


**FALLS COUNTY
SAFETY
MANUAL & PROGRAM**


Adopted on this the 22 day of March, 2021.
By the Falls County Commissioner's Court




Commissioner, Precinct #1



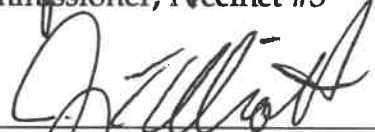
Commissioner, Precinct #2



Commissioner, Precinct #3



Commissioner, Precinct #4



Falls County Judge



Attest: Falls County Clerk

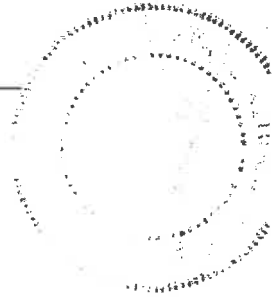


TABLE OF CONTENTS

I. Falls County Safety Policy	4
II. Introduction	4
III. Safety Organization	5
IV. Safety Responsibilities	6
V. Safety Rules	7
VI. Housekeeping	8
VII. Wearing Apparel	9
VIII. Personal Protective Equipment	10
IX. Safety Inspections	11
X. Vehicle Driver Safety	12
XI. Materials Handling	13
XII. Compressed Gas Cylinders	16
XIII. Equipment and Tool Safety	17
XIV. Hazard Communication	20
XV. Accident Investigation	23
XVI. Falls County Technology Policy	25
Attachment I- Vehicle Inspection	32
Attachment II- Accident Report	34
Attachment III-Hazard Communication	37

I. FALLS COUNTY SAFETY POLICY

Welcome to Falls County. Falls County prides itself on its employees and the quality of their work. The County Judge and the County Commissioners are concerned with the safety of employees and the public.

Injuries cause suffering, loss of production, financial loss to employees and their families, and cause a drain on county tax dollars. Falls County is to provide a safe workplace for every individual working for the county as well as those we impact through subcontractors and site locations.

This is your manual on safety. Our commitment is to make our projects and operations as safe as humanly possible. Construction projects, by their very nature, present an environment where people can be injured. The point is that injuries can be prevented and that people who consistently practice SAFETY AWARENESS will not be injured or cause injury to their fellow workers.

Please read this manual now and refer to it from time to time. If you follow the advice presented, listen to your Foreman and Department Heads, and practice SAFE WORK HABITS, you will enjoy safe and productive employment with Falls County.

II. INTRODUCTION

General

Falls County is committed to providing a safe and healthful working environment for all personnel. Our goal relating to employee health and safety can only be achieved through the cooperation of ALL EMPLOYEES. The effectiveness of our safety program is dependent upon the efforts of Department Heads, and the participation of employees. This support is imperative for an effective Safety Program.

Purpose

This Safety Program is to serve as a guide in achieving the following:

1. To provide direction and coordination of a Program which will comply with established industry practices, OSHA, State, and other safety and health standards.
2. Establish clear lines in communication, responsibility, and accountability for safety.
3. Prevention of personal injury and damage to property or equipment.

Scope

This Safety Program included policies for the safe operation of equipment, handling of materials, and conduct of employees. The procedures, duties, and responsibilities outlined in this Program will be in effect throughout the County. It will require the support and cooperation of all employees.

III. SAFETY ORGANIZATION

Commissioners Court

The overall administration and effectiveness of the County Safety program is the responsibility of the Commissioners Court. The Commissioners Court, from its position of control, designs the basic framework of action, establishes final objectives, sets the limitation of authority, designates the person or persons responsible for the Program, and stipulates allocation of time and money.

Loss Control Coordinator

The Loss Control Coordinator is the Commissioners Court's representative in all safety activities. This individual develops, implements, and administers the complete Safety Program in accordance with the Court's policy. This individual will provide leadership and stimulation necessary to assure and maintain full employee interest and participation. The Loss Control Coordinator will also advise the Court on the development and progress of the Safety Program as well as provide a channel of communication between the Commissioners Court and County officials and employees.

Loss Control Committee

The Loss Control Committee will assist the Commissioners Court in matters relating to the control of employee injuries. To maintain continuity and control, the Loss Control Coordinator will be assigned as a permanent member and will act as the Committee's leader. The Loss Control Committee will promote the adoption and use of departmental safety rules, recommend loss control objectives to the Commissioners Court, and determine how these goals can be met. Each County Department shall have at least one representative appointed to the Loss Control Committee.

IV. SAFETY RESPONSIBILITIES

Department Heads

Safety must be an integral part of proper and efficient management. It is well recognized that safety performance is controllable, as are the standards of production, costs, and quality. It is toward this end that the following responsibilities are directed:

1. Impress upon all employees the responsibility and accountability of every individual to maintain a safe place to work.
2. Provide employees the necessary safety training in all facets of their work.
3. Provide all employees with copies of appropriate rules and regulations.
4. Continually monitor all aspects of the program for effectiveness, necessary assistance to field personnel, and compliance with all standards in the County Safety Program.

Foreman

It cannot be overemphasized that the attitude developed by employees towards safety is a direct reflection on the Foreman. Foremen are the critical link between management and employees. For any safety program to be effective, Foremen must provide the leadership to ensure that the Program is adhered to. Therefore, prompt attention to these standards is essential.

The following responsibilities have been established for all Foremen:

1. Make sure all work is performed in a safe manner and that there are no unsafe conditions or equipment present.
2. Make sure all employees understand their safety responsibilities.
3. Correct immediately all hazards, unsafe conditions, and unsafe acts.
4. Inform Department Heads of problems which lie beyond the Foreman's authority.
5. Ensure all injuries are cared for immediately and all accidents are reported promptly. A complete Supervisor's Report of Accident Investigation is required for all injuries which involve lost time, and/or require a doctor's care.

Employee

The following employee responsibilities outlined below are MANDATORY:

1. Constantly observe work conditions, equipment, and tools for the purpose of preventing accidents.
2. Comply with all job safety instructions. Request help when unsure of how to perform any task safely.
3. Use all safety equipment which is required to do the job.
4. Correct unsafe conditions or acts within the scope of their immediate work. Report any unsafe acts to the Foreman.
5. Advise the Foreman of any faulty tools or equipment.
6. Stop work if conditions are such that there is immediate danger to life, limb, or property.

V. SAFETY RULES

The purpose of having safety rules is to establish a uniform job site standard that all employees are aware of and required to abide by. Safety rules should be posted in an appropriate place and explained to new employees at the time of hire.

It is Falls County's responsibility to provide a safe work environment. Establishing and enforcing a good set of safety rules is the first step toward achieving that goal.

Please pay close attention to the following set of safety rules. It will be the responsibility of each employee to know and comply with these rules.

1. All injuries, accidents, and fires will be reported to your immediate supervisor at once.
2. No machines, tools, etc. will be operated until guards are in place.
3. Defective machines, tools, etc. will be reported and taken out of service at once.
4. When in doubt, insist upon being instructed as to your duties and how to perform them safely.
5. Know the location, type, and how to use all fire extinguishers in your job location.
6. Equipment will not be left unattended while in operation or in motion.
7. Portable electric equipment will be unplugged when not in use.
8. Air tools shall have air shut off when not in use.
9. Loose or torn clothing will not be work around moving parts or equipment.
10. Running or horseplay will not be tolerated.
11. Report all hazardous conditions to your immediate supervisor at once.
12. Use or possession of alcoholic beverages or illegal drugs on jobsites is prohibited and will result in disciplinary actions and/or termination.

VI. HOUSEKEEPING

PURPOSE

To include general housekeeping requirements in conducting business at Falls County locations is an important element in the safety process.

INTRODUCTION

Good housekeeping is essential for any operation. Besides promoting orderliness and cleanliness, housekeeping helps eliminate accidents and fire hazards, saves space, time, and effort in material handling. It improves employee morale by developing pride in a neat and orderly work environment.

Many injuries are caused by falls, falling objects, and by the mishandling of materials. These injuries are often a direct result of poor housekeeping.

Therefore, a good housekeeping program can be beneficial to employees as well as Falls County.

GENERAL REQUIREMENTS

1. Good housekeeping means keeping tools, materials, equipment, building, vehicles, and properties clean and in good order.
2. All fire lanes, aisles, stairways, passageways, etc. will be kept clean and free from loose materials and debris. No such space shall be used for storage of any kind.
3. Tools and other supplies shall not be lying about or left where they may cause tripping or other hazards. At the end of each day, all tools and supplies will be collected and stored in their proper location.
4. Lumber and other materials, if no longer needed, and waste materials of any kind, shall be removed daily from the shop or construction area.
5. All nails will be removed or bent over from all boards, planks, or timbers. Under no condition will nails be left to form a hazard or to workmen.
6. All trash cans shall be emptied when full to prevent fire hazards.
7. Spillage of any liquids of ANY kind on floors will be IMMEDIATELY cleaned up to avoid slipping, falling, or possible fire.
8. Waste (trash) should be constantly picked up and placed in a proper container.

VII. WEARING APPAREL

PURPOSE

To describe minimum wearing apparel requirements.

CLOTHING FOR JANITORS, FIELD AND SHOP (R & B) EMPLOYEES

1. Employees will wear apparel that minimizes body exposure. Sleeveless shirts and blouses, tank tops, muscle shirts, or mesh material shirts will NOT be permitted as an outer garment.
2. Trouser legs should not be rolled up above the ankles for most work. Shirrtails should be tucked in.
3. Employees shall not wear long dangling sleeves, neckties, or other loose clothing or jewelry when working on or around machinery.
4. Clothing saturated with oil or gas should be removed as soon as possible and the affected part of the body washed with soap and water. Oil or gas may irritate the skin and is dangerous in case of fire.

JEWELRY

Finger rings, watches, bracelets, and other jewelry are potential safety hazards when worn by employees while performing general field work. Employees should review the tasks to be performed to determine if jewelry should be removed.

WELDING, CUTTING, AND BRAZING

Welders should have apparel that:

1. Protects the skin from hot sparks or electric arc or welding rays,
2. Does not catch sparks. Open pockets and pant cuffs are spark catchers, so make sure that shirt pockets are closed and that pants are not cuffed,
3. Welders should not use their clothing to clean torch tips. (Acetylene-impregnated clothing is highly flammable.)

OFFICE EMPLOYEES (ALL)

Office employees should wear appropriate office attire.

Section 1

The first part of the document discusses the importance of maintaining accurate records and the role of the committee in ensuring that all necessary information is collected and analyzed. It also outlines the procedures for handling confidential information and the need for transparency in all actions taken.

Section 2

The second part of the document details the specific responsibilities of the committee members and the process for reviewing and approving proposals. It emphasizes the need for thorough documentation and regular communication between all parties involved.

Section 3

The third part of the document provides a comprehensive overview of the financial aspects of the project, including budgeting, funding sources, and the allocation of resources. It also discusses the methods for monitoring and evaluating the financial performance of the project.

Section 4

The final part of the document concludes with a summary of the key findings and recommendations, and provides information on how to contact the committee for further information.

VIII. PERSONAL PROTECTIVE EQUIPMENT

PURPOSE

To provide eye, face, head, foot, and hand protection for all County Employees.

GENERAL REQUIREMENTS

1. Survey work areas to determine the bodily hazards and provide the specific protection necessary.
2. Store the appropriate protector in the immediate vicinity of the hazardous work area when appropriate.
3. Post a sign in the immediate vicinity of the hazardous work area stating that the wearing of appropriate protection is mandatory for the performance of the hazardous work.
4. Eye protection must be worn when there is danger of eye injury from flying particles, welding, etc.
5. Hard hats must be worn when there is danger of falling objects or when deemed necessary.
6. A good steel toed shoe or boot of solid leather construction must be worn by all Road & Bridge, and Janitorial personnel when necessary.
7. Hearing protection must be worn in high noise level areas.

IX. SAFETY INSPECTIONS

ROAD AND BRIDGE INSPECTIONS

PURPOSE

To provide periodic inspections, to identify and correct any hazards in the workplace.

GENERAL

The following checklist is an inspection list for the Falls County Road and Bridge Department. These inspections should be completed at least bi-annually or more frequently if needed. If items on the checklist do not apply, mark them as so when performing the inspections.

- service brakes, including trailer brake connections
- parking system (hand brake)
- emergency stopping system (brakes)
- tires
- horn
- steering mechanism
- coupling devices
- seat belts
- operating controls
- safety devices

All defects shall be corrected before the vehicle is placed in service. These requirements also apply to equipment such as lights, reflectors, windshield wipers, defrosters, fire extinguishers, etc., where such equipment is necessary.

REFER TO ATTACHMENT I ON PAGE 49-50 FOR COMPLETE INSPECTION LIST

THE UNIVERSITY OF CHICAGO

PH.D. THESIS

Submitted by [Name] in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the Department of [Department]

Thesis Title: [Title]

Author: [Name]

Department of [Department]

Chicago, Illinois

Year: [Year]

X. VEHICLE DRIVER SAFETY

PURPOSE

To provide information to prevent personal injuries or property damage that could result from the improper use of a County motor vehicle.

INTRODUCTION

Driver should be thoroughly familiar with the vehicle operation and periodically check the condition of the vehicle.

TRAFFIC LAWS

All state and local traffic laws shall be followed explicitly. Only those employees specifically authorized and who possess a valid Texas driver's license shall operate vehicles on county business.

SEAT BELTS

Seat belts should be maintained in proper working condition and must be worn by driver and all passengers whenever the vehicle is in motion. Shoulder straps should be worn when they are available. If seat belts are not available where appropriate, they should be installed, if feasible.

The Falls County seat belt policy states:

All occupants of a vehicle being used on County business are required to wear available seat belts while the vehicle is in operation. All passengers shall have their seat belts fastened before any company driver starts the vehicle in motion. Failure to use seat belts will be considered an unsafe act and a disregard for proper use of mandatory safety equipment.

BACKING

When backing, check behind the vehicle before entering the vehicle to be sure that the area is clear. Do not rely completely on mirrors. Turn around and look out the back window. If view is obstructed, seek assistance to guide the backing maneuver.

VEHICLE INSPECTION

Proper maintenance of County vehicles is essential for safe operation. Inspect vehicles monthly using the Vehicle Safety Inspection Checklist (Attachment I page 49-50)

HOUSEKEEPING

Loose equipment such as tools, boxes, etc. should not be loose in the driving compartment of cars or trucks. Place them in the car trunk or in separate compartment on a pickup or truck. Do not place objects on the dashboard.

RADIOS AND MOBILE PHONES

Never use a Mobile Digital Device while driving.

Never use a Mobile Digital Device while operating equipment.

In general, Mobile Digital Devices should not be used when they could pose a security or safety risk or when they distract from work tasks.

WARNING DEVICES FOR STOPPED VEHICLES

All vehicles should be equipped with warning devices for stopped vehicles. One warning should be placed on the traffic side of the stopped vehicle within 10 feet of the front and/or rear of the vehicle; and one approximately 100 feet in front and/or behind the stopped vehicle in the center lane of traffic or shoulder occupied by the vehicle.

STEERING KNOBS

Steering knobs are not permitted on County vehicles.

XI. MATERIALS HANDLING

PURPOSE

To provide information to prevent injuries that could result from the improper handling of materials.

INTRODUCTION

The improper handling of materials is one of the greatest single causes of injuries. Most of the injuries are caused by simple, sometimes repetitive actions. Such injuries could be avoided by the employee by giving full attention to the job at hand. '

PREVENTING CUTS AND BRUISES

1. Bruises, lacerations, and puncture wounds of the extremities and strains and sprains of the back and other joints are the types of injuries encountered most frequently from material handling.
2. Before handling materials, be alert to the possibility of sharp edges, nails, splinters, sharp wire ends, strap ends, or other projections that might cause cuts or punctures.
3. Gloves are recommended when handling objects that are rough or can cause chemical burns.
4. Be sure and keep hands and fingers away from the point of "pinch" or "bite" between the material being handled and another item, or the bench, floor, ground, structure, or other fixed object.
5. Never carry sheet glass, tin, or similar material under the arm. You are to wear gloves, use both hands, and carry it to the front or side, where it does not block your vision.

LIFTING HEAVY OBJECTS

- A. If an object is heavy (generally greater than 35 pounds) or large, check its weight by tipping or moving it before attempting to lift or carry it.
- B. If an object is too heavy or bulky for you to lift, have someone to help you, or use mechanical means.
- C. When it is necessary for you to lift an object, use the following method:
 1. Face the object to be lifted. Before lifting the heavy object, make sure to keep a wide base of support. Always make sure your feet are shoulder-width apart, with one foot slightly ahead of the other. This will ensure good, proper balance during your heavy lift.
 2. When you are ready to lift the object, simply squat down as close to the object as possible, bending at the hips and knees with your buttocks out. If the object is extremely heavy, you may want to put

- one knee to the floor and your other knee in front of you bent at a right angle.
3. As you begin your lift upward, make sure to keep good posture. Do so by looking straight ahead, keeping your back straight, your chest out, and your shoulders back. Having poor posture can lead to not only back pain, but migraines, lower energy levels, and even heart problems. This form will help keep your upper back straight while having a slight arch in your lower back at the same time. If you believe you have bad posture, try wearing a posture brace daily to help train your shoulder, back, and abdomen muscles to sit up straight.
 4. Slowly lift the object by straightening your hips and knees (not your back). Extend your legs and breathe out as you lift. Do not twist your body or bend forward as you lift the heavy object.
 5. Hold the heavy object as close to your body as possible, at the level of your belly button. (In the Power Zone) Never lift a heavy object above your shoulders or with your arms extended outward.
 6. Use your feet (not your body) to change direction, taking slow, small steps. Lead with your hips as you change direction. Keep your shoulders in line with your hips as you move.
 7. Set down the heavy object carefully, squatting with your knees and hips only.
- D. When it is necessary to move an object from one location to another, use the following procedure:
1. Be sure you can lift and carry it.
 2. Be sure you have a clear route to where you are going.
 3. Be sure the footing is clear of obstruction.
 4. Be sure you have a clear space in which to put the object down.
 5. Pick the object up as described in C above.
 6. Walk carefully, twisting as little as possible.
 7. Set the object down carefully, by reversing the lifting procedure.
- E. Never carry a heavy object onto or off a truck, unless the truck bed is flush with, and against the dock or loading platform, or a suitable deck plate or ramp is securely in place.
- F. Do not attempt to step up or down a high step with a heavy or bulky object. Use a ramp or skids instead.
- G. Use care and caution in the handling of all objects. Many items, harmless in themselves, can cause injury if improperly or thoughtlessly handled.

HANDLING LUMBER

1. Gloves should always be worn when handling any type of lumber.

2. Remove or flatten nails that could cause injury.

HANDLING DRUMS

1. To loosen or tighten the bung, always use a proper type of bung wrench with a long handle.
2. A wadded rag or similar item should be held tightly over the bung when it is loosened to catch any possible spray from pressure in the drum.

XII. COMPRESSED GAS CYLINDERS

PURPOSE

To establish safety practices for the acceptance, storage, and operation of compressed gas cylinders.

COMPRESSED GAS CYLINDERS

Do not accept compressed gas from vendors if:

- A. The name of the gas is not marked on the cylinder.
- B. The cylinder has visual damage or defects.

STORAGE OF COMPRESSED GAS CYLINDERS

- A. Store all compressed gas cylinders in a dry, well ventilated location away from heat sources.
- B. Store cylinders in the upright position and secure them with chains or place them in racks to prevent them from falling or tipping over.
- C. Provide a separation of 20 feet; or a five-foot high, one half hour rated fire wall between oxygen cylinders and fuel/gas such as acetylene, hydrogen, or natural gas cylinders.
- D. Post "No Smoking" signs in flammable gas storage areas.

USING COMPRESSED CYLINDERS

- A. Instruct employees on the hazards involved in the use of compressed gas.
- B. Provide check valves when required to eliminate potential backflow of gases into cylinders.
- C. Open valves slowly on cylinders of compressed gas.
- D. Use a suitable cylinder truck, chain, or other steadying device to prevent cylinders from being knocked over while in actual service.

XIII. EQUIPMENT AND TOOL SAFETY

PURPOSE

The purpose of this section is to establish the County requirements for tool safety. All personnel shall comply with these procedures.

TOOLS

- A. Tools should be kept in an orderly fashion on the tool bench or in the tool chest so that they may be easily found when needed.
- B. All tools and equipment should be inspected regularly. Defective and unsafe tools or equipment must be reported promptly to the supervisor who will have them repaired or replaced at once.
- C. Hand or power tools should be used only in the manner and for the work for which they are designed. Never subject a hand or power tool to strain obviously beyond its capacity.
- D. Tools must never be left lying on moving machinery.
- E. Tools or loose materials must never be left aloft. Everything not bolted, tied, or secured in an approved manner must be removed from elevations. When several tools need to be moved from one elevation to another, they should be hoisted and lowered by a rope and bucket instead of attempting to haul them by hand while climbing ladders.
- F. Faces of sledges, hammers, and mauls should be slightly tempered. Heads of flatters, cutters, and other anvil tools should never be tempered.
- G. Cutting tools are safer and more efficient when kept sharp. Avoid using dull cutting tools.
- H. Crowbars, chain tongs, and the like must be placed in the proper racks and not leaned in corners.
- I. All tools, especially wrenches, should be cleaned after using and during use, where necessary, to keep tool from oil or grease that could cause the hand to slip at point of contact. Use approved cleaning agents on tools; gasoline or absorption oil is not an approved agent.

EQUIPMENT HANDLES

- A. Jack handles should be removed when jacks are not in use.
- B. Handles of all sledges, hammers, mauls, and the like shall be properly wedged into the heads. Never use one that is loose.
- C. Handles of all anvil tools, such as flatters, hot and cold cutters, swages, etc. should be fitted loosely.

- D. Wooden handles must never be painted, nor should cracked or split handles be taped. Paint causes handles to be slick and hides cracks as well as other defects.

POWER TOOLS

- A. Before making any repairs or servicing any type of power tool, the power source must be disconnected. If the tool is driven by a gasoline engine, the ignition wire should be disconnected from the spark plug and taped away from the plug a safe distance, since precaution must be taken to prevent accidental firing of the engine.
- B. Electric drills must never be used on tanks, lines, vessels, etc. until these containers are gas free.
- C. The frames of portable electric tools and equipment, except U.L. approved double insulated tools, shall be grounded either through a third wire in the cable containing the circuit conductors or through a separate wire grounded at the source of the current.
- D. Hand-held portable electric power saws and chain saws shall be equipped with a switch that must be manually held in the closed position for the unit to operate. Hand-held drills, sanders, saber, scroll and jigsaws may have a lock-on control provided where turnoff can be accomplished by a single motion of the same finger that turned it on.
- E. Electrical-powered tools and equipment showing worn, deteriorated inadequate insulation, etc. shall be removed from service until properly repaired.
- F. Where there is danger of explosive or fire, air operated power tools are preferred to electric power tools.
- G. Persons using air operated tools must make certain that the source of air supply pressure cannot exceed the working pressure of the tools.

POWER MOWERS AND EDGERS

The following conditions must be observed when using power mowers and lawn edger:

- A. Before beginning work, carefully inspect area and remove all wire, rocks, glass, or other objects that could become missiles if struck by the blade.
- B. Before starting the mower, it should be inspected for missing parts and defective or loose guards. Disconnect the spark plug wire before attempting inspection or repair of the mower blade.
- C. Do not fuel the engine while it is running or while it is hot.
- D. Do not allow anyone to loiter in immediate vicinity of operations. The hazard from flying objects is greater on the sides and front than from behind the machine.

- E. The operator of a rotary power mower should wear a hard hat and safety goggles.
- F. Fuel for power mowers must be carried and stored in approved containers.

SCREWDRIVER

- A. Avoid careless or improper use of the screwdriver. Never attempt to use the screwdriver as a pry tool, drill, or chisel.
- B. The screwdriver should be held in such a way that if it should slip, it will not stab the hands or body.

SLEDGES AND HAMMERS

Sledge work should be arranged so that sledging in a horizontal arc is not necessary. If the sledge must be swung in a horizontal arc, the footing should be as secure as possible. All observers must stand in the clear. Check clearance overhead before starting to work.

The claws on claw hammers must be used only for pulling nails and not as a substitute for a pry or crowbar.

WRENCHES

- A. Wrenches should not be used directly over your own or another person's head where such can be avoided. A position to one side is recommended.
- B. Adjustable pipe and end wrenches should be adjusted to take a full but snug grip on the pipe or not. The pull should be made toward the jaw of the wrench so-as-to tighten the grip and avoid undue strain on the tool. Replace the teeth of pipe wrench jaws that have become worn to avoid injury due to slippage.

Extensions or "cheaters" on wrench handles should never be used until efforts to break or make up the connection with the largest wrench available have failed. If a cheater must be used, place it on the largest wrench available. The use of cheaters on aluminum wrenches causes damage to the handle and should not be used. **NEVER USE A CHEATER ON A CRESCENT-TYPE WRENCH.** Make sure the cheater fits down all the way over the entire length of the wrench handle up to the head of the wrench. The cheater should be as close to the same diameter of the wrench handle as possible, and still allow the cheater to slip over the handle. Use of a cheater may over stress the wrench and cause it to break, possibly resulting in injury to the user. Hence, the disturbance that a cheater should extend beyond the end of the wrench handle should be as little as is needed to get the job done. Thus, several cheaters of different lengths should be available, using the shortest first, then use a longer one until the job is done. Expect the wrench to break when using a cheater and you will be less likely to get hurt as a result.

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XIV. HAZARD COMMUNICATION PROGRAM

PURPOSE

This program has been prepared to comply with the requirements of the Texas Department of Health to ensure that information necessary for safe use, handling and storage of hazardous chemicals guidelines on identification of chemical hazards and the preparation and proper use of container labels, placards, and other types of warning devices.

A. CHEMICAL INVENTORY

1. Falls County maintains an inventory of all known chemicals in use on this worksite. A chemical inventory list is available from the Department Head.
2. Hazardous chemicals brought onto the worksite by Falls County will be included on the hazardous chemical inventory list.

B. MATERIAL SAFETY DATA SHEETS (MSDS)

1. MSDS's for all chemicals that on the chemical inventory shall be kept on all properties of the County and made available to all employees. (Preferably in a notebook or other binder to be centrally located within every building.)
2. As new chemicals are brought into the workplace, their MSDS's shall be added to the existing MSDS's to ensure that a complete MSDS is on hand for every chemical Falls County Employees may be exposed to.
3. Manufacturers of hazardous chemicals are required by federal law to provide MSDS's to all entities that purchase their chemicals. If a chemical is received that does not have an MSDS, set it aside and do not use. Next, write the manufacturer and request an MSDS be sent to you. When MSDS arrives, place it in the MSDS binder, train employees about its hazards, and begin to use.

C. CONTAINER LABELING

1. All chemicals on site will be stored in their original or approved containers with a proper label attached, except small quantities for immediate use. Any container not properly labeled should be given to the Department Head for labeling or proper disposal.
2. Workers may dispense chemicals from original containers only in small quantities intended for immediate use.

C. EMPLOYEE EDUCATION AND TRAINING

Supervisors should:

1. Always set safety and health as a top priority. Tell your workers that making sure they finish the day and go home safely is the way you do business. Assure them that you will work with them to find and fix any hazards that could injure them or make them sick.
2. Lead by example. Practice safe behaviors yourself and make safety part of daily conversations with workers.
3. Implement a reporting system. Develop and communicate a simple procedure for workers to report any injuries, illnesses, incidents (including near misses/close calls), hazards, or safety and health concerns without fear of retaliation. Include an option for reporting hazards or concerns anonymously.
4. Train your workers on how to identify and control hazards.
5. Inspect the workplace with workers and ask them to identify any activity, piece of equipment, or material that concerns them. Use checklists to identify problems.
6. Collect hazard control ideas. Ask workers for ideas on improvements and follow up on their suggestions. Provide them time during work hours, if necessary, to research solutions.
7. Implement Hazard Controls. Assign workers the task of choosing, implementing, and evaluating the solutions they come up with.
8. Address emergencies. Identify foreseeable emergency scenarios and develop instructions on what to do in each case. Meet to discuss these procedures and post them in a visible location in the workplace.
9. Seek input on workplace changes. Before making significant changes to the workplace, work organization, equipment, or materials, consult with workers to identify potential safety or health issues.
10. Make improvements. Set aside a regular time to discuss safety and health issues, with the goal of identifying ways to improve the program.
11. Conduct an annual review of the Hazard Communications Program with all employees and maintain a record of those in attendance.

NOTE: It is critically important that all employees understand the training. Contact the Department Head for further questions.

E. PERSONNEL PROTECTIVE EQUIPMENT (PPE)

1. Personnel are required to wear proper PPE when handling hazardous chemicals when there is a danger of over exposure.
2. The Department Head will be responsible for ensuring that proper equipment is available and worn when employees are in danger of over exposure.

F. EMERGENCY RESPONSE

1. Any incident of over exposure of spill of hazardous chemical/substance must be reported to the Department Head at once.
2. The Department Head will be responsible for ensuring that proper emergency response actions are taken in leak/spill situations.

G. HAZARDS OF NON-ROUTINE TASKS

1. The Department Head will inform employees of any special tasks that may arise which would involve possible exposure to hazardous chemicals.
2. Review of safe work procedures and use of required PPE will be conducted prior to the start of such tasks. Where necessary, areas will be posted to indicate the nature of hazard involved.

H. GENERAL CONTRACTOR/SUBCONTRACTOR RESPONSIBILITIES

1. When employees of a subcontractor may be exposed to a hazardous chemical while working on County jobsites, Falls County shall provide access to the list of hazardous chemicals being used at the jobsite and make available the MSDS sheets for all required protective measures.
2. It shall be the responsibility of all subcontractors who bring hazardous material onto Falls County's property to provide the appropriate MSDS's to the County at the jobsite.
3. When exposure to a hazardous chemical is expected, each subcontractor is responsible for the appropriate training of their employees.

I. POSTING

Falls County has posted information for employees at this jobsite on the hazard communication standard. This information can be found at the jobsite bulletin board or with the Department Head.

J. RECORDKEEPING (At the jobsite)

- a. Material safety data sheets and request for any MSDS not furnished
- b. Hazardous Chemical list
- c. Records of employee training and employee acknowledgement
(Attachment III page 55)
- d. Records of any environmental testing

[The text in this block is extremely faint and illegible, appearing to be a series of lines of text that have been scanned with very low contrast or are otherwise obscured.]

XV. ACCIDENT INVESTIGATION

The real purpose of an accident investigation is to establish all relevant facts as to how and why the accident occurred so that appropriate corrective action can be taken to prevent a recurrence. Investigators should be directed towards fact finding, not fault finding.

Careful evaluation of thorough accident investigations can normally reveal loss control weakness which can be corrected or eliminated.

EMPLOYEE

All employee injuries requiring outside medical attention and/or resulting in lost time, are to be investigated for cause(s) plus appropriate corrective action utilizing the "Loss Control Coordinator's Accident Investigation Report" form. One copy should be maintained in the department office file and another forwarded to the Loss Control Committee.

The investigation should begin as soon as possible after the necessary notifications have been accomplished (EMS, ambulance, Fire Dept., etc.). A written accident investigation will be made using the provided forms (see **ATTACHMENT II on pages 51-53**).

The following considerations should be helpful for conducting a thorough accident investigation:

1. THE FIVE "W"'s

Who? What? Where? When? Why?

If these words are kept in mind, the problem of making a complete report is simplified. Answering all five questions is the secret to a thorough investigation.

2. CLAIMANT POSITION

When possible, discuss the accident with the injured employee. Discuss the accident with other employees who may have seen the accident as well.

There are at least two sides to any accident; try to report all the facts.

3. PROMPTNESS

At times you will be unable to gather all necessary information immediately to file a complete report. Rather than delay until more information is available, submit what you have with a comment that more will follow.

4. BACKUP

Any method you can use to make a report more understandable should be used. This could include the use of:

A. Diagrams

A simple drawing showing the relationship of all pertinent elements showing measurements, distances, etc.

B. Photographs

A brief description of what the photograph shows, when it was taken, who took it and why (the five W's) should appear on the back.

C. Statements

This can be written or recorded of witnesses, and/or parties to the accident. This should be done as soon as possible following the accident and should be done in private. Make the statement in the person's own words or if possible, have the person write it himself. Have it dated and signed by the witness(es).

D. Physical Objects

Defective materials, broken tools, etc. should be tagged with a brief description. Mention on the report all such items. Properly secure the object(s) for management evaluation.

E. Reports from others

These may include police and fire departments, owners, doctors, etc. An effort should be made to obtain a copy of these reports.

F. Miscellaneous

Other available forms of back up might include maps, blueprints, or equipment specifications. Remember, too much information is better than too little.

5. THIRD PARTIES

One of the most common errors in accident reports is not identifying third parties. Any involvement with others should be reported.

(For example: Whose light pole was knocked down? Who did the man work for? Who owned the equipment?)

FALLS COUNTY TECHNOLOGY POLICY

1. GENERAL PRINCIPLES

- 1.1 Access to electronic forms of communication and information exchange is provided by Falls County. Employees have access to one or more forms of electronic equipment, media, and services (computers, email, telephones, voicemail, fax machines, wire services, online services, and the Internet).
- 1.2 The County encourages employees to use the equipment, media, and associated services to make communication more efficient and effective and because they are valuable resources of information for government related work.
- 1.3 With the rapidly changing nature of electronic media and the “netiquette” which is developing among users of external online services and the Internet, this policy cannot provide guidelines for every possible situation. Instead, it expresses the County’s philosophy and sets forth general principles for the use of electronic equipment, media, and services by all County departments.
- 1.4 This policy applies to all electronic equipment, media, and services which are County property, assessed using County computer equipment, via county paid access methods, and/or used in a manner that identifies the individual as employee or agent of the County.
- 1.5 The use and/or dissemination of electronic equipment, media, and services are subject to existing laws, rules, regulations, and guidelines.
- 1.6 Departments are responsible for monitoring compliance with this policy. All guidelines established for the use and/or dissemination of electronic equipment, media, and services must be based on this policy.

2. PROCEDURES

- 2.1 Electronic equipment, media, and services must not be used for knowingly transmitting, retrieving, or storing any communications that:
 - Are threatening, insulting, abusive, harassing.
 - Are discriminatory, defamatory, or derogatory toward any individual or group.

- Are obscene, sexually oriented, or pornographic or which constitute sexual harassment.
- Contain profane or vulgar language.
- Promote or criticize a political campaign or party.
- Use for chain letters.
- Use for personal monetary interests or gain.
- For any other purpose which is illegal, against Falls County policy, or reflects poorly on the user's department or the County.

2.2 The use of electronic equipment, media, and services is presumed to be work related.

2.3 Employees have no expectation of privacy in their work-related conduct or the use of County-owned or County-provided equipment or supplies. Employees should not expect privacy in the use or content of electronic equipment, media, and services.

Nonetheless, as-a-general-rule, electronic information created and/or communicated by an employee using email, work processors, utility programs, spreadsheets, voicemail, telephones, Internet access, etc. are not monitored. However, the County specifically reserves the right to monitor electronic equipment, media, and services the following situations.

To the extent allowed by law, County officials and departments routinely monitor usage patterns for voice and data communications (e. g. website access, length, time of day).

Reasons include cost analysis, cost allocations, and management of the County's gateway to the Internet.

To the extent allowed by law, County officials, Department Heads, and others are permitted to review an employee's electronic files, messages, and usage to the extent necessary to

ensure that electronic equipment, media, and services are being used in compliance with the law and other policies.

2.4 No email or other electronic communication may be sent which attempts to hide the identity of the sender or represent the sender as someone else.

3. ACCEPTABLE USES

The following uses of electronic equipment, media and services are examples of some, but not all, acceptable uses:

- 3.1 Communication and information exchange related to the duties or responsibilities of the user's department.
- 3.2 Communication for professional development, to obtain continuing education or training, or to discuss issues related to the user's public duties or responsibilities.
- 3.3 Announcement of new departmental regulations, procedures, policies, rules, services, programs, or activities.
- 3.4 At the Department Head's discretion, employees are permitted to use electronic equipment, media, and service for incidental or *de minimis* personal matters. Employees are responsible for complying with any relevant departmental or county fee-for-use policies.

4. UNACCEPTABLE USES

The following uses of electronic equipment, media, and services are examples of some, but not all, unacceptable uses:

- 4.1 Use for any personal profit, including advertising and political activities.
- 4.2 Use for purposes not related to the duties or responsibilities of the county department before, after, or during normal business hours.
- 4.3 Use to copy, retrieve, or forward copyrighted material (such as software, database files, documentation, articles, graphic files, and downloaded information) unless the individual has the right to copy or distribute such material.
- 4.4 Attempts to read "back" into other systems or other persons' login, or "crack" passwords, or breach computer or network security measures. Employees must not seek others' passwords or exchange passwords without supervisor approval.
- 4.5 Development of programs designed to bypass other users or infiltrate a computer or computer network or to damage or alter hardware of software.

- 4.6 Use of electronic equipment, media, and services in a manner that is likely to cause network congestion or significantly hamper the ability of others to access and use the services or equipment.
- 4.7 Intentionally seeking access to or copies of information, files, or data which is confidential under federal, state, or local law, unless specifically authorized to do so once the legal conditions for release are satisfied.
- 4.8 Use of electronic equipment, media, and services which violates a federal, state, or local law.
- 4.9 Attachment of private equipment and/or private services for the express purpose of circumventing this policy.

TO SUMMARIZE FALLS COUNTY TECHNOLOGY POLICY:

Digital Device Policy:

Mobile Digital Devices should not be allowed to distract employees from job tasks. Use of Mobile Digital Devices for surfing the internet or gaming during work hours is discouraged. Mobile Digital Devices should never be used while driving, operating equipment, or in any situation where they can cause accidents.

Cell Phone Policy:

The Falls County Mobile Digital Device policy offers general guidelines for using personal and county Mobile Digital Devices during work hours.

The purpose of this policy is to help us all get the most out of the advantages Mobile Digital Devices offer our county while minimizing the distractions, accidents, and frustrations improper Mobile Digital Devices use can cause.

This policy applies to all Falls County employees.

Mobile Digital Devices Use Guidelines:

The following are Falls County's basic guidelines for proper employee cell phone use during work hours. In general, Mobile Digital Devices should not be used when they could pose a security or safety risk, or when they distract from work tasks:

- Never use a Mobile Digital Device while driving.
- Never use a Mobile Digital Device while operating equipment.
- Do not use Mobile Digital Devices for surfing the internet or gaming during work hours.
- Avoid using work Mobile Digital Devices for personal tasks.
- Avoid using personal Mobile Digital Devices for work tasks.
- Do not use Mobile Digital Devices during meetings.
- Do not use Mobile Digital Devices to record confidential information.

We realize Mobile Digital Devices can be great tools for our employees. We encourage employees to use Mobile Digital Devices when:

- For making or receiving work calls in the appropriate place and situation to do so.
- For other work-related communication, such as text messaging or emailing in appropriate places and situations.
- To schedule and keep track of appointments.
- To carry out work-related research.
- To keep track of work tasks.
- To keep track of work contacts.

Disciplinary Action:

Improper use of Mobile Digital Devices may result in disciplinary action.

Continued use of Mobile Digital Devices at inappropriate times or in ways that distract from work may lead to having Mobile Digital Device privileges revoked.

Mobile Digital Device usage for illegal or dangerous activity, for purposes of harassment, or in ways that violate the county confidentiality policy may result in employee termination.

ATTACHMENT I

Vehicle Inspection Checklist

All vehicles in use shall be checked at the beginning of each shift to assure that the following parts, equipment, and accessories are in safe operating condition and free of apparent damage that could cause failure while in use:

- Service brakes (including trailer brake connections)
- Parking system (hand brake)
- Emergency stopping system (brakes)
- Tires 3/32
- Horn
- Steering mechanism
- Coupling devices
- Seat belts
- Lights (high and low beam)—must have 2 operational headlights
- Turn signals (front and back)
- Clearance lights
- Brake lights—must have 2 operational brake lights
- Windshield wipers
- Defroster
- Mud flaps
- Fire extinguisher
- Spare fuses
- Emergency reflective triangles
- Wheel chocks
- First Aid Kit

DOT Pre-Trip Inspection

Equipment: _____

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mon.	Tue.	Wed.	Thur.	Fri.
Check tires	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transmission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air leaks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hydraulic fluid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coolant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE RECORD ALL DIESEL PUMPED:

Location: _____

	Miles/Hrs.	Gallons	Notes:
Mon	<input type="text"/>	<input type="text"/>	_____
Tue	<input type="text"/>	<input type="text"/>	_____
Wed	<input type="text"/>	<input type="text"/>	_____
Thurs	<input type="text"/>	<input type="text"/>	_____
Fri	<input type="text"/>	<input type="text"/>	_____

TURN THIS REPORT IN EACH WEEK

ATTACHMENT II

Loss Control Coordinator's Accident Investigation Report

DWC FORM-001 (Employer's First Report of Injury or Illness)

The employer is required to file an Employer's First Report of Injury or Illness (DWC FORM-001 Rev. 10/05) with the injured worker's insurance carrier, and the injured claimant or the claimant's representative within 8 days after the employee's absence from work or receipt of notice of occupational disease.

The Employer's First Report of Injury or Illness provides information on the claimant, employer, insurance carrier and medical practitioner necessary to begin the claims process. Details of the claimant's employment and circumstances surrounding the injury or illness are also requested.

Send the specified copies to your Workers' Compensation Insurance Carrier and the injured employee. ***Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.**

[Workers' Compensation Rule 120.2]

INSTRUCTIONS FOR EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS (DWC FORM-001)

Type (or print in black ink) each item on this form. Failure to complete each item may delay the processing of the injury claim.

Section 409.005, Texas Workers' Compensation Act, requires an Employer's First Report of Injury or Illness (DWC FORM-001 Rev. 10/05) to be filed with the Workers' Compensation Insurance Carrier not later than the eighth day after the receipt of notice of occupational disease, or the employee's first day of absence from work due to injury or death. A copy of this report must be sent to the employee or the employee's representative. For purposes of this section, a report is filed when personally delivered, or postmarked. Send the specified copies to your Workers' Compensation Insurance Carrier and the injured employee. *Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.

If a report has not been received by the carrier, the employer has the burden of proving that the report was filed within the required time frame. The employer has the burden of proving that good cause existed if the employer failed to file the report on time.

An employer who fails to file the report without good cause may be assessed an administrative penalty. An employer who fails to file the report without good cause waives the right to reimbursement of voluntary benefits even if no administrative penalty is assessed.

Once the employer has completed all information pertaining to the injury the employer should maintain the copy of this report to serve as the Employer's Record of Injury required by Section 409.006. Send the specified copies to your Workers' Compensation Insurance Carrier and the injured employee. *Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing. The Division's Health and Safety will use data from this report for the Job Safety Information System established in Section 411.032 of the Texas Workers' Compensation Act.

This report may not be considered admission or evidence against the employer or the insurance carrier in any proceeding before the Division or a court in which facts set out in the report are contradicted by the employer or insurance carrier.

SPECIAL INSTRUCTIONS FOR CERTAIN ITEMS

- Items 2,7,8: Section 402.082, Texas Workers' Compensation Act requires the Division to maintain information as to the race, ethnicity and sex on every compensable injury. This information will be maintained for non-discriminatory statistical use.
- Item 4: If no home phone, please provide a phone number where the employee can be reached.
- Items 5,15,17, 26,29,30: Enter data in month, day, year format. Example: 08-13-54.
- Item 18: List nature of accident or exposure, e.g., fall from scaffold, contact with radiation, etc. If occupational disease, so state.
- Item 19: List specific body part, e.g., chin, right leg, forehead, left upper arm, etc. If more than one body part is affected, list each part.
- Item 20: Describe in detail (1) the events leading up to the injury/illness, (2) the actual injury, e.g., cut left forearm, broken right foot, etc., and (3) the reason(s) why accident/injury occurred. Use an additional sheet of paper if necessary.
- Item 22: State the exact work-site location of the injury, e.g., construction site, office area, storage area, etc.
- Item 24: List object, substance, or exposure that directly inflicted the injury or illness, e.g., floor, hammer, chemicals, etc.
- Items 32,33: Enter date in month-year format. Example: 02-56.
- Item 37: Enter the number of days or hours that make up a full work week for your employees.
- Item 45: Enter the 6-digit North American Industry Classification System (NAICS) Code of the employer. The primary code is the code which appears in block 5 of Form C-3, "Employer's Quarterly Report" to the Texas Workforce Commission.
- Item 46: For companies with a single NAICS code, the specific code is the same as the primary code. For companies with multiple NAICS codes, enter the code that identifies the specific business, activity, or work-site location the employee was working in at the time of the injury. This may or may not be the same as the primary code.

Send the specified copies to your
Workers' Compensation Insurance Carrier
and the injured employee.

*Employers - Do not send this form to the
Texas Department of Insurance, Division of Workers' Compensation,
Unless the Division specifically requests a direct filing.

CLAIM #

CARRIER'S CLAIM #

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.)		2. Sex F <input type="checkbox"/> M <input type="checkbox"/>		15. Date of Injury (m-d-y)	16. Time of Injury am <input type="checkbox"/> pm <input type="checkbox"/>	17. Date Last Time Began (m-d-y)	
3. Social Security Number	4. Home Phone	5. Date of Birth (m-d-y)		18. Nature of Injury*	19. Part of Body Injured or Exposed*		
6. Does the Employee Speak English? If No, Specify Language YES <input type="checkbox"/> NO <input type="checkbox"/>							
7. Race White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>		8. Ethnicity Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>		20. How and Why Injury/Illness Occurred*			
9. Mailing Address Street or P.O. Box				21. Was employee doing his regular job? YES <input type="checkbox"/> NO <input type="checkbox"/>			
10. Marital Status Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>				22. Worksite Location of Injury (stairs, dock, etc.)			
11. Number of Dependent Children				23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site			
12. Spouse's Name				Street or P.O. Box			
13. Doctor's Name				City			
14. Employer's Mailing Address (Repeat on P 11 Row)				State			
City				Zip Code			
24. Cause of Injury (fall, tool, machine, etc.)*							
25. List Witnesses							
26. Return to work date/for expected (m-d-y)		27. Did employee die? YES <input type="checkbox"/> NO <input type="checkbox"/>		28. Signatory's Name		29. Date Reported (m-d-y)	

30. Date of Hire (m-d-y)	31. Was employee hired or recruited in Texas? YES <input type="checkbox"/> NO <input type="checkbox"/>	32. Length of Service in Current Position Months _____ Years _____	33. Length of Service in Occupation Months _____ Years _____
34. Employee Payroll Classification Code		35. Occupation of Injured Worker	
36. Rate of Pay at His Job \$ _____ Hourly E _____ Weekly	37. Full Work Week or _____ Hours _____ Days	38. Last Paycheck was: \$ _____ to _____ Hours or _____ Days	39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input type="checkbox"/>

40. Name and Title of Person Completing Form		41. Name of Business	
42. Business Mailing Address and Telephone Number Street or P.O. Box Telephone ()		43. Business Location (If different from mailing address) Number and Street	
City State Zip Code		City State Zip Code	

44. Federal Tax Identification Number	45. Primary North American Industry Classification System Code (6 digit)	46. Specific NAICS Code (6 digit)	47. Texas Comptroller Taxpayer No.
48. Workers' Compensation Insurance Company		49. Policy Number	

50. Did you request accident prevention services in past 12 months?
YES NO If yes, did you receive them? YES NO

51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING)
X _____ Date _____



ATTACHMENT III

Training Session on Hazard Communications

I know where the Material Safety Sheets for my work are kept.

I understand the safe work procedures and precautions to be taken when working with these products including use of protective equipment and/or apparel.

I know where emergency supplies are kept.

I know where the emergency phone number and Hazard Communication Information are posted.

I am aware that I may review copies of the hazardous chemical list, the company's written program, and MSDS's.

Employee Signature _____

Date _____

Job location or Name _____

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FROM THE FIRST SETTLEMENT IN 1630 TO THE PRESENT TIME
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ACKNOWLEDGEMENT OF RECEIPT OF FALLS COUNTY SAFETY POLICY and TECHNOLOGY POLICY

I have received a copy of the Falls County Safety and Technology Policies. I understand that these Policies are to be followed by me as an employee of Falls County and are a condition of my employment or continued employment with said County. I also understand that the Policies do not constitute a contract or agreement between me and Falls County or a guaranty of continued employment for any period-of-time. I understand that both I and the County have the right to terminate my employment with the County at any time, and for any reason or no reason at all, with or without notice, and that this right is in no way affected by the provisions of these Policies. Further, I understand that any procedures contained in the Policies are merely guides and do not vest me with any property right or interest to demand that said procedures be followed.

I further understand, agree, and state that I am on notice of the fact that I may not rely upon, nor shall the County be bound by any representation, promise or assurance of any person, whether it be a Supervisor, Department Head or otherwise, which is contrary to or in any way purports to modify the employment relationship set out above, all such assurances, representation and promises being unauthorized and not the approved action of the County.

I understand that the County reserves the right, and has the right, to change provisions of these Policies at any time, with or without notice, or to withdraw these Policies entirely. I understand that a copy of this acknowledgement will be placed in my personnel file.

Signature of Employee

Date signed

Printed name of Employee