



STREET DEPARTMENT

REVISED SEPTEMBER 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 Street Department, located at 180 Conalco Drive has issued the following equipment, power tools, etc.

Equipment

Claw Truck Sweepers Tractors Salt Trucks

Dump Truck Trailers Excavators Pothole Patcher

Bean Bed Truck Chop Saw Chain Saw Hedge Trimmers

Personal Protective equipment

Safety glasses

Chaps

Gloves (cotton/leather)

Ear plugs

Reflective safety vest

Hard hat

First aid kit

Fire extinguisher

II. Procedure

Requirements to operate...

EQUIPMENT

1. All employees of the Street Department who operate an Equipment shall be trained sufficiently to meet the standards set by the City of Jackson and the Street Department.
2. Must have annual safety training to operate Trucks & Equipment at The Street Department.
3. New hires will train with multiple operators before operating equipment or trucks.
4. There will be Two days a week (Monday & Thursday) walk-a-round checklist for inspection of equipment. This checklist shall be kept on file.
5. All City vehicles, heavy and mobile equipment shall be scheduled for regular periodic maintenance by the City Garage.
6. All employees of the Street Department will go through annual training that aligns with the City of Jackson's policies and procedures annually.
7. There will be refresher safety and operational training for the Street Department employees annually.

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 a 45 day period to qualify in certification. If after this 45 day period, 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 when checked out or being used.

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.

EQUIPMENT REPORT

DATE: _____ EQ #: _____ TIME: START _____ STOP _____

EQUIPMENT TYPE: _____ CHECK LIGHT ()

CHECK ALL FLUIDS () CHECK HYDRAULICS ()

CHECK DAILY

REPORT ANY PROBLEMS WITH EQUIPMENT

GREASE WEEKLY

GREASED ()

MILEAGE

SHAPE OF EQUIPMENT

MILEAGE IN: _____

POOR: _____

MILEAGE OUT: _____

GOOD: _____

EXCELLENT: _____

TOTAL MILEAGE: _____

FUEL: _____

DRIVER: _____

CO-DRIVER: _____

SHOP TIME: IN _____ OUT _____

REASON IN SHOP: _____

COMMENTS:



MOWER 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:



City of Jackson

Record of Equipment Training/Qualification Form

EMPLOYEE NAME: _____ LOCATION: _____

EQUIPMENT TYPE: _____ DATE: Start _____ End _____

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 ours 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: _____

<p>Hours Trained for Qualification</p> <p>_____</p>

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

Employee Signature

Date

Supervisor Signature

Date

Department Head Signature

Date

SWEEPER REPORT

CHECK DAILY

DATE: _____ EQ #: _____ TIME: START _____ STOP _____

CHECK OIL (FRONT & REAR ENGINES) ()

CHECK HYDRAULIC FLUID ()

CHECK COOLANT FRONT & REAR ENGINES ()

CHECK ALL BELTS/ HOSES ()

CHECK AIR FILTER RESTRICTION GAUGE ()

CHECK ALL LIGHTS ()

CHECK TIRES ()

CHECK VACCUM HEAD ()

INSPECT SPRAY NOZZLES & WATER LINES ()

CHECK HOPPER DOOR SEAL ()

CLEAN WATER FILTER ()

CHECK CENTERBOARD POSITION ()

CHECK BROOM WEAR AND PATTERN ()

WASH TRUCK AFTER USE ()

REMOVE WATER DRAIN PLUG AFTER SHIFT ()

TAKE PRIDE IN THE JOB YOU DO

MILES IN: _____

HRS FRONT ENGINE IN: _____

MILES OUT: _____

HRS FRONT ENGINE OUT: _____

HRS REAR ENGINE IN: _____

TOTAL MILEAGE: _____

HRS REAR ENGINE OUT: _____

DRIVER: _____

FUE: _____

SHOP TIME: IN _____ OUT _____

REASON IN SHOP: _____

COMMENTS;

TRUCK DAILY REPORT

DATE: _____ EQ #: _____ TIME: START _____ STOP _____

CHECK TRUCK () CHECK LIGHT ()

CHECK ALL FLUIDS () CHECK HYDRAULICS () INSURANCE CARD ()

CHECK DAILY

REPORT ANY PROBLEMS WITH EQUIPMENT

GREASE WEEKLY

GREASED ()

MILEAGE

MILEAGE IN: _____

MILEAGE OUT: _____

TOTAL MILEAGE: _____ FUEL: _____

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: _____