



# **SAFETY TRAINING PROCEDURES**

**RECREATION AND PARKS  
SOUTH JACKSON COMMUNITY CENTER  
BEMIS CERAMICS  
CYPRESS GROVE**

REVISED DECEMBER 2020



# **ADMINISTRATIVE PROCEDURES**

## **SAFETY TRAINING POLICY AND PROCEDURES**

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### **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 equipment, vehicles, mowers, light power tools, personal protective equipment (PPE), and cleaning chemicals to perform the job duties for the purpose of annual training.

### **I. Background**

The Recreation and Parks Department, located at 180 Conalco Drive has issued the following equipment, power tools, etc. Equipment at Northside Lions Club located at 2998 North Highland Avenue is also listed although the facility is mainly used for meetings.

15 Passenger Van

City Car

Light Power Tools

Cooking Appliances/Equipment

Projector and Screen

PA Sound System

Vacuum Cleaner

Kiln

### **Personal Protective equipment**

Safety glasses

Gloves (latex)

Cleaning supplies

First aid kit

Fire extinguisher

Etc.

## **II. Procedure**

Requirements to operate...

### **15 Passenger Van/Car/Light Powers\Tools/, Cooking Appliances/Equipment, Projector and Screen/PA Sound System/Vacuum Cleaner/Kiln**

1. All employees of the Recreation and Parks Department shall be trained sufficiently to operate and meet the standards set by the City of Jackson and the Recreation and Parks Department before operation of any of the listed above.
2. Must have annual training on how to operate, minimum of four (4) training hrs
3. New hires will train for four (4) hours before operating equipment.
4. Safety training on equipment will be conducted yearly.
5. There will be checklist for inspection of equipment prior to any use of the equipment. This checklist shall be kept on file.
6. All City vehicles shall be scheduled for regular periodic maintenance by the City Garage.

## **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 days to qualify in certification. If after this 30-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 before use.

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.



## 15 PASSENGER VAN/CAR PRE-USE REPORT

DATE \_\_\_\_\_ TIME: START \_\_\_\_\_ STOP \_\_\_\_\_

CHECK TIRES \_\_\_\_\_ Initials

WALK AROUND \_\_\_\_\_ Initials

CHECK TEMPERATURE/GAUGES \_\_\_\_\_ Initials

### REPORT ANY PROBLEMS WITH EQUIPMENT

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MILES IN \_\_\_\_\_

MILES OUT \_\_\_\_\_

TOTAL MILES \_\_\_\_\_

FUEL Y/N

DRIVER \_\_\_\_\_ DEPT \_\_\_\_\_

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SHOP TIME: IN \_\_\_\_\_ OUT \_\_\_\_\_

REASON IN SHOP: \_\_\_\_\_

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COMMENTS;

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## KILN PRE-USE CHECKLIST

DATE \_\_\_\_\_ TIME: START \_\_\_\_\_ STOP \_\_\_\_\_

I have checked the power supply cord for visible damage.

Initials \_\_\_\_\_

I have check the inside of kiln for cleanliness prior to use.

Initials \_\_\_\_\_

## AFTER USE CHECKLIST

I have removed the items

Initials \_\_\_\_\_

I have thoroughly rinsed out the tank.

Initials \_\_\_\_\_

I have removed and thoroughly rinsed the pad.

Initials \_\_\_\_\_

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## ALL POWER TOOLS/EQUIPMENT PRE-USE CHECKLIST

I have checked the power supply cord for visible damage.

Initials \_\_\_\_\_

All components appear to be in proper working order prior to use.

Initials \_\_\_\_\_

**\*\*\*\*\*PLEASE NOTE: IF AT ANY TIME BEFORE, DURING, OR AFTER USING ANY  
EQUIPMENT YOU HAVE ANY ISSUE OR PROBLEM, PLEASE NOTIFY YOUR  
SUPERVISOR IMMEDIATELY. IF THE ISSUE IS DISCOVERED WHILE COMPLETING  
THE PRE-USE CHECKLIST, DO NOT USE THE EQUIPMENT!**



## City of Jackson

### Record of Equipment Training/Qualification Form

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EMPLOYEE NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EQUIPMENT TYPE: \_\_\_\_\_

Hours Trained for Qualification _____
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I, \_\_\_\_\_ have received adequate training to safely and efficiently operate the above equipment.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date