



# CHEROKEE COUNTY SAFETY PROGRAM

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# ***CHAPTER 1***

## ***SAFETY POLICIES***

## 1.0 POLICY STATEMENT

The Cherokee County Board of Commissioners has a sincere concern for the welfare and safety of County employees and the public we serve. We acknowledge our obligation, as an employer, to provide a safe work environment for all employees. Agency Directors/Department Directors and employees shall comply with all applicable Federal, State and local safety laws and regulations. Due to the unique nature of risks associated with the different Agencies and missions in serving the County, each shall conduct its own operations and activities to minimize the risk of injury to employees and the public. Employees are not to perform any task which is determined to be unsafe for their respective positions.

The immediate responsibility for preventing accidents belongs to each individual employee. Employees are expected to abide by job procedures and safety guidelines specific to their respective departments. Employees are expected to use good judgement and abide by job procedures and safety guidelines specific to their individual departments. It is the responsibility of supervisors to communicate with their employees and ensure they understand the Safety requirements associated with their job assignments. Employees should report potential safety hazards with confidence that the hazards will be corrected. This policy serves to express the commitment of the County to require that each Agency identify and correct potential risks inherent in the operation of their facilities and equipment and make accident prevention a primary responsibility.

## 2.0 PURPOSE

The County's safety program is an ongoing process that includes training supervisors and employees to identify potential risks and eliminate unsafe work practices. Each Agency is responsible for communicating with employees on matters concerning safety, including identifying, evaluating and eliminating workplace hazards; investigating injuries and conducting employee safety training. Successful implementation of the safety policies and procedures contained in this safety program involves an ongoing commitment by Agency Directors/Department Directors, supervisors, and employees.

The Safety Program adheres to and compliments the policies found in Personnel Policies Manual 7.7 ~ Workplace Safety. In the event of a conflict in interpretation between the guidelines found in these two documents, the Personnel Policies Manual shall govern.

## 3.0 RESPONSIBILITIES

### 3.1 County Manager

The County Manager directed a Safety Committee be created to provide oversight of a risk management program for agencies/departments under the direction of the Board of Commissioners, and other elected offices at their direction. The purpose of the risk management program is to minimize the adverse effects of loss through identification and assessment of actual and potential losses, loss prevention, risk financing, and Workers' Compensation claim control.

### 3.2 Safety Administration

The Human Resources Manager under authority of the Director of Human Resources, plans, organizes and directs the development and implementation of the County Safety Program and provides coordination on all matters relating to loss prevention and on-the-job safety. The Human Resources Manager is the contact person for all Safety related issues throughout the County.

### 3.3 Agency Directors

All Agency Directors and their supervisors shall be familiar with the following policies. Supervisors are responsible for implementing and maintaining a safe workplace and for ensuring their employees are aware of the safety rules/regulations that apply to their specific job classification.

### 3.4 Supervisors

Supervisors shall take an active and visible role in the implementation of the safety program. Supervisors are responsible for being consistent in their enforcement of safety rules. Supervisors shall ensure:

1. Employees are trained from the first day in their job assignments, and are retrained whenever any new process, procedure, or equipment is introduced into the workplace.
2. Employees are provided any required personal protective equipment, as well as instructions on the proper use of any equipment necessary to perform their job assignments.
3. Work areas inspected regularly, and immediate corrective action is taken whenever hazards are recognized or unsafe acts are observed.

4. Informal safety meetings are conducted covering various topics relating to safety hazards with their specific jobs/tasks.
5. Documentation of safety training will be maintained by supervisors on the employee and safety training record.
6. All accidents will be thoroughly investigated and corrective action taken to prevent re-occurrence. All accident investigation forms will be promptly completed and forwarded to the Human Resources Manager.

### 3.5 Employees

Employees are responsible for complying with all applicable County safety rules, policies, and established work procedures. Employees have an obligation to work in a safe manner and in accordance with all training and instruction received by supervision. Employees are required to:

1. Adhere to all County safety policies and procedures.
2. Familiarize themselves with the specific safety rules/policies of their department
3. Report any unsafe conditions or equipment immediately to their supervisor.
4. Report any job related injuries or accidents to their supervisor immediately.
5. Wear personal protective safety equipment required for their job.
6. Only operate equipment or machinery that they have been trained on and authorized to operate by their supervisor.
7. Keep work area clean and orderly at all times.

## 4.0 COMPLIANCE

Each Agency has the responsibility for maintaining safe working conditions within their respective areas. Although Exposure to hazards varies widely from agency to agency, it is expected that every effort will be directed toward controlling injuries and accidents. Employees are also required to follow all safety rules/policies. Violation of safety rules and regulations may result in disciplinary action (Personnel Policy Manual 7.7.5).

### 4.1 Agency Directors/Department Directors

Agency Directors/Department Directors and supervisors shall set a positive safety example for their employees. Supervisors shall use appropriate discipline when necessary as defined in the County Personnel Policies Manual to ensure that employees follow established safety policies and procedures. Supervisors should also recognize those employees who exemplify and follow good safety practices.

### 4.2 Employee Compliance

Each employee shall follow all established laws and regulations including all Agency/Department policies and rules that apply to safety. Employee safety depends to a great extent on the behavior of each individual employee both on and off the job. Employees have an obligation to report all unsafe conditions and practices, and encourage other employees to work safely. They should be aware that they may report safety hazards without fear of retaliation.

## 5.0 SAFETY COMMUNICATION

A County safety committee was established to recommend improvements to the County Safety Program and to identify corrective measures and eliminate or control recognized safety hazards. The County Safety Committee is responsible for assisting agencies in promoting safety awareness through continuous improvement and identifying loss trends and providing support to agencies in an effort to reduce Workers' Compensation costs.

### 5.1 County Safety Committee

The County Safety Committee meetings are held on a monthly basis. These meetings are attended by members from each Agency and chaired by the Human Resources Manager. A variety of safety topics, such as review of monthly accidents, assessment of unsafe conditions, identifying training needs and changes in work practices/procedures are discussed. The minutes of the Safety Committee meetings are posted on the County Intranet website

## 5.2 Safety Alerts

Safety Alerts are memos used to inform employees about updated safety policies or notice of a change in safety procedures. Safety alerts shall be distributed to departments and posted on the Human Resources Department website where employees may view them. These alerts may include safety posters, safety topics, etc.

## 6.0 INSPECTIONS

A safety inspection program is essential to reducing unsafe conditions that may expose employees to injuries or cause property damage. Each supervisor shall ensure that appropriate, systematic safety audits/inspections are conducted periodically of their areas.

### 6.1 Informal Inspections

Supervisors shall perform safety inspections daily, weekly, and monthly. These informal inspections shall address any change in the work environment that may cause unsafe conditions.

### 6.2 Safety Audits

Safety audits are regular inspections that are conducted at all work sites. Their purpose is to determine whether the Agency is providing a safe and healthful workplace in compliance with established County best safety practices. These are performed on a quarterly basis.

### 6.3 Special Inspections

Special inspections are limited in scope and conducted for a special purpose:

1. Changes in work conditions, occupancy of a new building, use of new equipment
2. Response to a report of a health or safety hazard
3. In the course of an accident investigation
4. As a follow up from a previous inspection

## 7.0 HAZARD CORRECTION

Hazards that are discovered as a result of periodic inspections or during normal operations shall be corrected promptly. Reports of unsafe conditions by employees shall be investigated promptly by supervisors. Hazards can range from imminent dangers to relatively low risks. A supervisor's corrective actions must include evaluation of the potential hazard and suitable timetables for correction.

### 7.1 Imminent Hazards

For serious hazards that present an imminent danger to life or limb, immediate action shall be taken to correct the hazard. If the hazard cannot be immediately corrected, all personnel shall be removed from the affected area. Access to the area shall be limited until the hazard has been removed or corrected.

### 7.2 General Hazards

Hazards involving the physical conditions of structures, surrounding grounds, or associated equipment shall be reported by using the Property Management Help Desk on the County INTRANET site.

### 7.3 Job Safety Analysis

The Job Safety Analysis Form is a tool that can be used to ensure all hazards of a job task are identified. During a Job Safety Analysis the supervisor considers the purpose of the work, current duties and tasks, methods and procedures. After analysis of this information it can be determined that the job may require modification or additional personal protective equipment may be needed.

### 7.4 Exposure Hazards

Exposure to airborne contaminants, blood borne pathogens, chemicals or skin contact shall be reported on the Exposure Incident Investigation form.

## **8.0 WORKERS' COMPENSATION CLAIMS MANAGEMENT**

Employees must report all injuries/accidents to their supervisor immediately. Supervisors shall investigate all reported job accidents, injuries, occupational illnesses, and near-miss incidents as soon as possible. Supervisors shall document all information that is gathered during the accident investigation process. Injured employees will be allowed to return to work as soon as possible consistent with any job restrictions. Every effort to comply with the employees work restrictions will be made, consistent with the County Transitional Duty policy. If an appropriate transitional job is identified, the employee will be offered the job until the restrictions are lifted. These jobs will normally not exceed 90 days.

### **8.1 Supervisor Documentation**

The supervisor must gather as much information as possible when investigating accidents. Information is obtained by interviewing the injured employee and any witness(es). This must be completed as soon as possible after the accident. Supervisors shall try to determine factors associated with the accident and review work procedures and training to determine the root cause, and take corrective action. Supervisors must ensure that the County Accident/Investigation report and Workers' Compensation forms are completed. The Workers' Compensation forms packet is on the HR and County intranet site and has all the required forms.

### **8.2 Serious Accidents or Injuries**

Serious accidents, injuries, illness or exposure to hazardous materials that require hospitalization will be reported as soon as possible to the Human Resources Manager. Accidents, injuries, or exposures of this severity may require more detailed levels of investigation. A report of the accident investigation including the finding and recommendations will be forwarded to the Human Resources Manager. The accident location including equipment and materials involved in the accident should remain undisturbed until the investigation is completed.

### **8.3 Vehicle Accidents**

Any employee involved in a vehicle accident involving County vehicles or privately owned vehicles operated on County business shall report the accident immediately to their supervisor and the appropriate local agency (Police, Sheriff). The employee will complete the vehicle accident form and must remain at the accident location until the Police/Sheriff arrives to investigate. All "at fault" vehicle accidents will require an alcohol/drug test (Personnel Policies Manual 7.1.6.2).

All vehicle accident forms will be forwarded within three days to the Chair ~ Vehicle Accident Review Committee.

### **8.4 Investigation of Vehicle Accidents**

The Cherokee County Vehicle Accident Review Committee will ensure fair and impartial review of all accidents involving County vehicles and/or County personnel (except constitutional officers) while on County business. The function of the committee is to determine the chargeability of each accident and to recommend the appropriate disciplinary action to be taken by the Agency/Department Director.

## **9.0 TRAINING**

Effective safety training is essential for the success of the overall safety program. Training includes general safe work practices as well as specific instruction unique to each employee's job assignment. Supervisors are responsible for safety training for their employees.

### **9.1 Types of Training**

There are several different training methods used to communicate safety information to employees. Training methods will vary widely with respect to instructional method, setting, and subject matter.

1. Classroom training - presentation of general or specific safety information. These classes can be taught by Department supervisors, employees, Human Resources Manager and/or outside contractors (if needed).
2. Job specific training – Is used for employees to receive instruction from their immediate supervisor on specific job tasks particular to their job classifications. This is usually on-the-job training and shall include instruction

on the safe operation of heavy equipment or new equipment with instruction if needed by manufacturer representatives.

3. Periodic safety training - will include training when changes are made to equipment or the employee needs additional or refresher training.
4. Crew leader safety training ~ 10 to 15 minute safety meeting with employees conducted as necessary, emphasizing hazards of a particular job and any required safety equipment.

## 9.2 General Safety Training

General safety training is applicable to all employees and is not related to any specific job classification. A Safety and Health Lesson Plan Guide is available to assist in planning this training. New hire orientation includes the following safety information:

1. General safety rules, reporting of injuries, unsafe conditions and employees' rights under the Georgia Workers' Compensation Act.
2. Use of the Panel of Physicians
3. County Drug/Alcohol testing policy

## 9.3 Specialized Training

Many County workplace operations require specialized training or instruction. Before employees are allowed to perform certain job tasks, supervisors must ensure that employees have completed the required training courses.

## 9.4 Training Responsibility

It is the responsibility of each supervisor to ensure that employees receive general and job-specific safety training for each employee under their direct control. Supervisors are required to review employees' compliance with safety instructions given regarding safety rules, regulations, and policies. The supervisor must make certain that employees understand the training provided and that any language barriers and/or literacy difficulties are accommodated.

Training by supervisors may include: 1) Safe work practices, 2) Personal protective equipment (PPE), Safety hazards, 3) Protection of employees from hazards specific to their individual jobs. 4) New processes, procedures, or equipment introduced into the workplace that may create new hazards, 5) new or previously unrecognized hazards that are brought to a supervisor's attention.

## 9.5 Frequency of Training

County policy requires that employees are provided safety instruction when reporting to work the first day and prior to being assigned a new job task or process for which training has not been previously provided. Supervisors are responsible for providing training whenever a new process, procedure or piece of equipment is introduced into the work environment.

## 9.6 Documentation of Training

The person performing safety training must ensure that appropriate safety training records are maintained on the Employee Safety Training Record Form. Supervisors shall retain all documentation of employee safety training and ensure that a copy has been sent to Human Resources.

# 10.0 **RECORDKEEPING**

## 10.1 Workers' Compensation Files

Workers' Compensation files including Employee Accident/Injury reports, medical treatment documentation and Key Risk claim information documents are kept on file by the Human Resources Manager. The Sheriff's Department and Fire/EMS HR personnel maintain their employees Workers' Compensation files and records.

## 10.2 Vehicle Accidents Reports and Property Damage

Completed Vehicle Accident Reports along with the accident investigation forms are compiled and maintained in a separate file by the Chair ~ Vehicle Accident Review Committee.

## ***CHAPTER 2***

# ***CHEROKEE COUNTY SAFETY COMMITTEE***

# **CHEROKEE COUNTY SAFETY COMMITTEE CHARTER**

## **1.0 AUTHORITY:**

The Cherokee County Safety Committee was created by the direction of the County Manager. The committee is authorized to make recommendations concerning all County safety issues to the Director of Human Resources and the County Manager.

## **2.0 MISSION:**

1. Provide a forum for the discussion of all County safety and health issues
2. Involve all County employees in identifying potential workplace hazards and ensure corrective action is taken
3. Achieve and maintain the interest of all County employees in health and safety issues by creating a County-wide "Culture of Safety".
4. Educate Agency/Department Directors, Supervisors and employees of their responsibility in maintaining a safe work environment

## **3.0 COMMITTEE GOALS:**

1. Provide support to Agencies/Departments in reducing accidents/injuries
2. Promote health and safety as a priority for all employees
3. Review and disseminate new safety practices to all Agencies/Departments
4. Motivate all employees to be actively involved in the County safety program
5. Reduce Workers' Compensation costs
6. Assist Agencies/Departments in developing safety protocols and procedures
7. Communicate and give feedback to all Agencies/Departments on safety concerns and issues.

## **4.0 MEMBERSHIP OF THE COMMITTEE:**

The Safety Committee shall be comprised of members from the following Agencies: (1) Fire & Emergency Services (2) Sheriff's Office (3) Public Works (4) Community Development (5) Parks & Recreation (6) Judicial (Superior, State, Magistrate, Juvenile, Probate, District Attorney & Solicitor) (7) Office of Financial Management & Budgeting (8) County Marshal (9) Tax Commissioner (10) Tax Assessor (11) Elections (12) Information Technology (13) Property Management.

Each Agency shall recommend to the Human Resources Director and County Manager an appointee and one alternate to serve on the committee. If the designated representative is unavailable, the alternate will attend the Safety Committee meeting. Members of the Safety Committee will be identified and posted in each Agency/Department.

1. Chairperson: The Human Resources Manager will serve as permanent chair. The Chair shall develop the monthly agenda and serve as the liaison between the committee and the Agency/Department Directors. The Chair will facilitate committee meetings. The committee shall select a Co-Chairperson and a Secretary to serve two (2) year terms.

2. Co-Chairperson: Will conduct the committee meeting in the event the chairperson is unavailable. The co-chair will also serve as the liaison between any sub committees and the committee.

3. Secretary: Record and maintain the minutes of each committee meeting. Minutes will be distributed not later than three days after the meeting.

4. Committee Members: Actively promote safety within their Agencies/Departments. Attend all meetings, voice safety issues/concerns. Serve on various task teams and sub committees as needed.

5. Meetings: The Safety Committee shall meet monthly. Additional meetings may be called by the Chairperson to work on specific committee assignments/tasks. Special guests may also attend at the request of the Chair. Action items will be assigned with follow up reports presented at the next committee meeting.

6. Quorum: A majority of the membership shall constitute a quorum for purposes of conducting committee business.

7. Minutes: The Secretary of the committee shall notify members of each scheduled meeting and maintain the minutes of all meetings. Minutes will be recorded and distributed via e-mail to all committee members and posted on the County INTRANET site.

## **5.0 SUB-COMMITTEES**

Sub-committees are not a decision making body, but are tasked with determining possible courses of action and to make recommendations to the full committee. The sub committees will report their recommendations at each safety committee meeting for review and approval. In some instances, sub-committees will work directly with Agencies/Departments and will report back to the full committee after the work has been completed.

The following are designated as Sub-Committees (comprised of at least two people):

### **1. Cherokee County Vehicle Accident Review Committee**

Reviews all vehicle "At Fault" accidents involving County vehicles and/or County employees while on County business. The mission of this committee is to determine the chargeability of each vehicle accident, recommend corrective action and appropriate action to be taken by the Agency/Department Director.

### **2. Safety Training Committee**

Evaluate and recommend the following: (1) New employee safety orientation training and/or refresher training; (2) Identify training priorities; (3) Evaluate training effectiveness; (4) Make recommendations for improvements; (5) Recommend and provide safety training modules to all Agencies/Departments

### **3. Workers' Compensation Committee**

Make recommendations to ensure all employees are aware of their responsibilities under the Georgia State Board of Workers' Compensation – "Employee Bill of Rights." Recommend updates and changes to the Employee Workers' Compensation forms Packet. Ensure all Managers/Supervisors are knowledgeable on the proper completion of Workers' Compensation forms and procedures to follow when employees sustain on-the-job injuries.

### **4. Transitional Duty- Return To Work Committee**

This committee is tasked to identify transitional duty positions (light duty) in each Agency/Department, available for an employee with work restrictions. Some jobs may be modified. Identify and communicate these transitional jobs to the committee.

## ***CHAPTER 3***

### ***Vehicle Accident Review Committee***

## 1.0 MISSION STATEMENT

The mission of the Cherokee County Vehicle Accident Review Committee is to protect the public safety, the safety of the County employees and to minimize loss to County property. The Committee will ensure fair and impartial review of all vehicle accidents (except constitutional Officers) involving County vehicles and/or County personnel while on County business. The function of this Committee is to determine the chargeability of each accident and to recommend appropriate action to the Agency/Department Director.

## 2.0 ACCIDENT REVIEW COMMITTEE DISCIPLINARY PROCEDURES

Cherokee County will maintain a continuous three year record of all chargeable vehicle accidents involving County employees while on County business. Each January 1, thereafter, one year will be added and one year dropped from the County's three year record of the chargeable vehicle accidents. The Chair ~ Vehicle Accident Review Committee will keep the vehicle accident records that are turned in through established reporting procedures. The Cherokee County Vehicle Accident Review Committee will determine whether a vehicle accident is determined to be *chargeable* or *non-chargeable* to the employee.

The Vehicle Accident Review Committee will be comprised of members, representing various departments under the Board of Commissioners authority. A chairperson is appointed by the County Manager.

The Committee will meet at least monthly, subject to frequency and volume of accidents.

## 3.0 STANDARD OPERATING PROCEDURES ~ VEHICLE ACCIDENT REVIEW COMMITTEE,

### 3.1 Purpose:

Prescribe policy and procedures for the review of County vehicle accidents involving Cherokee County employees. Significant findings of the committee affecting other Agencies will be shared to avoid future reoccurrences.

This policy does not apply to any constitutional officer, who may have adopted their own Vehicle and Accident Review policy.

### 3.2 Policy:

It is the policy of Cherokee County to promote safe vehicle practices and conditions for its employees through the development of this policy as well as procedures concerning departmental activities; conduct of training; analysis of vehicle and employee accident reports; and the initiation of appropriate recommendations and remedial action.

It is the obligation of every employee to be alert for unsafe driving practices and to take positive measures to prevent any act that might result in possible death or injury of another person or damage to county or private property

### 3.3 Definitions

1. *Accident*: an event, occurrence or happening which is unexpected or unintended, that has an element of chance or probability, causing injury, death or property damage or loss.
2. *Reckless conduct*: behavior causing harm or endangering the physical safety of another.
3. *Negligence*: failure to exercise care that a reasonable person would take in like circumstances and failure results in injury and/or property damage.
4. *Insufficient evidence*: there is insufficient proof to confirm whether the employee is "at fault or not at fault".
5. *Vehicle*: Any automobile, boat, motorcycle, truck, trailer, heavy equipment or any other motorized vehicle which is owned, leased or in the possession of Cherokee County.

- 6 *Chargeable*: a determination based upon evidence that would lead a reasonable person to conclude that an individual was the cause of an accident or is designated by law enforcement personnel to be “at fault”.
7. *Not Chargeable*: a determination based upon evidence that would lead a reasonable person to conclude that an individual was not the cause of the accident or is designated by law enforcement personnel to not be “at fault”.

### 3.4 ACCIDENT REPORTING & INVESTIGATION PROCEDURES

#### 3.4.1 Accident Reporting:

- A. Employees involved in a motor vehicle accident, whether or not there is injury or property damages/loss, will notify their immediate supervisor of the facts and circumstances immediately or as soon as reasonably practical.
- B. Employee will complete the Vehicle Accident Form within one working day following the accident. The immediate supervisor will review these forms and forward all forms to the Chair ~ Accident review Committee.
  1. Fire Department employees will notify their immediate supervisor. If the Supervisor is not a Chief Officer, the immediate supervisor will notify their Chief Officer.
  2. The Chief Officer will then follow the instructions outlined in the County’s Vehicle Accident Review Policy.
- C. The Agency/Department Director or designated representative will take pictures of the accident scene when possible.
- D. Agency/Department Director or designated representative will ensure that the required vehicle accident forms are completed within 24 hours following the accident. The immediate supervisor will review these forms and forward all forms to the Chair ~ Accident Review Committee within 3 days of the accident.
- E. For all vehicle accidents, the employee will immediately inform their supervisor. The Supervisor will transport the employee to the nearest drug collection site for a Drug/Alcohol test if employee is determined to be “At Fault” for the accident. Employees “not at fault” for the accident are not required to submit to a Drug/Alcohol Test (PPM 7.1.6.2).
- F. If an accident should occur while on business outside Cherokee County, the employee must contact their supervisor or Agency/Department Director immediately. The employee will be required to submit to a drug screen within 8 hours of the accident. The employee will be advised by the supervisor or Agency/Department Director what facility to go to for the test. (Refer to the Vehicle Accident Reporting Kit found in the glove box of the county vehicle for drug screen form and instructions.)

### 3.5 ACCIDENT INVESTIGATION

Accidents involving employees of the county while in the performance of their duties will be investigated and analyzed to determine the cause(s) of the accident and the appropriate measures needed to prevent a reoccurrence.

- A. Accidents involving county vehicles will be investigated by the nearest law enforcement agency with the exception of accidents of death or serious injury, the Georgia State Patrol will perform the investigation.
- B. The Accident Review Committee in accordance with the procedures outlined below will analyze vehicle accidents.
- C. Some accidents involving allegations of misconduct may require investigation by the Sheriff’s Office, when directed by the HR Director or County Manager. When required, such investigations will be in addition to the proceeding outlined below.
- D. If an accident occurs on private property an accident form must be filled out by the Agency/Department Director or immediate supervisor.

### 3.6 ACCIDENT REVIEW BOARD PROCEDURES:

The purpose of the Vehicle Accident Review Committee is to investigate County vehicle accidents and related documents and interview individuals involved, as well as any witness to the accident, in order to determine:

1. If County or departmental policies, rules or procedures were violated
2. If State/Federal laws were violated
3. If appropriate training/monitoring has been provided
4. If policies and procedures are understandable and complete
5. Appropriate corrective measures to prevent reoccurrence

### 3.7 ACCIDENT REVIEW BOARD MEMBERSHIP

The Accident Review Committee will have a total of eight members, comprised of the following:

Risk Management	Fire/ES
Roads & Bridges	Fleet Services Building
Inspections	Human Resources
County Marshal's Office	Tax Assessor's Office

1. Agency/Department Directors are excluded from serving as representatives on the Committee.
2. Members will serve 2 year terms starting each January 1st. May be extended by mutual agreement
3. A quorum of four members (including the Chairperson) is necessary to convene the Board.

#### Responsibilities of Chairperson

- a. Collect all accident reports and documents from the Agency/Departments one week prior to meeting.
- b. Notify all members of the time and /location of the meeting
- c. Notify all employees involved of time/location of the meeting

### 3.8 REVIEW BOARD PROCEEDINGS:

1. Chairperson will present the facts of the case as outlined in the accident investigation documents.
2. Involved employee will be asked to explain the facts of the accident, and present any related documentation, call any witness who may have direct knowledge and to answer any questions. Any spotter/backer or employee in the vehicle must be present at the review.
3. Employee may bring a fellow employee to serve as an observer during the proceedings; however, the representative shall have no direct role in the proceedings.
4. Employees involved in "Not at Fault" accidents will not be required to attend, but the committee may review these accidents on a case by case basis.
5. Minutes will be kept of all proceedings.

Following the questioning of all persons involved in the accident, the Board will go into private session to:

1. Determine if employee is chargeable or not chargeable for the accident
2. Determine need for additional safety training, if any.
3. Determine need for policy/procedures clarification or change
4. Recommend disciplinary action, if applicable

### 3.9 ACCIDENT REVIEW COMMITTEE FOLLOW-UP ACTIONS

The Chairperson shall submit minutes of the monthly meeting, to include each accident reviewed to the HR Director, within 10 days following the meeting. Minutes shall contain:

1. Names of Board members present
2. Names of Employee(s) and Witnesses present
3. Copies of all accident documents
4. Recommended Disciplinary Action

### **3.10 RESPONSIBILITIES OF THE HR DIRECTOR**

1. Review the recommendations of the committee and confirm or amend the recommendations.
2. Recommend that the Agency/Department Director administer disciplinary action
3. Give any recommendations to prevent reoccurrence of the accident

### **3.11 APPEAL**

Disciplinary action involving such action as suspension, demotion, or termination may be appealed as outlined in the County's Personnel Policies Manual, sec 8.3 -Grievance/Appeal Policy.

### **4.0 DISCIPLINARY ACTION RECOMMENDATION**

The Committee Board members will recommend a finding based on a majority vote. The disciplinary action recommended will be as follows:

#### **Not Chargeable**

Information and evidence presented to the committee was sufficient to prove the employee was not at fault or negligent for the accident.

#### **Chargeable**

Employee was found to be at fault by the preponderance of the evidence and by documentation presented to the Board and is chargeable for the accident. The Committee will make a recommendation for disciplinary action based on the severity of the accident and any negligence of the employee. Recommendations of the Committee could include the following:

- 1) Oral Reprimand (Counseling Session)
- 2) Written Reprimand
- 3) Adverse Action
- 4) Termination (i.e., Failure to report an Accident, etc.)



# VEHICLE ACCIDENT REPORT

This report is to be used by all departments to make an immediate report of all motor vehicle accidents involving county employees, vehicles or equipment. This report is NOT a substitute for the Georgia Uniform Motor Vehicle Report completed by law enforcement. This report is NOT a substitute for reporting any injury sustained in the accident.

Location of Accident: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Vehicle - No. 1 License Plate# \_\_\_\_\_  
(County Driver)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Type (Sedan, Truck, etc.) \_\_\_\_\_

Driver's Name \_\_\_\_\_

Driver's Department \_\_\_\_\_ Phone Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Vehicle - No. 2 License Plate# \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Type (Sedan, Truck, etc.) \_\_\_\_\_

Driver's Name \_\_\_\_\_

Address \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

**EMPLOYEE STATEMENT OF ACCIDENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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*Be Specific. Write street or highway names/numbers. Take Pictures If possible.*

Did Police investigate? Yes \_\_\_ No \_\_\_ If yes- Who? City Police \_\_\_\_\_ Sheriff \_\_\_ State Patrol \_\_\_\_\_

Date of Police Report: \_\_\_\_\_ Report Number: \_\_\_\_\_ Officer Name: \_\_\_\_\_

Any Injuries Due to the Accident? Yes \_\_\_ No \_\_\_

If Yes ~ complete County Accident Investigation Report form

Name of Witness (s) \_\_\_\_\_

\_\_\_\_\_

# **CHAPTER 4**

## ***Return to Work Program***

## **Section 1**

### **Transitional Return to Work Program Policy and Procedures**

#### **1.0 Policy Statement**

Cherokee County Board of Commissioners is committed to working with our employees who are injured on the job. By providing transitional work assignments such as modified duty or alternative work, injured/ill employees remain an active and vital part of the work force.

#### **2.0 Purpose**

The intent is to return injured/ill employees to suitable employment as soon as medically possible.

#### **3.0 Eligibility**

Eligible employees are those who sustain an injury or illness while performing their regular job duties. As a result they have temporary restrictions or limitations provided by the Authorized Treating Physician. The physician must provide a clear and complete written description of the restrictions.

#### **4.0 Participation**

If an appropriate transitional work assignment is identified, participation is mandatory for the duration of the work restrictions, the availability of the assignment or the maximum amount of time allowable in the program. The employee will receive a written offer of available modified/transitional duty or alternate work. Once the offer is extended, the employee must respond or appear at the designated work site within 72 hours. Failure to accept a physician-approved transitional work assignment may result in the loss of Workers' Compensation indemnity benefits.

#### **5.0 Duration**

Transitional work assignments such as modified duty or alternate work are limited and should normally not exceed 90 days or the amount of time that the doctor determines is medically necessary, whichever occurs first. The length of a transitional work assignment, however, may be shorter if the restrictions can no longer be accommodated. Transitional work assignments end in 90 days or when the doctor determines that it is no longer necessary or appropriate due to the employee's recovery, medical condition, or release to return to work full duty. The employee no longer qualifies for the program if their medical condition becomes "permanent", they are released to regular duties without restrictions or they have been participating in the program for the maximum of 90 days, whichever occurs first.

#### **6.0 Communication**

All employees will be informed of the commitment to this Return-to-Work program. Information about this program will also be presented to new hires during the orientation process.

#### **7.0 Responsibilities**

Injured or ill employees shall:

1. Report the injury/illness to supervisor immediately and get medical treatment as directed.
2. Obtain a work status report from an approved panel physician and give to the supervisor after each medical appointment.
3. If recommended by a physician, participate in transitional work assignments when available. Non-cooperation or non-compliance may affect other disability benefits.

4. Comply with all county policies and procedures, with the exception of approved time-off for medical or Workers' Compensation related appointments.

Direct Supervisors/Managers shall:

1. Upon knowledge of a serious injury/illness requiring medical attention, direct employee to medical treatment.
2. Obtain the Workers' Compensation Packet from the County Intranet site under *Human Resources Common Forms*, and the HR website (Workplace Safety Program).
3. Obtain a valid work status report, which indicates that an employee can return to work with or without restrictions.
4. If work restrictions are indicated by the physician, coordinate with the Human Resources Manager to identify an appropriate transitional work assignment (if available) in a timely manner.
5. Maintain communication with the injured/ill employee throughout the recovery period.
6. Obtain work status summaries from the employee each time he/she goes to the physician and forward a copy to the Workers' Compensation claims adjuster.
7. Encourage employees to schedule medical appointments and/or physical therapy appointments before or after Work hours. If they are unable to do so, allow them time to seek the necessary treatment in order to recover.
8. Obtain a release to return to work before returning the employee to their regular job.

## **8.0 Administrative Guidelines**

**Hours Worked:** Hours of work may not exceed the number prescribed by the physician. They may not exceed the number of hours the employee worked, on average, prior to the injury. In any event, the total hours may not exceed eight (8) hours a day or forty (40) hours a week. Overtime is not allowed.

**Compensation:** The employee will not qualify for Workers' Compensation disability payments if they are provided with a transitional work assignment that is offered for the same number of hours worked and same hourly wage. If the employee is offered work and the hourly wage less than what was received at time of injury, the injured employee will be entitled to supplemental Workers' Compensation disability payments. The current leave policies and employee benefit program will remain in place while the employee is in the transitional work assignment.

Nothing in this Policy entitles an employee to a transitional work assignment. Transitional Duty/Light work assignments are temporary and are not permanent. Assignment of transitional work does not create an entitlement to the position to which the employee is assigned.

**EXAMPLES OF TRANSITIONAL (LIGHT DUTY) JOB TASKS**  
**(Not Exhaustive)**

1. Greet customers
2. Paint walls, halls, cages, etc.
3. Repair wall/drywall holes
4. Inventory parts, supplies, and/or tools
5. Pick up trash in yard and lot
6. Inspect fire extinguishers & eye washes
7. Replenish first aid cabinets
8. Perform assembly work
9. Complete a safety inspection
10. Sort & deliver mail
11. Clean animal cages
12. Organize storage room
13. Work in file/tool room
14. Make telephone calls / answer telephones
15. Order supplies
16. Shipping (labeling & wrapping)
17. Train new employees
18. Drive a vehicle, run errands
19. Do light housekeeping and dusting
20. Perform quality control inspections
21. File paper work
22. Shred documents
23. Complete safety training
24. Update manuals
25. Sweeping
26. Mow lawns with riding lawn mower
27. Update safety bulletin board
28. Clean tools
29. Inspect flooring for need for maintenance or cleaning
30. Create or re-write evacuation plans
31. Work normal job but slower
32. Work normal job but with specific limitations
33. Create standard operating procedures
34. Write office training manuals
35. Create/update webpage

## Transitional Duty Job Description Template

Position:

Location:

Supervisor:

### General Description

Transitional Duty Job Descriptions are unbudgeted and temporary in nature. Injured employees, eligible for Worker's Compensation benefits will perform modified duty assignments within the weight and/or physical limitations prescribed by a physician, for a limited period of time.

### Responsibility /Examples of Work

*(INSERT SPECIFIC RESPONSIBILITIES HERE)*

### Special Limitations

An injured employee must have a medical release for light duty work. The Physician's Return-to-Work Evaluation, attached, is made a part of this light duty job description and is to be strictly followed. Failure to follow any portion of this light duty job description will be considered a violation of work rules and may result in disciplinary action.

### Time Limit

This Transitional Duty job description is effective until the employee's next visit to the physician. It may be extended or modified based on the physician's report; however, extensions may not exceed ninety (90) days without authorization by Human Resources. Upon expiration of the time limit, the employee must have a medical release before returning to regular duties.

My signature acknowledges that I have read and understand the terms and conditions of this Transitional Duty Job Description.

Date: \_\_\_\_\_ Employee: \_\_\_\_\_

Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Human Resources: \_\_\_\_\_

# ***CHAPTER 5***

## ***Cherokee County Workers' Compensation Program***

**CHEROKEE COUNTY BOC**



# **Workers' Compensation Accident Report Packet**



**Cherokee County Board of Commissioners**  
**Human Resources Department**  
1130 Bluffs Parkway – Canton, GA 30114  
Phone: 678-493-6019 ~ Fax: 678-493-6017

Dear Employee,

Attached are County forms which provide information and guidance for employees sustaining a Workers' Compensation injury. This packet is divided into sections for use by the employee/supervisor and it has a resource section containing additional forms which may be needed in some cases.

We want to ensure that employees are provided timely, efficient medical treatment from one of the Doctors on our Panel of Physicians or the emergency room if needed. Employees are required to immediately notify their supervisor of any on the job injury. The goal of Workers' Compensation is to provide appropriate medical care and return the employee to work as soon as medically possible.

If you have any questions, please contact me at: 678-493-6019 or cell ~ 770-547-9293.

Best Regards,

Robert Alford  
Human Resources Manager

# **PART 1**

## **Employee Section**



## **INSTRUCTIONS FOR THE INJURED EMPLOYEE**

### **IF INJURY IS LIFE THREATENING ~ CONTACT 911 IMMEDIATELY!**

#### **What to do if I am injured on the job, need medical treatment, and can reach my supervisor:**

- **Immediately** report the accident to your supervisor
- If injury is not life threatening - the following Workers' Comp forms need to be completed:
  1. Cherokee County Accident Investigation Report form
  2. Witness(es) complete and sign witness statement ~ **If applicable** ~ *Part #3*
  3. Sign Key Risk Authorization for Release of Medical Information
  4. Sign the Receipt of Notice of WC "Panel of Physicians" ~ Circle selected Provider
  5. Keep the **Employee** Copy
  6. Complete Exposure Incident Investigation Form ~ **If applicable**
  7. *If Dental injury* ~ see *Dental information sheet* ~ *Part #3*
  8. Drug test (10 Panel) is required anytime employee requires medical treatment

#### **I am injured on the job (not life threatening) and need medical treatment and cannot reach my supervisor:**

- If supervisor is not available ~ choose a provider from the WC "Panel of Physicians" and seek medical attention
- As soon as possible-contact your supervisor or designated department representative to complete the forms listed below

#### **I am injured on the job and do not need medical treatment:**

- Immediately notify your supervisor
- Complete the Cherokee County Accident Investigation Report form
- Witnesses complete and sign witness statement ~ **If applicable** ~ *Part #3*

#### **DOT EMPLOYEES ~ (If 5 Panel Drug Test required) REPORT FOR ALCOHOL AND DRUG TESTING TO:**

**Optimal Health** 1030 Marietta Rd, Canton, GA 30114 ~ Phone: 770-720-8668

**\* After hours ~ use Northside Cherokee Hospital**

Questions may be addressed to: Robert Alford, Human Resources Manager

~Office: 678-493-6020 Cell: 770-547-9293 ~ Fax: 678-493-6017 ~ Email: [ralford@cherokeega.com](mailto:ralford@cherokeega.com)

# OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

## **WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days.

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics. Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change of doctor, from the list, may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

### **State Board of Workers' Compensation**

270 Peachtree Street, N.W.

Atlanta, Georgia 30303-299

404-656-3818 or 1-800-533-

0682 <http://www.ganet.org.sbwc/>

## **PROVIDER LISTINGS**

**WORKERS' COMPENSATION ONLY**

### **CLINIC**

Physician's Express  
900 Towne Lake Pkwy Ste 104  
Woodstock, GA 30189  
770-693-5880

### **CLINIC**

Peachtree Immediate Care  
720 Transit Ave Ste 101  
Canton, GA 30114  
(770) 720-7000

### **ORTHOPEDIC SURGEON**

Peachtree Orthopedic Clinic  
Dr. Michael Bernot  
2045 Peachtree RD. NE Ste 700  
Atlanta, GA 30309  
404-355-0743

### **ORTHOPEDIC SURGEON**

Resurgens Orthopedics  
Dr. Michele Perez  
2230 Towne Lake Pkwy Bldg# 300 Ste #100  
Woodstock, GA 30189  
770-592-4424

### **ORTHOPEDIC SURGEON**

Peachtree Orthopedic Clinic  
Dr. Daniel Kingloff  
120 Stonebridge Pkwy Ste 440  
Woodstock, GA 30189  
770-977-7777

### **CLINIC**

Northside Family Medicine & Urgent Care  
684 Sixes Rd Ste 125  
Holly Springs, GA 30115  
678-426-5450

### **PRIMARY CARE PHYSICIAN**

Wellstar Med Group & Urgent Care at Towne Lake  
Cherri Barton MD; Carlos Garcia MD  
120 Stone Bridge Pkwy Ste 310  
Woodstock, GA 30189  
678-494-

### **PRIMARY CARE PHYSICIAN**

Prestige Medical Group - Holly Springs Office  
Anil Yadav, MD  
684 Sixes RD. Ste 105  
Holly Springs, GA  
678-494-9669

### **PRIMARY CARE PHYSICIAN**

Prestige Medical Group - Ellijay Office  
Anil Yadav, MD  
309 Highland Pkwy Ste 201  
East Ellijay, GA 30540  
706-276-6060

### **PRIMARY CARE PHYSICIAN**

Prestige Medical Group - Jasper Office  
Anil Yadav, MD  
51 Gordon RD. Ste #201  
Jasper, GA 30143  
706-692-9768

Additional doctors may be added on a separate sheet)

The insurance company providing coverage for this business under the Workers Compensation Law is:  
Key Risk P.O. Box 49129 Greensboro, NC 27419

Name: Cherokee County Board of Commissioners	Address: 1130 Bluffs Parkway Canton, GA 30114	Radius: 31.9 mile(s)	Generated: 5/23/2016
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IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwg.georgia.gov>  
Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

**Modern Medical Pharmacy Program - To contact your local Modern Medical Pharmacy, please call (800) 547-3330.**

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

### Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$550 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-3818.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$550 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$367 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$367 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$550 per week. A widowed spouse with no children will be paid a maximum of \$220,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

### Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of your benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbcw.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777- or 1-800 237-2629.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

This notice must be posted in a conspicuous place readily accessible to the employee at all times.

# OFFICIAL NOTICE

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Atlanta, Georgia 30303-299

404-656-3818 or 1-800-533-

0682 <http://www.ganet.org.sbwc/>

## **PROVIDER LISTINGS**

WORKERS' COMPENSATION ONLY

### **PAIN & REHABILITATION The**

Physicians Spine & Rehabilitation

Specialists of Georgia

Dr. Keith Raziano

5730 Glenridge Drive, Suite 100

Sandy Springs, Georgia 30328

404-816-3000

### **OPHTHALMOLOGIST**

Milan Eye Center

201 Kimberly Way

Suite 106

Canton, GA 30114

678-381-2020

### **OPHTHALMOLOGIST**

Marietta Eye Clinic (Cherokee Location)

100 Old Ball Ground Hwy

Canton, GA 30114

770-479-2195

# PAGE 2 OF 2

Additional doctors may be added on a separate sheet)  
The insurance company providing coverage for this business under the Workers Compensation Law is:  
Key Risk P.O. Box 49129 Greensboro, NC 27419

Name: Cherokee County Board of Commissioners	Address: 1130 Bluffs Parkway Canton, GA 30114	Radius: 38.8 mile(s)	Generated: 5/23/2016
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4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
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8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
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10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbwc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777- or 1-800 237-2629.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).



Expertise is no accident

## Authorization

The undersigned has filed a claim for workers compensation benefits (hereinafter referred to as the "Claim"). The amount and type of information sought pursuant to this authorization will depend upon the nature of the Claim, but will be used solely to facilitate determination regarding the validity of the Claim and the payment of benefits or the administration of the insurance program under which the Claim has been made. Authorizing the disclosure of information is voluntary, and acceptance of the Claim will not be conditioned upon signing this authorization. This authorization is subject to revocation at any time, except to the extent that any party has already acted in reliance upon it. Any revocation must be submitted in writing to Key Risk, P.O. Box 49129, Greensboro, NC 27419.

The undersigned authorizes the release of information and communication between his or her health care provider(s) and representatives of Key Risk Management Services, LLC or Key Risk Insurance Company ("Key Risk").

This release of information applies to all applicable medical records, medical information, and benefit payment information with respect to any illness, injury, medical history, consultation, prescription, treatment, or benefit, and copies of all applicable records thereof, which may be appropriate or necessary throughout the course of this Claim. This authorization shall specifically include, but shall not be limited to, medical records, medical information and benefit payment information pertaining or relating to the treatment of Acquired Immune Deficiency Syndrome, HIV, mental illness, and drug or alcohol related medical problems.

The undersigned also authorizes the Social Security Administration and the Centers for Medicare & Medicaid Services (CMS), its agents and/or contractors, to release to Key Risk information concerning his or her workers compensation injury, entitlement dates and benefit amounts.

The undersigned further authorizes Key Risk to release any such information to its reinsurers, attorneys, second injury fund consultants, or to medical peer review panels, CMS, state insurance or fraud agencies, managed care vendors, industry anti-fraud or law enforcement organizations, research and statistical reporting organizations, or the undersigned's employer and its excess insurer, to the extent that Key Risk considers doing so to be reasonably appropriate or necessary for purposes of its administration of the Claim or the insurance program under which the Claim has been made.

Information disclosed to Key Risk is from records whose confidentiality is protected by various state or federal laws. Any further disclosure of this information may no longer be subject to certain protections provided under federal privacy regulations. Unless revoked earlier by the undersigned, in writing, this authorization shall be valid for three years after Key Risk has closed the Claim. A copy of this authorization is to be considered as valid as the original.

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

**Employee Name** \_\_\_\_\_ **Employer** \_\_\_\_\_  
(Please Print) (Please Print)

# **PART 2**

## **Supervisor Section**



## **INSTRUCTIONS FOR SUPERVISOR OF THE INJURED EMPLOYEE**

**Employee is injured on the job and needs medical treatment:**

**IF INJURY IS LIFE THREATENING ~ CONTACT 911 IMMEDIATELY!**

- **If injury is not life threatening complete the following forms:**
  1. Cherokee County Accident Investigation Report Form
  2. Witnesses complete the witness statement ~ **If applicable** ~ Part #3
  3. Have employee sign Authorization for Release of Medical Information
  4. Have employee sign receipt of the WC “Panel of Physicians” ~ give them a copy
  5. Complete Exposure Incident Report Form ~ **if applicable** ~ Part #3
  6. Complete top section of Key Risk Physician’s Report/Pharmacy Guide, *give to employee to take to Medical Provider ~ If employee needs a Rx filled ~ bottom of form has information for Modern Medical Pharmacy Network ~ take to any Pharmacy*
  7. *Complete Cherokee County Workers’ Compensation Authorization for Treatment form for employee to give to Medical Provider*
  8. Drug test (10 Panel) is required anytime employee requires medical treatment

**Employee is injured on the job and does not need medical treatment:**

- Complete the Accident Investigation Report form
- Witnesses complete the witness statement ~ **if applicable** ~ Part #3
- Drug test (10 Panel) is required if there is damage to County property or a motor vehicle accident

**DOT EMPLOYEES ~ (If 5 Panel Drug Test required) REPORT FOR ALCOHOL AND DRUG TESTING TO:**

**Optimal Health** 1030 Marietta Rd, Canton, GA 30114 ~ Phone: 770-720-8668

**\* After hours ~ use Northside Cherokee Hospital**

*Questions may be addressed to: Robert Alford, Human Resources Manager*

*~ Office: 678-493-6020 Cell: 770-547-9293 ~ Fax: 678-493-6021 ~ Email: [ralford@cherokeega.com](mailto:ralford@cherokeega.com)*



# Cherokee County Accident Investigation Report

Employee Name:		Employer's Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Accident or illness:
		Off site: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:	Location of Accident:		Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM
Department:	Date Reported:	Has employee performed this job before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was any county property/equipment damaged? Yes <input type="checkbox"/> No <input type="checkbox"/>		Job being performed	
Property/Equipment Damaged: What was employee doing when injury/illness occurred?			
Describe in detail how accident occurred?			
Part of body affected/injured? (be specific):			
Nature of injury/illness (be specific):			

**PLEASE INDICATE IF ANY OF THE FOLLOWING CONTRIBUTED TO THE INJURY OR ILLNESS**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Unsafe Act(s)             | <input type="checkbox"/> Lack of Experience | <input type="checkbox"/> Defective Tools/Equipment    |
| <input type="checkbox"/> Employee Training         | <input type="checkbox"/> Improper Lifting   | <input type="checkbox"/> Improper Procedures          |
| <input type="checkbox"/> Insufficient Maintenance  | <input type="checkbox"/> Poor Housekeeping  | <input type="checkbox"/> Improper PPE or PPE not used |
| <input type="checkbox"/> Unsafe Conditions         |   |   |
| <input type="checkbox"/> Violation of Safety Rules | Other: _____                                |   |

**RECOMMENDED REMEDIAL ACTION:**

\_\_\_\_\_

\_\_\_\_\_

Was Post-Accident Drug Test administered? Yes  No  Name of Hospital/Urgent Care Facility: \_\_\_\_\_

If YES ~Location: \_\_\_\_\_

If NO ~ Why? \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_

Date: \_\_\_\_\_

# CHEROKEE COUNTY WORKERS' COMPENSATION AUTHORIZATION FOR TREATMENT

---



**Employer: CHEROKEE COUNTY BOARD OF COMMISSIONERS**

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

**Drug Testing Required: Yes**

**Type of Test:**  10 Panel (non DOT)  
 5 Panel (DOT only)

**Employer Authorization for Treatment:**

\_\_\_\_\_  
**Name (print)** **Title:** \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date** **Title**

**Employer Contact Information:** Robert Alford ~ Email: [ralford@cherokeega.com](mailto:ralford@cherokeega.com)  
Human Resources Manager  
Cherokee County BOC  
1130 Bluffs Parkway  
Canton, GA 30114  
Office: 678-493-6019 ~ Cell 770-547-9293  
Fax: 678-493-6017

**Workers' Compensation Billing Information:**  
Key Risk Management Services, Inc.  
P.O. Box 49129  
Greensboro, NC 27419  
1-800-942-0225

**\* PLEASE GIVE TO MEDICAL PROVIDER**

**EMPLOYER:** Please complete the top section and give to the injured employee to take to his or her authorized treating physician. If you already have transitional duty job descriptions available, please attach a copy for the treating physician's review.

Name of Employee/Patient: **Last:** \_\_\_\_\_ **First:** \_\_\_\_\_  
Date of Injury: \_\_\_\_\_  
Name of Employer / Company: \_\_\_\_\_  
Employer Signature: \_\_\_\_\_ Name of Doctor Chosen: \_\_\_\_\_

**EMPLOYEE:** Please take this form with you to an authorized treating physician. Please have the physician complete the middle section and return this immediately to your employer. The bottom section is for you to show the pharmacist should you need to have any prescriptions filled as prescribed by your authorized treating physician for this work related injury.

**AUTHORIZED PHYSICIAN, PLEASE COMPLETE**

Diagnosis: \_\_\_\_\_

A post accident drug test **has** been completed  or  **has not** been completed (check one), 10 Panel drug test required.

In accordance with this patient's physical capability, check all that apply:

- May resume work immediately with no restrictions
- May resume work immediately with the following restrictions:
  - Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds)
  - Light work (lifting less than 20 pounds)
  - Medium work (lifting less than 50 pounds)
  - Heavy work (lifting less than 100 pounds)
  - Normal shift
  - Limited hours per day:  2 hours;  4 hours;  6 hours
  - Other: \_\_\_\_\_

Repetitive Motion Restrictions (specific to hand/arm injuries):

Frequency	Left	Right	Both
No Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional <33% of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent 34-66% of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular 67-100% of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Patient may return to work at full duty on (date): \_\_\_\_\_
- Patient has a return appointment on (date): \_\_\_\_\_ at (time) \_\_\_\_\_

Please indicate any referrals that are required: \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

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

\_\_\_\_\_  
**Physician's Name (type or print)**

**Contact Key Risk's Claim Department at 866.847.8872 for authorization for the referral.**

**PHARMACIST:** Process all prescriptions through *Modern Medical* for this patient. Contact the *Modern Medical* at (800) 547-3330 to establish eligibility.

**DO NOT CHARGE THE PATIENT FOR THE PRESCRIPTION**

Walgreens	Leader Drug Stores	King Soopers	Food Lion	Pamida Pharmacy	Medicine Chest Pharmacies
CVS	K-Mart	Medicap Pharmacies	Dillon Pharmacies	Wegmans	Ross Park Pharmacy
Rite Aid	Ahold	Fred's Pharmacy	Life Check	Kinney Drugs	Northeast Pharmacy Services
Wal-Mart	The Medicine Shoppe	Brookshire's	United Supermarkets	Bioscrip	Brookshire Brothers Food & Pharmacy
GiantEagle Pharmacies	Family Care	Albertsons/Sav-On	Smith's Pharmacy	Spartan Stores	 Please call 800.547.3330 for additional participating pharmacies.
Kroger	Long's Drug Stores	Raley's	The Vons Companies	U Save Pharmacy	
Meijer	Bashas	Hannaford Brothers	Sav-Mor Drug Stores	Randall's Food & Drug	
Costco	Harris Teeter	Hy-Vee	Pavilion Plaza Pharmacy	Foodarama Supermarkets	
Publix Super Markets	Kerr Drug	Ingles Markets	Kash N' Karry	Unity Pharmacies	
Albertsons	Winn-Dixie Stores	Aurora Pharmacy	Supervalu	City Market	
Farm Fresh	Major Value	True Care	Perlmart	Thrifty White	
Access Health	RxPride	Save Mart Supermarkets	JH Harvey	Super D Drugs	
Target	Safeway Pharmacies	Shopko Stores	Bi-Lo Pharmacy	K-VAT-T Food Stores	

**PART 3**

**Resource  
Information**

# ACCIDENT WITNESS STATEMENT

---



**TO BE COMPLETED BY THE WITNESS ONLY!**

**Injured Employees Name:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_

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

**Date of Accident:** \_\_\_\_\_

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

**Describe fully how accident occurred:**

---

---

---

**Describe Injury Sustained (be specific):**

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---

**Recommendations on how to prevent this accident:**

---

---

**The above information is factual to the best of my knowledge:**

\_\_\_\_\_  
**Name (Print)**

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

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

# EXPOSURE INCIDENT INVESTIGATION REPORT

---



Name of Employee: \_\_\_\_\_  
(Last) (First)

Department: \_\_\_\_\_

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident: \_\_\_\_:\_\_\_\_  AM  PM

Location of Incident: \_\_\_\_\_

Source of Exposure:  Blood Borne  Skin Contact  Airborne  Other

Circumstances (work being performed, etc.):

---

---

Cause of Incident ~ (accident, equipment malfunction, etc.):

---

Personal Protective Equipment Being Used:

---

---

Actions Taken: (decontamination, clean-up, reporting, etc.)

---

---

Recommendation for Remedial Action:

---

---

---

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Completing Report

\_\_\_\_\_  
Date

## INFORMATION FOR DENTAL RELATED INJURIES

---



If an employee suffers a job related dental injury, they may choose to see their own dentist or may contact: Express Dental Care at 888-539-0577.

1. If the employee chooses to go to their own dentist, please follow the procedures for Workers' Compensation medical injuries and utilize the authorization for treatment form located in the Workers' Compensation packet.
2. If the employee chooses to go to Express Dental Care:
  - Call 888-539-0577 and give the operator your name ~ employer: Cherokee County Board of Commissioners, and you need to start a new referral.

Please give Referrals Intake the following information:

- BILLING INFO: Workers' Compensation Third Party Administrator, Key Risk Management Services ~ Adjuster ~ Judy Bray ~ Phone: 800-942-0225 ~ Corporate Offices ~ PO Box 49129, Greensboro, NC 274191

CLAIM NUMBER: If you do not have a claim number, ask the Dentist to contact:

Robert Alford: Human Resources Manager:

Office: 678-493-6019 ~ Cell: 770-547-9293

FAX: 678.493.6017 ~ Email: [ralford@cherokeega.com](mailto:ralford@cherokeega.com)

# ***CHAPTER 6***

## ***FORMS***





# CHEROKEE COUNTY

## SAFETY & HEALTH LESSON PLAN GUIDE

Department(s): \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

TRAINING PROGRAM TITLE:	
TRAINING PURPOSE:	
VIDEO/SLIDES TO SHOW:	
DEMONSTRATION (if needed):	
DISCUSSION	
EMPLOYEE INPUT SOLICITED:	
SUMMARIZE MAIN POINTS:	
HANDOUTS:	
UNDERSTANDING OF TRAINING:	
COMMENTS:	

## Employee Safety Training Record

Employee Name \_\_\_\_\_ Hire Date \_\_\_\_\_  
Last First Middle Initial

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

The following list of items to be reviewed with each newly hired Cherokee County employee by their immediate supervisor. Supervision within each department will determine which are applicable. The first eight are mandatory for all newly hired County employees.

GENERAL	DATE COMPLETED	EMPLOYEE INITIALS
1. Safety rules were reviewed with the employee, both County-wide and workplace specific.		
2. Review injury/accident reporting procedures.		
3. Review personal protective equipment, use, limitations and inspection.		
4. Review Hazard Communication Program, specific chemical hazards		
5. Review job specific safety hazards.		
6. Review emergency procedures in event of fire, weather, etc.		
7. Review location of first aid kits/other emergency equipment.		
8. Review County Personnel Policy Manual (sec. 7.7)		
<b>AS APPLICABLE</b> <small>Enter N/A on all non-applicable training in the Date Completed column.</small>	DATE COMPLETED	EMPLOYEE INITIALS
9. Confined space program and procedures.		
10. Vehicle accident reporting procedures.		
11. Powered industrial lift truck policy and procedures.		
12. Hearing Conservation Program requirements.		
13. Lockout/Tagout procedures specific to workplace.		
14. Electrical Safety/Safety Related Work Practices.		
15. Blood borne pathogens/Infection control.		
16. Material Handling/Proper Lifting Techniques.		
<b>OTHER SPECIFIC EQUIPMENT/PROCEDURES/HAZARDS</b>	DATE COMPLETED	EMPLOYEE INITIALS
17.		
18.		
19.		
20.		
<b>ACKNOWLEDGMENTS</b>		

I acknowledge that I received the information initialed on this sheet and will abide by all Cherokee County safety rules and regulations.

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

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

I have instructed/informed the abovenamed employee on all topics applicable to his/her workplace as listed on this checklist.

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

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

**Recurring Training Covered on Back**

## Employee Safety Training Checklist

continued

Recurring Training											
Course Title:	Period	Dates Conducted: (N/A if not applicable)									
CPR/ First Aid/AED	Annual										
Blood borne Pathogens	Annual										
Fire Extinguisher	Annual										
Respiratory Protection	Annual										
Industrial Lift Truck	3 yrs.										

Personal Protective Equipment
-------------------------------

Issued to Employee

Circle all that  
apply:

Hard Hat  
Safety Glasses  
Goggles  
Face Shield  
Ear  
Protection

Reflective vest  
Safety shoes  
Protective gloves  
Welding - goggles/face shield  
apron, leather coat

Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Respiratory Equipment:**

Equipment	Brand Name	Type / Model	Size	Canister Used (If applicable)
Respirator				
Respirator				
Respirator				
SCBA				
Dust Mask				
Riot Control Mask				

**INSTRUCTIONS:**

1. Employee receives safety orientation at hire.
2. Both employee and supervisor must sign.
3. Original form will be kept in Personnel file
4. All recurring training is to be documented on this form.