

Rule 13 – Employee Workplace Health and Safety Policies

13.01 Purpose

Houston County, Alabama is committed to insuring that all functions in every department are conducted in a safe and efficient manner. This policy addresses specific responsibilities of employees to familiarize themselves with workplace health and safety and its requirements, to include workers' compensation, disciplinary actions and drug testing requirements. Additional safety policies regarding specific situations are addressed in the Safety Manual. Employees are also responsible for being aware and following individual department rules and regulations, and workplace practices.

13.02 Workers' Compensation

(a) Purpose and Conditions

The purpose of workers' compensation is to provide prompt and necessary medical treatment, and wage replacement for employees who are injured or killed from an accident arising out of and in the course of employment with the County.

Houston County has a self-insured workers' compensation program that pays medical costs and provides wage replacement benefits where certain conditions are met. There are well-defined provisions established by state law that must be met to ensure that employees qualify for workers' compensation benefits. In providing workers' compensation to employees, the County adheres to the provisions of Code of Alabama, Title 25, Chapter 5, Workers' Compensation, and as amended.

In general, the following conditions must exist to entitle an injured employee to benefits under the Alabama Workers' Compensation Law:

- a. The employee must work for an employer covered by the law.
- b. The injury must result from an accident. Injury by accident arising out of and in the course of the employment, and not a disease in any form, except an occupational disease or when a disease results naturally and unavoidably from the accident. Injury shall include physical injury covered either by carpal tunnel syndrome or other cumulative trauma disorder and breakage or damage to eyeglasses, hearing aids, dentures or other prosthetic devices when injury to them is caused by an on-the-job injury to the body. Injury does not include a mental disorder or mental injury unless caused by some physical injury to the body.
- c. The accident must arise out of and in the course of employment.
- d. Proper notice of the accident and injury must be given to the employer.

No workers' compensation benefits will be paid for treatment of or lost time due to any work-related injury where that injury has not been immediately reported in writing using the Accident Investigation Form (page 13-10). The injury must be immediately reported (within twenty-four (24) hours of the injury) to the employee's supervisor and to the Personnel Department. All claims are subject to review and investigation. When facts cannot be verified, the claim may be denied.

No workers' compensation benefits will be paid for any claim for an injury caused by an employee's willful misconduct (by the act of a third person or fellow employee for personal reasons and not directed against him/her as an employee or because of his/her employment, by the employee's intention to bring about the injury or death of himself or herself or of another, by the employee's intoxication from alcohol or use of illegal drugs, by failure or willful refusal to use safety appliances provided by the County, by an accident that occurs during the employee's voluntary participation in any off-duty recreational, social or athletic activity sponsored by the County or by the employee's willful breach of a reasonable rule or regulation of the County, of which rule or regulation the employee has knowledge).

No workers' compensation benefits will be paid if the employee refuses to submit to or cooperate with a urine drug test or where a positive drug test is reported that has been conducted in accordance with the U.S. Department of Transportation 49 C.F.R. Part 40.

At the time Houston County makes an unconditional offer of employment the employer shall provide the employee in BOLD-typed print the following information: **Misrepresentation as to pre-existing physical or mental conditions may void your worker's compensation benefits.** By statute, this must be provided in BOLD print.

Workers' compensation fraud is a felony, punishable by fines and/or jail time. The County may prosecute any individual found to be claiming a work-related injury fraudulently, Code of Alabama, 1975, §13A-11-124.

No workers' compensation benefit will be paid if, at the time of or in the course, of entering into employment with the County the employee knowingly and falsely misrepresents in writing a physical or mental condition and that condition is aggravated or re-injured in an accident arising out of or in the course of the employee's employment with the County.

The County will select the initial treating physician and other treating physicians for an injured employee. Any treatment other than that approved by the authorized treating physician will not be paid. The injured employee must submit to medical examinations arranged by the County at all reasonable times. If the employee requests another physician, they will be allowed a one time opportunity to select another provider from an approved list provided by our Workers' Compensation insurance carrier.

(b) Types of Benefits

There are generally three types of workers' compensation benefits available to an employee with a work-related injury: medical, vocational retraining and wage replacement benefits.

Medical benefits include all services, treatment or equipment provided by an authorized provider. Providers generally include medical clinics, pharmacists, dentists, psychologists, podiatrists, physical therapists, pharmaceutical supply companies, rehabilitation services or facilities at which treatment is provided. Medical treatment must be medically necessary and appropriate for the treatment of injury or illness and must be provided by an authorized physician.

Wage replacement benefits begin on the 4th day the employee is unable to work (temporarily disabled), as determined by the treating provider, due to an injury arising out of or in the course of employment with the County. If the employee is unable to work for a period over twenty-one (21) days, the County's third party administrator for workers' compensation will go back and pay the wage replacement benefits for the first three days.

Wage replacement benefits equal 66 ⅔ of the employee's average weekly earnings (up to the maximum weekly wage as determined by the Director of the Alabama Department of Industrial Relations) for the 52-week period immediately preceding the date of injury.

The wage replacement benefit check will be released to the injured employee by the Personnel Department upon presentation of identification and signed receipt.

Wage replacement benefits are not subject to employment tax, are not included in earned compensation for retirement benefit calculation purposes or included in creditable service for retirement purposes.

(c) Use of Accrued Paid Leave

The employee will be paid regularly scheduled time for the day of the injury. Employees may utilize accrued paid leave to provide income protection for the first three (3) days of temporary disability due to an injury arising out of or in the course of employment with the County. No paid leave will be advanced to an employee. Employees cannot use accrued paid leave to supplement wage replacement benefits.

(d) Voluntary Payroll Deductions

Employees are responsible for making arrangements with the payroll coordinator to continue any voluntary payroll deductions during any period of leave for which no payable hours are due. Employees with dependent County group health and/or dental insurance coverage will be billed by the County for any missed employee premium payments while on payroll with no payable hours. If payments are not submitted in a timely manner, benefit coverages are subject to cancellation.

(e) Certain Fringe Benefits Continued

During a period of lost time resulting from a workers' compensation injury arising out of or in the course of employment with the County and for which proper notice has been given by the employee to the County, the County will continue to pay the employer portion of health and life insurance premiums.

(f) Temporary Modified or Alternative Duty

An employee who chooses not to return to regular duty, temporary modified or alternative duty suitable to his or her medically determined functional capacity on the date released to full or modified duty by the attending physician is not entitled to receive any workers' compensation wage replacement benefits from that date. Any recovering employee who is offered a physician-approved, modified duty job will be required to accept the offer; otherwise, such a refusal will be considered job abandonment.

An employee who fails to return to work on the date released to full or modified duty by the treating physician will be considered to have voluntarily resigned their employment with the County and will be subject to termination.

The County does not guarantee the availability of temporary modified or alternative duty in the department, division or work location to which the employee is normally assigned. The County reserves the right to place an employee on appropriate temporary modified or alternative duty in any department or work location in the County. Temporary accommodations of this nature are not permanent, do not create a new position and do not confer a property interest in the temporary modified or alternative work assignment. Being placed on temporary modified or alternative duty does not excuse an employee from following all workplace rules and regulations and work performance standards.

Temporary modified or alternative duty as determined by the medical restrictions documented on the work status report from the treating physician will be available to an employee at their present rate of pay until maximum medical improvement has been reached, as determined by the treating physician.

(g) Reporting and Receiving Treatment (Refer to Forms on pages 13-9 through 13-11)

Any employee reporting an on-the-job injury will receive immediate and appropriate medical treatment. All applicable federal, state and local laws or regulations pertaining to occupational injuries will be followed and complied with at all times.

It is the responsibility of all employees to report immediately to their supervisor all on-the-job injuries regardless of how insignificant or minor the injury may appear at the time. An Accident Investigation Form (page 13-10) is provided for this purpose and may be obtained from any supervisor, the Personnel Department, the Personnel Website or Safety Director. This form should be completed jointly by the employee and supervisor within twenty-four (24) hours of the injury. (A completed form must be sent to the Personnel Director and to the Safety Director.) With all on the job injuries, the supervisor or the designated person must call the Personnel Department with a briefing on the injury, except in cases of emergency. The Personnel Department will then notify the healthcare provider and the safety director that the employee is enroute.

For injuries that require off site medical treatment, employees, accompanied by a supervisor, must report to Houston County's designated healthcare provider. They will provide services for all workers' compensation injury care and drug/alcohol screens. Inform the medical staff that you are a Houston County employee with an on-the-job injury.

For injuries that require immediate emergency treatment, the employee's supervisor should take the employee to the nearest emergency medical treatment facility (emergency room) or contact emergency medical services by calling 911. Inform the emergency room or EMS staff that you are a Houston County employee with an on-the-job injury.

Failure to report an injury as required by state law or this policy can result in loss of compensation benefits and possibly lead to corrective action up to and including termination under a progressive discipline policy for failure to follow workplace health and safety policies.

(h) Post Accident Drug and Alcohol Testing

When an employee sustains an injury that requires outside medical treatment, the employee is required to undergo post accident drug and alcohol testing.

If the injury occurs during the County's designated healthcare providers operating hours, the employee is to be transported to the healthcare provider by a supervisor, or a co-worker if a supervisor is not available, for the post accident drug and alcohol testing. Under no circumstance is an injured employee to be allowed to drive him/herself for post accident drug and alcohol testing. If the injury occurs before or after the healthcare provider operating hours and the employee receives medical treatment at an outside treatment facility, it is the employee's responsibility to inform the treatment facility personnel of the County's accident drug and alcohol testing requirement. If the employee is unable to speak or act on his or her own behalf, the employee's supervisor or co-worker, if a supervisor is not available, will be responsible for informing the treatment facility personnel of this requirement.

When an employee is traveling on official County business, and has been authorized to drive a County vehicle out of the County, all drug/alcohol testing rules shall apply if an accident occurs. The employee or any individual involved in an accident that requires off site medical attention, receives a traffic violation due to the accident, or if the vehicle(s) had to be towed, is required to have a drug/alcohol test performed at a local hospital or medical facility that has a qualified lab to perform these tests and analyze the results. The employee is required to notify their supervisor of an accident and the supervisor is then responsible for retrieving the vehicle and transporting the employee back to the County and placing the employee on paid administrative leave until the test results are received.

If an employee is on paid County time to travel both in and out of the County to do business on behalf of the County and is approved to drive their personal vehicles, these rules would still apply. For example, during the time the County is paying the employee on travel during normal work hours, the County expects the employee to abide by all Personnel Rules when on official County business. Therefore, if there is an accident in their personal vehicle while on official County business during normal working hours and, if the accident requires off site medical attention for anyone involved, results in a traffic violation due to the accident, or if the vehicle(s) is towed, the employee is subject to drug and alcohol testing.

Refusal to submit to a post accident drug and alcohol test shall be grounds for termination, after due process.

Failure to follow this policy in regard to post accident drug and alcohol testing policy can result in loss of compensation benefits and may lead to corrective action up to and including termination under a progressive discipline policy for failure to follow workplace health and safety policies.

Under state law, a positive result on a post accident drug or alcohol test will result in loss of wage replacement compensation. Under County policy, a positive result on a post accident drug or alcohol test will result in termination, after due process.

(i) Follow-Up Medical Treatment

No employee is to be allowed to return to duty without proper medical clearance. The employee must present the Work Status form received from the healthcare provider to the Personnel Department. The decision to allow the employee to return to work will be based on restrictive duty guidelines, job description and requirements. Both the employee and the employee's supervisory chain of command are responsible for following any restricted duty instructions documented on the Work Status form.

Once the employee is released to duty by the authorized healthcare provider, no additional workers' compensation wage benefits will be paid. Released to duty includes normal, unrestricted work status, as well as restricted, light, alternative or modified work status unless alternative or modified work cannot be provided by the employer.

(k) Compensation on the Day of Injury and for Follow-Up Medical Treatment

In the event the injury is of the nature that requires outside medical treatment, employees will be paid their regular rate of pay for that time spent away from work during normal work hours seeking and/or receiving medical treatment. No compensation will be paid for time spent outside normal work hours for the employee.

Employees are to schedule any follow-up medical treatment during non-work hours if possible, or at a time that minimizes time away from work. Employees are authorized to receive their regular rate of pay for hours used for follow-up visits, provided that proper documentation is received by the healthcare provider. Any additional time will be charged to an employee's accrued leave, beginning with sick leave, followed by vacation leave, then accrued holiday. If there is not sufficient accrued leave to cover the period of absence from work, the employee will not be paid.

13.03 Employee Safety Committee Policy

(a) Purpose

The Houston County Employee Safety Committee is established to assist departments in reducing employee injuries, vehicle incidents and providing a safe operating environment for all County employees.

(b) Responsibilities

- a. The committee will review all vehicle accidents and lost time workers' compensation injuries. The Safety Director shall determine the cause of these accidents, determine chargeability and make recommendations to the department heads and safety committee for the prevention of these accidents in the future.
- b. Committee members will assist the Safety Director in conducting accident investigations if it occurs in their departments.
- c. The committee will assist in the development and review of safety policies for the various county operations.
- d. The committee will review safety training and prepare recommendations to insure that all employees receive adequate safety training for their particular work environment.
- e. The committee will make recommendations to the Safety Director, Personnel Board and department heads for resolving safety issues, establishment of safety programs and other issues as required or directed to insure that the employees of Houston County are provided a safe work environment.

(c) Composition of the Employee Safety Committee

- a. Members of the committee will consist of the Personnel Director, the Safety Director and one primary and one alternate member from each department. Should the primary member be unable to attend a meeting then it shall be the responsibility of the alternate member to attend in their place.
- b. The Safety Director will serve as the chairperson for the committee and be responsible for all administrative matters of the committee.
- c. If the Department Head chooses not to serve as the primary member, the member will be appointed in writing by the department head and will serve until replaced by the Department Head or Safety Director.

(d) Review of Workers' Compensation Accidents

- a. All lost time workers' compensation accidents are reviewed by the Employee Safety Committee. It is the responsibility of the Safety Director to determine the cause of the incident and develop recommendations to prevent accidents from recurring.
- b. After reviewing all the facts, the Safety Director shall present to the Department Head and the Personnel Director a determination of the true cause of the accident. Based on those findings, appropriate disciplinary action will be recommended.

(e) Reporting Responsibilities

The Safety Director shall report to the department head its recommendation and recommendations for preventative measures. The department head shall report back to the director within 30 days on what actions have been taken regarding the recommendations.

13.04 Motor Vehicle Operations Policy

(a) Purpose

Houston County is committed to insuring that its fleet operations are conducted in a safe and efficient manner. This policy addresses specific responsibilities of those employees whose job duties require that they operate county vehicles and equipment and applies to Houston County employees of all categories. It is the responsibility of these employees to familiarize themselves with this policy and its requirements. Employees are expected to remain knowledgeable and to comply with all Federal, State and County motor vehicles laws and regulations. If an employee is on paid County time to travel both in and out of the County to do business on behalf of the County and is approved to drive their personal vehicles, these rules would still apply. For example, during the time the County is paying the employee on travel during normal work hours, the County expects the employee to abide by all Personnel Rules when on official County business. Therefore, if there is an accident in their personal vehicle while on official County business during normal working hours and, if the accident requires off site medical attention for anyone involved, results in a traffic violation due to the accident, or if the vehicle(s) is towed, the employee is subject to drug and alcohol testing.

(b) Definition of County Vehicle

A county vehicle is any vehicle or equipment that is owned, leased, rented or loaned to Houston County.

(c) Definition of Vehicle Operator

Only Houston County employees with a valid state driver license are authorized or shall be permitted to operate a county owned vehicle. Under special circumstances, the County Administrative Officer may authorize a non-employee to operate a county owned vehicle. Only employees properly licensed and/or trained may operate vehicles/equipment assigned to them.

(d) Driver License Requirements

- a. Prospective and current employees whose job duties include the operation of a county vehicle must be in possession of a valid and current driver license to include the appropriate class of commercial license for the vehicle being operated. Under no circumstance shall a county employee whose license has been cancelled, revoked, suspended, expired or who has accumulated eight (8) or more points against his/her license in the immediate past two (2) year period, be allowed to operate a county vehicle. Medical certification for a Commercial Driver License is required at the time of employment or promotion to a position requiring a CDL. In compliance with USDOT Federal Motor Carrier Safety Administration part 49CFR-390.3(f) (2), medical certification does not have to be carried with the driver. Houston County reserves the right to require medical certification at the employee's expense for any CDL licensed driver operating a County vehicle when it is deemed in the best interest of the employee and/or the County.
- b. Any employee whose job duties include the operation of a county vehicle shall, within 24 hours, notify his/her department head of any change in the status of their driver license. Failure to immediately report a change in the status of a license shall result in disciplinary action. Furthermore, any moving violations received by an employee must be self disclosed to the employee's supervisor within three (3) business days of the violation. (Form MVS 1 / page 13-13)
- c. If an employee's driver's license or privilege to drive is canceled, suspended, revoked, or an employee is otherwise prohibited from driving a motor vehicle by a court of competent jurisdiction or the Alabama Department of Public Safety and, if the Appointing Authority/Department Head determines that the employee's job requires driving a County vehicle or that a driver license is a minimum requirement of the job, the affected employee may be subject to reassignment, demotion, suspension without pay or termination.

(e) Seat Belt Use Requirements

Seat belt use in County vehicles is mandatory for all drivers and passengers in County vehicles. Failure to utilize seat belts shall result in disciplinary action. These offenses shall be treated as a Group I Offense (b.) in accordance with Rule 8, Disciplinary Action and Appeals.

(f) Motor Vehicle Record (MVR) Requirements

- a. Applicants for positions with Houston County that require driving a county vehicle will have his/her current MVR reviewed **prior to being employed**. If the MVR has greater than 8 points in the preceding 24-month period listed for traffic violations or a conviction or pending charge for driving under the influence during that period, that applicant will be disqualified from consideration.
- b. All employees whose job requires a driver license shall have an MVR check done annually. This review shall be the responsibility of the Personnel Department. Supervisors shall be responsible for verifying that all other employees have a valid driver license prior to operating a County vehicle (Form MVS-2).
- c. Anytime an MVR for a current employee whose job duties include the operation of a county vehicle is found to have received more than 8 points in the preceding 24 months according to the points scale for the State of Alabama UTC offense codes, that employee shall be required to attend a County approved defensive driving course at their expense. The employee will have two weeks to present a certificate of completion to their department head or their driving privileges will be suspended until such certification is presented.

(g) Vehicle Maintenance and Inspection

- a. Each driver is responsible for insuring that their vehicle is in proper working condition prior to being placed in operation. This includes the following equipment at a minimum:
 - ❖ Brakes
 - ❖ Tires and wheels
 - ❖ Steering
 - ❖ Lights and reflectors
 - ❖ Horns
 - ❖ Windshield wipers
 - ❖ Mirrors
- b. Each department will develop inspection checklists for their large (any vehicle or equipment other than car, SUV or pickup truck) vehicles and specialized equipment that the operator will be responsible for using on a daily basis. Should any defects be discovered during these checks, it is the driver's responsibility to have the problem corrected.

(h) Accident Reporting

- a. Any driver involved in a vehicular accident will be expected to do the following unless injuries or other circumstances prevent them from doing so:
 - ❖ Immediately stop your vehicle. Do not leave the accident scene.
 - ❖ Take whatever steps may safely be taken to prevent another accident from occurring.
 - ❖ Render any assistance possible to those who are injured.
 - ❖ Notify your supervisor immediately.
- b. Employees and supervisors who fail to report accidents involving county vehicles shall be subject to disciplinary action. These offenses shall be treated as a Group II Offense in accordance with the Houston County Employee Handbook.
- c. No vehicle will be repaired for wreck damage until the Chief Administrative Officer has been notified and has authorized repairs to be made.
- d. All personal injuries to an employee shall be reported immediately to the supervisor, Personnel Department, and the Safety Director following the procedures outlined in the Handling Employee Injuries Summary Sheet on page 13-10.

- e. Any injury to the public on County owned property or damage to County property by the public will be handled using the same procedures as for traumatic injuries outlined in the Handling Employee Injuries Summary Sheet on page 13-10.
- f. Property damage involving private vehicles on county owned property will be handled by calling the nearest Police department with jurisdiction and then follow notification procedures for traumatic injuries outlined in the Handling Employee Injuries Summary Sheet on page 13-10.

(i) Review of Vehicle Incidents

- a. All vehicular incidents involving county vehicles will be reviewed by the Employee Safety Committee. It is the responsibility of the Safety Director to determine the cause of the incident, make disciplinary recommendations and develop recommendations to prevent incidents from recurring.
- b. After reviewing all the facts, the Safety Director shall determine the true cause of the incident.
- c. A serious incident is one in which:
 - Damages to all vehicles involved exceed \$10,000, or
 - Injuries which require outside medical treatment were sustained by the occupants of any vehicle involved, or
 - Speeding in excess of 15 mph, or
 - As determined by the committee, the driver operated the vehicle in a dangerous or flagrant manner.
- d. Preventable backing incidents will be categorized and have points assessed as follows:
 - Minor category, where property damage is minimal as determined by the Safety Director or the Safety Committee (1 point), or
 - Major category, where injuries result or where property damage is significant or where the driver operated the vehicle in a dangerous or flagrant manner as determined by the Safety Director or Safety Committee (2 points).
- e. The minimum recommended disciplinary action will be as follows for points accumulated in a three-year period.
 - 1 point verbal counseling
 - 2 points written reprimand
 - 3 points suspension for 1 day without pay
 - 4 points suspension for 3 days without pay
 - 5 points suspension for 5 days without pay
 - Over 5 points termination
- f. The Safety Director shall report to the department head and the Personnel Director its disciplinary recommendations and its recommendations for preventative measures. The department head shall report back to the committee within 30 days on what actions have been taken regarding the recommendations. The Safety Director shall report to the Personnel Director the results of all recommendations on a monthly basis.
- g. Should the department head disagree with the recommendations of the Safety Director, the department head shall review the Safety Director's recommendations with the Personnel Director prior to determining final action.
- h. An employee who attends a National Safety Council certified Defensive Driver Training Course or a certified Defensive Driving Training Course approved by the Safety Director (minimum of 8 hour course) at his/her own expense and presents proof of completion to the Safety Director will have one (1) point deducted from the total points accumulated to date against his/her Houston County driving

record. This provision shall not reduce, alter, override or supersede any disciplinary action(s) already taken under this policy. This provision will be available only once during any three (3) year period.

(j) Consequences for Violation of this Policy

Employees found in violation of this policy shall be subject to disciplinary action up to and including termination pursuant to the County's disciplinary procedures.

Handling an Employee Injury

Employee reports an injury to their Supervisor.

Supervisor notifies the Personnel Director or Safety Director of the injury and discusses treatment options.

“Record Only”

- Incident does not require treatment at that time but the employee wants to report it in case of future problems
- Supervisor fills out an Accident/Incident Report and forwards it to Personnel (Debbie Hussey) or the Sheriff’s office (Steve Flemister). They will fill out a First Report of Injury and note “Record Only” on it and submit it to our Worker’s Compensation carrier.

First Aid or Minor injury

- Supervisor can use the First Aid kit in the area to treat the injury
- Supervisor fills out an Accident/Incident Report and forwards it to Personnel /Sheriff’s Office. A First Report of Injury in “Record Only” status will be sent to w.c. carrier.
- If injury treatment is questionable, call Personnel or the Safety Director to discuss options.

Medical Treatment

- If the injury requires off site medical treatment, the employee should be taken to Houston County’s occupational medical provider, Prime Care of Dothan. All non life threatening injuries should be treated here initially. If the injury requires specialty treatment, Prime Care will refer the employee to the appropriate specialist and assist them in getting a timely appointment. If an injury occurs after Prime Cares normal business hours (M-F 8:00am – 7:00pm and Sat. 8:00am to noon) the employee should be taken Southeast Alabama Medical Center Emergency Room for treatment with follow up with Prime Care the next day.
- A drug test/breath alcohol test should be administered at the time of the visit.
- Supervisor fills out an Accident/Incident Report and forwards it to Personnel /Sheriff’s Office. A First Report of Injury will be sent to w.c. carrier.

Serious or life threatening injury

- Call 911 and request Emergency Medical Services (EMS).
- Supervisor should:
 - Contact the Dept. Head, Personnel Director or Safety Director and inform them of the injury and where the employee is being taken, if known.
 - Secure the area where the accident occurred.
 - Document details of the accident scene.
 - Go to the treating medical facility to be available for any questions that might arise about the nature of the accident or injury.

Once the employee’s injuries have been treated, the supervisor should begin the initial accident investigation and complete the Accident/Incident Report. This information should be forwarded to the Safety Director and Personnel on the day of the injury, if at all possible. A First Report of Injury will be completed and sent to our worker’s compensation carrier.

Failure to report a workplace injury could result in denial of worker’s compensation benefits or disciplinary action up to and including termination.

Upon discharge from the treating medical facility, the employee should be given a work status report which details any modified duty requirements. The employee must give this to their supervisor prior to them being allowed to return to work.

Contact Information

Personnel Director – Sheri Thompson

Work Phone 334-677-4778
Cell phone 334-618-5600

Safety Director – Kelly Crowell

Work phone 334-677-4784
Work cell phone 334-796-2471

HOUSTON COUNTY ACCIDENT / INCIDENT REPORT

PRELIMINARY INVESTIGATION

BACKGROUND INFORMATION:

Accident/Incident Occurred:	Date:	Time:	Day of the Week Accident Happened:
Accident /Incident Reported:	Date:	Time:	___(M) ___(T) ___(W) ___(T)
Accident/Incident Investigation Began:	Date:	Time:	___(F) ___(Sa) ___(S)

___ WORKER'S COMP ONLY

___ LIABILITY ONLY

___ WORKER'S COMP & LIABILITY

Submit all claims for Sheriff & Jail to Steve Flemister. For all other Departments: Submit W/C Claims to Debbie Hussey-Personnel and Liability Claims to Joan Clark - Admn.

EMPLOYEE INFORMATION

Name (Last, First, MI)	Job Title at time of Injury / Illness:
	# Years in Job Position:
Home Address:	Supv. at Time of Injury / Illness:
	Location at time of Injury/Illness:
Phone #:	Witness(es):
Date of Birth:	

NON-EMPLOYEE INFORMATION (CLAIMANT) Fill out if another party was involved in the Accident / Incident

Claimant Name: (Last, First, MI)	Address:
Phone Number:	

ACCIDENT / INCIDENT LEVEL

A. No Injury ___ At Risk Behavior ___ Near Miss ___ Property Damage	B. Injury ___ Record Only ___ First Aid by Employer ___ Medical Treatment	___ Lost Time ___ Fatality ___ Other
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Description of Injury or Illness, Part of Body Affected and Treatment Received: (Check if Drug Test Only)

Also complete the reverse side if the accident involves a motorized vehicle

Employee's Signature: _____
 Person Completing Form: _____ Contact Phone #: _____

HOUSTON COUNTY ACCIDENT / INCIDENT REPORT

Complete this form if the accident/incident is related to a motorized vehicle.

COUNTY VEHICLE:	
Driver:	
Address:	
Telephone:	
Driver's License:	
Date of Birth:	
Owner of Vehicle:	
Make, Model, & Year of Vehicle:	
Tag Number:	
County Vehicle ID#:	

OTHER VEHICLE:	
Driver:	
Address:	
Telephone:	
Driver's License:	
Date of Birth:	
Owner of Vehicle:	
Make, Model, & Year of Vehicle:	
Tag Number:	

LOCATION OF ACCIDENT / INCIDENT:

DESCRIPTION OF ACCIDENT:

Witness(es)	
Name:	Name:
Address:	Address:
Phone #:	Phone #:

Person Completing Form: _____ Phone # _____

**SELF-REPORTING FORM
FOR MOVING VIOLATIONS UNDER
THE COMMERCIAL MOTOR VEHICLE SAFETY ACT**

OFFICIAL FORM

PLEASE PRINT PLAINLY

SECTION 1 – NAME AND ADDRESS

FIRST	MIDDLE	LAST
ADDRESS		
CITY	STATE	ZIP

SECTION 2

DRIVER LICENSE NO.	SOCIAL SECURITY NO.	SEX	RACE	DATE OF BIRTH
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SECTION 3 – PLACE OF OFFENSE

CITY AND/OR COUNTY	STATE	OFFENSE CHARGED	OFFENSE DATE
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FOR SPEEDING VIOLATIONS PLEASE LIST: SPEEDING ___ MPH IN A ___ SPEED ZONE
CHECK TYPE OF VEHICLE: COMMERCIAL OTHER

COURT INFORMATION

SECTION 4

CONVICTED OF	DATE
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SECTION 5

COURT OF		
ADDRESS		
CITY	STATE	ZIP

SIGNED: _____

DATE: _____

SIGN AND DATE BEFORE MAILING

**HOUSTON COUNTY PERSONNEL BOARD
VIOLATION AND REVIEW RECORD**

Driver's Name _____ **Dept.** _____
(Please Print)

I. WAIVER TO CHECK MOTOR VEHICLE RECORD

I hereby authorize the Houston County Commission, its insurance agent, its third party vendor, or contractor to check my driving record by ordering a Motor Vehicle Record (MVR). I understand that the Houston County Commission and the above named parties will use the information for driver eligibility purposes only and not furnish this information to a third party without my written consent. I also understand that my MVR will be ordered after any accident in a Commission vehicle, or no more than once per year, if and while I may be employed. I understand that I may furnish the Commission and the above named parties with any obtainable information, such as a police report, to show I was at no fault in an accident that is on my MVR. I agree to release the Houston County Commission, its employees, the above named parties, and those who the supplied information from any liability for any damage that may result from furnishing the requested information, from my failure to be employed by the third party vendor, or from any suspension of authorization to drive Commission vehicles, while if and/or I may be employed by the third party vendor.

NAME: _____
SIGNATURE _____
DATE: _____
AL DRIVER LICENSE# _____

II. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

_____ **Date** _____ **Driver's Signature** _____ **Birth date**
_____ **Driver's CDL Number** _____ **Issuing State** _____ **Social Security Number**

Houston County Personnel Board

_____ (Reviewed by: Signature) _____ Date

III. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with §391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with §391.27, has been reviewed the past 12 months.

Action Taken: _____

HOUSTON COUNTY PERSONNEL BOARD

_____ (Reviewed by: Signature) _____ Date

**NOTICE TO DRIVERS
&
CERTIFICATE OF COMPLIANCE**
(Note: Original to be retained by carrier, copy for driver)

I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation became effective as of July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier **AND** the state which issued the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

PENALTIES: Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

II. CERTIFICATION BY DRIVER

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 effective on July 1, 1987.

Driver's Name (print) _____ Soc. Sec. # ____ - ____ - ____

Driver's Address _____

License: State _____ Type/Class _____ ID No. _____

I further certify that I have surrendered the following licenses to the state(s) indicated.

State _____ Type/Class _____ ID No. _____

State _____ Type/Class _____ ID No. _____

Check if applicable:

I further certify that I am required by the state of _____ to maintain a non-resident license.

Type/Class _____ ID No. _____

Driver's Signature _____ Date _____

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize Houston County Personnel Board or its agents to make an independent investigation of my background, references, character, past employment, consumer reports, education, motor vehicle record and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

Fair Credit Reporting Act: *If employment is denied in whole or in part because of information obtained by the above-named company, I have the right to make a written request within a reasonable period of time to receive the information obtained.*

I release the above-named company and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (printed)	Maiden Name or Other Name(s) Used
------------------------	--------------------------------------

Present Address	How long? _____
	Years/ Months

City/State	County	Zip
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List all former addresses for the past seven (7) years. City and State:

City	State	How long? _____
		Years/ Months

City	State	How long? _____
		Years/ Months

City	State	How long? _____
		Years/ Months

Driver's License Number	State of Issue
-------------------------	----------------

Date of Birth	Social Security Number
---------------	------------------------

Applicant Signature	Name Printed or Typed	Date
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POLICY ACKNOWLEDGEMENT

Houston County understands the value and responsibility it has in developing employee skills and abilities while exceeding the expectations of the citizens in which the County serves. Particularly, the County has made several upgrades to its operation of equipment, including heavy equipment that requires additional operator licenses. Therefore, requiring Commercial Driver License (CDL) Class A, B, or C are essential in the operation of certain County vehicles and necessary to perform certain job responsibilities.

I further understand that Houston County verifies employment and drug and alcohol testing history with previous DOT-regulated employers, for the past two (2) years when hired into positions requiring a Commercial Driver License (and promotions, transfers from non-CDL into CDL positions) §40.25, §382.405(f), §382.405(h). My signed consent and names, addresses, telephone numbers (including fax numbers) of previous CDL employers for the past two (2) years are required if I am to be considered for this position. This verification process may take up to thirty (30) days, and if I have any unacceptable prior circumstances per the DOT regulations, I am subject to discharge after due process.

In the event the status of my CDL changes, I understand that it is my responsibility to notify my Department Head and the Personnel Department within 24 hours of this change. Failure to notify my Department Head and the Personnel Department will result in adverse employment action, up to and including employment termination.

Misrepresentation as to pre-existing physical or mental conditions may void your workers' compensation benefits.

By signing below, I acknowledge that I have been provided a copy of Rule 13 – Employee Workplace Health and Safety Policies of the Rules & Regulations of the Houston County Personnel Board - and will abide by all provisions of this Policy Acknowledgement.

Employee Name (Print)

Employee Signature

Supervisor Signature

Department Head Signature