



# **SAFETY TRAINING PROCEDURES**

**WEST TENNESSEE HEALTHCARE SPORTSPLEX**

**REVISED DECEMBER 2020**



# ADMINISTRATIVE PROCEDURES

## SAFETY TRAINING POLICY AND PROCEDURES

---

### **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.

### **I. Background**

The **West Tennessee Healthcare Sportsplex**, located at **250 BancorpSouth Parkway, Jackson, TN 38305** has issued the following equipment, power tools, etc...

Mower

Edger

Weed Eater

Backpack Blower

Tiller

Sod Cutter

Tractor with Loader

Paint Striper

Hedge Trimmer

Gator

Golf Cart

Personal Protective equipment

Back Support Belt

Safety glasses

Gloves

Ear protection

Reflective safety vest

Etc.

## **II. Procedure**

Requirements to operate...

### **All Equipment Listed**

1. All employees of the **West Tennessee Healthcare Sportsplex** that need are required to use a listed piece of equipment shall first be educated on how to operate each piece of equipment correctly.
2. Must have annual training on how to operate all equipment, minimum of **1 to 3 hours of training hours**.
3. New hires will train for **1 to 5 days** before operating equipment.
4. Annual safety training on equipment will be conducted yearly.
5. There will be daily walk-a-round checklist for inspection of equipment prior to the day's use of the equipment. This checklist shall be kept on file.
6. All City vehicles, heavy and mobile equipment shall be scheduled for regular periodic maintenance by the City Garage.
7. Any employee assigned to drive any listed equipment (Gator, Golf Cart, Tractor, etc...) must have a valid Driver's Licenses on file with the Sportsplex and the City of Jackson HR.

## **III. Certification of Training**

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 **30 day- period** to qualify in certification. If after this **30 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.

The department shall maintain certification/training log for each employee. The log shall consist of the following:

- Employee's name, position title and list of equipment, tools or vehicles assigned to the employee;
- Certification/training hour forms;
- Inspection forms of equipment, tools or vehicles;
- Training sign-in sheets and all sign-in sheets must contain the following:

- Name of training;
- Instructor(s) name(s) who conducted the training
- Date and time of training;
- Location of training;
- Signatures of all employees in attendance for the training;
- Supervisor's approval of the employee's ability to perform his/her duties safely, accurately and efficiently as assigned to them.
- Sign-in sheets for trainings shall be kept as pertains to OSHA record keeping retention rules.
- Copies of all training sign-in sheets shall be sent to the Safety Officer in Risk Management.

#### **IV. Condition of Vehicles, Equipment, and/or Power Tools**

Employees assigned tools, equipment, or vehicles shall keep all in good serviceable condition.

All tools, equipment, or vehicles shall be inspected daily.

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.

Failure to inspect, maintain or report any damage or problems with any assigned tools, equipment, or vehicles may result in disciplinary action.

Upon inspection of tools, equipment, or vehicles, there is evidence damage, the following procedures apply:

The employee shall notify his/her supervisor.

The employee shall complete an Accident/Incident Report (AIR) form. The supervisor shall sign the form and send it to Risk Management.

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.

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.

#### **Review of Policy and Procedures**

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

#### **Self-Cancellation**

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



# MOWER/EQUIPMENT 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;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:** \_\_\_\_\_

<b>Hours Trained for Qualification</b> _____
---

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

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Head Signature**

\_\_\_\_\_  
**Date**