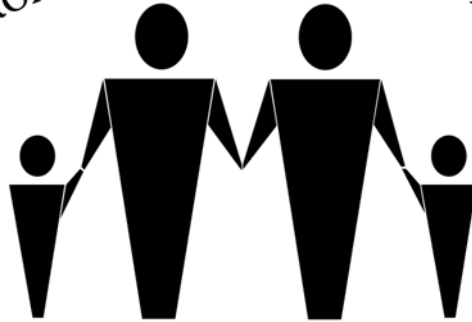


PROMOTE • PREVENT • PROTECT



Public Health District

## **DEPARTMENTAL SAFETY PLAN**

**November 2005**

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- IV. Incident Prevention Plan 12 Month Planning Chart
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- IX. Citizen Incident Report form
- X. Incident Reporting Procedures Flowchart
- XI. Safety Assessment form
- XII. Vehicle Assessment form
- XIII. Safety Program Review form



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# HEALTH DISTRICT DEPARTMENTAL SAFETY PLAN

## I. SAFETY POLICY STATEMENT

The City Manager has tasked each City of Waco department to institute an effective safety program. Therefore, the Waco-McLennan County Public Health District has committed to establish and maintain a safe and healthy environment for our employees and the public through the implementation of an effective Departmental Safety Plan (DSP). Our plan will provide a systematic way to minimize incident frequency and severity, contribute to positive morale, effectively maintain city resources, and increase operational effectiveness.

The following concepts are integral to the success of the Departmental Safety Plan. All Health District employees are responsible for applying these concepts to each task and must work together as a team to achieve effective implementation.

1. The safety of employees will receive top priority in achieving objectives and goals.
2. Safe work methods always take precedence over expediency.
3. Incident prevention and effective performance go hand-in-hand.
4. Safety must be integrated into every job task.
5. Safety is a team effort. Program Managers, Division Heads, and Supervisors are accountable for the proper training and supervision of their employees. Employees are responsible for following the rules and for working in a safe manner at all times.
6. Every effort will be made to reduce losses that result in injury and suffering, property damage, and interruption of our service to the public.

I encourage each Health District employee to play an active role in the safety program. Your efforts play a vital role in preserving a safe and healthy environment for our staff and the citizens we serve.

Thank you all for your contributions of service to the public.

---

Director of Public Health

DATE

## **II. INTRODUCTION**

**A.** The Health District Departmental Safety Plan (hereafter referred to as the DSP) is designed to minimize hazardous exposure to each employee and the public we serve. The DSP is written in adherence to the City of Waco Incident Prevention Plan (hereafter referred to as the Plan.)

**B.** Remember, **no hazard is too small to be corrected before someone is hurt.**

**C.** Correct or report all unsafe conditions and unsafe practices that you observe to your supervisor. Report and document all incidents at once.

**D.** If you have a safety suggestion to make work safer for yourself and others, you should first inform your supervisor, Departmental Safety Officer (DSO), and/or the Health District Director. If your concern does not receive the attention you feel it deserves, complete an Employee Safety Suggestion Form – refer to attachment I – and forward it to the City Safety Coordinator. Employee Safety Suggestion forms are available from your supervisor, the department safety officer, Health Administration, or from the city safety office. Ensure the DSO is aware of the safety concern before forwarding the Employee Safety Suggestion Form. From time to time your supervisor, DSO, and the city safety coordinator will issue additional incident prevention information.

**E.** Compliance with the DSP is a condition of employment. Disregard for accepted safety rules will result in disciplinary action, up to and including discharge from employment.

**F.** Questions and requests for additional information relative to the contents of the DSP should be directed to your supervisor, DSO, director, or city safety coordinator.

**G.** The DSP is designed to apply to every work condition and work area.

## **III. DEFINITIONS**

**A.** *Corrective actions* are actions taken to minimize or eliminate an unsafe condition. Corrective actions can be taken through engineering or administrative controls. The Health District director approves and implements all corrective actions related to the DSP.

**B.** *Engineering Controls* are built into a process to effect safety. Engineering controls may include, but are not limited to machine guards, ventilation, enclosure, and isolation.

**C.** *Exposure* means the state of the body coming in contact with a foreign substance, such as hot or cold weather, chemicals, radiation, blood borne pathogens, and infectious

diseases. Routes of exposure can include inhalation, ingestion, absorption, skin contact, or injection.

**D. *Incident*** means an occurrence that results in an injury, exposure, property damage, or near miss.

**E. *Injury*** means an incident that results in bodily harm. Injuries include, but are not limited to sprain/strain, cuts, bruises, scrapes, bone fractures, and fatalities.

**F. *Near Miss*** means an incident that does not result in injury, exposure, or property damage. Near miss reports are encouraged to prevent future injury, exposure, and property damage.

**G. *Non-preventable incident*** is an incident in which the employee, supervisor, and department in question exercised every reasonable safety precaution and measure and in no way contributed to its occurrence.

**H. *Preventable incident*** defined by The National Safety Council is any incident that results in property damage or personal injury in which the employee in question fails to exercise every reasonable precaution to prevent the incident. This is regardless of who was injured, what property was damaged, the extent of the injury or damage, or where the incident occurred.

**I. *Property damage*** means an incident that results in damage to public or private property.

#### **IV. SAFETY RESPONSIBILITY**

**A.** The **City Manager** has endorsed the City of Waco Incident Prevention Plan and encourages every employee to make a commitment to safety.

**B.** The **Health District Director** is responsible for the establishment of an effective departmental safety plan.

**C.** The **City Safety Coordinator** is responsible for coordinating safety activities throughout the city, including receiving and assessing safety concerns of city employees. When work practices disregard accepted safety rules and threaten the safety and health of employees or citizens, the City Safety Coordinator has the responsibility to make suggestions to expedite safer conditions.

**D.** All **Health District employees** are responsible for complying with the standards set forth in the DSP. Report any known safety deficiency to your, supervisor, DSO, the Health District director or City Safety Coordinator.

#### **E. Departmental Responsibilities**

1. The Waco-McLennan County Public Health District shall provide a place of employment that is free from recognized hazards that could result in incidents and ensure employees follow accepted safety rules. Use of a job safety analysis to create safer work procedures for recognized hazardous tasks is critical – refer to the Job Safety Analysis Form, attachment III.
2. Implement an effective DSP, utilizing the guidelines set forth in the Plan.
3. Utilize current industry safety standards, if applicable.
4. Assign a minimum of one DSO. Currently, the Health Services Supervisor in Environmental Health is designated as the DSO.
5. Ensure that all incidents are documented and reported on time.

#### **F. Departmental Safety Officers' Responsibilities**

1. Provide support and information to other departmental employees in initiating and following the departmental plan.
2. Periodically evaluate the departmental plan and report findings to the department director.
3. Coordinate with the Health District Director to delegate DSO responsibilities as needed.
4. Coordinate with the city safety coordinator on the departmental plan.
5. With the Health District Director's approval, develop safety rules and encourage compliance with the departmental plan.
6. Conduct periodic evaluations of facilities, equipment, and work sites to ensure departmental safety rules are followed.
7. Promptly inform the Health District Director of preventive or corrective actions that should be taken to correct unsafe conditions.
8. Review incident reports and recommend corrective actions.
9. With the Health District Director's approval distribute safety alerts, conduct safety meetings, and maintain records as necessary for the Plan.
10. Notify the Health District Director and employees of positive and negative safety trends that are identified by Risk Management and/or the DSO.
11. Coordinate actions with Risk Management when employees identify safety concerns.

#### **G. Supervisors' Responsibilities**

1. Promote safety awareness and lead by example.
2. Train employees about the safety requirements of their jobs.
3. Identify potential hazards and take steps to improve safety.
4. Ensure that each new departmental employee receives safety orientation from Risk Management as soon as possible after beginning work.
5. Ensure that each new departmental employee receives a departmental safety orientation before beginning work or operating city equipment.
6. Monitor work areas and operations in order to minimize unsafe conditions, encourage safe work methods, and otherwise comply with the departmental plan.

7. Ensure appropriate safety equipment and protective devices are properly maintained and used for each job.
8. Take prompt corrective action when disregard of the departmental plan is observed.
9. Document and report all incidents as required by the Plan and/or the departmental plan.
10. Train affected employees how to operate new equipment in accordance with the manufacturer's recommendations.
11. Train affected employees about changes in work procedures.
12. Instruct employees regarding consequences for violations of safety rules.

## **H. Employees' Responsibilities**

1. Follow the Plan, your departmental plan, and supervisory directives.
2. Evaluate each task before completing it and perform the task as safely as possible.
3. Report unsafe conditions that you discover to your supervisor, department director, DSO, or city safety coordinator.
4. Check equipment prior to operation to ensure it is safe to operate.
5. Keep individual work areas clean and orderly.
6. Use all safety equipment and personal protective equipment required for your job.
7. Do not modify or remove any safeguard from any piece of equipment.
8. Operate only equipment you have been authorized and instructed to safely use.
9. Lift and handle material properly: use your legs and not your back, grasp each load firmly, keep the load close to your body, and keep your back as straight as possible while lifting and lowering the load.
10. Ask for help when lifting heavy or large items.
11. Look for, report and eliminate any trip, fall or slip hazard.
12. Know the locations of fire fighting equipment and how to use it.
13. Know where the nearest exits are at all times.
14. Do not engage in any horseplay.
15. Immediately report all known incidents, near misses, and property damage to a supervisor. If injured, seek immediate medical attention. Notify your supervisor as soon as possible.
16. Assist others in complying with safety rules.
17. Attend safety trainings and meetings related to your job duties in cooperation with your supervisor.

## **V. SAFETY ANALYSIS**

**A.** Risk Management will complete a trend analysis by quarterly reviews of the previous 24 months of incident report forms, assessment reports, employee safety suggestions, injury data from the workers' compensation carrier, property damage reports, liability claims, and TWCC-1 forms (subject to privacy laws and city policies), to identify possible trends in incidents and/or unsafe conditions.

- B.** Risk Management will distribute the results of the analysis upon completion.
- C.** The Health District Director will inform departmental employees of trends and hazard exposures that pertain to the department and city. Trends of incidents or hazard recurrences will be the focal point for departmental corrective actions and employee training.
- D.** Special emphasis shall be given to positive trends. Positive trends tell employees what is going well and reinforces the behavior causing favorable analysis.
- E.** The Health District Director will outline corrective actions and employee training within 30 days of receiving statistical analysis from Risk Management. A timeframe will be included with the outline for beginning corrective actions and employee training. The DSO under the direction of the Health District Director will follow up with necessary measures to ensure negative trends and hazard exposures are abated.

## **VI. RECORD-KEEPING**

### **A. Health District Record Keeping Responsibilities**

1. Document employee safety training.
2. Submit departmental safety training reports to the city safety coordinator.
3. Maintain documents of incidents, employee training, audits, equipment/facility assessments, and any other documentation necessary to the DSP's effectiveness.
4. Provide access to blank employee, supervisor and citizen incident report forms.
5. Provide access to blank employee safety suggestion forms.
6. Maintain documentation required by the DSP in the department for a period of three years.

### **B. Locations of Records**

1. Incident records will be maintained by the DSO at Environmental Health.
2. Training records are maintained by the division head in each division. The records will be kept in an easily accessible location for review within the division.

Nursing	- Preparedness Trainer at file cabinet in office
Dental	- Dental Coordinator office (filing cabinet)
Vital	- file cabinet in Supervisor's office
HIV / STD	- book shelf in front of secretaries desk
W.I.C.	- Secretary at main administrative area
Administration	- Staff assistant's office
Environmental Health	- lateral file cabinet in Supervisor's office.

3. Annual, formal self-audit records will be maintained by the appropriate division and the DSO located at Environmental Health.

- Equipment/facility assessment records will be maintained by the division head in each division.

Nursing	Notebook on Secretary's credenza in the Health Education / Epidemiology office
Dental	Dental Coordinator office (filling cabinet)
Vital	File cabinet in Supervisor's office
HIV / STD	Book shelf in front of secretaries desk
W.I.C.	File cabinet in main administrative area
Administration	File cabinet near staff assistant's office
Environmental Health	Lateral file cabinet in Supervisor's office

### **C. Federal Record-Keeping Requirements**

Federal law requires that injury/exposure records be segregated from other employee records. The city has designated EHS as the depository for such medical records, to be kept separate from other records.

### **D. Incident Records**

- Employees shall record injuries/exposures, property damages, and near misses on an Employee Incident Report, attachment VII.
- Supervisors shall record subordinates' injuries/exposures, property damages, and near misses on a Supervisor Incident Report, attachment VIII.
- No injury documentation with the employees' names shall be maintained within any division or office of the health district.

### **E. Departmental Safety Meetings And Training**

- Safety training shall be documented. Use the Safety Meeting Report, attachment V, to document the training.
- All safety training documentation shall be forwarded to the safety office and the Health District DSO.
- If written tests are given, missed test questions should show the student and instructor's initials next to the correct answer. The instructor will give the student instruction about the correct answer before the initials are written.

## **VII. EDUCATION & TRAINING**

### **A. Safety Training Evaluation**

The Health District shall evaluate its training needs based upon the previous 24 months of injuries, liability claims, employee safety suggestion forms, assessment forms, and property damage reports. Safety training should also be based upon recommendations from the Health Director. The Health Director may consider training specific to the work conditions unique to each division, possible exposures to communicable diseases,

requirements from funding sources, or any other considerations suitable to the safe operations of the Health District.

### **B. Safety Training Integration**

Safety shall be integrated into all training objectives. This effort will ensure employees understand safety is a part of all aspects of their job.

### **C. New Employee Safety Orientation**

Each new employee shall receive the Health District New Employee Safety Orientation form – refer to attachment VI. Employees shall not be allowed to work or operate equipment before departmental safety orientation is completed and documented.

New employee orientation items include:

1. City of Waco Incident Prevention Plan.
2. General safety rules and safety rules specific to job duty.
3. General hazards in the workplace.
4. Past department safety problems in employee's area of responsibility.
5. Employee safety responsibilities:
  - a) Reporting unsafe conditions
  - b) Incident reporting – employee & citizen
  - c) Reporting property damage
  - d) Reporting near-misses
  - e) Equipment and tools assessment procedures
  - f) Care and use of equipment and tools
6. Substance Abuse Policy discussed with and signed by employee.
7. Hazardous chemicals, MSDS sheets, and MSDS locations.
8. Proper lifting and materials handling procedures.
9. Slip, trip and fall hazard recognition and elimination.
10. Record keeping systems.
11. Office safety.
12. Evacuation and emergency action procedures and emergency codes.
13. Identify locations and use of fire extinguishers.
14. Identify locations and use of first aid stations.
15. Identify location and use of AED.
16. Employee Safety Suggestion Form.
17. Safety bulletin board.
18. Safety Policies for High-risk staff.
19. Availability of Hepatitis (A & B) vaccines.
20. Availability of Communicable disease vaccines.
21. Availability of Tetanus vaccine
22. Hazard Communication Plan for Department Chemicals if applicable.
23. Blood borne pathogens safety training
24. Annual TB testing

**D. Safety Meetings And Training Requirements**

1. Health District employees shall receive appropriate training each year to satisfy requirements set by the Plan, grants, performance expectations, and professional credentials. Training will be stipulated by program area based on administrative, technical, or professional requirements that must be met to carry out the essential functions of the specific job.

All Health District Employees	Annual Fire Safety and Personal Safety, Defensive Driving every three years (or renewal period)
Nursing	CPR (as appropriate to keep current), Blood borne pathogens for Healthcare Providers (approximately 2 hours) annually
Dental	annual review of OSHA infection control
HIV/STD	Annual review of blood borne pathogens

2. Any employee absent during safety training shall receive makeup training. Reoccurring absences will result in disciplinary action.
3. Employees shall receive training for new equipment, in accordance with manufacturer’s recommendations, before allowed to operate the equipment.
4. To plan safety training, use the Incident Prevention Plan 12 Month Planning Chart, attachment IV.

**E. Proficiency Training**

Additional safety training shall be provided to any employee who is observed working in an unsafe manner. Recurring behavior of an unsafe manner will result in disciplinary action.

**VIII. INCIDENT RESPONSE, REPORTING, & DOCUMENTATION**

**A. Incidents Requiring Medical Attention**

1. During normal business hours, employees are to report to Employee Health Services (EHS) for all non-life threatening injuries or exposures. After business hours, employees are to seek medical attention and report to EHS the following business day or by the end of the employee’s next shift.
2. The injured employee must report to the nearest emergency medical facility for all injuries or exposures that immediately threaten life, limb, or sight.

3. The supervisor will arrange for emergency transportation, if required, and accompany the injured employee to the nearest emergency medical facility for all injuries or exposures that immediately threaten life, limb, or sight.
4. First aid and/or CPR may be performed only in an emergency, and only until trained medical assistance can be obtained.

### **B. Risk Management Notification**

Departments shall notify Risk Management as soon as possible of situations that may result in significant monetary loss to the city, or of injuries or exposures that immediately threaten life, limb, or sight, including major incidents involving city employees or citizens. Emergency contact numbers are: risk manager 254-749-4614 (mobile), 254-750-5732 (office); safety coordinator 254-749-4768 (mobile), 254-750-7045 (office).

### **C. Incident Reporting Procedures**

1. All incidents are to be reported to Risk Management as soon as possible but no later than 24 hours after the incident, or by the end of the next shift. Employee and supervisor incident report forms will be forwarded according to instructions on the forms – refer to attachments VII and VIII.
2. Supervisors are responsible for ensuring on-time completion of all employee and supervisor incident report forms. The DSO is responsible for reviewing and maintaining copies of supervisor incident reports to determine if trends are occurring.
3. Incident Reporting Flow
  - a) Employee notifies supervisor as soon as possible after an incident.
  - b) Employee and supervisor complete an employee incident report and supervisor incident report respectively.
  - c) Employee shall be allowed to complete the employee incident report form individually.
  - d) Employee makes a copy of the report for personal records and submits the original employee report to safety office. The supervisor shall submit the original supervisor report to the DSO.
  - e) The DSO shall:
    - (1) Ensure the supervisor report contains no medical information.
    - (2) Ensure the supervisor report is complete.
    - (3) Review then sign and date the supervisor report.
    - (4) Make a copy for departmental records.
    - (5) File the copy according to the DSP.
    - (6) Submit the original to the safety office.
4. Form Usage
  - a) An employee and supervisor incident report is required to be completed and submitted for all incidents that result in an injury, exposure, or property damage.
  - b) If an incident resulted in a near miss, a supervisor and employee report is encouraged.

5. Completion Time
  - a) Original supervisor incident reports must be forwarded to the safety office within 24 hours of notification of the incident or by the end of the next shift.
  - b) Original employee incident reports must be submitted to the safety office within 24 hours of the incident or by the end of the next shift. If the employee is unable to complete the employee incident report due to injury or exposure, the employee must submit the report as soon as possible but no later than 24 hours after returning to work.
6. Employee unable to complete an employee incident report
  - a) If extenuating circumstances prevent the employee from completing the employee incident report, the supervisor will state on question 15 of the supervisor incident report, "Employee unable to complete an employee incident report. \_\_\_\_\_".
  - b) Use the blank to have the employee place their mark, initials, or signature to confirm that the supervisor read the supervisor incident report to the employee and the employee understands what is reported about the incident.
7. Incomplete or Incorrect Reports
  - a) Incomplete or incorrect employee incident reports received by the safety office will be returned to the employee for correction or completion.
  - b) Incomplete or incorrect supervisor incident reports received by the safety office will be returned to the DSO for correction or completion.
  - c) Returned incomplete or incorrect reports shall be corrected and forwarded to the safety office within 24 hours or by the end of the next shift.
8. Refer to the Incident Reporting Procedures Flowchart, attachment X for clarification.

#### **D. Incident Review Board**

1. The Health District Incident Review Board comprised of selected supervisors shall convene each quarter to review all departmental incidents – refer to attachment II. The incident review board will meet every December, March, June, and September.
2. The goals of the review process for preventable incidents are to:
  - a) Find root causes.
  - b) Identify trends.
  - c) Reduce the likelihood of the same types of incidents occurring again.
  - d) Recommend corrective action to prevent recurrence.
3. After the review board determines the preventability of incidents, it shall recommend corrective action(s) and monitor the action(s) taken to prevent recurrence.
4. When reviewing an incident, the review board will:
  - a) Consider available supervisor incident report forms, police investigation reports, insurance investigation reports, witness statements, diagrams, photographs, Risk Management statistical analysis, and other evidence.
  - b) Look at training records to determine if there are any deficiencies.
  - c) Consider departmental history for similar incidents.

- d) Recommend corrective action to prevent or minimize recurrence of the same or similar incident.
  - e) Recommend disciplinary action when warranted.
  - f) Notify the employee in writing of the review board's findings within 5 working days.
  - g) Allow an appeals process for the employee. The employee must appeal within 5 working days of receiving the review board's findings.
  - h) Make findings known within the department – without the employee's name – to promote prevention.
  - i) Forward findings and recommendation(s) to the Health District Director, the risk manager, and the city safety coordinator.
5. All disciplinary action required for individuals, if any, will be determined by the Health District Director.

## **IX. SELF-AUDIT & SAFETY ASSESSMENT**

### **A. Annual Formal Self-Audit**

1. Formal self-audits will be conducted annually – refer to attachment XIII. Self-audits are an extensive top-to-bottom evaluation of: the DSP, training, incidents, property damage, liability claims, review board procedures, equipment usage, work areas, work practices, job sites, and asset assessment procedures.
2. The annual self-audit shall be completed every November.
3. The self-audit will list the hazards, corrective actions, person responsible for correction, and the date for correction.
4. All annual self-audit documentation shall be forwarded to Risk Management.
5. Once corrective actions are made, the department will send written notice to Risk Management. Follow-up assessments shall be conducted within 30 days to ensure corrective actions are effective.
6. If corrective actions are not possible within the prescribed time, written notice shall be made to Risk Management. Written notice is due no later than one week after the correction completion date. Include an explanation as to why the corrective actions have not been completed and outline implementation plans for the corrective actions.

### **B. Facility, Worksite, Equipment, and Tool Assessment**

1. Employees shall conduct assessments of their work area and equipment in accordance with the DSP. Employees are also responsible for documenting and notifying their supervisor of any identified hazard. Employees shall use department assessment checklists – refer to attachment XI.
2. Discrepancies are to be corrected immediately. If this is not possible, the assessment item is to be scheduled for maintenance or replacement.

### **C. Vehicle Assessment**

1. All vehicles shall be assessed thoroughly by the driver before use.
2. If a safety discrepancy is observed, the vehicle is to be taken out of service until the deficiency is corrected.
3. All discrepancies not repairable through operator maintenance shall be immediately scheduled for maintenance at Fleet Services.

**D. Assessment Frequency**

1. Facilities shall be assessed every three months and those facilities involved in an incident at the time of the incident.
  1. Equipment shall be assessed before use and monthly.
  2. Tools shall be assessed before use.
  3. Vehicles shall be assessed prior to use.

**X. PROGRAM REVIEW AND REVISION**

**A. Department Program Review and Revision**

1. Upon revision of the Plan, The Health District shall reevaluate the DSP. Changes shall be made to reflect the revised Plan.
2. Employees shall be instructed of revisions to the DSP.

**B. Annual Review**

FY _____	Date: _____	Performed By: _____
FY _____	Date: _____	Performed By: _____
FY _____	Date: _____	Performed By: _____
FY _____	Date: _____	Performed By: _____
FY _____	Date: _____	Performed By: _____

# **ATTACHMENTS**