

**Aiken County**  
**Aiken, South Carolina**

**Employee Safety Manual**

Issued by  
The Employee Safety Committee  
of  
Aiken County

**Revised**  
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## **Introduction**

**Safety is very important to Aiken County!!!** Safety at work is a shared responsibility of the County's administration, your supervisor and most importantly, **YOU**. This safety manual is intended to provide you with a general knowledge of the County's safety program which will assist you in working safely. Important safety and operational training for your particular job assignment will be given to you by your department and your immediate supervisor. This training is the heart of the County's safety program. You must understand and practice what you learn from this training every day while on the job.

As a starting point to learning safe work habits, please read this manual carefully and see your supervisor if there are any questions on its content or other concerns on safety or doing your job properly.

**Section I**  
**Program Summary**

Aiken County's safety program consists of three primary goals which are summarized below:

**A) Preventing Accidents/Injuries**

- a) Aiken County is committed to maintaining a safe and healthy work environment for all of its employees.
- b) Safety knowledge and **full time** safety compliance in the workplace are primary conditions of employment with the County. Anything less is unacceptable.
- c) All employees from the date of hire shall be fully trained in the safety requirements and practices for their particular job assignment. No work shall be undertaken until such safety training has been completed.
- d) Employees shall report immediately any unsafe working condition to their supervisor. No work is to be undertaken until all unsafe conditions have been addressed and no longer represent a hazard to the employee or others.
- e) Employees shall not accept or ignore any unsafe work activity on the part of others, but must immediately report such unsafe activity to their supervisor in order to have it corrected.
- f) Employees shall support and actively participate in all efforts to improve safety in their workplace and are expected to provide recommendations to that end.
- g) Deliberate failure to follow established safety rules or procedures provides a basis for employee discipline which may ultimately lead to termination of employment.

**B) Managing Accidents/Injuries**

- a) All injuries from work-related accidents should receive, as is necessary, prompt medical attention to protect the health of the employee and others involved in the accident.
- b) All on-the-job accidents and injuries shall be reported **immediately** to the supervisor.
- c) Medical attention for work-related injuries shall be given by the County's designated medical provider. If, for any reason, that provider is unavailable or emergency treatment is immediately required, medical services shall be obtained at the nearest emergency medical facility.
- d) The County requires that any employee injured while on the job or involved in a vehicle or property damage accident/incident be tested for both drugs and alcohol. There are no exceptions.
- e) The supervisor shall complete an "accident/incident report" form (see Appendix A) and forward it to the County's Risk Manager so that the appropriate parties are notified of a potential work related incident. Completion of this form is **mandatory**. Without the notice from this form, the employee may not be entitled to compensation of any kind associated with the incident.
- f) Completion of the accident/incident report form by the employee's supervisor initiates an investigation into the reported work-related incident. This **does not** admit liability or confirm the injury as a valid workers' compensation claim. A determination of an individual's entitlement to workers' compensation benefits will be made after an investigation is completed.
- g) Employees shall fully cooperate with any investigations or inquiries needed to fully review and evaluate their workers' compensation claim.

- h) If approved by the County's medical provider, the employee may be offered alternative short-term employment in other County positions if the work-related injury prevents them from returning to their regular job assignment. If the alternative duty is refused, the employee may not be eligible for benefits associated with the workers' compensation claim.

**C) Improving the Program**

- a) All incidents and injuries shall be investigated by the department to determine the acts or conditions causing the incident. Equally important, the root causes that allowed these acts or conditions to exist, even momentarily, will be examined and addressed.
- b) Employees shall fully cooperate with any department or insurance company investigations that are undertaken to review and understand the causes of the incident.
- c) The department supervisor shall review the conclusions reached on the causes of the incident with the involved employee(s) so that each employee fully comprehends the accident parameters, the personal conduct, if any, that led to the incident and the corrective actions that are being taken to prevent its recurrence. The employee will be asked to sign a written statement acknowledging that he/she has reviewed the incident conclusions with their supervisor and understands the corrective actions that are required.
- d) The department shall ensure that all employees who are likely to be involved in similar operations are aware of the incident and the corrective actions that were taken because of it.
- e) A monthly summary of all incidents and injuries shall be prepared by the Risk Manager and reported to the Employee Safety Committee. Recommendations and suggestions for safety adjustments shall be issued by the Committee to all affected County departments.

## Section II Responsibilities

The Aiken County Council, public officials and employees shall actively support the Employee Safety Committee and its programs. Safety responsibilities and accident prevention duties for the County's management and supervisory staff shall generally include the following:

- Learn, utilize, and promote the County's safety program.
- Support the safety program through personal participation and by providing items such as personal protective equipment, mechanical guards, adequate lighting and ventilation, and other improvements to the work environment, as well as safety training, awards and incentives, etc.
- Continuously review the effectiveness of accident prevention efforts throughout the County and provide ideas to improve the County's safety performance.

Specific safety responsibilities are outlined below:

### **A) Employee Safety Committee**

The Employee Safety Committee shall be responsible for the overall direction of the safety program. By its observation, research, thinking, discussion and example, the Committee shall promote safe working conditions and a commitment to safety by all County employees. The experience of the Committee members as well as input from the department heads and employees will be used to determine hazardous conditions or methods of work and to recommend improvements or corrective measures.

### **B) Risk Manager**

The Risk Manager, in conjunction with the Employee Safety Committee, shall be responsible for planning, developing and directing the County's safety program.

### **C) Department Heads**

The department heads shall maintain safe working conditions within their respective departments. Although exposure to hazards may vary widely from department to department, a continuous, aggressive effort shall be directed at averting and controlling injuries, vehicle accidents, and property damage in the workplace.

Department heads shall:

- a) Provide the leadership essential to ensure compliance with the appropriate safety procedures in all of its operations.
- b) Ensure that established safety policies and procedures are communicated to all supervisory staff and employees under their direction.
- c) Ensure that all division heads and first-line supervisors are effectively providing the necessary training so that employees can competently and safely perform their job.
- d) Devote a portion of staff meetings or conduct separate safety meetings to regularly review departmental safety procedures and discuss improvements or corrective measures needed.
- e) Accurately reflect the employee's awareness of and compliance with the Department's safety requirements when completing the employee's performance evaluations.
- f) Actively support the Employee Safety Committee as well as distribute and promote any safety information the Committee provides to all its employees.

- g) Ensure that changes regarding building use/occupancy, service procedures, special events, acquisition/disposal of equipment or buildings are reported to the Risk Manager.
- h) Coordinate with the Risk Manager for any assistance needed to promote aggressive and effective safety awareness and workplace risk control.
- i) Immediately report **all** work-related injuries, vehicle accidents and property damage to the Risk Manager, and promptly provide all information and documentation necessary to file a claim with the County's insurers.
- j) Conduct regular safety audits of all work areas, equipment, and work procedures as necessary and provide written documentation of such audits to the Risk Manager.

**D) Division Heads**

Division heads shall comply with the provisions of the County safety program, within their division, by ensuring that:

- a) All potentially hazardous tasks are covered by specific written policies or procedures to minimize risk to County employees and third parties.
- b) All its employees are instructed in the County's, the department's and the division's safety policies and procedures.
- c) The necessary personal protective equipment for each job is provided to each employee within their division.
- d) All employees are instructed and properly trained in the use of and the need for personal protective equipment as appropriate for their job assignment.
- e) They participate in staff or safety meetings to review safety practices, to discuss proper procedures for working under hazardous conditions, and to distribute all relevant safety information to their employees.
- f) All accidents or safety related incidents are thoroughly investigated and reported in accordance with the County's safety manual and related regulations.
- g) Whenever hazards are recognized or unsafe acts are observed, work is stopped immediately and prompt corrective action is taken before work is restarted.
- h) Employees who violate safety policies or procedures are identified and positive corrective action is taken with those employees. This corrective action shall include documentation of counseling, retraining, and/or any disciplinary action taken.

**E) First Line Supervisors**

First line supervisors shall be responsible for the safe actions of their employees and the safe operation of all machines or equipment within their operational area. They shall have the responsibility of ensuring compliance with the provisions of all safety regulations and the division's work rules to continually maintain a safe working environment. Each first line supervisor shall:

- a) Ensure a safe working environment for all supervised employees.
- b) Be accountable for unsafe conditions, preventable injuries, vehicle incidents/collisions and property damage involving supervised employees.

- c) Communicate all safety policies and procedures to all supervised employees.
- d) Report **all** incidents and property damages to the department head, or in the department head's absence, directly to the County Risk Manager.
- e) Participate in investigations and take steps to prevent recurrences through employee training, change of operating procedures, or modification of equipment.
- f) Instruct employees in the correct and safe work procedures for the job assigned.
- g) Ensure proper maintenance and care of all tools and equipment.
- h) Establish and enforce a good housekeeping program.
- i) Provide the necessary safety equipment for the task at hand and training in the proper use of such equipment.
- j) Require the use of the proper personal protective equipment by their employees at all times
- k) Support all safety procedures, activities, and programs.

**F) Employees**

Employees are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries, vehicle accidents and property damage. Employees shall:

- a) Report all unsafe conditions or unsafe workplace conduct immediately to their supervisor.
- b) Learn to lift and handle materials properly.
- c) Operate only equipment on which they are trained and authorized to operate.
- d) Learn and follow all safety rules and work-related instructions provided by their division. If any doubt exists as to the safety of performing any job, employees shall stop work and request direction from their supervisor.
- e) Use the personal protective equipment required by their division, by any regulatory standards and/or by the job being performed.
- f) Wear the clothing or uniform appropriate to the work being performed.
- g) Take an active role in the County's safety program.
- h) Regardless of position, be encouraged to continually make suggestions which will improve workplace safety based on their experience or knowledge.

**Section III**  
**Training/Assistance**

One of the most effective methods of creating efficient and safe employee work patterns is on-the-job training. The importance of this training cannot be overemphasized. If training is ineffective, incomplete, or improper, the likelihood of poor quality work, equipment damage, accidents and personnel injuries will certainly increase. To be effective, on-the-job training shall include procedures which include the recognition of hazards and how to avoid them.

**A) County Policy**

Each department/division shall develop and implement written safety policies and procedures for all operations which are performed by their employees or which may impact other employees or third parties. Such policies shall address the following:

- a) Training in these policies and procedures shall be given to each employee before they begin work and periodically thereafter to assure a continual sense of safety awareness in the workplace.
- b) Any safety rules which may be a condition of employment, such as the wearing of personal protective equipment, shall be understood by all employees and continually enforced by the department.
- c) Employees shall be told that any flagrant violation of the safety rules shall result in immediate disciplinary action up to and including termination (reference County Code of Ordinances 2-365 and 2-366).

**B) Training Objectives**

As part of their training, each employee should understand the following in order to have a good foundation in safety policy:

- a) Aiken County and its management are committed to preventing accidents, injuries and property damage.
- b) Supervisors are required to provide job operational instructions and safety training **before** any work is undertaken.
- c) Each employee shall undertake all possible steps to prevent accidents.
- d) No employee shall be expected to undertake any work assignment until trained and authorized to do so by their supervisor. No employee shall be required to undertake any job which is unsafe or for which they have not been properly trained.
- e) Safeguarding of equipment and the workplace shall be done thoroughly and in conformance with accepted safety practices. Department/division management shall take all necessary actions to ensure such safeguarding.
- f) Each employee is expected to immediately report any unsafe condition or unsafe conduct encountered in the workplace to their supervisor.
- g) Any injury over and above those requiring minor first aid level treatment shall be reported immediately to the supervisor or in their absence, the County's Risk Manager.

**C) Bloodborne Pathogens**

The Hepatitis B and the Hepatitis C Viruses (HBV and HCV) are recognized as capable of causing serious illness or death. They are transmitted through blood and certain other body fluids. Viruses of this type are

known as bloodborne pathogens. Employees who handle blood, blood products, or have the potential for exposure to blood and other infectious materials as a part of their jobs have an increased risk of contracting HBV or HCV. A pre-exposure vaccine is available for employees who are determined, by job function, to be at risk of exposure to the HBV virus. At this time, there is no pre-task vaccine available for HCV.

The Human Immunodeficiency Virus (HIV), a virus that can lead to a disease known as Auto-Immune Deficiency Syndrome (AIDS), has been recognized as a serious risk in the last 15 years. Because the transmission of HIV is considerably less efficient than HBV or HCV, the risk of HIV infection to employees who must handle blood, blood products, and other potentially infectious materials is less than for HBV or HCV infections. At the present time, there is no pre-task vaccine available for HIV/AIDS.

Aiken County has established a policy to provide a County-wide working environment that is free from identifiable hazards that may cause exposure to the known bloodborne pathogen viruses. This policy is implemented through the use of universal precautions, appropriate personal protection, and housekeeping geared toward the elimination of the presence of bloodborne pathogens in the workplace.

The County's bloodborne pathogen policy is available to all employees through their department upon request. All County employees shall receive training on precautionary measures, occurrence, modes of transmission, and prevention of HIV/HBV/HCV. Initial training shall be provided through the Risk Management office.

In addition, high risk employees shall receive training by their department regarding the location, availability, and proper use of personal protective equipment appropriate to their job function. They shall be trained in proper work practices and shall understand the concept of universal precautions as it applies to their work practices. This training shall occur before the employee is assigned work or is permitted to enter the work area. They shall be trained in the meaning of color coding, the biohazard symbols and the precautions to be used in handling biological and infectious waste. Additionally, employees shall receive training about procedures to be used if they receive a needle stick or exposure to blood or other body fluids.

#### **D) First Aid**

While emphasis is placed first on safety training and the prevention of accidents and injuries, they still occur. Prompt, knowledgeable treatment of wounds or other physical results of accidents will prevent minor injuries from becoming major ones and will save lives. The following first aid rules shall be followed:

- a) Each first line supervisor should receive first aid and CPR training offered by the National Safety Council. The department may designate others to receive similar training, particularly those employees in injury-prone work classifications.
- b) Each department shall keep a first aid kit appropriate to its needs in a readily accessible location. These kits shall be carried in all supervisor vehicles and such other vehicles as designated by the department. First aid supplies shall be checked on a regular basis and replenished as required.
- c) Minor treatment for cuts, scratches and the like shall be administered promptly by department supervisors or other first aid trained personnel. Open wounds shall be thoroughly cleansed with soap and water to prevent infection, dressed properly and medical attention sought, if necessary.
- d) All injured employee should seek appropriate medical care.
- e) All animal bites, because of the possibility of rabies, shall receive prompt medical attention by a physician, preferably the County's designated medical provider. If safe to do so, the biting animal shall be confined. The County's animal control division shall be called to pick up the animal to allow for a rabies quarantine period and to advise the animal's owner. In addition, the State's Department of Health and Environmental Control (DHEC) shall be notified promptly of all animal bites.

- f) All injuries, no matter how minor, shall be reported to the Risk Manager on the County's Accident/ Incident form (see Appendix A). If the employee declines medical attention, a statement to that effect shall be noted on the form which the employee shall sign and date before submission to the Risk Manager.

**E) Physical Fitness**

Each employee shall be physically able to perform his/her assigned responsibilities. Departments such as Emergency Services, the Detention Center, the Sheriff's Office, Public Works and Engineering, or others may adopt specific physical fitness requirements for their employees assigned to specific job classifications.

Aiken County offers a reduced cost "wellness" program to all employees. The County's Human Resources Department should be contacted for enrollment information.

**F) Employee Assistance**

An "Employee Assistance Program" (EAP) is available to all Aiken County employees and their dependents if they need assistance with emotional, financial, or substance abuse problems. The EAP is confidential and is available to all employees at no cost. The County's Human Resources Department should be contacted for information or specific questions about the program.

**Section IV**  
**Safety Guidelines**

**A) Office Safety**

Many accidents occur in an office environment under routine circumstances. The policy of the County requires that:

- a) Every employee shall be responsible to see that his/her own desk and work area are clean and orderly.
- b) Employees shall notify their supervisor of any safety or maintenance problems within their department. Office furniture shall be maintained in good condition.
- c) Employees shall exercise caution when pushing or pulling a door open.
- d) All walkways and aisles shall be kept clear of hazards at all times.
- e) All file cabinets, desks or table drawers shall be kept closed when not in use. Employees shall not open more than one file drawer at a time. File cabinets shall be loaded with heavy objects in the bottom drawer and light objects in the top drawer.
- f) Employees shall use a step ladder and shall not use chairs, desks or other office furniture as a makeshift ladder.
- g) Hands and clothing shall be kept clear of all moving parts of electric machinery and office equipment.
- h) Electrical cords shall be inspected regularly to ensure that equipment is grounded, the cord is in good condition, there is no tripping hazard and the electrical outlets are not overloaded.

**B) Housekeeping**

Injuries and property damage frequently stem from fires, falling objects and trip hazards caused by poor housekeeping practices. Aside from accident prevention benefits, good housekeeping means more efficient work performance.

The following work practices related to housekeeping shall be established:

- a) Work areas and storage facilities shall be kept clean, neat and orderly. Materials, tools and equipment shall be stored properly.
- b) All aisles, stairways, passageways, entrances, and exits to buildings shall be kept clear and free from obstruction at all times.
- c) Supplies shall not be placed on the top of lockers, hampers, boxes, or other movable containers where they are not visible from the floor or where they present a falling hazard.
- d) When storing materials, ensure that the base is firm and level, each layer is cross-tied and level, and the height of the stored materials does not become unstable.
- e) When materials are stored by suspending them from racks or hooks, they shall be secured to prevent falling. Walkways underneath or near these materials shall be maintained a safe distance from the surface beneath such materials.
- f) Tools, equipment, machinery and work areas shall be maintained in a clean and safe manner. All tools and equipment shall be returned to their proper place when not in use.

- g) Defects and any unsafe conditions shall be reported to the supervisor and remedial actions shall be taken prior to performing or continuing work.
- h) Extension cords, air hoses, water hoses, ladders, pipes, tools, etc., shall be laid out to minimize tripping hazards or obstructions to workplace traffic or interference with work operations.
- i) All spills shall be cleaned up appropriately and at the time they occur to minimize hazardous conditions. In the event the removal cannot be done immediately, appropriate lock out/tag out and barricading procedures shall be implemented.
- j) All work areas and traffic areas shall be adequately lighted.
- k) Proper lock out/tag out procedures shall be followed on all equipment or machinery needing adjustments, maintenance or repairs.
- l) If fuses or circuit breakers trip continually, the problem shall be reported to the appropriate supervisor immediately. The problem shall be corrected before work is continued.
- m) **All** equipment with moving parts such as fan blades, shafts, pulleys, and belts shall be kept properly guarded during use.

### C) **Fire Prevention**

Fires can be prevented by orderly planning, sensible arrangement of fire-producing activities in relation to combustible materials, good housekeeping, and observance of the County's smoking policies.

The following safety procedures related to fire prevention shall be established:

- a) Fire extinguishing equipment shall be prominently displayed, labeled for usage, properly maintained and shall be accessible at all times.
- b) Each work area shall have the appropriate type of fire extinguisher for the task being performed or for the materials being stored.
- c) All employees shall know the location and the proper use of the fire extinguishers located in their work area.
- d) After an extinguisher is used, such use shall be reported immediately to the supervisor so that a replacement can be obtained or the extinguisher can be recharged.
- e) Inspections of fire extinguishers and work areas for fire prevention actions shall be done regularly by qualified department personnel.
- f) Oily rags and other flammable wastes shall be kept in clearly marked, covered metal containers. Such debris shall be removed from the work areas as soon as possible. In no instance, shall the debris be left unattended in a building overnight.
- g) Smoking inside or within 25 feet of County facilities is prohibited by County ordinance. Smoking in County vehicles is also prohibited whenever there are other persons riding in the vehicle.
- h) Exits shall not be locked (chained or otherwise) from the outside. Report blocked exits to the supervisor and /or the Risk Manager immediately.
- i) All County vehicles and motorized equipment shall carry the appropriate fire extinguisher.

- j) Each County building shall have an emergency fire and evacuation plan with all exits and pathways clearly marked.
- k) Fire drills shall be conducted on a regular basis.
- l) Activities that contain potential fire hazards shall have an approved fire plan to extinguish a fire, if one should occur. The plan shall include:
  - Adequate warning measures for alerting all persons in the area.
  - Procedures for rapid reporting to the Fire Department.
  - Evacuation plans of affected personnel from areas involved in the fire.
  - Procedures for containing the fire in so far as it is safe to do so and only to the extent that it is possible to maintain a safe exit for all personnel.
  - Instruction of personnel who regularly work in the area on the duties they are expected to perform in any given fire situation.
  - Adequate fire extinguishing equipment that is regularly inspected by a responsible authority.

#### **D) Material Handling**

Many injuries occur in the process of handling materials. Employees shall be trained in proper lifting techniques that include the following general principles.

- a) Size up the load. If the load is too heavy or bulky, request assistance, or use a hand truck. Each employee shall know their individual lifting limitations.
- b) Check the load and remove protruding nails, splinters, sharp edges, oil, grease or moisture before handling it.
- c) If the surface of the load is rough, wear appropriate personal protective equipment.
- d) Know where the load is going, how you will get there, and where you are going to put it down. Be sure the pathway you take is clear of obstacles and you can see where you are going.
- e) Get a firm footing and keep good balance. Both feet should be about shoulder width apart. When changing directions, be careful not to twist the body – turn the body by changing the position of the feet.
- f) If the load is below waist level, bend both knees to get into position. Keep the back as straight as possible and grip the load firmly. Lift the object to carrying position, keeping it close to the body.
- g) If the receiving surface is about waist high, use the edge to take part of the load.
- h) As the load is lowered to the floor, bend the knees, keep the back as straight as possible and the load close to the body.

#### **E) Motor Vehicles/Equipment**

County vehicles/equipment are easily identifiable and thus constitute a traveling advertisement seen by many citizens. While operating County vehicles or equipment, we control an important influence upon good or bad public relations for the County. By courteous driving habits and applying the principles of defensive driving, we build good public relations. The following safety procedures shall be established when operating County vehicles or equipment:

- a) Drivers of County vehicles shall possess a valid driver's license appropriate to the vehicle or equipment they are using.

- b) All employees shall be responsible for a safety check **each day** of any vehicle or equipment he/she is assigned to drive. The safety check shall be in accordance with the department's procedures but must at a minimum include a check of the lights, horn, directional signals, brakes, windshield wipers and tires before driving.
- c) All vehicle adjustments shall be positioned to ensure safe driving (e.g. seat position, mirrors, and seat belts) **before** operating the vehicle.
- d) The use of drugs or alcohol while operating a County vehicle is prohibited by the County Code (Section 2-368). Employees shall not take drugs or strong medicines before driving a vehicle or operating equipment.
- e) All persons who drive or ride in County vehicles shall, in all cases, wear the installed seat belts. The only exception shall be in determining whether or not it is safe to fasten the seat belt of a prisoner being transported by law enforcement or detention center employees
- f) Except when working conditions require otherwise, parked vehicles shall have the motor stopped, the key removed and the emergency brake set. The vehicle shall be left in gear (or in PARK in the case of vehicles having automatic transmissions).
- g) When it is necessary for County vehicles to be stopped on streets or highways, adequate warning signals shall be used. A flagman shall be utilized if traffic volume warrants. Turn signals **shall not** be used as a warning signal.
- h) When backing up a vehicle, use a spotter to assist in backing whenever possible. Ensure that no vehicles or pedestrians are behind the vehicle. When necessary, get out of the vehicle to inspect the area being backed into. Back up slowly and sound the horn before backing.
- i) Drivers shall be particularly alert, drive slowly, and proceed with caution while driving near children or areas where children are likely to be (i.e. schools, parks, playgrounds, swimming pools, or community centers).
- j) Drivers operating County vehicles shall observe all traffic regulations and the posted speed limits and shall slow down when conditions such as weather, traffic, pedestrians, or construction activity warrant.
- k) Maintain a safe distance from vehicles you are following, to avoid tailgating. Do not assume the right-of-way. Avoid sudden braking. Use turn signals to change lanes and to indicate the intention of turning at least 100 feet in advance.
- l) Turn on low beam headlights during dark periods of the day, such as rain storms or fog. Headlights shall be "on" ½ hour before sunset and until ½ hour after sunrise. Do not drive with only the parking lights turned on.
- m) When fueling your vehicle, turn off the motor, do not smoke, do not use a cell phone, keep the nozzle against the edge of the filler pipe, and fill the tank slowly, avoiding spills or overflows.
- n) Where practical, employees should not use a cell phone while operating a County vehicle or driving on behalf of the County. All necessary telephone calls should be made before entering the vehicle, by pulling over to a safe place and stopping, by using a handfree device, or after arriving at the destination. Incoming calls should be directed to an answering device or voice-mail arrangement.
- o) In the event of an accident involving County employees or vehicles, the County Vehicle Operation Policy (see Appendix B) will apply and requires the following:

- Stop as soon as it is safe to do so.
- Immediately call 911 for the police and, if needed, medical assistance.
- Using others at the scene that are able, ensure that all vehicles and those involved are secure from further accidents or risk. If there are no serious injuries and you can safely do so, move everyone away from traffic flows.
- Render first aid, if trained and certified in first aid procedures.
- Exchange names, driver's license numbers and vehicle license numbers with the driver(s) of the other vehicle(s) involved in the accident.
- Obtain names, addresses and phone numbers of any witnesses to the accident.
- Do not discuss who was at fault. Leave that to the accident investigators.
- The driver of the County vehicle shall report the accident to his/her supervisor as soon thereafter as is possible. The supervisor shall report the accident to the County Risk Manager within 24 hours of the accident.
- All claims against the County and its insurance shall be forwarded to the Risk Manager for handling with the County's third party administrator.

Section V  
Hazard Communications

**A) Policy**

The Hazard Communication Standard (hereinafter referred to as standard), OSHA 29 CFR 1910.1200, requires that there be a written hazard communication program and that it be made available to all County employees. The Risk Manager shall be the program coordinator.

This program applies to all work operations where employees or others may be potentially exposed to hazardous substances under any circumstances. Employees shall be informed of the contents of the standard, the hazardous properties of chemicals and materials with which they work or may encounter, safe material handling procedures, protective measures designed to minimize the hazards and dangers associated with these materials, and emergency actions required in the event of an accident.

**B) Responsibilities**

Primary responsibility for the successful communication of hazardous material information to County employees including the availability of applicable Material Safety Data Sheets (MSDS) shall rest with each department head. The program responsibilities within the County are assigned as follows:

a) Program Coordinator

The Risk Manager shall be designated as the program coordinator and shall ensure that all aspects of the standard are met. The Risk Manager shall be responsible for verifying that each department head meets his/her responsibility under the program. A full master set of MSDS organized by department will be maintained in the Risk Manager's office to assure availability of these important sheets when needed.

b) Department Heads

Department heads are responsible to implement all aspects of the hazard communication program in all divisions or groups within their department. MSDS shall be made available to all department employees in the work area during each work shift. A copy of all MSDS shall be sent to the Risk Manager. Any new safety or hazardous material information shall be passed on to all affected employees upon receipt. Training of all managers, supervisors and department employees in the details of the program must be done by the department on a regular basis.

c) Ordering/Receiving Department

Each department ordering or receiving materials identified as potentially hazardous shall be responsible for ensuring that each shipment of these materials are properly labeled. The receiving department shall **not accept** any potentially hazardous materials that are not properly labeled or for which there are no MSDS available. The ordering department shall indicate on their purchase requisition whether a current MSDS is already on file within the department or the Procurement division should request that the vendor supply a MSDS with the shipment.

The department shall verify that all containers received for use are clearly labeled as to their contents, appropriate hazard warnings, and the name, address and emergency phone number of the manufacturer or supplier. All secondary containers of these materials generated within the department shall be labeled with either an extra copy of the original label or a generic label with the same identification and hazardous warnings.

d) Hazardous Material Inventory and Reporting

An initial survey/inventory shall be conducted by each department to identify all known hazardous

materials which may be used or encountered by its employees. The list of these materials shall be 1) maintained with their corresponding MSDS in an accessible area of the work place for employee review, and 2) updated periodically to reflect the actual working environment in the department. A copy of this list/inventory as well as a copy of all new or updated MSDS shall be forwarded to the Risk Manager upon receipt.

e) Training

All employees who may work with or may be potentially exposed to hazardous materials shall receive initial training on the hazard communication program and the safe use of those hazardous materials. The training shall be organized by the Risk Manager and the respective department head. Supervisors at every level within the department must be extensively trained regarding hazardous materials and appropriate protective measures so as to provide suitable training to their employees and provide daily monitoring of safe work practices.

The department training plan shall emphasize:

- A summary of the OSHA Hazard Communication Standard.
- All aspects of the County's program including procedures for a) ordering, receiving and labeling hazardous materials, b) use of labels and appropriate signage, and c) the availability of MSDS.
- The chemical and physical properties of hazardous materials they may encounter.
- The methods that can be used to detect the presence of those chemicals.
- The physical hazards of those materials (e.g., potential for fire, explosion, etc.).
- The health hazards, including signs and symptoms of exposure to these chemicals or materials.
- The procedures necessary to protect against hazards including the use of personal protective equipment, safe work methods and practices, proper handling of specific hazardous materials and procedures for emergency responses.
- The location of MSDS in the department; how to read them and utilize the information they provide.
- The department's approach to planning and undertaking hazardous, non-routine tasks which represent unique or rarely encountered risks.

f) Outside Contractors

The department and the responsible first line supervisors are responsible to advise all outside contractors before any work begins of the following:

- A briefing of the County's hazard communication program and their obligation to fully comply with its provisions.
- All hazards that may be encountered in the normal course of the contractor's work on County premises.
- The protective measures that will be taken in the course of their work.
- The safe material handling procedures to be used in their work.
- The location and availability of MSDS.

Each outside contractor who is required to bring hazardous materials onto County property or use such materials as part of its work for the County shall provide the County with the appropriate hazard information on these materials including the MSDS. The contractor shall review his system of labeling, handling and other precautionary measures that will be taken in working with these materials. Specific plans to protect the contractor's employees, the County's employees and the public from all risks encountered with these materials shall be reviewed by the supervising department **before** work begins.

**C) Material Safety Data Sheets (MSDS)**

A MSDS provides specific information on each hazardous material used. The MSDS must be a fully completed OSHA form or its equivalent (see Appendix C).

The department heads are responsible to inventory all hazardous materials within their department, obtain the applicable MSDS, update this inventory and the MSDS periodically, make these MSDS readily available to their employees in the work areas, train their employees on how to utilize these sheets, and provide the Risk Manager with a copy of the inventory and MSDS whenever they are updated.

The Risk Manager is responsible for maintaining a master set of MSDS for all hazardous materials used by the County. In addition, the Risk Manager will periodically review the status of the MSDS availability with each department.

**Section VI**  
**Workers' Compensation**

**A) On-the Job Injuries**

The first priority for County employees injured on the job is to receive appropriate, prompt medical attention. Depending upon the circumstances, this may consist of administering first aid, treatment by the County's designated medical provider, and/or the utilization of local emergency services. If the medical treatment required is more than basic first aid, the County's designated medical provider shall always be the first choice for medical services. If this provider is unavailable or the injury requires immediate emergency treatment, the employee shall be directed to the nearest emergency medical facility. Where possible, the supervisor shall accompany the injured employee needing medical care.

The South Carolina Workers' Compensation law provides that every employee shall immediately give notice to his/her employer/supervisor of any work-related accident and/or injury. If the injury prevents an employee from directly contacting his/her supervisor, a witness to the injury or some other designated person may make the initial contact with the supervisor or person in charge. Employees are not entitled to reimbursement for physician's fees or medical expenses nor compensation for lost wages prior to giving this required notice.

**B) Injury Reporting**

As provided by the Workers' Compensation Act, every employer is required to report any work related injury requiring medical attention to the South Carolina Workers' Compensation Commission (the Commission). The Risk Manager shall be the point of contact for all County employees to the Commission. All reporting shall be coordinated through the employee's department or the designated department liaison.

Upon notification of an injury/accident, the supervisor shall immediately report the injury to the department head and the Risk Manager. The department head or their representative is then responsible for completing the required investigation and follow-up documentation for each of their employee's cases. The injured employee shall report to the Risk Manager's office as soon after seeking medical attention as is feasible to complete the "First Report of Injury"(see Appendix D). Department heads shall ensure that the required notification and interview with the Risk Manager takes place on a timely basis. Any oversight or delay in reporting a work-related injury may result in a fine against Aiken County by the Commission.

After being notified of an injury, the Risk Manager is responsible for completing the "First Report of Injury" form (see Appendix D), as soon as possible and send it to the Commission through the County's workers' compensation third party administrator. It shall be completed during the initial interview with the injured employee or other involved parties. This report contains pertinent information on the County, the involved supervisory staff, the injured employee, details of the accident and injury, the cause of the injury, and other data as may be required by the Commission. The "First Report of Injury" is the basis of the workers' compensation claim file. It is, however, merely a report and not an admission of liability.

A Checklist for Work-Related Injuries (see Appendix E) has been developed for use by all departments. It lists the responsibilities and procedures to follow involving an accident or injury in the work place. A copy of this checklist shall be posted in each work area and shall be readily available to all employees.

**C) Claim Verification**

At the time of injury, the supervisor or department head may confirm that a work-related injury has occurred, for purposes of authorizing initial medical treatment only. This, however, does not confirm the injury as a valid workers' compensation claim. Compensability shall be determined by the workers' compensation third party administrator, as determined by State law, after the claims processing procedures have been completed.

Verification of a workers' compensation claim is not a departmental function. Verification of compensability for any inquiring party shall be referred to the Risk Manager. In some of the larger departments, the Risk

Manager may assign, in writing, this verification responsibility to a designated department liaison or supervisor. Verification for prescriptions, therapy, specialized treatment, medical attention and other services not originating at the time of the initial medical treatment shall be referred to the workers' compensation third party administrator for the County by the Risk Manager.

**D) Claim Follow-up**

South Carolina State Law and OSHA require the County to keep accurate records on all work-related injuries. It is essential, for case management purposes, to keep the Risk Manager informed of the employee's work status by providing a copy of the employee's time sheet every two weeks during an employee's disability time.

The required information shall include the total time out of work and any partial hours worked. Upon the first working day an injured employee returns to work, his/her department head or their representative shall report to the Risk Manager that the employee has returned to work. The employee must provide a written statement from the treating physician that indicates the employee can return to work and what, if any, restrictions apply.

**Section VII**  
**Safety Administration**

**A) Internal Inspections**

The detection and correction of hazards before accidents occur are vital factors in preventing accidents. When combined with analysis of previous incidents, findings from safety inspections will provide a sound basis for necessary corrective actions. Planned safety inspections are important in detecting hazards before an accident occurs. Approached properly, inspections assist in convincing employees that management believes that safety is a requirement for work and is not an option.

Each department is responsible for establishing a regular schedule of safety inspections that are a fundamental part of the working procedures of the group. A record of all safety inspections shall be maintained by the department including those required by federal, state, or local laws. The records shall include those internal inspections of all equipment and facilities owned or controlled by the County conducted by qualified County personnel. Inspections and record-keeping shall also apply to other critical equipment as may be identified by the department to require periodic inspections.

Internal department safety inspections are an important part of an organized effort to control accidents and reduce personal injuries. All supervisors and employees shall incorporate a daily safety inspection of the areas and equipment they will be using before starting work. Daily inspections shall include but shall not be limited to:

- a) Ensuring the appropriate MSDS are current and available on site.
- b) Ensuring that all employees know where the MSDS are located and how to read them.
- c) Ensuring adequate safeguards are in place to protect the general public and other employees who are not involved in the work activities.
- d) Ensuring that the safety signage is adequate and correct for the activity planned.
- e) Determining if there are any new conditions from the previous day and if they been properly accounted for in the safety plan for the work activity.
- f) Determining if all unsafe conditions been addressed.
- g) Determining if all unsafe acts by any employee have been reviewed by the supervisor and the employee to reduce the possibility of recurrence.

The department shall implement a system to ensure that informal daily inspections are performed by all supervisors. In addition, the Risk Manager, with the department head or his/her designated representative, will periodically inspect the various work areas and County facilities to identify hazards or other safety considerations that applicable regulations, codes and laws require. Moreover, the department shall regularly examine their own safety records to analyze past accidents to determine specific causes and high hazard areas or operations that may need more attention.

**B) Outside Inspections**

All departments shall be aware that Aiken County is subject to safety inspections by several outside authorities. These inspections may or may not be scheduled by these agencies. The policy of the County is that all departments shall, at all times, be ready to receive such independent safety reviews, shall properly identify such outside inspectors, and shall fully cooperate with them in all respects. The department head, Risk Manager and County Administrator shall be made aware of all safety inspections requested or conducted by external inspectors. Examples of outside safety inspections may include:

a) Insurance Carrier

Insurance carriers for the County and their representatives may make periodic inspections of the County's facilities to review accident claims against insurance or to assist the County in accident prevention. Such inspections shall be made by appointment through the Risk Manager's office and shall be coordinated with the department head. The Risk Manager will accompany the insurance safety inspector and a representative of the department, if the department elects to provide one.

All items of concerns identified in these inspections shall be transmitted by the insurance carrier inspector in writing to the Risk Manager. The Risk Manager shall forward the inspection reports to the department for comment and/or response. Corrective action shall be implemented as warranted.

b) City, County and State Agencies

Any inspections that are requested or scheduled by any municipality or State agency shall be conducted with a representative of the department after the inspector has been properly identified and notice has been given to the Risk Manager and/or the County Administrator. The department shall make all areas, personnel, or equipment available to such inspectors. The department shall cooperate fully with any request made and shall candidly answer any questions asked by the inspector.

Any comments, concerns or violations noted in writing by these inspectors shall be addressed immediately by the department in accordance with the applicable laws or regulations. The Risk Manager and the County Administrator shall be kept informed on a current basis of the results of all such inspections and the department's response to those inspections.

c) Occupational Safety and Health Administration (OSHA)

An OSHA compliance inspector, upon presenting an official identification card, shall be admitted to any County facility. The admitting employee shall immediately notify his/her supervisor and the department head. The department shall immediately advise the Risk Manager and/or the County Administrator of the inspector's presence. The Risk Manager and a representative of the department shall accompany the inspector on all OSHA inspections.

OSHA compliance is important and each department shall comply fully with the inspector as follows:

- Upon request, the inspectors are authorized to enter any County facility or work site without excessive delay and at reasonable times.
- The inspectors are authorized to inspect and investigate, within reasonable limits and in a reasonable manner, any place of employment or work site. They may observe any procedures, conditions, structures, machines, equipment and materials. Upon request, they may question privately any manager, supervisor, employee or contractor encountered on the inspection or deemed necessary to fulfill their mission.
- In addition, if the inspector requests that an employee representative accompany him/her on the inspection, the department head and the employee shall comply.

OSHA inspections normally conclude with an "exit" interview wherein the inspector discusses his/her findings with management and indicates any violations that will be cited. All citations are put in writing and mailed to the department involved. All citations, penalties and other recommendations received from OSHA shall be copied to the Risk Manager and County Administrator upon receipt

## C) Accident Investigations

### a) General

In order for the department, the Risk Manager, and the Employee Safety Committee to understand as fully as possible the sequence of events leading to an accident or unplanned loss, a prompt investigation of that loss is essential.

Accident investigations shall be performed by the immediate supervisor and/or the Risk Manager. In cases of serious injury (injuries requiring hospitalization, amputations, or death), the investigation shall be performed by the immediate supervisor, his/her superior, and the Risk Manager. The investigation shall be used to determine the causes of the accident and shall not be used to place the blame on anyone.

When an accident occurs, a combination of factors or causes may come together under a given set of circumstances to bring about these unplanned events. Seldom, if ever, will there be a single cause of an accident. Once an accident has occurred, the primary objective shall be to prevent it from reoccurring. By achieving this objective, the department supervisor shall be able to better protect his/her employees and better maintain the efficiency of his/her operation. In performing the investigation, a determination shall be made as to:

- Who was involved?
- What occurred?
- What were the immediate causes?
- Where did the incident occur?
- When did the incident occur?
- Why did the incident occur?
- What steps are needed to correct the problem?

In every investigation, the investigator should make sure that he/she has considered the following four basic elements and the part that each played in the accident/incident. Only then can he/she be reasonably sure a thorough investigation has been performed.

- People

The first element in an accident/incident is people and that includes both employees and management. The employee is the human element directly involved with most accidents. While the human element is involved in a high percentage of accident causes, it shall be realized that what the employee receives or fails to receive, by way of education, training, motivation and job tools, depends in large part on his/her relationship with the department's supervision and management.

- Equipment

Equipment is the second element in an accident/incident. Equipment is defined as the tools and machinery which are required to do the job. Where applicable, equal emphasis should be placed on power tool and hand tool safety.

- Materials

The third element in an accident/incident is the materials involved. The materials which results in accidents can be hazardous, sharp, hot, etc.

- Environment

The final element in an accident/incident is the environment which includes all parts of the physical surroundings. These surroundings include, but are not limited to, the buildings or area in which the

employee works, the weather if the work is outdoors, and the air that they breathe. Environment is usually associated with such items as lighting, noise, dust, rain, temperature and the like.

b) Fact Finding

A good basic approach to accident investigations should be to get the answers to two basic questions:

- 1) Who or what caused the accident?
- 2) What can be done to prevent a recurrence?

Suggestions to use in ascertaining the facts of an accident/incident include the following:

- Checking the site and circumstances of the accident thoroughly before anything is changed, disturbed or cleaned up.
- Discussing the accident with the injured employee, but only after first aid or medical treatment has been provided.
- Talking with employees and others who witnessed the accident.
- Talking with other employees familiar with conditions at the site immediately before and after an accident.
- Really “digging” for information and details. The smallest detail may point to the real cause.
- Attempting to reconstruct the events which resulted in the accident. All possible causes should be considered.
- Looking for the unsafe acts and the unsafe conditions, which separately, or in combination, may have been contributing factors.
- Obtaining assistance from the County's technical personnel, safety specialists, and insurance carriers, as is necessary, to determine the cause of the accident.
- Being objective throughout the investigation. The purpose shall be to find the cause of the accident, not to place blame.

c) Conducting Interviews

An interview shall be conducted with the injured employee and any witnesses as soon as possible after the accident has occurred. It shall be pointed out to these individuals that the purpose of the interview is to determine the cause of the accident in order to prevent a recurrence of the accident.

When interviewing individuals, certain techniques may produce better results than others. Some of these techniques include:

- Putting the person being interviewed at ease. Assure them that blame and punishment are not the objective of the interview.
- Interviewing at the scene of the accident when it is feasible.
- Conducting interviews in private assuring confidentiality when appropriate.
- Getting the individual's version of the facts and probable causes.
- Asking the necessary questions at the right time and in a non-threatening way.
- Repeating the information.
- Ending the interview on a positive note, thanking the individual for their participation.
- Documenting the interview and recording all critical information quickly.
- Obtaining drawings, photos and other physical evidence as is necessary when possible.
- Keeping the pipeline open so that individuals can easily offer further information that occurs to them after the interview is completed.
- Taking the necessary steps to ensure that the conditions which caused the accident are eliminated or controlled.

#### d) Accident Analysis

Following the interviews, a determination of the immediate causes of the accident shall be made. This involves determining the acts and conditions which directly caused the accident. Acts are defined as those actions by employees which directly led to the accident. Conditions are defined as the state of the machinery, tools, materials, environment, or building involved in the accident.

In order to have an accident, an unsafe act(s) or an unsafe condition(s) has to exist or occur. Most accidents occur as a combination of unsafe acts and unsafe conditions. Carelessness is not an acceptable accident explanation.

Examples of unsafe acts (or the human factor) as possible immediate causes of work-related injuries are:

- Making safety devices inoperable
- Failure to use safety guards provided
- Using defective equipment
- Servicing equipment in operation
- Failure to use proper tools or equipment
- Operating machinery or equipment at unsafe speed
- Failure to use personal protective equipment
- Operating equipment without authority
- Lack of skill or knowledge
- Unsafe loading or placing
- Improper lifting, lowering or carrying material
- Taking unsafe positions
- Unnecessary haste
- Influence of alcohol or drugs
- Physical limitations or mental attitude
- Unaware of hazards
- Unsafe act of other employees

Examples of unsafe conditions as possible immediate causes of work-related injuries are:

- Inadequate safety guards or protection
- Defective tools or equipment
- Unsafe condition of machinery
- Congested work area
- Unsafe floors, ramps, stairways, or platforms
- Improper material storage
- Inadequate warning system
- Fire or explosion hazards
- Hazardous atmosphere: gases, dust, fumes, vapors
- Hazardous substances
- Inadequate ventilation
- Radiation exposures
- Excessive noise
- Inadequate lighting

After determining the unsafe acts and conditions surrounding an accident/incident, determine the root causes or why these acts or conditions were present. Ask why the employee acted in such a way, or the machinery or tools were in such a condition, as to cause the accident. Unless the questions are fully answered and the proper remedial action taken, the accident will probably occur again.

Examples of possible root causes for work-related injuries are:

- Inadequate hiring standards
- Inadequate job placement standards
- Lack of proper job procedures
- Inadequate job instruction
- Inadequate enforcement of work standards
- Inadequate supervision
- Inadequate job planning methods
- Inadequate preventive maintenance program
- Inadequate maintenance standards
- Improper layout or design
- Unsafe design or construction
- Inadequate purchasing standards
- Inadequate environmental control program

e) Corrective Action

Immediately after an accident and attending to the victim(s), the supervisor responsible shall review the accident site and protect it from disturbances until others who may need to examine it have done so. Any obvious causes of the accident or hazardous conditions that exist at the site shall be corrected before the area is cleared and made available to employees or others to work in again.

After the investigation is complete, the causes of the accident have been determined, and why these causes were present, then full corrective action shall be initiated by the department. The corrective action may require further employee training, changes in job procedures, providing personal protective equipment, and disciplinary action - if appropriate. Telling the employee “not to commit the error again” or “to be more careful” is not sufficient. The department head or the supervisor shall conduct a thorough review with the employee(s) involved in the accident/incident to ensure that they understand the causes of the incident, the job procedures that are being changed, and the corrective actions required by the department, including the employee.

**D) Recordkeeping**

Recordkeeping is required by law and may reveal patterns or trends of accidents which will guide the risk control efforts. The effectiveness of the County Employee Safety Program shall be evaluated on a periodic basis using accurate statistics and data from the County's records.

The Occupational Safety and Health Act (OSHA) requires employers to prepare and maintain records of occupational injuries and illnesses. These records are maintained on OSHA Form No. 300 (see Appendix F), the Log of Injuries and Illnesses (OSHA 300 Log). The Risk Manager will maintain this log throughout the calendar year and distribute it to the departments each month. The annual departmental OSHA log shall be posted in a central area and be retained by the department for five years. The Risk Manager shall retain the master OSHA 300 log for the last five years.

a) Department Records

Each department shall maintain the following safety related records in accord with applicable laws and the County's administrative policies.

These records are:

- Safety inspections, including any follow-up corrective actions taken, conducted at all facilities for which it is responsible.
- Report of individual employee safety corrective action counseling.

- Training records for operational safety including that related to hazardous materials exposure.
- Inventory of hazardous materials currently used by the department and the Material Safety Data Sheets (MSDS) for those materials that are accessible to all employees.
- Training records for bloodborne pathogen risks and procedures including employee training acknowledgment statements.
- Accident/Incident investigation and review forms.
- The department OSHA 300 logs, made available to all employees, for a period of the last five years.

b) Risk Manager Records

The Risk Manager shall have the primary responsibility to assure all safety records required by law are maintained by the appropriate County departments. The Risk Manager shall maintain the following records:

- The Workers Compensation “First Report of Injury or Illness” (see Appendix D)
- Automobile Loss Notice (see Appendix G).
- Property Loss Notice (see Appendix H)
- General Liability Notice of Occurrence/Claim (see Appendix I)
- The master annual OSHA 300 Logs for the last five years.
- The monthly summary and analysis of all accidents and/or incidents for use by the Employee Safety Committee.
- The minutes of meetings for the County Employee Safety Committee.
- All correspondence to and from OSHA related to inspections, compliance, penalties or any other issue concerning the County.
- Workers' Compensation claimant's file including all documentation thus generated.
- Files on all claims against the County or its insurance companies.
- Employee medical records associate with exposures to bloodborne pathogens in the workplace.
- Copies of each department's training records in bloodborne pathogen exposure control.

**Section VIII**  
**Appendices**

- A Accident/Incident Report
- B County Vehicle Operation Policy
- C Material Safety Data Sheet (sample)
- D Workers Compensation - First Report of Injury or Illness
- E Checklist for Work-Related Injuries
- F OSHA Form 300 – The Log of Work-Related Injuries and Illnesses
- G Automobile Loss Notice
- H Property Loss Notice
- I General Liability Notice of Occurrence/Claim

Appendix A

Accident/Incident Report  
(2 sided form)



**County of Aiken**  
**Accident/Incident Report**  
(Submit Completed Report, Including Employee's Statement, to  
Department Safety Coordinator & Risk Manager  
Within 5 Business Days)

<b>Department:</b>	<b>Date &amp; Time of Accident/Incident:</b>	<b>Type of Accident/Incident (Circle One)</b> Personal Injury      Vehicle/Property
--------------------	--	--

<b>Exact Location of Accident/Incident:</b>	<b>Names of All Persons Involved:</b>
	<b>Did a Personal Injury Occur?</b> Yes      No <b>Was Medical Treatment Required?</b> Yes      No

<b>Type of Equipment Involved:</b>	<b>County Vehicle Number or Property I.D. Number:</b>
	<b>Estimate of Total Vehicle/Equipment/Property Damage: (Circle One)</b> Under \$1,000      Over \$1,000

<b>Was There Property Damage To? (Circle One)</b> County Property      Other Government      Private	<b>Personal Protective Equipment (PPE) Required? Yes      No</b> Type: <b>Was PPE Used?      Yes      No</b>
---	--

**Describe any conditions (examples: weather, gas leak, hazardous conditions, oil spill, etc.), procedures, tools, equipment failure, or materials, which contributed to the accident:**

**What Happened? (Describe contributing events, circumstances or personal actions – how & why accident occurred. If a vehicle accident, complete diagram on reverse side.)**

**Suggestions which may be helpful in preventing reoccurrence:**

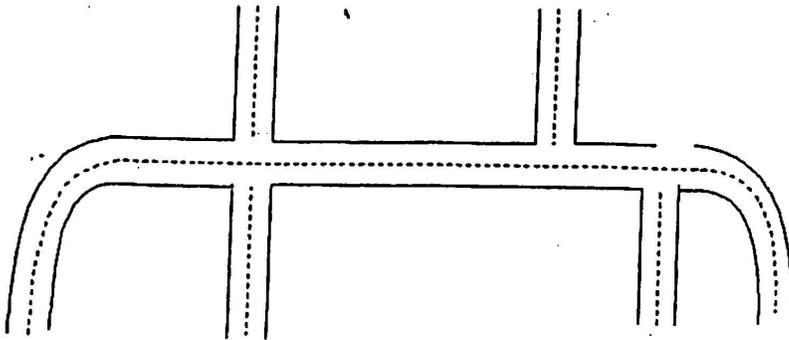
**In your opinion, was this accident/incident avoidable?      Yes      No**

**Supervisor's Signature & Title:**  
  
**Date:**

**Employee Signature Acknowledging Review:**  
  
**Date:**

Vehicle Accident Diagram

Complete this diagram showing direction & positions of involved vehicles. clearly show point of contact.



1. Show vehicles & direction of travel: Your Vehicle  Other Vehicle/s
  2. Use solid line to show path of each vehicle before accident,  , dotted line after accident .....
- Label Street names.

Appendix B

County Vehicle Operation Policy  
(not included, currently under revision)

## Appendix C

### Material Safety Data Sheets (MSDS) (sample)

Spectrum Group  
 Division of United Industries  
 P. O. Box 142642  
 St. Louis, MO 63114-0642

# Material Safety Data Sheet

Complies with OSHA's Hazard Communication Standard, 29 CFR 1910.1200

Hazardous Material Identification System – (HMIS)	
HEALTH – 1	REACTIVITY – 0
FLAMMABILITY – 2	PERSONAL – Rubber gloves

<b>I Trade Name:</b> Spectracide® Wasp & Hornet Killer																											
<b>Product Type:</b> Aerosol insecticide																											
<b>Product Item Number:</b> 57625.4		<b>Formula Code Number:</b> 21-0688-/21-0689																									
<b>EPA Registration Number</b>	<b>Manufacturer</b>	<b>Emergency Telephone Numbers</b>																									
9688-117-8845	Chemsico Division of United Industries Corporation 8494 Chapin Industrial Drive St. Louis, MO 63114	<b>For Chemical Emergency:</b> 1-800-633-2873 <b>For Information:</b> 1-800-332-5553 <b>Prepared by:</b> C. A. Duckworth <b>Date Prepared:</b> October 29, 2004																									
<b>II Hazards Ingredient/Identity Information</b>		<b>III Physical and Chemical Characteristics</b>																									
<table border="0"> <thead> <tr> <th>Chemical</th> <th>%</th> <th>OSHA PEL</th> <th>ACGIH TLV</th> </tr> </thead> <tbody> <tr> <td>Mineral Spirits CAS# 8052-41-3</td> <td>4.00</td> <td>100 ppm</td> <td>100 ppm</td> </tr> <tr> <td>Butyl Propasol CAS# 5131-66-8</td> <td>6.00</td> <td>None</td> <td>None</td> </tr> <tr> <td>Tetramethrin CAS# 66841-25-6</td> <td>0.03</td> <td>NA</td> <td>2000 mg/kg (skin)</td> </tr> <tr> <td>d-trans Allethrin CAS# 28057-48-9</td> <td>0.05</td> <td>NE</td> <td>NE</td> </tr> <tr> <td>Propane CAS# 74-98-6</td> <td>4.50</td> <td>1000 ppm</td> <td>NE</td> </tr> </tbody> </table>	Chemical	%	OSHA PEL	ACGIH TLV	Mineral Spirits CAS# 8052-41-3	4.00	100 ppm	100 ppm	Butyl Propasol CAS# 5131-66-8	6.00	None	None	Tetramethrin CAS# 66841-25-6	0.03	NA	2000 mg/kg (skin)	d-trans Allethrin CAS# 28057-48-9	0.05	NE	NE	Propane CAS# 74-98-6	4.50	1000 ppm	NE	<b>Appearance &amp; Odor:</b> Jet spray and a glycol ether odor. <b>Boiling Point:</b> NA <b>Melting Point:</b> NA <b>Vapor Pressure:</b> 110 psig at 54° C/130° F <b>Specific Gravity:</b> 0.97 (H <sub>2</sub> O = 1) <b>Vapor Density:</b> Greater than 1 (Air = 1) <b>% Volatile (by vol.):</b> 95% <b>Solubility in Water:</b> Greater than 87% <b>Evaporation Rate:</b> Less than 1 (Butyl Acetate = 1)		
Chemical	%	OSHA PEL	ACGIH TLV																								
Mineral Spirits CAS# 8052-41-3	4.00	100 ppm	100 ppm																								
Butyl Propasol CAS# 5131-66-8	6.00	None	None																								
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d-trans Allethrin CAS# 28057-48-9	0.05	NE	NE																								
Propane CAS# 74-98-6	4.50	1000 ppm	NE																								
<b>IV Fire and Explosive Hazards Data</b>		<b>V Reactivity Data</b>																									
<b>Flash Point:</b> 75° F (TCC) (liquid phase) <b>Flame Extension:</b> 0-inches (Level I Aerosol) <b>Flammable Limits:</b> NA <b>Autoignition Temperature:</b> NA <b>Fire Extinguishing Media:</b> Water fog, Carbon dioxide, Dry chemical <b>Decomposition Temperature:</b> NA <b>Special Fire-Fighting Procedures:</b> Keep cans cool. Use equipment or shielding to protect personnel against bursting, rupturing or venting cans. <b>Unusual Fire &amp; Explosion Hazards:</b> At elevated temperatures (over 54° C/130° F), cans may vent, rupture or burst. See Section V.		<b>Stability:</b> Stable <b>Polymerization:</b> Will not occur <b>Conditions to Avoid:</b> Temperatures over 130° F <b>Incompatible Materials:</b> NA <b>Hazardous Decomposition or Byproducts:</b> Carbon dioxide, carbon monoxide																									
<b>VI Health Hazard Data</b>		<b>VII Precautions for Safe Handling and Use</b>																									
<b>Eye Contact:</b> Causes eye irritation. Avoid contact with eyes. <b>First Aid:</b> Flush eyes with plenty of water. Call a physician if irritation persists. <b>Special Notes:</b> Avoid contamination of food and drinking water. <b>Health conditions Aggravated by Exposure:</b> None known <b>Ingredients listed by NTP, OSHA, or IARC as Carcinogens or Potential Carcinogens:</b> None		<b>Steps to be Taken in Case Material is Released or Spilled:</b> Avoid breathing vapors. Avoid contact with liquid. Remove ignition sources. Soak up spills with absorbent material. <b>Waste Disposal:</b> Do not puncture or incinerate containers. Give empty, leaking or full containers to a facility qualified to dispose or pressurized containers. <b>Handling &amp; Storage Precautions:</b> Do not store where temperatures can exceed 54°C/130°F																									
<b>VIII Control Measures</b>		<b>IX Transportation Data</b>																									
Read and follow label directions. They are your best guide to using this product effectively, and give necessary safety precautions to protect your health.		<b>DOT:</b> Consumer Commodity, Hazard Class ORM-D (Limited Quantity Exception) <b>IMDG:</b> Aerosols (Maximum 1 Liter), Hazard Class 2, UN-1950, Packing Group III <b>IATA:</b> Aerosols, Flammable, Containing Substances in Division 6.1, Packing Group III (Each Not Exceeding 1 Liter Capacity), Hazard Class 2.1, UN-1950, Packing Group III																									

The information and statements herein are believed to be reliable but are not to be construed as warranty or representation for which we assume legal responsibility. Users should undertake sufficient verification and testing to determine the suitability for their own particular purpose of any information or products referred to herein. NO WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE IS MADE.

Appendix D

Workers Compensation - First Report of Injury or Illness  
(a signed authorization to release medical records must be attached)

# WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

<b>EMPLOYER (NAME &amp; ADDRESS, including zip code)</b> Aiken County Government 828 Richland Avenue, W. Aiken, SC 29801 Department: Box 1 Box 2 Division: Box 3 Box 4 Box 5 Box 6		<b>CARRIER/ADMINISTRATOR CLAIM NUMBER</b>	<b>REPORT PURPOSE CODE</b>
<b>SIC CODE</b> EMPLOYER FEIN 57-6000299		<b>JURISDICTION</b>	<b>JURISDICTION CLAIM NUMBER</b>
<b>CARRIER/CLAIMS ADMINISTRATOR</b> CARRIER (NAME, ADDRESS, & PHONE NO.) Lloyds of London/Midwest Employers		<b>INSURED REPORT NUMBER</b>	<b>EMPLOYER LOCATION ADDRESS (IF DIFFERENT)</b> LOCATION # PHONE # 803-642-1544
<b>CARRIER FEIN</b>		<b>POLICY/SELF-INSURED NUMBER</b>	<b>ADMINISTRATOR FEIN</b>
<b>AGENT NAME &amp; CODE NUMBER</b>			
<b>EMPLOYEE/WAGE</b> NAME (LAST, FIRST, MIDDLE)		<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>ADDRESS (INCL. ZIP)</b>		<b>SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	<b>MARITAL STATUS</b> <input type="checkbox"/> UNMARRIED SINGLE/DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN
<b>PHONE #</b>		<b>DATE HIRED</b>	<b>STATE OF HIRE</b> SC
<b>RATE</b>	<b>PER</b>	<b>DAY</b>	<b>MONTH</b>
\$		WEEK	X Other Annual
<b>OCCURRENCE/TREATMENT</b>		<b># DAYS WORKED/WEEK</b>	<b>FULL PAY FOR DAY OF INJURY?</b> X YES NO
<b>TIME EMPLOYEE BEGAN WORK</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<b>DATE OF INJURY/ILLNESS</b>	<b>TIME OF OCCURRENCE</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>CONTACT NAME/TELEPHONE #</b>		<b>LAST WORK DATE</b>	<b>DATE EMPLOYER NOTIFIED</b>
<b>DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>DATE DISABILITY BEGAN</b>	<b>EMPLOYMENT STATUS</b>
<b>DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS OCCURRED</b>		<b>TYPE OF INJURY/ILLNESS</b>	<b>PART OF BODY AFFECTED</b>
<b>SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED</b>		<b>TYPE OF INJURY/ILLNESS CODE</b>	<b>PART OF BODY AFFECTED CODE</b>
<b>HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.</b>		<b>ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED</b>	<b>WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED</b>
<b>DATE RETURNED TO WORK</b>		<b>IF FATAL, GIVE DATE OF DEATH</b>	<b>WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>PHYSICIAN/HEALTH CARE PROVIDER (NAME &amp; ADDRESS)</b>		<b>HOSPITAL (NAME &amp; ADDRESS)</b>	<b>WERE THEY USED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>WITNESS (NAME &amp; PHONE #)</b>		<b>PREPARER'S NAME &amp; TITLE</b> Ruth L. Gordy, Risk Manager	<b>INITIAL TREATMENT</b> <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR: BY EMPLOYER <input type="checkbox"/> MINOR: CLINIC/HOSPITAL <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> HOSPITALIZED >24 HOURS <input type="checkbox"/> FUTURE MAJOR MEDICAL/LOSS TIME ANTICIPATED
<b>DATE ADMINISTRATOR NOTIFIED</b>	<b>DATE PREPARED</b>	<b>TELEPHONE #</b> 803-642-1544	<b>CAUSE OF INJURY CODE</b>

# HIPAA COMPLIANT RELEASE FOR MEDICAL RECORDS

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

To:

I hereby authorize you to use, release and/or disclose protected health information about me as described below. The information and documents are being requested in connection with my claim and/or a lawsuit.

You are hereby authorized to furnish Hewitt Coleman with copies of protected health information, including but not limited to: any and all health care records, medical records and charts, x-ray films, MRI films, CT scans, or other diagnostic test examinations or results or evaluations, medical notes, handwritten notes, patient intake questionnaires, discharge documents, patient information, medical bills, and other information to include the medical history, treatment, diagnosis or prognosis regarding the undersigned patient:

Patient's name:

Patients address:

Social Security Number:

Date of birth:

Expiration of release:

Date Signed:

\_\_\_\_\_  
Signature of patient or legal guardian

## A PHOTOCOPY OF THIS RELEASE SERVES IN LIEU OF AN ORIGINAL

This Authorization fully complies with the Health Insurance Portability and Accountability Act of 1996 (hereinafter "HIPAA"). The patient's right to treatment, payment, enrollment, or eligibility for medical benefits is not based on signing this release. The patient has been provided a copy of this Authorization, has read this Authorization, and has the right to revoke this Authorization by written notification to Hewitt Coleman, who is solely responsible for all costs associated with copying records under this release. The patient named above understands that any action taken in reliance on this Authorization cannot be reversed, and his/her revocation will not affect those actions. Hewitt Coleman may disclose information/documents as required or permitted by the applicable rules of the Court or to others as deemed necessary by the law firm. Any questions regarding this release shall be answered by the Aiken County Risk Manager or the adjuster for Hewitt, Coleman & Associates.

Appendix E

Checklist for Work-Related Injuries  
(2 pages)

## CHECKLIST FOR WORK-RELATED INJURIES

### ALL INJURIES MUST BE REPORTED TO THE RISK MANAGER

Contact: Aiken County Risk Manager  
828 Richland Avenue, Room 205  
Aiken, SC 29801  
Tel: (803)-642-1544; Fax: (803)-643-1994, e-mail: rgordy@aikencountysc.gov  
(Alternates: Assistant County Administrator or Office Manager: 803-642-2012)

#### INJURED EMPLOYEE:

- \_\_\_\_\_ Report injury to Supervisor *immediately*.
- \_\_\_\_\_ If medical treatment is provided, report, in person, to the Risk Management office **within 24 hours** of injury or next scheduled workday to complete "First Report of Injury. (*If injured employee cannot report to Risk Management Office within specified time frame, supervisor is responsible for doing so.*)
- \_\_\_\_\_ If emergency room treatment (ER) is required, ensure that the ER registration desk & Triage is given correct employer information: Aiken County Government, Attn: Risk Management, 828 Richland Ave., Aiken, SC 29801, 803-642-1544
- \_\_\_\_\_ Coordinate **all** medical services, beyond initial treatment, *through Risk Manager*.
- \_\_\_\_\_ If time is missed from work due to work-related injury, employee shall provide the supervisor a copy of disability certificate signed by the treating physician. If the physician indicates that light duty is required, employee shall provide a copy of the restrictions to the supervisor.
- \_\_\_\_\_ Inform Department Head/Supervisor of the type of leave to be used for **first seven (7) calendar** days of injury (if time missed extends beyond seven (7) calendar days) *after being put out of work by a physician*.

#### SUPERVISOR

- \_\_\_\_\_ Refer injured employee to *County's designated medical provider* first or utilize the closest Emergency Room (*only if the County's designated medical provider is closed or in the case of true emergencies only*). ***This does not include exposure to blood borne pathogens (see next item). Regardless of type of injury, advise Risk Management (642-1544) that employee has been injured and is being sent to appropriate medical provider as may be necessary. If injury is not a life threatening situation & occurs after normal business hours (8 a.m. – 5 p.m., Monday - Friday), holidays or weekends, notify Risk Management on the next business day. Follow-up treatment is with County's designated medical provider, not the Emergency Room referral or family physician.***

For post-exposure (blood borne pathogens) evaluation and treatment, contact Risk Management immediately at 642-1544 so that evaluation and treatments will be coordinated with Gary Fischbach, M.D. ***If exposure occurs after normal business hours (8 a.m. - 5 p.m., Monday - Friday), holidays or weekends, page Dr. Fischbach directly 803-618-1472 and then calling the answering service at 643-3400.*** If treatment is provided after normal business hours, holidays or weekends, contact Risk Management on the next business day.

- \_\_\_\_\_ If a fatality occurs or three (3) or more employees are transported to the hospital for the same condition, notify Risk Manager immediately. If after normal business hours (8:00 a.m. - 5:00 p.m., Monday - Friday), notify Risk Manager through Aiken County Sheriff's Office Dispatch (642-1762). Dispatch has emergency telephone numbers for the Risk Manager. SCDOL OSHA office ***shall*** be notified within eight (8) hours of supervisor being notified of fatality. If the Risk Manager is not available, ***the supervisor is responsible*** for contacting OSHA (telephone number 1-803-734-9607) and then contacting Risk Manager or her designated backups as soon as possible.
- \_\_\_\_\_ Advise the injured employee that ***drug and alcohol testing shall be conducted*** at the County's designated medical provider per Section 2-398 (m)(1) of the Aiken County Code of Ordinances. These tests shall be administered at the time of initial treatment or, in the case of hospitalization, as soon as is medically feasible. For injuries occurring after normal business hours, refer to "After Hour Drug/Alcohol Testing Procedures".
- \_\_\_\_\_ Complete "County of Aiken Accident/Incident Report". (Department retains a copy), forwards original to Risk Management. If the employee declines medical treatment at the time of the injury, note the declination of treatment on the Report and have the employee initial and date that section.
- \_\_\_\_\_ Ensure that injured employee provides required information to Risk Management to initiate procedures for filing the

## CHECKLIST FOR WORK-RELATED INJURIES

workers' compensation claim if medical treatment was provided by a hospital or the County's designated medical provider.

\_\_\_\_\_ If the employee is placed out of work or on light duty is indicated, supervisor shall forward a copy of the disability/restricted duty statement to Risk Management as soon as possible.

### DEPARTMENT HEAD/RISK MANAGEMENT LIAISON

\_\_\_\_\_ Verify that injury has been reported to Risk Management office.

\_\_\_\_\_ Ensure that injured employee has completed required personal interview with Risk Management office.

\_\_\_\_\_ Keep time sheet records on each injured employee who misses work due to work related injury, providing copy of injured employee's time sheet to Risk Management on a weekly basis.

\_\_\_\_\_ Ensure that department has a disability/light duty certificate", signed by the treating physician to supervisor before being allowed to return to light duty or regular work assignment. Ensure that a copy is sent to Risk Management.

Appendix F

OSHA Form 300  
The Log of Work-Related Injuries and Illnesses



Appendix G

Automobile Loss Notice

ACORD™ AUTOMOBILE LOSS NOTICE							DATE 1/26/2006 9:35:08 AM		
PRODUCER Arthur J. Gallagher & Co., Inc. O. Box 2860 15 South Main Street Greenville, SC 29602		PHONE (A/C, No, Ext): 800-775-9936		COMPANY NAIC CODE:		MISCELLANEOUS INFO (Site & location code)			
POLICY NUMBER [Policy No]			REFERENCE NUMBER		CAT #				
CODE: AGENCY CUSTOMER ID		SUB CODE:		EFFECTIVE DATE	EXPIRATION DATE	DATE OF ACCIDENT AND TIME <input type="checkbox"/> am <input type="checkbox"/> pm		PREVIOUSLY REPORTED <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>INSURED</b>				<b>CONTACT</b>		<input checked="" type="checkbox"/> CONTACT INSURED			
NAME AND ADDRESS Aiken County Government 828 Richland Avenue, W. Aiken, SC 29801 Department: Box 1 Box 2 Division: Box 3 Box 4 Box 5 Box 6			SOC SEC #:	NAME AND ADDRESS Ruth L. Gordy, Risk Manager Aiken County Government 828 Richland Avenue, W. Aiken, SC 29801			WHERE TO CONTACT Risk Mgt. Office WHEN TO CONTACT 8-5, M-F		
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext) 803-642-1544		RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext) 803-642-1544			
<b>LOSS</b>									
LOCATION OF ACCIDENT (Include city & state)					AUTHORITY CONTACTED: REPORT #:		VIOLATIONS/CITATIONS		
DESCRIPTION OF ACCIDENT									
<b>INSURED VEHICLE</b>									
VEH #	YEAR	MAKE: MODEL:		BODY TYPE: V.I.N.:			PLATE NUMBER	STATE	
							SC		
OWNER'S NAME & ADDRESS Aiken County Government 828 Richland Ave., W. Aiken, SC 29801		RESIDENCE PHONE (A/C, No): N/A		BUSINESS PHONE (A/C, No, Ext): 803-642-1544					
DRIVER'S NAME & ADDRESS <input type="checkbox"/> (Check if same as owner)		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):					
RELATION TO INSURED (employee, family, etc) Employee	DATE OF BIRTH	DRIVER'S LICENSE NUMBER		STATE	PURPOSE OF USE Business		USED WITH PERMISSION? <input type="checkbox"/> yes <input type="checkbox"/> no		
DESCRIBE DAMAGE		ESTIMATE AMOUNT \$	WHERE CAN VEHICLE BE SEEN? Contact Risk Manager		WHEN CAN VEH BE SEEN? Contact Risk Manager		OTHER INSURANCE ON VEHICLE? No		
<b>PROPERTY DAMAGED</b>									
DESCRIBE PROPERTY (If auto, year, make, model, plate #)				OTHER VEH/PROP INS?	COMPANY OR AGENCY NAME: POLICY #:				
OWNER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):					
OTHER DRIVER'S NAME & ADDRESS <input type="checkbox"/> (Check if same as owner)		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):					
DESCRIBE DAMAGE		ESTIMATE AMOUNT \$	WHERE CAN DAMAGE BE SEEN?						
<b>INJURED</b>									
NAME & ADDRESS			PHONE (A/C, No)	PED. INS VEH, OTH VEH	AGE	EXTENT OF INJURY			
<b>WITNESS OR PASSENGERS</b>									
NAME & ADDRESS			PHONE (A/C, No)	INS VEH or OTH VEH		OTHER (Specify)			
REMARKS (Include adjuster assigned)									
REPORTED BY Ruth L. Gordy, Risk Manager		REPORTED TO Hewitt, Coleman & Associates		SIGNATURE OF INSURED			SIGNATURE OF PRODUCER		

Appendix H  
Property Loss Notice

<b>ACORD™ PROPERTY LOSS NOTICE</b>				DATE 1/29/2006 9:35:23 AM	
PRODUCER PHONE (A/C, No, Ext): 800-775-9936		MISCELLANEOUS INFO (Site & location code)		DATE OF LOSS AND TIME	
Arthur J. Gallagher & Co., Inc. P.O. Box 2860 15 South Main Street Greenville, SC 29602		POLICY TYPE		PREVIOUSLY REPORTED <input type="checkbox"/> AM <input type="checkbox"/> Yes <input type="checkbox"/> PM <input type="checkbox"/> No	
		COMPANY AND POLICY NUMBER		POLICY DATES	
CODE: SUB CODE:		FLOOD		EFF: EXP:	
AGENCY CUSTOMER ID		WIND		EFF: EXP:	

INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS OF INSURED Aiken County Government 828 Richland Avenue, W. Aiken, SC 29801  Department: Box 1 Box 2 Division: Box 3 Box 4 Box 5 Box 6		DATE OF BIRTH  SOC SEC #:		NAME AND ADDRESS OF CONTACT Ruth L. Gordy, Risk Manager Aiken County Government 828 Richland Avenue, W. Aiken, SC 29801	
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext) 803-642-1544			
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)		DATE OF BIRTH  SOC SEC #:		RESIDENCE PHONE (A/C, No)  BUSINESS PHONE (A/C, No, Ext) 803-642-1544	
		WHERE TO CONTACT Risk Mgt. Office		WHEN TO CONTACT 8 - 5, M - F	

LOSS		
LOCATION OF LOSS		POLICE OR FIRE DEPT TO WHICH REPORTED
KIND OF LOSS	Select One: Lightning	PROBABLE AMOUNT ENTIRE LOSS
DESCRIPTION OF LOSS & DAMAGE		

POLICY INFORMATION					
MORTGAGEE <input type="checkbox"/> NO MORTGAGEE					
REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)					
CAT #	FICO #	ADJUSTER ASSIGNED		ADJUSTER #	DATE ASSIGNED
REPORTED BY Ruth L. Gordy, Risk Manager	REPORTED TO Hewitt, Coleman & Associates	SIGNATURE OF INSURED		SIGNATURE OF PRODUCER	

Appendix I

General Liability Notice of Occurrence/Claim

# ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

DATE  
January 26, 2006

PRODUCER	PHONE (A/C, 800-775-9936 No, Ext):	<input type="checkbox"/> NOTICE OF OCCURRENCE	DATE OF OCCURRENCE AND TIME	<input type="checkbox"/> AM	DATE OF CLAIM	PREVIOUSLY REPORTED
Arthur J. Gallagher & Co., Inc. P.O. Box 2860 15 South Main Street Greenville, SC 29602		<input type="checkbox"/> NOTICE OF CLAIM		<input type="checkbox"/> PM		<input type="checkbox"/> Yes <input type="checkbox"/> No

EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	POLICY TYPE	RETROACTIVE DATE
COMPANY		NAIC CODE:		MISCELLANEOUS INFO (Site & location code)	

CODE:	SUB CODE:	POLICY NUMBER	REFERENCE NUMBER
AGENCY CUSTOMER ID			

<b>INSURED</b>		<b>CONTACT</b>	<input checked="" type="checkbox"/>	CONTACT INSURED
NAME AND ADDRESS Aiken County Government 828 Richland Avenue, W. Aiken, SC 29801 Department: Box 1 Box 2 Division: Box 3 Box 4 Box 5 Box 6		SOC SEC #:		NAME AND ADDRESS Ruth L. Gordy, Risk Manager Aiken County Government 828 Richland Avenue, W. Aiken, SC 29801
RESIDENCE PHONE (A/C, No)		BUSINESS PHONE (A/C, No, Ext) 803-642-1544		WHERE TO CONTACT Risk Mgt. Office WHEN TO CONTACT 8-5 M-F

<b>OCCURRENCE</b>			
LOCATION OF OCCURRENCE (Include city & state)			AUTHORITY CONTACTED
DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary)			

<b>POLICY INFORMATION</b>							
COVERAGE PART OR FORMS (Insert form #s and edition dates)							
GENERAL AGGREGATE	PROD/COMP OP AGG	PERS & ADV INJ	EACH OCCURRENCE	FIRE DAMAGE	MEDICAL EXPENSE	DEDUCTIBLE	<input type="checkbox"/> PD <input type="checkbox"/> BI
UMBRELLA/ EXCESS <input type="checkbox"/>	UMBRELLA <input type="checkbox"/>	EXCESS <input type="checkbox"/>	CARRIER:	LIMITS:	<input type="checkbox"/>	PER CLAIM <input type="checkbox"/>	PER OCCUR <input type="checkbox"/>

<b>TYPE OF LIABILITY</b>				<b>TYPE OF PREMISES</b>			
PREMISES: INSURED <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER:				OWNER'S NAME & ADDRESS (If not insured)			
PRODUCTS: INSURED <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> VENDOR <input type="checkbox"/> OTHER:				OWNERS PHONE (A/C, No, Ext):			
MANUFACTURER'S NAME & ADDRESS (If not insured)				TYPE OF PRODUCT			
WHERE CAN PRODUCT BE SEEN?				MANUFACTURER PHONE (A/C, No, Ext):			

OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)							
--	--	--	--	--	--	--	--

<b>INJURED/PROPERTY DAMAGED</b>							
NAME & ADDRESS (Injured/Owner)				PHONE (A/C, No, Ext)			
AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS	PHONE (A/C, No, Ext):			
DESCRIBE INJURY			WHERE TAKEN?	WHAT WAS INJURED DOING?			
<input type="checkbox"/> FATALITY?							
DESCRIBE PROPERTY (Type, model, etc)		ESTIMATE AMOUNT \$	WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?			

<b>WITNESSES</b>							
NAME & ADDRESS				BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No)	

REMARKS							
REPORTED BY Ruth L. Gordy, Risk Manager		REPORTED TO Hewitt, Coleman & Associates		SIGNATURE OF PRODUCER OR INSURED			