

**4th QTR REVIEW WILL BE DONE ON SITE BETWEEN JANUARY 4-10, 2018
CENTRAL JERSEY JOINT INSURANCE FUND**

FOURTH QUARTER 2018 SAFETY INCENTIVE PROGRAM REPORT FORM

MUNICIPALITY:

Required elements for 4th Quarter

Attended 4th Quarter Executive Safety Committee Meeting

Summary Table

In the table below, indicate by marking with a "X" whether facility inspections, technical training, informal safety talks, job site observations were submitted by major departments of your town. In the last column, indicate if at least one member of the department attended a safety committee meeting during the quarter.

Major Departments	N/A	Facility / Equip. Insp.	Technical Training (MSI-level)	Safety Talks & Videos	Job Site Observations Coac	Attend Safety Committee Meeting
Police		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Works		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMS Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Dept. <input style="width: 150px; height: 20px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Dept. <input style="width: 150px; height: 20px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Dept. <input style="width: 150px; height: 20px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Dept. <input style="width: 150px; height: 20px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Dept. <input style="width: 150px; height: 20px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initial on the line if item was completed, and fill in any blanks. Scoring will be completed by Committee.

Commitment and Accountability

- Give a follow-up safety report (ex: LTAF rate or SIP performance) to governing body during 3rd or 4th qtr.

Date: **1 pt. /yr**

- Police participated in SIP. (Attend safety meetings, facility inspections, etc.) **1 pt. /qtr.**

Controlling Hazards

- Major departments inspect their facilities, public areas, and significant equipment for safety concerns and take corrective action in a timely manner. **1 pt. for each facility or area inspected.** Maximum of **4 pts. /qtr.**

- Open Suggestions for improvements addressed in a timely manner. No important "SFIs" are more than a year old and no urgent SFIs have not been addressed. **1 pt. /yr.**

- Conduct annual MVR checks for employees who drive on municipal business. **3 pts. /yr.**

Date:

- Written regulatory programs are updated.

Continuing Education & Training

Assign MSI Training Administrator Name:

Provide MSI-level safety training - 1 class each quarter from 3 major departments. **1pt. per class, up to 3 pts. / qtr.**

Date	Department	Class Title	# of Students

- New / seasonal hires received safety orientation within first 30 days. **1 pts. / qtr.**

I attest that new employees in the first quarter of 2017 attended safety orientation within their first 30 days after hire or there were no new employees hired this qtr. Initial:

- Participated in quarterly Safety Director regional training workshops. **2 pts. / qtr.**

Name:

Department:

Communication

- Tool box talks, safety briefings and safety videos were presented. Minimum of 2 per month, for DPW / Public Safety **½ pt. each, up to 3 pts. / qtr.**

Department	Number of Toolbox Talks, briefings, or videos presented

- Held Safety Committee Meeting(s) in the quarter Date(s): **4 pts. / qtr.**

Minutes must be kept and available for review (or Minutes can be emailed to Safety Consultant after the meeting).

- Maintain safety communication center in major departments.

Coaching

- Conduct job site observations and provide immediate feedback; Minimum of one per month for major departments. **1 pt. each, up to 3 pts. / qtr.**

Date	Department	Activity Being Observed

Claims Management

- "Supervisors Incident Report"* forms were completed by department representative. Review *Supervisors Incident Reports* at Safety Meetings. Assign follow up actions, including what to do who will be responsible and by when. **2 pts. / qtr.**

SUBMITTED BY: TITLE: DATE:

**NOTE: PLEASE MAINTAIN DOCUMENTATION ON SITE.
Click on **SUBMIT** button when completed.**