

WILTON-LYNDEBOROUGH COOPERATIVE SCHOOL
DISTRICT

SAFETY PROGRAM/PLAN

January 2018

SECTION 1: INTRODUCTION

Every employee has the right to a workplace free from occupational safety and health hazards. A Safety Program is designed to prevent accidents and illnesses, and is established jointly between employees and management.

Unsafe behaviors, unsafe conditions, and accidents are indicators of a weakness in the loss prevention process that is in place. This program provides the framework for safety to be integrated into the system, like any other function, through planning, organization, leadership, and control. A well-trained, motivated, and team-oriented employee in a safe and healthful environment is more likely to be highly productive and less likely to have an accident.

Only through the joint commitment of management and employees can workplace accidents and injuries be reduced or eliminated. Employees are encouraged to not only work safely and report unsafe conditions, but also encouraged to take an active role in safety and health by participating on the Joint Loss Management Committee (JLMC).

SECTION 2: MANAGEMENT COMMITMENT

The welfare and safety of our employee is of prime concern to management. Accidents result in unnecessary suffering and loss of wages, and all too often in permanent disability. Therefore, it is our policy to provide and maintain safe and healthful working conditions and to require safe work practices.

To assure that our best efforts are going toward the prevention of accidents, we are establishing a comprehensive loss prevention management program.

Each of us share a responsibility for the prevention of accidents and we expect that everyone will participate to the fullest to ensure that this will be a safe organization in which to work.

SECTION 3: RESPONSIBILITIES

Management and employee shall be fully responsible for implementing the provision of this program as they pertain to operations within their respective jurisdiction. The responsibilities listed are minimal and should not be construed to limit individual initiative to implement or comprehensive procedures to control losses and enhance workplace safety.

A. Superintendent and Business Administrator

1. Officially adopt the program.
2. Provide overall support, direction and commitment. Actively participate in the process whenever possible.

WLC SAFETY PROGRAM/PLAN CONTINUED

3. Clearly communicate with all members of the organization. Emphasize that a joint effort among all parties is critical to the program's success.
4. Ensure that personnel responsible for carrying out the provisions of this program understand it, have a copy of it, and are held accountable for their actions/inactions in accordance with established personnel policies and procedures.
5. Provide required resources.
 - a. Funding – safety equipment; personal protective equipment; training materials and programs.
 - b. Personnel – outside experts; loss prevention consultants; inter-departmental liaisons.
 - c. Time – review and respond to inspection/recommendation/investigation reports; participate in training programs.
 - d. Other, as needed.
6. Respond, in writing, to recommendations made by the Joint Loss Management Committee (JLMC).
7. Provide training for members of the JLMC in workplace hazard identification and accident/injury investigation adequate to carry out the committee's responsibilities.
8. Ensure that sub-contractors follow all appropriate safety and health standards.

B. Supervisory Personnel

Employees with supervisory duties, whether they are first line supervisors or department heads, have the authority and responsibility to maintain safe and healthful work places and work practices. Specifically, they will do the following:

1. Comply with this program and applicable work rules. (see Section 5)
2. Ensure that all employees within their jurisdiction comply with the program and follow all work rules. Supervisors are expected to set the proper example.
3. Comply with all established personnel policies and procedures as they relate to this program. Specifically, follow disciplinary procedures for violation of work rules. (see Section 6)
4. Educate employees within their jurisdiction in the accepted way of performing each task, the nature of the hazards involved, the necessary precautions to be taken, and the use of protective and emergency equipment required. (see Section 5)

WLC SAFETY PROGRAM/PLAN CONTINUED

5. As necessary, meet with staff to review accidents which have occurred and to discuss plans and ideas to bring about additional loss prevention measures.
6. Carry out additional inspections, investigations, and administrative duties as outlined in Sections 4, 5, and 7.
7. Be accountable for accidents, incidents, and near-misses involving their staff, especially if it is determined that additional preventive measures can or should have been taken. A supervisor's capability to supervise is measured by the efficiency of his/her operation.
8. Include an evaluation of an employee's safety behavior in each formal performance appraisal. This record may highlight specific performance deficiencies that must be recognized and corrected.

C. Employees

Employees are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries to themselves and to follow workers. Employees shall:

1. Understand and follow all work rules. (see Section 5)
2. Wear required personal protective equipment, including seat belts. (see Section 5)
3. Report all unsafe acts and conditions to the supervisor.
4. Operate only the machines and equipment that they have been authorized and trained to operate by the supervisor.
5. Follow all accident reporting procedures. (see Section 7)

SECTION 4: SAFETY AND HEALTH COMMITTEE

The purpose of the Joint Loss Management Committee is to bring workers and management together in a non-adversarial, cooperative effort to promote workplace safety. They have the potential to significantly improve workplace safety and productivity, enhance employee relations, morale and health, and provide significant financial savings in Worker's Compensation.

I. Organization

- A. Size – Employers with more than 20 employees are required to have a minimum of four members on the Committee.

B. Membership and Structure

WLC SAFETY PROGRAM/PLAN CONTINUED

1. Committees are required to have equal numbers of employer and employee representatives.
2. Employee representatives shall be selected by the employees according to the following guidelines: When the employees are represented by a single, exclusive bargaining representative, the bargaining representative shall designate the members
3. Committee members must be representative of the major work activities (key work areas) of the employer.
4. Any employee who participates in committee activities in his/her role as a committee member including, but not limited to, attending meetings, training activities, and inspections, shall be paid at his/her regular rate of pay for all time spent on such activities.
5. The Committee is required to elect a chairperson. The position of a chairperson must be rotated between employee and employer representatives.

II. Duties and Responsibilities

A. General

1. Meet at least quarterly.
2. Develop and disseminate to all employees a committee policy statement.
3. Maintain clearly established goals and objectives of the committee, and disseminate them to all employees.
4. Review workplace accidents and injury data to help establish the committees' goals and objectives.
5. Provide an open forum for free discussion of both accident problems and preventative measures.
6. Establish specific safety programs which, but are not limited to, the following;
 - a. Designation, by name and title, of a person who shall be knowledgeable of site specific safety requirements and be accountable for their implementation and adherence,
 - b. Provisions for health and safety inspections at least annually for hazard identification purposes
 - c. Performance of audits at least annually regarding the inspection findings.
 - d. Communication of identified hazards, with recommended control measures, to the person(s) most able to implement controls
 - e. Written response, by the employer, to recommendations made by the committee.

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7. During the inspections, discover unsafe conditions and practices, and determine their remedies.
 8. Ensure that the required training and familiarization is provided for all employees so they may perform their work in a safe and healthy manner.
 9. Assist with the identification of temporary alternate tasks.
- B. Accident Review – All accidents and subsequent recommendations for prevention are reviewed and approved/returned for clarification. Any recommendations made are followed through to completion, and communicated to other departments with similar exposures.
- C. Inspections – The Committee may choose to conduct an inspection of a particular location/piece of machinery/job site. Any recommendations will be communicated to those responsible for completing them.
- D. Communication of Relevant Information
1. Meeting Minutes – The Committee is a functioning body of and for the employees. All information from the meetings should be distributed, or at a minimum, posted.
 2. Literature – As committee members come across safety information/literature, it should be made available to others.
 3. Suggestions – Committee members need to listen to and present safety suggestions from co-workers to the committee.
- E. Recordkeeping
1. Minutes of all committee meetings must be kept on file.
 2. As the committee is a functioning body of and for all employees, the minutes of each meeting must be made available to all employees.

SECTION 5: SAFETY RULES AND STANDARDS, SAFETY STATUTES

APPLICABLE WORK RULES

As previously stated in this Safety Program, the Wilton-Lyndeborough Cooperative School District attempts to put as few restrictions on their employees while in the work environment. However, due to

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the need to provide a safe working environment fall all employees of the District, certain safety rules have been established. Although these safety rules are rather lengthy, it is important that the employee be familiar with all of these safety rules.

For ease of the employee, the safety rules have been categorized that parallel the safety inspection report. It is required that all employees be knowledgeable of these safe working practices and will cooperate entirely with the rules.

The employee will....

Emergency Response

- Will know the appropriate procedures to follow in the event of an emergency

Refer to section 9 and the Poster/Emergency Response Plan Flip Book.

Personal Protective Equipment

- Will use all safety equipment when required by labels or by the Business Administrator and/or Facilities Manager
- Will maintain safety equipment in an operational state and will store all safety equipment properly
- Will clean their safety equipment and be certain the equipment is not contaminated with any foreign material
- Will use hearing protectors in high noise areas
- Knows where the eye wash facilities are located and the proper procedures on how to use this facility where appropriate
- Knows where the first aid kit is located
- Will not smoke while on school property
- Will not report to work intoxicated by or consume alcohol while at work
- Will not come to work while on illegal drugs or consume illegal drugs while at work

Housekeeping/Employee's Facilities

- Will keep work area clean and sanitary
- Will keep work area in an orderly state
- Will keep hallways clear of obstructions

Training

- Will know where all fire extinguishers are located and which extinguisher should be used on which fire where appropriate
- Will consistently be in compliance with safe work habits
- Will utilize safe lifting techniques
- Will not operate machinery or equipment unless properly trained
- If required, will know and understand the Safety Data Sheets (SDS) and the Right to Know Law

Means of Exit

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- Will not obstruct any exterior exit
- Will not obstruct interior classroom passageways

Fire Protection

- If required, will be trained in use of fire extinguishers
- If required, will check fire extinguishers on a monthly basis and have them recharged when necessary
- Will not leave flammable liquids out of approved storage areas
- Will put combustible waste materials in approved metal containers
- Will report immediately to the Business Administrator or Facilities Manager any area that may be considered a potential fire hazard

Electrical Safety

- Will report and not use any frayed electrical cords
- Unless authorized, will not open any electrical panels
- Will not use any electrical portable equipment without the prior approval of the Facilities Manager certifying that the equipment may be used
- Will report as soon as practical, any obvious hazard to life or property observed in connection with electrical equipment or lines(s)

Material Handling & Safety

- Will not attempt to lift items that are too bulky or heavy to be handled by one person
- Will stack all materials neatly and make sure pile(s) are stable
- Will keep storage areas free of tripping obstacles
- Will use hand trucks whenever possible

Machine Guarding

Will operate any machinery or equipment only after receiving training. If trained, employees:

- Will not operate defective equipment and/or machinery
- Will report defective or hazardous equipment to the Facilities Manager immediately
- Will keep all machinery and/or equipment clean
- Will make sure that all safety attachments are in place and or properly adjusted prior to operating any machine and/or equipment
- Will not operate any machine or equipment at unsafe speeds
- Will shut off all equipment that is not in use
- Will wear all protective garments and equipment necessary
- Will not wear loose, flowing clothing or have unsecured long hair while operating machinery and/or equipment
- Will never repair or adjust any piece of machinery or equipment unless specifically authorized to do so by the Facilities Manager

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- Will never, oil, clean, repair or adjust any machine while it is in motion
- Will put tools, equipment, and machinery away when they are not in use
- Will not remove any piece of machine guarding or safety equipment prior to operation of the machine
- Will inspect all belts, pulleys, rotating shafts, chains, sprockets, gears and/or nip points before using, to determine that machinery is appropriate for operation
- Will not use any saw for ripping that does not have an anti-kick back device
- Will inspect that the machinery or equipment to be used is anchored appropriately and will not tip over while operating
- Will know where the power shut-off switch is located prior to operation of any piece of machinery or equipment

Ladders

- Will inspect a ladder for stability and good working condition before utilizing that ladder.
- Will ascend or descend a ladder while facing the ladder
- Will not use the top step of an ordinary step ladder as a step
- When using extension ladders, the top of the ladder will be at least three feet above the elevated surface in which the employee wishes to ascend
- Will only raise or lower an extension ladder while standing on the ground
- Will not use and will immediately remove from service any ladder that is found to be defective or not complete
- Will be prohibited from placing a ladder on top of a box, barrel or other unstable base to obtain additional height
- Will not use the ladder for a brace, skid or any other purpose that it was not attended
- Will not use a metal ladder when working around energized parts of equipment, fixtures or circuit conductors
- Will use common sense while using a ladder

Safety Data Sheets (SDS)

- Will know where the Safety Data Sheets are located
- If required, will know which SDS pertain to the material that the employee uses
- Will know what the warning labels are for each type of hazard
- Will not use any chemical that is in containers that are not fully labeled in accordance with SDS procedures

Miscellaneous

- Will not participate in "horse play", tease or otherwise distract fellow employees
- Will not run on school premises
- Will not stand on chairs, stools or other devices not designed for climbing
- Will never start a job without being completely familiar with the safety techniques which apply to it
- Will not use any chemicals without proper training procedures administered to the employee

WLC SAFETY PROGRAM/PLAN CONTINUED

- Will use common sense in all issues, practices, and procedures by the employee for safety in the workplace
- Will never put a fellow employ in jeopardy or in an unsafe condition either caused by the employee or has the potential to be caused by the employee
- Will cooperate at all times with the Committee, Business Administrator, Superintendent of Schools, and/or School Board in safety related issues
- Will complete in detail, all necessary paperwork and reporting requirements for any workers' compensation injuries and/or accidents

The District and the employee, both realize that all safety rules can never all be recorded as situations are constantly changing. Both parties do agree that the employee will be responsible for the use of good common sense and will not take any "short cuts" on a task where personal safety is put at risk. Only through a responsible, safety conscious employee will the District be able to have a safe work environment.

INSPECTIONS

Supervisors are responsible for conducting necessary safety inspections, and recording their findings. Any unsatisfactory conditions are to be dealt with in the appropriate manner.

A. Frequency

Formal inspections of the work area and equipment are to be conducted regularly (annually at a minimum). Additional inspections of specific pieces of equipment or job sites may be required by the applicable work rules. Supervisors are expected to constantly be alert for unsafe acts and conditions, and take necessary corrective action.

B. Guidelines for Correcting Unsatisfactory Conditions

1. First and foremost, take the necessary action to prevent an injury. (Remove the tool from service, and post a warning sign, etc.)
2. If within your authority, take steps to permanently correct the hazard. Report all action taken to your administrator.
3. If you do not have the authority to correct the problem, take steps to prevent an injury as a result of it. Then, report the problem and your recommended solution to the person who has the authority to correct it.

C. Recordkeeping Guidelines

1. Document the inspection. At a minimum, record the inspection date, location/piece of equipment, inspector's name, list of unsatisfactory conditions noted, action taken, and a list of recommendations. (see Exhibit A)

2. If unsatisfactory conditions were noted, send a copy of the report to your administrator, and keep a copy in your file. If no unsatisfactory conditions were noted, just keep the inspection report in your file.

SECTION 6: DISCIPLINARY POLICY

Employers are required to promulgate safety policy and disciplinary procedures to deal with those employees who fail to comply with a safety program. Implicit in these requirements is the expectation that the safety program and disciplinary procedures will be enforced.

The employer must remember that an unenforced rule is no rule at all, and that silence implies consent, so supervisors must be prepared to actively and fairly enforce the rules.

The keys to an effective disciplinary procedure are as follows:

- The employee must know the rules and the consequences for violating them
- The rules must be enforced
- The enforcement cannot be arbitrary and capricious

A progressive disciplinary process insures that the right and obligations of the employer and employee are guarded, **per collective bargaining agreements**.

The employer, in all cases of alleged misconduct, must conduct a thorough and fair investigation before administering discipline. In addition, the employer must use discipline in a fair and consistent fashion. Simply stated, the employer must implement the discipline for every employee and the penalty must reasonably be related to the seriousness of the proven offense and the employee's record. It is essential that the employer maintain accurate records of each instance where discipline is administered, and not let the employee talk the employer out of administering the penalty.

A fair process requires that the employer inform the employee of the precise nature of the offense and verbal or written warning tells the employee the consequence of further violations. A fair process also allows the employee to present his/her version of events and any evidence or mitigating circumstances.

DISCIPLINE POLICY

It is the District's policy to place as few restraints on personal conduct as possible. We are justifiably proud of our employees and the manner in which they conduct themselves. We rely on individual good judgment and sense of responsibility. Each employee is expected to act in an appropriate manner. However, for the protection of our property, business interests, and other employees, we have established certain rules of conduct. Violations of any rule cannot be ignored.

These statements are made for your information and to minimize the likelihood of any employee, through misunderstanding or otherwise, becoming subject to any disciplinary action. It is only fair that

you should be familiar with those rules the organization considers to be important. It is also fair that you be apprised of the procedures to be used should any disciplinary action be required. We believe in using a process that is fair to all, yet maintains employee responsibility.

For these reasons we use a progressive discipline model for handling disciplinary/performance issues. This model is designed to bring deficiencies to the attention of the employee in as non-confrontational manner as possible. Specific disciplinary procedures, as applicable, are outlined in collective bargaining agreements and/or staff handbooks.

Supervisors are responsible for counseling employees as problems occur involving adherence to the policies, procedures and rules of the organization and work unit.

SECTION 7: ACCIDENT REPORTING & INVESTIGATION

A workers' compensation injury is defined as an accidental injury or death arising out of and in the course of employment and all occupational diseases arising out of and in the course of employment. There are specific state requirements for reporting these injuries which are summarized in this section.

A. Accident Reporting

1. All accidents or incidents are to be reported immediately to the school nurse. If the nurse is not available, report to your supervisor.
2. Nurses/Supervisors will be responsible for ensuring that enough information is gathered to accurately complete the Employers' First Report of Injury or Occupational Disease. Nurses/Supervisors will forward the completed report to the SAU within 24 hours.
3. The First Report of Injury will be processed by the Business Administrator or designee within five calendar days as well as any other required forms.

B. Accident/Incident Investigation

The immediate supervisor, or other designated individual, will investigate all accidents, incidents and near-misses which occur within their area or responsibility. The purpose is to determine what happened, why it happened, and most importantly, how to prevent it from happening again. The goal of an accident and incident investigation is to prevent recurrence, not to find fault. An accident investigation report should be completed if the accident is serious in nature, or had the potential to cause serious injury. (see Exhibits B and C)

C. Guidelines for Conducting Investigations:

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1. Investigate the scene as soon as practicable after the accident/incident noting conditions, location of equipment, physical objects, and witnesses. Make notes and draw sketches as needed.
2. Interview witnesses soon after the accident so the facts will be fresh in their mind. Be certain that they understand that no blame is being placed – you are simply trying to gather facts to prevent a recurrence.
3. Interview the victim ***when the timing is right***. Be sensitive to his/her physical and emotional condition.
4. Make recommendations to prevent similar occurrences. Terms such as “employee was careless” have no place in a factual report.

SECTION 8: SAFETY EDUCATION AND TRAINING

Safety education and training raises the employee’s level of safety awareness and also provides management with an opportunity to demonstrate their concern for the welfare of employees.

A. Types of Training

1. Specific/On the Job – Employees will be instructed by the supervisor in the proper method of performing each job, the hazards associated with it, the required personal protective equipment, and any necessary emergency procedures. This will be done as required by the work rules, when changes in the job occur, or whenever deemed necessary by the supervisor.
2. Follow-up – When the supervisor identifies the need, follow-up training will be conducted. At a minimum, this training will be provided to all employees after an accident or near miss.

B. Recordkeeping

1. Specific training – Documentation of training provided for specific tasks (e.g. proper shoring techniques) is strongly recommended. It can consist of a brief description of the training, the date and instructor’s name, and a list of those attending. The supervisor can keep these lists.

SECTION 9: EMERGENCY OPERATIONS PLAN

The District’s Emergency Operations Plan is a comprehensive document detailing the proper response to different types of emergencies and identifying the roles of various key individuals. Management and

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employees are responsible for knowing, understanding and performing their roles, if they have been so designated.

A copy of the detailed Emergency Operations Plan is located in the main office of each school building. A Poster and/or Emergency Plan Flip Book highlighting the steps to take in the event of a number of types of emergency situations are located in every classroom and functional area in every building. The Flip Book also includes lock down and evacuation procedures as well as maps of the building.

Check with your building administrator on individual emergency procedures. For example, Security and Emergency Procedures Manual may be included in Teacher Handbooks. The Flip Book may be included as part of your Emergency Backpacks.

Judgment is a key factor in the handling of an emergency. Employees are expected to exercise their best judgment based upon circumstances. If you are unsure, contact your supervisor immediately.

SECTION 10: SAFETY AND HEALTH COMMUNICATIONS

A copy of the Safety Program will be made available to every employee. Employees are required to familiarize themselves with the program.

Employees are strongly encouraged to suggest safety or health changes, to report unsafe conditions or equipment to a supervisor, an administrator, the Business Administrator, the Facilities Manager, or any member of the Joint Loss Management Committee.

The Committee meeting dates, times, and locations will be posted. Employees are encouraged to participate in the JLMC or to attend its meetings. Minutes of the meetings will be posted and made available to all employees.

Safety tips will be included in communications such as emails and newsletters sent to employees. Suggestions are welcome.

JLMC Health and Safety (General) Inspection Form

Department: _____ Date: _____
 Name of Property (Building): _____ Inspector: _____
 Location / Address: _____ Property (Building) Contact: _____

	General Building Items to check	Yes	No	N/A	Discrepancy	Recommendation for Correction (if applicable)	Date Corrected
1	Are all work areas clean, sanitary and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Are aisles and passageways kept clear and free of tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Are eating areas and washing facilities clean and sanitary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Do stairways meet acceptable standards and are they kept clear of obstructions? (Stairway 22" wide; Standard handrails if stairway has 4 or more risers; 3" rail wall clearance.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Are all electrical devices and equipment properly plugged in? (Extension cords not used in place of permanent wiring or daisy chained.) (Electrical heaters plugged directly into wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Is the access to all exits clear (free of obstructions), appropriately marked, and exit doors unlocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Do emergency exit lighting fixtures work properly? (Emergency lights tested & exit light bulbs must be replaced when burned out.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Are all fire extinguishers visible, readily accessible and serviced within the last 12 months? (Tag checked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	Are AED's checked monthly if available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Have employees been briefed on the Building Evacuation Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Are there any glaring safety hazards or concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

	Storage & Maintenance Areas	Yes	No	N/A	Discrepancy	Recommendation for Correction (if applicable)	Date Corrected
1	Are all building storage areas kept clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Is there clearance beneath sprinklers? (A clear distance of 18" beneath the sprinkler head is required.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Is a clear space of 30 inches maintained in front of all electrical panel boxes for access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Are circuit breakers and fuses labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Is the area around the furnace and water heater clear of combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Are flammable liquids stored properly? (Buildings with more than 10 gallons of flammable liquids must have flammable liquids stored in an approved cabinet.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Are MSDS sheets available and employees trained as required by Worker's Right to Know Law (RSA-277A)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Are certificates for boilers and elevators posted as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	Is Personal Protective Equipment available and employees trained in its proper use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Are there any items that may be in violation of Lab 1403 RULES FOR EMPLOYEE SAFETY AND HEALTH not previously addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Comments:

New Hampshire**Employer's First Report of Injury**
Submission Date: _____WEB-8WC -
NHDOL# -

EMPLOYEE INFORMATION					
Employee Name (First & Last)		Gender	Hired Date		Hired in NH
ID Type - Employee ID	Date of Birth	Age	Occupation when Injured		
Employee Address	Telephone	Wages per Hour	Hrs per Day	Days per Week	Average Weekly Earnings

INJURY INFORMATION			
Injury Date / Time		Date Employer Notified of Injury	Location/Jobsite & Business Name where accident occurred
Disability Began Date			
Claim Type	Full Wages Paid on Injury Date		
Accident Description			
Body part Injured		Cause of Injury	
Nature of Injury		Witness Name	Witness Phone
Returned to work?	If so, what date?	If so, at what occupation?	If so, at what duty status?
Initial Treatment		Initial Treatment Date	
Name of Treating Physician		Name of Treating Hospital	Has injured died? If so, what date

EMPLOYER INFORMATION		
Employer Name		Employer FEIN
Employer Contact Name	Contact Phone Number	Employer Business Address
Managed Care Organization		
Leased Employee? Client Company	OCIP/Wrap-Up Policy? Name of policy holder	

INSURER INFORMATION			
Insurance Carrier	Insurer Type	Policy Number	Telephone Number

SUBMITTER INFORMATION			
Submitter Name	Title of Submitter	Represents	Telephone Number

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
 SPAULDING BUILDING
 95 PLEASANT STREET
 CONCORD, NEW HAMPSHIRE 03301

NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE 8aWCA
 (Please print or type)

To _____ Phone # _____
 (Name of Employer)

 (Business Name and Address)

IN ACCORDANCE WITH RSA 281-A:20, This is to notify you that an injury occurred.

 (Name of Injured Employee) SS # _____

 (Address of Injured Employee) Daytime Phone # _____

 (Date of Accident or First Treatment)

 (Place Accident Happened)

Describe your injury or disease, and how it happened. Identify the body part(s) affected.

I have been unable to work since my injury. ☐ Yes ☐ No

I have incurred the following medical bills.

Name of Doctor	Dates of Service	Amount
_____	_____	_____
Name of Hospital	Dates of Service	Amount
_____	_____	_____
Other	Dates of Service	Amount
_____	_____	_____

(Employer's Signature)

(Employee's Signature)

(Date)

(Date)

This form can be returned to DOL with or without employer's signature.

NOTICE TO EMPLOYER

YOU MUST FILE AN EMPLOYER'S FIRST REPORT, Form No. 8WC, WITH THE LABOR COMMISSIONER AND THE NEAREST CLAIMS OFFICE OF YOUR INSURANCE CARRIER, AS SOON AS POSSIBLE AFTER ACQUIRING KNOWLEDGE OF THE OCCURRENCE OF AN OCCUPATIONAL INJURY OR DISEASE TO ONE OF YOUR EMPLOYEES OR UPON PRESENTATION OF THIS NOTICE BY HIM, BUT NO LATER THAN FIVE DAYS THEREAFTER. FAILURE TO COMPLY CARRIES AN AUTOMATIC CIVIL PENALTY OF UP TO \$2500. (RSA 281-A:53)

Parent/Guardian: _____ Home #: _____ Work #: _____ Cell #: _____

☐ Abrasion ☐ Crush Wound
☐ Amputation ☐ Laceration/Cut
☐ Bite ☐ Puncture Wound
☐ Bruise/Contusion ☐ To Be Determined

☐ ? Sprain/Strain ☐ ? Dislocation ☐ ? Fracture

- ☐ **Ace**
- ☐ **Dressing**
- ☐ **Elevation**
- ☐ **Cold Compress/Ice**
- ☐ **Pressure**
- ☐ **Rest**
- ☐ **Splint**
- ☐ **Wound Care**

<input type="checkbox"/> Skull	<input type="checkbox"/> Scalp	<input type="checkbox"/> Back
<input type="checkbox"/> Eye R / L	<input type="checkbox"/> Ear R / L	<input type="checkbox"/> Chest / Ribs
<input type="checkbox"/> Nose	<input type="checkbox"/> Mouth / Lips	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Teeth	<input type="checkbox"/> Gums	<input type="checkbox"/> Groin
<input type="checkbox"/> Face	<input type="checkbox"/> Jaw	<input type="checkbox"/> Buttocks
<input type="checkbox"/> Chin	<input type="checkbox"/> Neck	<input type="checkbox"/> Genitals / Rectum

- ☐ **Back**
- ☐ **Chest / Ribs**
- ☐ **Abdomen**
- ☐ **Groin**
- ☐ **Buttocks**
- ☐ **Genitals / Rectum**

- ☐ Shoulder R / L
- ☐ Pelvis / Hip
- ☐ Upper Arm R / L
- ☐ Leg R / L
- ☐ Elbow R / L
- ☐ Knee R / L
- ☐ Forearm R / L
- ☐ Ankle R / L
- ☐ Wrist R / L
- ☐ Foot R / L
- ☐ Hand R / L
- ☐ Toe R / L _____
- ☐ Finger R / L

- ☐ Pelvis / Hip
- ☐ Leg R / L
- ☐ Knee R / L
- ☐ Ankle R / L
- ☐ Foot R / L
- ☐ Toe R / L

	Date:	Time:	Initials:
<input type="checkbox"/> Parent/Guardian Notified	_____	_____	_____
<input type="checkbox"/> Unable to contact Parent/Grd.	_____	_____	_____
<input type="checkbox"/> Administration Notified	_____	_____	_____
<input type="checkbox"/> Police Notified	_____	_____	_____
<input type="checkbox"/> First Aid Administered	_____	_____	_____
<input type="checkbox"/> Checked by School Nurse	_____	_____	_____
<input type="checkbox"/> Checked by Paramedics/EMS	_____	_____	_____
<input type="checkbox"/> Remained In/Returned to Class	_____	_____	_____
<input type="checkbox"/> Sent/Taken Home	_____	_____	_____
<input type="checkbox"/> Taken to Physician	_____	_____	_____
<input type="checkbox"/> Taken to Emergency Facility	_____	_____	_____
<input type="checkbox"/> Other:			

School Phone: (603) **FAX:** (603)

[illegible]

Title: _____

Student Injury Report

Student: _____ **Date of Report:** _____ **Time of Report:** _____

Additional Description of Incident

Period

- | | |
|---|--|
| <input type="checkbox"/> After School (Authorized) | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> After School (Unauthorized) | <input type="checkbox"/> Lunch Recess |
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Phys. Ed. Class |
| <input type="checkbox"/> Before School (Authorized) | <input type="checkbox"/> Recess |
| <input type="checkbox"/> Before School (Unauthorized) | <input type="checkbox"/> Unauthorized |
| <input type="checkbox"/> Class Change | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Class Time | _____ |
| <input type="checkbox"/> Field Trip | _____ |

Incident Location

- ☐ Athletic Field ☐ Lab
☐ Auditorium/Multi ☐ Lockers
☐ Basketball Court ☐ Lunchroom
☐ Bathroom/Shower ☐ Off School Prop
☐ Bus Loading Area ☐ Parking Area
☐ Classroom ☐ Playground
☐ Corridor ☐ Pool
☐ Driveway ☐ School Bus
☐ Gymnasium ☐ Shop/Indus. Arts
☐ Home Economics ☐ Other _____
☐ Kitchen _____
- Did Injury Involve Stairs/Steps? Y/N: _____

Incident Type

- | | |
|--|--|
| Intentional Y/N _____ | Undetermined _____ |
| <input type="checkbox"/> Assault/Fight | <input type="checkbox"/> Motor Veh Crash |
| <input type="checkbox"/> Bite/Sting | <input type="checkbox"/> Pedestrian |
| <input type="checkbox"/> Burn _____ Chemical | <input type="checkbox"/> Poisoning |
| _____ Fire | <input type="checkbox"/> Shooting |
| _____ Other | <input type="checkbox"/> Sports Related |
| <input type="checkbox"/> Collision-Object | <input type="checkbox"/> Stabbing |
| <input type="checkbox"/> Collision-Person | <input type="checkbox"/> Drown/Nearly |
| <input type="checkbox"/> Fall – Standing Ht. | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Fall < 5’ | <input type="checkbox"/> Other Trauma: |
| <input type="checkbox"/> Fall 5-10’ | _____ |
| <input type="checkbox"/> Fall > 10’ | _____ |

Activity During Which Injury Occurred

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Adventure/Ropes | <input type="checkbox"/> Football | <input type="checkbox"/> Rollerblading | <input type="checkbox"/> Throwing Rocks/Snowballs |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Gym/Tumbling | <input type="checkbox"/> Running | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey(Field/
Floor/Ice) | <input type="checkbox"/> Sitting | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Skiing | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Classroom Activity | <input type="checkbox"/> Jumping | <input type="checkbox"/> Sliding | <input type="checkbox"/> Weight Training |
| <input type="checkbox"/> Climbing/Bars | <input type="checkbox"/> Kickball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Lab/Shop Activ. | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Dodgeball/War Ball | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Swinging | |
| <input type="checkbox"/> Fight/Roughhouse | | <input type="checkbox"/> Tetherball | |

Surface On Which Injury Occurred

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Not Relevant | <input type="checkbox"/> Wet <input type="checkbox"/> Dry | <input type="text" value="Uneven? Y/N"/> | <input type="checkbox"/> Water |
| <input type="checkbox"/> Blacktop | <input type="checkbox"/> Grass/Lawn | <input type="checkbox"/> Mats | <input type="checkbox"/> Sand |
| <input type="checkbox"/> Brick Wall | <input type="checkbox"/> Gravel | <input type="checkbox"/> Metal | <input type="checkbox"/> Snow |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Ice | <input type="checkbox"/> Rubber
or Wood Floor | <input type="checkbox"/> Vinyl/Tile |
| <input type="checkbox"/> Ceramic Tile | | | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Concrete | | | <input type="checkbox"/> Wood Chips |
| <input type="checkbox"/> Dirt | | | <input type="checkbox"/> Wood-Treated |
| | | | <input type="checkbox"/> Wood-Untreated |

Equipment Involved With Injury

- | <input type="checkbox"/> Not Relevant | | <input type="checkbox"/> Faulty Equip. | | <input type="checkbox"/> Equip. Misuse | | <input type="checkbox"/> Pers. Protect. Equipment | |
|---|--|--|--|--|--|--|--|
| | | | | | | <input type="checkbox"/> Y/N <input type="checkbox"/> Not Relative | |
| <input type="checkbox"/> Balance Beam | <input type="checkbox"/> Glider/Trolley | <input type="checkbox"/> Pole Climb | | <input type="checkbox"/> Swing (Tire) | | | |
| <input type="checkbox"/> Bridges | <input type="checkbox"/> Horizontal Ladder | <input type="checkbox"/> Rope | | <input type="checkbox"/> Tetherball | | <input type="checkbox"/> Turn Bar | |
| <input type="checkbox"/> Climbing Tower | <input type="checkbox"/> Monkey Bars | <input type="checkbox"/> Slide | | <input type="checkbox"/> 3-Level Bars | | <input type="checkbox"/> Object | |
| <input type="checkbox"/> Concrete Pipe | <input type="checkbox"/> Platform | <input type="checkbox"/> Swing (Reg.) | | <input type="checkbox"/> Tire (Crawl) | | <input type="checkbox"/> Other: _____ | |

Faculty/Staff On Duty/Present At Incident:

Name: _____ Title: _____ School Phone: (603) _____

Name: _____ Title: _____ School Phone: (603) _____

Other Witnesses: ☐ None

Statements/Comments: ☐ None

<i>Signature</i>	<i>Title</i>	<i>Date</i>

Principal's Office:

X _____

Signature *Date*

Name(print) *Title*

Superintendent's Office:

Signature *Date*

Name(print) *Title*

Witness Narrative: _____

Other Students Involved __Y__N__UNK

Signature _____

Title