualified to operate machinery | ----- | ----- | ----- | |
| Emergency showers and eyewash stations properly located, maintained and sanitized | ----- | ----- | ----- | |
| Breakrooms and food consumption areas adequately segregated from work areas | ----- | ----- | ----- | |

| | Satisfactory Unsatisfactory N/A | | |
|---|---------------------------------|-------|-------|
| Office Safety | | | |
| Adequate lighting | ----- | ----- | ----- |
| Ventilation adequate | ----- | ----- | ----- |
| Office furniture in good working order & free of defects | ----- | ----- | ----- |
| File cabinets & book case drawers closed when not in use | ----- | ----- | ----- |
| Weight distributed in file cabinets to avoid top-heavy condition | ----- | ----- | ----- |
| Paper cutting blades in locked position when not in use | ----- | ----- | ----- |
| Ergonomic conditions adequate for workstations, keyboards, posture, and repetitive motion | ----- | ----- | ----- |
| Employees advised on proper lifting techniques | ----- | ----- | ----- |
| Electrical outlets or cords adequate for intended load | ----- | ----- | ----- |
| Automatic & Access doors in good repair | ----- | ----- | ----- |
| Lock up procedures in place and adequately followed | ----- | ----- | ----- |
| Public seating in good repair | ----- | ----- | ----- |
| Entrances, exits, hallways clear for passage. | ----- | ----- | ----- |