



SAFETY TRAINING PROCEDURES

CITY GARAGE

REVISED DECEMBER 2020



ADMINISTRATIVE PROCEDURES

SAFETY TRAINING POLICY AND PROCEDURES

I. Purpose /Policy

The City of Jackson requires all full-time and part-time employees, new hires included, to be trained in the handling of City heavy equipment, vehicles, mowers, heavy & light power tools, personal protective equipment (PPE), and equipment/tools utilized to perform the job duties for the purpose of annual training.

II. Background

The Public Safety Garage, located at 74 Conalco Drive, Jackson, TN 38301, has issued the following equipment, power tools, etc.

Forklift

Air jacks

Cut-off saw

Safety stands

4-post lift

2-post lift

Tire machine

Personal Protective Equipment (PPE)

Safety glasses

Gloves

Ear protection

III. Procedure

1. Forklift

All mechanics of the City Garage:

- a) Must have annual training on how to operate forklift, minimum of two-(2) hours.
- b) New hires will train for two (2) hours before operating equipment.
- c) Annual safety training on equipment will be conducted yearly.
- d) There will be daily walk-a-round checklist for inspection of equipment prior to use.
- e) All city vehicles, heavy and mobile equipment shall be scheduled for regular periodic maintenance (PM) by the City Garage.

2. Air jacks

All mechanics of the City Garage must know and understand how to use air jacks and the proper lifting procedures for various vehicles.

The shop supervisor will train and make sure all mechanics and new hires understand all aspects for proper use including a visual inspection before use.

3. 2 & 4-post Lifts

All mechanics of the City Garage must know and understand how to use both lifts.

The shop supervisor will train and make sure all mechanics and new hires understand all aspects for proper use including a visual inspection before use.

4. Cut-off Saw

All mechanics of the City Garage must know and understand how to use a cut-off saw and all safety items required to use the saw.

The shop supervisor will train mechanics and new hires as to proper usage and safety devices including a visual inspection before use.

5. Tire Machine

All mechanics that install tires must be trained properly on this piece of equipment.

The shop supervisor will train mechanics and new hires as to how it is used. A visual inspection will be conducted before use.

6. Personal Protective Equipment (PPE)

- a) **Safety Glasses:** All mechanics of the City Garage will wear safety glasses with side shields when potential eye injury exists. Eye protections must be worn by everyone in a posted area.
- b) **Hand Protection:** Proper hand protection must be worn based on the hazards of the job. Leather gloves are used for certain welding and electrical jobs.
- c) **Respiratory Protection:** It is necessary when any air bourn contaminant is at level that could cause health injury. All respirators are required to meet to OSHA standards.
- d) **Hearing Protection:** Must be worn anytime in a marked or designated area or when the potential for hearing loss may occur...If in doubt ask the supervisor!

IV. Certification of Training

- a. After remedial training, if an employee fails to qualify and cannot properly, safely, or comfortably use any of the required equipment, vehicles, or power tools, assigned to their job, the employee shall be given **90-days** to qualify in certification. If after this 90-days, the employee does not achieve the proper certification in training and the supervisor observes the employee cannot perform the job they were hired for, the employee is subject to disciplinary action up to and including termination for failure to meet standards.
- b. The department shall maintain certification/training log for each employee. The log shall consist of the following:
 - a) Employee's name, position title and list of equipment, tools or vehicles assigned to the employee;
 - b) Certification/training hour forms;
 - c) Inspection forms of equipment, tools or vehicles;
 - d) Training sign-in sheets
 - e) Supervisor's approval of the employee's ability to perform his/her duties safely, accurately and efficiently as assigned to them.
 - f) Sign-in sheets for trainings shall be kept as pertains to OSHA record keeping retention rules.
 - g) Copies of all training sign-in sheets shall be sent to the Safety Officer in Risk Management.

V. Condition of Vehicles, Equipment, and/or Power Tools

- a) Employees assigned tools, equipment, or vehicles shall keep all in good serviceable condition.
- b) All tools, equipment, or vehicles shall be inspected daily.
- c) All tools, equipment, or vehicles may be subject to inspection by any of the employee's supervisors at any time. Supervisors should plan periodic inspections and document their findings.
- d) Failure to inspect, maintain or report any damage or problems with any assigned tools, equipment, or vehicles may result in disciplinary action.
- e) Upon inspection of tools, equipment, or vehicles, there is evidence damage, the following procedures apply:
 - a. The employee shall notify his/her supervisor.
 - b. The employee shall complete an Accident/Incident Report (AIR) form. The supervisor shall sign the form and send it to Risk Management.
 - c. Pictures should be taken of the damage. Any documentation, such as previous inspection forms should be included and all sent with the AIR form to Risk Management.

- d. In the event to damage to tools, equipment, or vehicles is determined the damage was a result of the employee's negligence, the employee may be subject to disciplinary action.

VI. Review of Policy and Procedures

The Department Head will review the Safety Training Policy & Procedures annually and revise as necessary.

VII. Self-Cancellation

The Safety Training Policy & Procedures will remain in force until revoked or superseded by competent authority.



FORKLIFT REPORT

DATE _____ EQ # _____ TIME: START _____ STOP _____

CHECK BELTS () CHECK ALL FLUIDS () WALK AROUND () CHECK WATER ()

CHECK DAILY

REPORT ANY PROBLEMS WITH EQUIPMENT

GREASED ()

HOURS IN _____

HOURS OUT _____

DRIVER _____ DEPT _____

SHOP TIME: IN _____ OUT _____

REASON IN SHOP: _____

COMMENTS;

DAILY TRUCK REPORT

DATE _____ EQ # _____ TIME: START _____ STOP _____

CHECK TRUCK () CHECK LIGHT () CHECK ALL FLUIDS ()

CHECK HYDRAULICS () SELF INSURANCE CARD ()

CHECK DAILY

REPORT ANY PROBLEMS WITH EQUIPMENT

GREASE WEEKLY

GREASED ()

MILEAGE IN _____

MILEAGE OUT _____

TOTAL MILEAGE _____ FUEL _____

SECTIONS WORKED _____

DRIVER _____ CO-DRIVER _____

SHOP TIME: IN _____ OUT _____

REASON IN SHOP: _____

COMMENTS;

WALK-AROUND TRAINING RECORD

Date	Name	Trainer	Department	Equipment Type

Employee

I have read and understand the equipment manual: YES NO

I understand all inspection requirements: YES NO

Employee Signature: _____

Date: _____



City of Jackson

Record of Equipment Training/Qualification Form

EMPLOYEE NAME: _____ LOCATION: _____

EQUIPMENT TYPE: _____ DATE: _____

Hours Trained for Qualification

FORM INSTRUCTIONS

Equipment Walk-Around Procedures:

- The walk-around procedure must be completed prior to on-the-job training.
- All walk-around procedures are equipment specific.
- Upon completion of the walk-around, the trainer will fill out the Walk-Around Training Record and place in employee's personnel file within the department.

On-The-Job Training Procedures:

- A qualified equipment operator (trainer) shall work with the employee on the operations of the specific equipment being used.
- As the training occurs, the trainer will document the employee's training hours and progress and fill out the On-The-Job Training Record.

Training Sign-Off: The supervisor will review the training record and sign off indicating the employee is ready for evaluation.

Qualification Sign-Off: The supervisor will evaluate the employee's performance using a Supervisor Evaluation/Check Sheet form to the specific equipment and then sign this form recommending or not recommending the employee for qualification.



City of Jackson
Record of Equipment Training/Qualification Form

EMPLOYEE NAME: _____ **LOCATION:** _____

EQUIPMENT TYPE: _____

Hours Trained for Qualification _____

I, _____ have received adequate training to safely and efficiently operate the above equipment.

Employee Signature

Date

Supervisor Signature

Date

Department Head Signature

Date