This employee policy manual is provided for informational purposes only. The policies and procedures described herein do not constitute a contract of any kind, nor are they a promise of continued or guaranteed employment.

Your employment with the City is strictly "at-will" unless you are a non-probationary employee covered under a collective bargaining agreement, department director or the terms of your employment are subject to a written contract or other express legal authority. As an at-will employee, you may terminate your employment at any time for any or no reason at all. Likewise, the City has the right to terminate your employment at any time, with or without notice, and for any or no reason at all.

There are no contracts of employment between the City and any employee except for express, written contracts of employment or collective bargaining agreements signed by the Mayor and approved by the Common Council or otherwise entered pursuant to authority expressly granted by the Wisconsin Statutes or Appleton Municipal Code. Furthermore, no one at the City has the authority to make any promises of continued or guaranteed employment except the Mayor, with the approval of the Common Council, or when made pursuant to specific statutory authority or express authorization from the Appleton Municipal Code and, in all cases, shall only be valid when reduced to writing and signed by the authority extending the promise.

The City reserves the right to change, revise and/or delete any of the plans, policies, or procedures described in this manual at any time with or without notice to its employees, subject to any right of notification set forth in any collective bargaining agreement between the City and the Union.

The City reserves the right to change, revise and/or delete any of the benefits described in this manual at any time with or without notice to its employees, subject to any right of negotiation set forth in any collective bargaining agreement between the City and the Union.

If there is anything in this manual that you do not fully understand, please contact your supervisor or the Human Resources Department.

POLICIES

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE POLICY**	
ISSUE DATE: (Day after Council)	LAST UPDATE: June 2003 December 2008 May 2014	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: Applies to all employees and volunteers	TOTAL PAGES: 11
Reviewed by Legal Services Date: May 2002 December 2008 May 2014	Committee Approval Date: June 11, 2003 July 22, 2009 June 9, 2014	Council Approval Date: June 18, 2003 August 5, 2009 June 18, 2014

I. PURPOSE

To outline the practices and procedures that are utilized by the City of Appleton to determine if people with disabilities can be provided with reasonable accommodations.

II. POLICY

The City of Appleton will adhere to all applicable Federal and State laws, regulations, and guidelines with respect to providing reasonable accommodations to people with disabilities as required (where accommodations do not cause an undue burden on the City) to afford equal opportunity for all.

III. DISCUSSION

The Americans with Disabilities Act (1990) prohibits discrimination on the basis of disability in employment, public services and transportation, public accommodations, and telecommunication services.

The ADA is divided into five titles:

A. Title I of the ADA ensures that individuals with disabilities be judged solely on their ability to perform essential job functions with or without a reasonable accommodation. Title I prohibits discrimination in all aspects of employment, including: advertising, recruiting, job application process, hiring, training, advancement, compensation, leaves, fringe benefits, layoffs, firing, access to workplace facilities and any other terms, conditions, or privileges of employment.

B. Title II prohibits excluding qualified individuals on the basis of disability from participating in or being denied benefits of public service.

C. Title III prohibits disability discrimination against customers, clients, or visitors.

D. Title IV addresses adequate telecommunication services on the basis of disability.

E. Title V contains a number of miscellaneous provisions. It assures that the ADA does not limit or invalidate other Federal or State laws.

IV. DEFINITIONS

A. Disability – A physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record or history of such an impairment; or being regarded as having such an impairment. Those individuals covered under this policy solely due to being "regarded as having a disability" are not entitled to a reasonable accommodation.

An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active. The definition should be interpreted broadly.

B. Major life activities – include but are not limited to caring for oneself, performing manual tasks, walking, standing, lifting, bending**,** seeing, hearing, eating, sleeping, speaking, breathing, learning, working, reading concentrating, thinking and communicating. Also included are the operation of major bodily functions, including but not limited to, the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

C. Substantially limits – unable to perform a major life activity that the average person can perform as well as an impairment that is episodic or in remission if it would substantially limit a major life activity when active, based on an individualized assessment.

D. Regarded as: subjected to an action prohibited under the statute (e.g., termination; failure to hire) because of an actual or perceived impairment and the impairment must not be one that is minor or transitory (actual or expected duration of 6 months).

E. Reasonable accommodation – any change in the work environment or in the way things are customarily done that would enable a qualified individual on the basis of disability to enjoy equal employment opportunities, and access to public facilities, services and meetings.

F. Direct threat – a significant risk of substantial harm to the health or safety of

others that cannot be eliminated or reduced by reasonable accommodations.

G. Essential functions – the fundamental job duties of the position that must be performed for the position to exist.

H. Undue hardship – an action requiring significant difficulty or expense when considered in light of factors such as an employer's size, financial resources, and the nature and structure of its operation. The determination of undue hardship is always made on a case-by-case basis.

I. Qualified individual on the basis of disability – an individual with a disability is qualified if (1) she/he satisfies the requisite skill, experience, education and other job-related requirements of the position; and (2) she/he can perform the essential functions of the position, with or without reasonable accommodation.

V. PROCEDURES

A. Requests for reasonable accommodation

1. A request for reasonable accommodation is a statement that an individual needs an adjustment or change at work, in the application process, in a benefit or privilege of employment for a reason related to a medical condition, or access to buildings, services, etc. The reasonable accommodation process begins as soon as the request for accommodation is made.

   A request does not have to use any special words, such as "reasonable accommodation" or "disability." An individual with a disability may request a reasonable accommodation whenever she/he chooses, even if she/he has not previously disclosed the existence of a disability.

B. Hiring/Promotions

1. Applicants/employees will be asked questions regarding their ability to perform job-related functions. Interview questions will not be phrased in terms of a disability.

2. The City of Appleton will make reasonable accommodations on a case-by-case basis. The Human Resources Director will determine what constitutes a reasonable accommodation. The following guidelines have been established:

   a. An applicant/employee who needs an accommodation in the employment/promotion selection process shall request the accommodation from the Human Resources Department. The job application will include these instructions so that an applicant/employee is aware of the necessary steps. (Reference

Exhibit 1,2,3)

b. An existing employee with a disability may request an accommodation from his/her supervisor or the Human Resources Department.

c. Individuals from the general public may request an accommodation based on a qualifying disability. (Reference Exhibit 4 and 5).

3. All job descriptions have the essential functions of the job clearly listed and a job analysis is completed for each position.

4. The City of Appleton will conduct a medical examination only after a job offer has been made. Information on any medical condition of an applicant/employee is maintained by the City of Appleton's contracted Occupational Health Care Provider.

C. Public Services to Persons with Disabilities

1. The City of Appleton offers accessible public transportation as defined under the ADA 49 CFR Parts 37 and 38. All Valley Transit buses purchased after 1990 are equipped with required ADA accessibility features as specified in 49 CFR Part 38, Subpart B. Such accessibility features include, but are not limited to, wheelchair lifts, low floor bus designs with ramps for wheelchair accessibility, and accessible bus stop request signals. Also, for people with disabilities unable to use an accessible bus, there is a certification process available where a person may be determined to be eligible for complementary paratransit, as defined under 49 CFR Part 37.

D. Complaint Procedure

1. Employees, customers, citizens or visitors may file informal complaints using the process outlined in the City of Appleton's Harassment and Discrimination Policy regarding discrimination based upon a disability. The policy may be obtained from the City Human Resources Department.

2. Employees, customers, citizens, or visitors may also file formal complaints with the Equal Employment Opportunity Commission (EEOC).

U.S. Equal Employment Opportunity Commission
1801 L Street, N.W.
Washington, D.C. 20507

F. Responsibilities

1. The Human Resources Department shall be responsible for:

a. providing guidance, training, and assistance to department heads, supervisors and employees on dealing with reasonable accommodations within their areas of responsibility;

b. investigating, resolving, and making findings and recommendations on complaints of discrimination based upon a disability;

c. determining reasonable accommodations of an individual upon the recommendation of the contracted Occupational Health Care Provider;

d. reviewing the job analysis of positions to determine the physical abilities required to perform the essential job functions;

e. coordinating reasonable accommodations for test administration and interview processes.

2. The Managers and Supervisors within the City of Appleton shall be responsible for :

a. conducting job-related interviews with the assistance of a Human Resources representative;

b. providing input to Human Resources regarding the essential functions of a job and how a reasonable accommodation may be implemented;

c. educating staff members on the practices and procedures laid out in this policy.

d. cooperating with and understanding the practices in this policy.

City of Appleton
AMERICANS WITH DISABILITIES ACT – TITLE I
EMPLOYEE REASONABLE ACCOMMODATION REQUEST

Department:_____ Job Class:_____

Name:_____

Address:_____

Immediate Supervisor*:_____

Telephone Number: Work_____Home_____

*Please submit this form to Immediate Supervisor

PART I: EMPLOYEE REQUESTING ACCOMMODATIONS

1. Please list accommodations requested and reason for request:

_____
_____
_____
_____
_____
_____
_____
_____

2. A completed Physician's Medical Leave of Absence and/or Return to Work form must be attached to this request. Copies of the form are available from the Human Resources Department.

_____ _____
SIGNATURE DATE

City of Appleton
AMERICANS WITH DISABILITES – TITLE I
EMPLOYEE REASONABLE ACCOMMODATION REQUEST

PART II: DEPARTMENT RESPONSE

Date:_____ Department:_____ Supervisor's Phone#:_____

Supervisor's Title:_____

Requesting Employee's Name:_____

Accommodation Considered (for assistance call Human Resources):

_____

_____

_____

1. Date of discussion with employee regarding this request:_____
2. Is this individual covered by ADA? ___Yes ___No
3. Was requested accommodation approved? ___Yes ___No* (See note below)
4. If yes, what accommodations were provided? _____

   _____

   _____

   _____
5. If yes, what was the total cost in providing accommodation? _____
6. If yes, list date of accommodation: _____
7. If accommodations denied, list reasons for denial*:_____

   _____

   _____

*The Department should consult with Human Resources staff prior to denial of an accommodation request. Department Heads must approve all denials of accommodation requests.

_____ _____
DEPARTMENT HEAD SIGNATURE DATE

To comply with the Americans with Disabilities Act (ADA) record retention requirements, please forward a completed copy of this form to Human Resources. The original copy may not be placed in the employee's file, as required by the ADA.

City of Appleton
AMERICANS WITH DISABLITIES ACT (ADA) – TITLE I
EMPLOYMENT APPLICATION PROCESS
REQUEST FOR APPLICATION

Applicant Name:_____Date_____

An individual is protected under the ADA if he/she is a qualified individual on the basis of disability who, with or without reasonable accommodations, can perform the essential functions of the employment position. ADA section 3(2) defines disability, with respect to the individual, as: a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; b) a record of such an impairment; or c) being regarded as having such an impairment.

Please list the accommodations and reason for request:

_____

_____

_____

_____

_____

_____

_____

_____ _____
SIGNATURE DATE

City of Appleton
AMERICANS WITH DISABLITIES ACT (ADA) – TITLE II & III
GENERAL PUBLIC
REASONABLE ACCOMMODATION REQUEST

Name:_____ Date_____

Address:_____

Telephone Number: Work_____ Home_____

An individual is protected under the ADA if he/she is a qualified individual on the basis of disability who, with or without reasonable accommodations, cannot perform essential functions. ADA section 3(2) defines disability, with respect to the individual, as: a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; b) a record of such an impairment; or c) being regarded as having such an impairment.

Please list accommodation(s) requested and reason for request:

_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
SIGNATURE DATE

City of Appleton
AMERICANS WITH DISABILITES – TITLE II & III
REASONABLE ACCOMMODATION REQUEST

PART II: DEPARTMENT RESPONSE

Date:_____ Department:_____

Person Requesting Accommodation:_____

Accommodation Considered (for assistance call Human Resources):

_____

_____

_____

1. Date of discussion regarding this request:_____
2. Is this individual covered by ADA? ___Yes ___No
3. Was requested accommodation approved? ___Yes ___No* (See note below)
4. If yes, what accommodations were provided? _____

   _____

   _____

   _____
5. If yes, what was the total cost in providing accommodation? _____
6. If yes, list date of accommodation: _____
7. If accommodations denied, list reasons for denial*:_____

   _____

   _____

*The Department should consult with Human Resources staff prior to denial of an accommodation request. Department Heads must approve all denials of accommodation requests.

_____ _____
DEPARTMENT HEAD SIGNATURE DATE

To comply with the Americans with Disabilities Act (ADA) record retention requirements, please forward a completed copy of this form to Human Resources.

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF CITY OF APPLETON ADA POLICY

I,_____, acknowledge the receipt of a copy of the City of Appleton's Americans with Disabilities (ADA) policy and training.

I agree to follow the City of Appleton's rules and procedures as outlined in this policy.

I understand I will not be penalized for reporting conduct that I believe is forbidden by this policy.

I understand that should I have future questions, I may contact my supervisor, the Human Resources Department or the City Attorney's Office.

Employee Name printed: _____Dept_____

Employee Signature:_____Date_____

CITY OF APPLETON POLICY	TITLE: **AFFIRMATIVE ACTION**	
REVIEW DATE: December 2006	LAST UPDATE: July 2008 October 2008 February 2014 March 2015	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE:	TOTAL PAGES: 4
Reviewed by Legal Services Department Date: April 2000 March 5, 2012 February 2014 April 2015	Committee Approval Date: May 11, 2000 August 13, 2008 June 11, 2012 February 10, 2014 May 11, 2015	Council Approval Date: May 17, 2000 August 20, 2008 June 20, 2012 February 19, 2014 May 20, 2015

I. PURPOSE

The purpose of this policy is to provide equal employment opportunities for all qualified and qualifiable persons.

II. POLICY

It is the official policy of the City of Appleton to provide equal employment opportunities for all qualified and qualifiable persons without regard to race, color, creed**,** religion, national origin, ancestry, age, sex/gender, handicap or disability, arrest/conviction record, marital status, sexual orientation, gender identity and gender expression, political affiliation, results of genetic testing, honesty testing, pregnancy, childbirth or related medical condition, military service, disabled veteran or covered veteran status, service in the U.S. Armed Forces, the State Defense force, National Guard of any state, or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification or substantially relate to the circumstances of a particular job or licensed activity, and with proper regard for privacy and constitutional rights as citizens. This equal employment opportunity is applicable to all phases of employment including job assignment, job restructuring, reasonable accommodation for disabled individuals, recruitment, selection, promotion, transfer, compensation, lay-off, re-call, training and development, corrective action, demotion, termination, leave or benefits, licensing or union membership, and all other components of the City of Appleton Human Resources system.

III. DISCUSSION

The Human Resources Director shall have responsibility for:

1. Designating an Affirmative Action Officer for the City of Appleton.

2. Developing, coordinating and administering the City's Affirmative Action Program.

3. Instructing department heads and supervisory personnel on provisions of the Equal Employment laws and the City's Affirmative Action Program especially in areas where contractual compliance with Affirmative Action provisions is required for Federal and State funding purposes.

4. Implementing, monitoring and modifying the City's Affirmative Action Program reporting system to measure effectiveness and to determine where progress has been made and where further action is needed.

5. Analyzing all aspects of Human Resources policies and practices.

6. Coordinating a communication network that will provide the community and all City employees with information concerning the City's Affirmative Action Program.

7. Keeping department heads and appropriate City officials informed of changes in the law, relevant court cases, and administrative rulings that might affect the City's Affirmative Action Program.

8. Working with department heads to determine specific problem areas of their employment practices and resolving any problems that may exist.

9. Designing and maintaining audit and recordkeeping procedures for the collection of statistical data. Compiling and submitting Equal Employment Opportunity reports that may be required by law.

10. Reviewing and revising the contents of the program annually in order to identify new problems that might arise.

11. Handling any complaints that may arise out of implementation of the plan.

Department Heads shall have responsibility for:

1. Assisting in identifying problem areas and establishing agency and unit goals and objectives.

2. Being actively involved with local minority organizations, women's and disabled groups, community action organizations and community service programs designed to promote EEO.

3. Participating actively in periodic audits of all aspects of employment in order to identify and to remove barriers obstructing the achievement of specified goals and objectives.

4. Holding regular discussions with other managers, supervisors, and employees to assure the agency's policies and procedures are being followed.

5. Reviewing the qualifications of all employees to ensure that minorities, people with disabilities, and women are given full opportunities for transfers, promotions, training, salary increases, and other forms of compensation.

6. Participating in the review and/or investigation of complaints alleging discrimination.

7. Conducting and supporting career counseling for all employees.

8. Participating in periodic audits to ensure that each agency unit is in compliance (e.g EEO posters are properly displayed on all employee bulletin boards).

9. Committing themselves and their department to comply with the Affirmative Action Program.

10. Assisting the Human Resources Director in the implementation of training and promotional programs within their department.

11. Implementing all aspects of the City of Appleton's Affirmative Action Program as it applies to their department, ensuring that policies and practices are non-discriminatory with regard to race, color, creed, ancestry, religion, national origin, age, marital status, arrest/conviction record, sex/gender, handicap or disability, sexual orientation, gender identity and gender expression**,** political affiliation or results of genetic testing , honesty testing, pregnancy or childbirth or related medical condition, military service, disabled veteran or covered veteran status, service in the U.S. Armed Forces, the State Defense force, National Guard of any state, or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours.

.

12. Ensuring that supervisors and staff in their department fully understand the Affirmative Action Program.

Employee Responsibility

1. All employees have the responsibility for carrying out their assigned duties and providing City services without regard to race, color, creed, ancestry, religion, national origin, age, marital status, arrest/conviction record, sex/gender, handicap or disability, sexual orientation, gender identity and gender expression, political affiliation, results of genetic testing**,** honesty testing, pregnancy, childbirth or related medical condition, military service, disabled veteran or covered veteran status, service in the U.S. Armed Forces, the State Defense force, National Guard of any state, or any other reserve component of the United Stated or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours.

IV PROCEDURES

Records Review

The Human Resources Director shall have full access to all departmental policies and procedures, rules and regulations, including Human Resources files, documents, background investigation reports and any other documents or information relating to job restructuring, recruitment and selection, promotion, transfer, compensation, lay-off, re-call, training and development, corrective action, termination and all other components of the City of Appleton Human Resources system.

Department Review

The Human Resources Director shall be as involved as he/she deems appropriate in all phases of job restructuring, recruitment and selection, promotion, transfer, compensation, lay-off, re-call, training and development, corrective action, demotion, termination and all other components of the City of Appleton Human Resources system where this policy may apply. This involvement shall be to insure that the City's Affirmative Action Program is fully understood and adhered to by all City departments and employees.

To ensure that the City of Appleton's Affirmative Action Program is communicated to all employees, applicants and citizens, the following steps shall be taken:

1. The Affirmative Action Plan shall be distributed to all City departments.

2. The policy statement shall be prominently displayed in conspicuous public places on City bulletin boards.

3. All employees shall receive annually the Equal Employment Opportunity/Affirmative Action statement to affirm the City's commitment to the Equal Employment Opportunity Policy and the Affirmative Action Plan.

4. All newly hired employees shall receive a copy of the Affirmative Action Policy.

5. All newly hired and existing employees shall receive Harassment and Discrimination training.

6. All employment applications along with other personnel documents will include the phrase "An Equal Opportunity Employer."

7. All advertisements for open positions shall include the phrase "An Equal Opportunity Employer."

8. The Open Positions list, a telephone Job Line recording of information regarding job openings, established for greater community access to this information shall include the phrase "An Equal Opportunity Employer."

9. The plan shall be reviewed on an annual basis.

10. This policy will be posted on the City's Human Resources web page.

Complaint Process

Each employee is responsible for bringing to the attention of their supervisor or the departments listed below, any employment decision that he or she feels conflicts with the letter or spirit of the law. Employee may bring their concerns by using the Employment Discrimination Complaint Form on the City's website or obtaining one from the Human Resources Department, Legal Services Department, or the Mayor's office. Complaints may be filed with the Human Resources Department, the Legal Services Department or the Office of the Mayor.

TITLE: **ATTENDANCE POLICY**		**CITY OF APPLETON POLICY**
ISSUE DATE:	LAST UPDATE: February 18, 2008 May 6, 2008 (Administrative) December 2015	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	POLICY AUDIENCE: All City of Appleton Employees	TOTAL PAGES: 11
Reviewed by Legal Services Date: January 4, 2008 January 15, 2016	Committee Approval Date: January 9, 2008 February 27, 2008 April 11, 2016	Council Approval Date: January 16, 2008 March 5, 2008 April 20, 2016

I. PURPOSE

The purpose of this policy is to: communicate attendance expectations to all employees; provide attendance guidelines and standards for employees to ensure maximum productivity and morale; and establish consistent guidelines and standards for supervisors to follow when managing employees' attendance, with an emphasis on prevention rather than discipline.

II. POLICY

It is the policy of the City of Appleton to require regular, reliable and punctual attendance. Attendance is an essential requirement of every job. The City of Appleton operates to provide essential services for residents and visitors to meet its mission of serving community needs and enhancing the quality of life. In order to provide these services, all employees are expected to report to work regularly, on time, and physically and mentally fit to perform their job.

A Collective Bargaining Agreement with more specific language than what is in the policy shall be the language applied.

III. DISCUSSION

Employee absenteeism increases the cost of City operations. In addition to the direct costs of paid leave time and replacement workers, there are many indirect costs associated with absenteeism, including decreased customer service levels, reduced efficiency, and negative impacts on fellow employees. This policy balances the needs of employees for time away from their job with the equal needs of the City to have a reliable work force. City departments are expected to use this policy as a minimum standard. Each department director has the authority to set higher expectations than those listed in this policy.

IV. DEFINITIONS

A. **Sick leave**: paid time away from work to be used when an absence from work is necessary for the employee, or domestic partner or immediate family member living in the employee's residence due to illness or injury or to attend doctor appointments or as defined in City policy, collective bargaining agreement, or Family Medical Leave Act (FMLA) guidelines. Employees are encouraged to schedule appointments outside of the workday.

B. **Sick Leave Abuse:** the use of sick leave for purposes other than those outlined in the collective bargaining agreements, City policy or FMLA guidelines (e.g., using sick leave to

attend court).

C. **Call-in procedure**: The process an employee must follow to notify their supervisor they will not be at work.

D. **Job Abandonment**: An employee will be considered to have abandoned their job if they are a no-call, no-show for more than one working day or as outlined in the employee's collective bargaining agreement. Paid leave, such as vacation, paid time off and sick leave, may not be substituted to excuse an unauthorized absence, unless extenuating circumstances exist (the Human Resources Department Director must give final approval).

E. **Paid Time Off (PTO):** in this policy, when the term PTO is used, it refers to PTO used as sick leave (e.g., doctor's appointments, sick time away from the office, etc.). Employees should use the code "PS" in their time records to indicate PTO time used for non-FMLA sick leave.

F. **Unauthorized Absence**: Failure to report for and remain at work as scheduled. This includes late arrival at work, leaving early, or unauthorized time away from work during the employee's scheduled work hours.

G. **Sick Leave Usage Ratings (includes PTO used for sick leave or sick leave):**

1. **Excellent:** 8 hours or less of non-FMLA sick leave usage during a calendar year.
2. **Good:** More than 8 hours but not more than 24 total hours of non-FMLA sick leave usage in a calendar year.
3. **Adequate:** More than 24 but not more than 48 hours of non-FMLA sick leave usage in a calendar year.
4. **Needs Improvement**: More than 48 but not more than 72 total hours of non-FMLA sick leave usage in a calendar year.
5. **Poor**: More than 72 total hours of non-FMLA sick leave usage in a calendar year OR a noticeable pattern* to absences is present.

These usage ratings are based on full-time status. Part-time employees' leave usage ratings will be evaluated on a pro-rated basis (e.g., "Excellent" for a .5 full-time-equivalent position would be 4 hours or less of non-FMLA sick leave usage during a calendar year).

H. **Sick Leave Usage Ratings for Fire Personnel working a 24-hour shift (includes PTO used for sick leave or sick leave):**

1. **Excellent:** 12 hours or less of non-FMLA sick leave usage during a calendar year.
2. **Good:** More than 12 hours but not more than 36 total hours of non-FMLA sick leave usage in a calendar year.
3. **Adequate:** More than 36 but not more than 72 hours of non-FMLA sick leave usage in a calendar year.
4. **Needs Improvement**: More than 72 but not more than 108 total hours of non-FMLA sick leave usage in a calendar year.
5. **Poor**: More than 108 total hours of non-FMLA sick leave usage in a calendar year OR a noticeable pattern* to absences is present.

*Note: Certain patterns of absenteeism may fall into the Poor category regardless of the total hours of non-FMLA usage in a calendar year. Indicators of a poor rating may

include: frequency or length of absences; ~~amount of accrued sick leave in relation to years of service~~; annual sick leave usage that consistently is below adequate for multiple years; or poor or decreasing work performance.

G. Patterns of Use: Sick leave that is taken on a regular or recurring basis. Examples include: sick leave taken on Fridays or Mondays, before or after holidays, before or after vacation periods or other days off, sick leave taken on days previously denied for other leave, sick leave taken to avoid undesirable job tasks, or sick leave usage that creates a pattern (e.g., taking multiple Tuesday afternoons off).

V. RESPONSIBILITIES

A. Department Director Responsibilities

Department Directors are responsible for:

1. Analyzing attendance records and addressing those employees who have Needs Improvement or Poor sick leave usage ratings, suspicious usage patterns or sick leave abuse.
2. Including "Managing" in each supervisor's goals and holding each supervisor accountable for monitoring and addressing employees who have Needs Improvement or Poor sick leave usage ratings, suspicious usage patterns or possible sick leave abuse by his/her employees.
3. Ensuring consistent enforcement of attendance and punctuality standards for all employees within their department.
4. Identifying and communicating their department's procedure that all employees are expected to follow when requesting sick leave or PTO used as sick leave.
5. Leading by example for their employees when utilizing sick leave or PTO used as sick leave.

B. Supervisor Responsibilities

Supervisors are responsible for:

1. Holding their staff accountable to the guidelines within this policy.
2. Following up with any employee who has a Needs Improvement or Poor sick leave usage rating, sick leave suspicious usage patterns, or sick leave abuse, and maintaining documentation on how they are addressing these issues.
3. Discussing attendance and punctuality guidelines with all of their employees on a regular basis.
4. Leading by example for their employees when utilizing sick leave or PTO used as sick leave.

C. Employee Responsibilities

Employees are responsible for:

1. Utilizing sick leave for appropriate and legitimate reasons.
2. Using their departmental call-in procedure, when requesting sick leave or PTO used as sick leave.
3. Personally calling, **unless extenuating circumstances,** each time they are sick or tardy for non-FMLA reasons, including providing a number where they can be reached during their regularly scheduled work hours.
4. Working on all scheduled workdays and during all scheduled work hours, and reporting to work on time.
5. Submitting a completed Return-to-Work slip after a non-FMLA absence of more than

three days prior to returning to work.

For those employees with a Needs Improvement or Poor sick leave usage rating:

6. Responding to the questions from Exhibit 4 when calling in.
7. Providing documentation from their physician when requested.

VI. PROCEDURES

A. Supervisor Procedures

To manage sick leave usage within their work area, all supervisors should:

1. **Analyze Attendance Records.** Supervisors should regularly review employee attendance records for evidence of sick leave usage that falls into the Needs Improvement or Poor categories, suspicious patterns of use, or possible sick leave abuse. Supervisors should work with their Department Director to review quarterly sick leave reports for their employees.

2. **Ensure Appropriate Use.** Supervisors should ensure that the reason for the use of sick leave is allowable under the terms of the collective bargaining agreement or City policy.

3. **Monitor and track their employees' sick leave** (see Exhibit 1) to identify sick leave usage in the Needs Improvement or Poor categories, possible suspicious usage patterns, or sick leave abuse, and follow up promptly. To identify sick leave use problems, supervisors should consider:
    a. The frequency of and reasons for sick leave.
    b. Non-FMLA sick leave usage that consistently is in the Needs Improvement or Poor categories each year.
    c. Possible patterns of sick leave.
    d. The impact of the employee's absences on the workplace (e.g., disruptions in work schedules, overtime costs, incomplete projects).

When a supervisor has reason to suspect that an employee is abusing sick leave or if the employee's sick leave usage rating is Needs Improvement or Poor, the supervisor may require the employee to provide documentation from his/her doctor for a period of time (as deemed by the department) to verify legitimate use of sick leave. If there is a question about whether it is legitimate use of sick leave, the sick leave request should be denied until the employee provides satisfactory evidence of appropriate sick leave usage. If there is evidence of sick leave abuse, supervisors should contact Human Resources who will assist with following up on the issue.

4. **Respond to Sick Leave Problems.** If the supervisor determines a problem may exist, the supervisor shall:
    a. Counsel the employee on his/her use of sick leave and the impact on his/her work performance and the work environment.
    b. If the sick leave usage may qualify for FMLA or if the employee requests FMLA, provide the employee with an FMLA packet within two business days. Let the employee know it may be counted as FMLA, depending upon the circumstances.
    c. Notify the employee that if he/she has suspicious usage patterns, continues to have a sick leave usage rating of Needs Improvement or Poor, the City may require him/her to see the City's occupational health

provider and/or provide a note from a physician detailing the reasons for his/her absences. After a leave of more than three consecutive scheduled workdays (or as outlined in the employee's collective bargaining agreement), the employee must provide a return-to-work slip (Exhibit 2) or medical certification that includes similar content **prior** to returning to work.

d. Document all these actions and follow up in writing if the employee continues to have a Needs Improvement or Poor sick leave usage rating.

5. Document for Employee Records

If the employee's attendance record has impacted his/her ability to complete the tasks in his/her job, supervisors should reflect this in the employee's performance review or personnel records. This may include constructive feedback on how the employee's sick leave usage has been detrimental to his/her work performance, or how it has affected City and departmental operations. Supervisors should note if there have been areas of concern, including Needs Improvement or Poor sick leave usage ratings, or substantiated suspicious usage patterns or sick leave abuse.

If not noted in the employee's performance review, supervisors should document each employee's sick leave usage in a separate memo (Exhibit 3) each year.

6. **Provide Recognition/Consequences**

Supervisors should recognize good attendance through documentation for the employee's personnel file or through appropriate incentives, which may include using departmental budget dollars designated for employee recognition or other non-monetary rewards such as flexible work hours, or first rights to trade days. Conversely, supervisors also have the right to suspend or discontinue employee privileges, such as using comp time, working a flex schedule, the opportunity to work restricted duty, use of a one-to-one vehicle, working a specific shift, etc. for employees who have a sick leave usage rating in the Needs Improvement or Poor categories or suspicious sick leave patterns, or those who abuse sick leave benefits. If there is a question regarding the appropriateness of an incentive or discontinuation of a privilege, contact Human Resources.

7. **Respond to an employee's notification of sick leave**

a. For all employees: if the absence has the potential to qualify for FMLA or the employee requests an FMLA packet, the supervisor must give or mail the FMLA packet to the employee within two business days.

b. For employees who have a Needs Improvement or Poor sick leave usage rating:

   i. Upon receipt of notification from the employee, the supervisor will use Exhibit 4 (or similar departmental form) to document the reason for the call. Asking these detailed questions will help to determine if the situation may qualify for FMLA. The completed forms should be kept in the supervisory file unless the situation escalates.

   ii. For employees who have a Needs Improvement or Poor rating or suspicious usage patterns, or those employees who have abused sick leave benefits: in addition to the initial phone contact, supervisors are expected to follow up with the employee during his/her regularly scheduled shift to

determine if the employee will return later that day or for his/her next scheduled work shift. If applicable, the supervisor should advise the employee that they would need to provide documentation to support sick leave usage.

B. Employee Procedures

When requesting sick leave, employees should:

1. **Notify their supervisor**

   For all employees:

   a. When calling in sick, employees should use their departmental procedure.
   b. The employee must personally make the telephone call. Notification by a friend or relative does not satisfy this notification requirement unless extenuating circumstances exist (e.g., the employee is incapacitated due to an automobile accident).
   c. Employees are required to personally call **each time** they are absent or tardy from work for non-FMLA reasons.
   d. Employees must provide a number where they can be reached during their regularly scheduled work hours.

   For employees with a Needs Improvement or Poor rating for non-FMLA sick leave:

   e. Employees must respond to the questions to the best of their ability from their supervisor as outlined in Exhibit 4 when calling in.
   f. Employees may be asked to provide their supervisor or their designee with a doctor's certificate if a questionable situation or suspicious patterns exist or whenever they are absent for more than three (3) consecutive scheduled workdays due to illness or injury. (If absent for three days or more (or as outlined by the employee's collective bargaining agreement), the employee should use Exhibit 2 or provide similar medical documentation.) The doctor's documentation must state that the employee is receiving medical care, the days/dates absent as a result of this medical condition, whether or not the employee has any work restrictions, and the approximate date the employee will be able to return to work. This slip shall be forwarded to the employee's supervisor or designee prior to the employee returning to work. If the City chooses to send an employee to see a City-selected physician, the appointment will be during the employee's regularly scheduled work hours and will be paid by the City.
   g. Employees shall be available by telephone when using sick leave. Those employees with a Needs Improvement or Poor rating, suspicious sick leave usage or sick leave abuse should expect to receive a phone call from their supervisor at any time during their regularly scheduled work hours.

2. **Accurately Record Time**

   Employees are responsible for accurately recording their time. These time records are considered the employee's written testament that his/her sick leave was used for appropriate reasons as outlined in City policy, collective bargaining agreements, or FMLA guidelines.

3. **Responsibly Use Sick Time**

   Employees are expected to be at work on all scheduled workdays and during all scheduled work hours, and to report to work on time. Employees are also responsible

for utilizing sick leave for appropriate and legitimate reasons, including illness, injury or authorized family medical leave, as outlined in the employee's collective bargaining agreement or City policy.

To the extent permissible by law, an employee's absenteeism and tardiness can negatively impact his/her advancement opportunities and may result in discipline, up to and including discharge.

4. **Failure to Report to Work**
An employee who fails to appear or report for work as scheduled shall be considered absent without approved leave and will not be paid, under any circumstance, for the time during which the employee did not work. Vacation, holiday, PTO and sick leave may not be substituted to excuse an unauthorized or unexcused absence, except when extenuating circumstances exist. An employee will be considered to have abandoned their job if they are a no-call, no-show for more than one working day or as outlined in City policy or the employee's collective bargaining agreement.

Exhibit 1

AS400 DP19

File Edit View Communication Actions Window Help

PER996R1 Posted Leave for:

January 2007						
S	M	T	W	T	F	S
	H	02	03	VC	VC	06
07	VC	VC	S	11	VC	13
14	15	16	VC	18	19	20
21	22	23	24	S	26	27
28	29	30	31			

February 2007						
S	M	T	W	T	F	S
				01	02	03
04	05	06	FS	08	VC	10
11	12	13	14	15	FH	17
18	FH	20	CN	22	23	24
25	26	VC	28			

March 2007						
S	M	T	W	T	F	S
				01	02	03
04	05	06	FS	08	09	10
11	S	FH	14	15	16	17
18	19	20	21	22	23	24
25	26	VC	28	29	30	31

April 2007						
S	M	T	W	T	F	S
01	02	03	04	FH	06	07
08	VC	10	11	12	13	CN
15	16	FC	18	FC	20	21
22	23	24	25	26	FV	28
29	30					

F1 =Help F3 =Exit F6 =Prev Month F7 =Next Month

MA a 01/001

AS400 DP19

File Edit View Communication Actions Window Help

PER996R1 Posted Leave for:

January 2007

S	M	T	W	T	F	S
18	19	20	21	22	23	24
25	26	VC	28	29	30	31

February 2007

S	M	T	W	T	F	S
				01	02	03
S				08	VC	10
4				15	FH	17
N				22	23	24
8						

Leave Calendar Color Chart

WHITE = Sick time
BLUE = Vacation hours
RED = Holiday hours
PINK = Floating Holiday hours
YELLOW = Family Leave hours (any kind)
TURQUOISE = Other leave (such as comp hours)

F12 to Return

2007

	T	F	S
4	FH	06	07
1	12	13	CN
8	FC	20	21
22	23	24	25
29	30		

				26	FV	28

F1 =Help F3 =Exit F6 =Prev Month F7 =Next Month

MA a 06/012

Exhibit 2

EMPLOYEE WORK RESTRICTIONS

Patient Name: _____

Current Job: _____

Physician Name (please print): _____

Part Time ☐ 1st Shift ☐ Sun. ☐ Thurs. ☐

Phone: _____ Fax: _____

Date you saw patient: ___-__-____ Time In: _____ Injury Date: ____-____-____
Patient Description of Injury:_____

Full Time☐ 2nd shift☐ Mon ☐ Fri.☐
Seasonal ☐ 3rd shift ☐ Tues ☐ Sat☐
Temporary ☐ Swing ☐ Wed ☐
Next scheduled work day ____ Shift _____
Shift Supervisor: _____

Diagnosis: _____
Treatment:_____
_____
Prescription strength meds orders ☐ Yes ☐ No. Meds:
_____
Plan: _____

DISPOSITION:
1. ☐ Patient is unable to work at this time.
2. ☐ Recommend his/her return to work with no limitations on (DATE): _____
3. ☐ He/She may return (DATE) _____ with a daily time limitation of _____ and/or with the following limitations until _____ or until re-evaluation on _____.

CHECK ONLY AS RELATES TO ABOVE CONDITION

☐ SEDENTARY WORK. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

☐ LIGHT WORK. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.

☐ LIGHT MEDIUM WORK. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.

☐ MEDIUM WORK. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

☐ LIGHT HEAVY WORK. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

☐ HEAVY WORK. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

N=Never/Not Able F=Frequent up to 30x/hr.
O=Occasional up to 4 times/hr. C=Constant over 30x/hr.
Specify Restrictions for 24 day

	N	O	F	C			
Sitting/Driving					Lab Work Yes __ No __		
Standing/Walking							
Climbing					X - Rays Yes __ No __		
Bending							
Kneeling/Squatting/Crawling							
					R	L	BIL
Reaching-Horiz./push-pull							
Reaching-Vert./above shoulder							
Gross Handling							
Finger Manipulation							
Single Grasping							
Repetitive Foot Movement							

OTHER INSTRUCTIONS AND/OR LIMITATIONS:

SCHEDULED APPOINTMENTS:

☐ Referral ☐ Clinic _____ Date: _____ Time: _____
☐ Referral ☐ Clinic _____Date: _____ Time: ____

Time Out: _____ ☐ Called Employer Date _____ Signature _____

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified on this form to my employer or his representative.

PATIENT'S SIGNATURE Date

_____ _____

PHYSICIAN'S SIGNATURE Date

_____ _____

Exhibit 3

"…meeting community needs…enhancing quality of life."

Human Resources Department
100 N. Appleton Street
Appleton, Wisconsin 54911 – 4799

M e m o r a n d u m - CONFIDENTIAL

To:
Date:
From:
RE: Sick Leave Usage Rating and Comparisons as of (date)

As part of an initiative to increase sick leave usage awareness, I would like to share your non-FMLA sick leave usage rating for this year in an effort to make you aware of how your usage compares with that of other department employees as well as City-wide.

Based on the City's Attendance Policy, your use of ____ non-FMLA hours year-to-date falls into the category of:

- ❑ **Excellent**
- ❑ **Good**
- ❑ **Adequate**
- ❑ **Needs Improvement**
- ❑ **Poor***
  (Certain patterns of absenteeism may fall into the POOR category regardless of the total hours of absence.)*

Your non-FMLA sick leave information for 20_ is being shared here to allow you to review your sick leave usage in comparison with all department employees and other City employees.

- The year-to-date average of non-FMLA sick leave use per City employee is ____ hours.
- In total, year-to-date, the _____ Department staff used ____ non-FMLA sick leave hours.
- Your leave represents ____ % of the total non-FMLA sick leave for our department.
- The average for our department's non-FMLA sick leave for 2011 was _____ hours.

If your sick leave usage rating is in the Needs Improvement or Poor category, you may be asked to comply with the following:

1. You will be asked for a telephone number that you can be reached at and will be expected to check in with your supervisor if that changes for the duration of the shift you called in for.
2. Any absence of more than 3 days will require a return to work form (Exhibit 2) or similar medical documentation prior to returning to work.
3. You may be sent to the City's physician for a "Fit for Duty" to return to work for absences of 3 days or more.
4. You will be notified if you will be required to bring in medical documentation for the day of the unexpected absence or you may be sent to the City's physician for illness verification.

Exhibit 4

SICK LEAVE CONTACT REPORT

Supervisor taking/making contact call: _____
Date and time of call:_____
Employee (or person calling in):_____

Type of leave requested (check one) ***(This request does not indicate approval.)***

- ❑ (S) Sick for employee
- ❑ (SC) Sick child (includes medical appointments for children)
- ❑ (SS) Sick spouse
- ❑ (DR) Doctor appointment (if FMLA approved, use FS) for the employee only
  Time of appt.: _____ Location of appointment: _____
- ❑ (FS) FMLA approved sick leave, regardless of whom for
- ❑
- ❑ Other: _____

What is the nature of your illness?

When do you expect to return to work? (e.g., Can we expect to see you later in your shift?)

Phone #(s) where the employee can be reached during his/her regularly scheduled hours:
_____

<u>Supervisor Follow up</u>

- ❑ For employees who have a Needs Improvement or Poor rating or suspicious patterns of sick leave, or for those employees who have abused sick leave benefits:
  - o Call the employee later in the shift. Ask how are they feeling and when they anticipate being able to return to work.
  - o Remind them that they will need a statement from their doctor. As outlined in this policy, the doctor's certificate must state that the employee is receiving medical care, the days/dates absent as a result of this medical condition, whether or not the employee has any work restrictions, and the approximate date the employee will be able to return to work.
- ❑ Let the employee know the absence may or may not be counted against FMLA, depending on the circumstances.
- ❑ If the absence has been for more than three consecutive scheduled workdays (or as outlined in the employee's collective bargaining agreement), remind the employee they must provide a return to work slip (Exhibit 2) or similar documentation **<u>prior</u>** to returning to work.
- ❑ Follow up as appropriate, including ensuring that sick leave has been reflected accurately in the employee's time records.
- ❑ As outlined in the policy, review the employee's sick leave to identify usage patterns or declining usage rating.

This completed form should promptly be returned to the employee's supervisor (if someone other than his/her direct supervisor completed this form).

CITY OF APPLETON POLICY	TITLE: **Bone Marrow and Organ Donation Leave**	
ISSUE DATE: (Day after Council)	LAST UPDATE: November 2016	SECTION: HR
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 5
Reviewed by Legal Services Date: July 5, 2017	Committee Approval Date: July 26, 2017	Council Approval Date: August 2, 2017

I. PURPOSE

To outline the policies, procedures and obligations of the City of Appleton and the rights and obligations of employees under the Wisconsin Bone Marrow and Organ Donation Leave law.

II. POLICY

It is the policy of the City of Appleton to comply with the Bone Marrow and Organ Donation Leave law (Section 103.11 Wis. Stats.)

Employees are entitled to bone marrow and organ donation leave benefits if they have been employed by the City for at least 52 consecutive weeks <u>and</u> for at least 1000 hours during that 52-week period.

An employee may take bone marrow or organ donation leave for up to 6 weeks in a 12-month period.

III. DISCUSSION

This policy provides an introduction to the rights and provisions of the Bone Marrow and Organ Donation Leave law. Specific questions an employee may have about this law should be directed to the City Human Resources Department.

IV. PROCEDURE

If an employee intends to take leave for the purpose of serving as a bone marrow or organ donor, the employee shall do the all of the following:

A. **Employee's Request**: Employees requesting leave must submit a completed health care provider certification (Exhibit 1) and submit to the employee's supervisor or Human Resources at least 30 days before the need. If the 30-day notice is not possible, the employee will notify his/her supervisor as soon as reasonable and practical. This should be interpreted to mean within one to two working days of the employee learning of the need for leave.

Employees who take medical leave should make reasonable efforts to schedule planned medical treatments so as not to unduly disrupt business operations.

B. **Status while on Leave**: During the leave the employee must update their supervisor at least

every 30 days of his/her status with health care provider certification and the intention to return to work.

C. **Return to Work**: The employee will be required to provide a "return to work" certification (Exhibit II) before they return to work indicating that the essential functions of the job can be performed. This must be obtained from the health care provider.

D. **Approval**: Human Resources must approve or deny all requests.

E. **Group Health Coverage**: Group health care coverage will continue for employees on leave as if they were still working. If applicable, employees who are granted a leave under this policy are advised to arrange to pay their share of premiums during the absence. If the leave is paid, premiums will continue to be paid through payroll deductions. If the leave is unpaid, employees are responsible for making sure the City receives premium payments by the normal payroll dates. If payments are not received within 30 days of the due date, coverage may be discontinued. This includes other benefits such as life, dental, flexible spending accounts, etc.

F. **No Return to Work from Leave**: If an employee chooses not to return to work (i.e. return to work for 30 calendar days) after an approved leave, the City may recover from the employee the cost of any premiums made to maintain the employee's health insurance, unless the failure to return is because of a serious health condition or reasons beyond the employee's control. Benefit entitlements based on length of service will be calculated as of the last paid workday before the start of the unpaid absence. If the employee substitutes leave, the length of service will be calculated as of the last paid workday substituted.

V. FALSIFICATION OF FORMS

An employee will be subject to disciplinary action up to and including discharge for falsifying any information required or requested as part of the application process, or receiving leave or benefits under this policy.

Exhibit I Note to provider: Job descriptions are available at www.appleton.org (City Employment, job descriptions)

MEDICAL LEAVE (for Bone Marrow & Organ Donation Leave)

HEALTH CARE PROVIDER CERTIFICATION

Employee requesting leave:_____ Date:_____

I, _____, confirm that _____
(Name of Health Care Provider or Christian Science Practitioner) (Patient's name)

is under my care for ____Bone Marrow Donation _____Organ Donation treatment.

Accordingly, I confirm that:

My area of medical practice is:_____

1. The health condition commenced on _____ and has the probable duration through _____.
2. The patient was/is being treated on an ___inpatient ____outpatient basis.
3. Was the procedure/treatment scheduled in advance or on an emergency basis? If scheduled in advance, please indicate how many days in advance the treatment was scheduled.
   Scheduled in advance_____ Emergency basis _____
   Date scheduled:_____

- Is the employee unable to work to work at this time _____yes ____no
- If the employee is able to work please describe limitations here:_____
  _____
- Is the employee limited in the number of hours per day he/she may work? ____yes ____no
  If yes, please describe the limitation_____.
- Is an intermittent or reduced leave schedule needed? If yes, please describe:_____
  _____
  _____
- Was medication, other than over-the-counter medication, prescribed? ___No ___Yes

Notice: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibit employers and other entities covered by GINA Title II from requesting or requiring genetic information from an individual or family member of the individual, except as specifically allowed by law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic service and genetic information of a fetus carried by an individual or individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Dated this _____ day of _____, 20__

_____ _____
Signature of Health Care Provider Telephone & Fax Number

_____ _____
Address City/State

Medical Authorization Release

I, _____ , herby authorize the above-reference health care provider, or others to which I am directed to for care relative to the health condition set forth above, to confer with medical representatives of the City of Appleton to clarify or supplement any information set forth herein without liability. I also authorize the use or disclosure of my health information (which may also be referenced as protected health information "PHI") as described in this authorization. I also agree to provide such further authorizations as the Company may request to process and classify my requested time off for FMLA purposes.

HIPAA Authorization

I understand that I have the right to revoke this authorization at any time by notifying my supervisor or the Human Resources Department. I also understand that the revocation will only become effective after it is received and recorded by the City of Appleton. I understand that any use or disclosure made prior to the time that such revocation becomes effective will not be affected by that revocation. If I do not revoke this authorization, it will expire at the end of my FMLA leave or shortly thereafter if additional time is needed to process documentation related to my leave (for example, verification of fitness for duty). If the City of Appleton's representatives require additional information related to my health condition after my leave request and all related documentation is completed, they must request that new authorization be signed by me.

I understand that I am entitled to receive a copy of this authorization form and acknowledge receipt of one.

Dated this_____day of _____, 20__

_____
Signature
(print name):_____

Exhibit II City of Appleton

RETURN TO WORK - EMPLOYEE WORK RESTRICTION/AUTHORIZATION

Must be completed and submitted to HR prior to return to work.

Patient Name: _____

Current Job: _____

Physician Name (please print):

_____

Phone: _____ Fax: _____

Date you saw patient: ___-___-____ Time In: _____ Injury Date: ____-____-____

Full Time☐ 2nd shift☐ Mon ☐ Fri.☐
Part Time☐ 1st shift☐ Sun.☐ Thurs ☐
Seasonal ☐ 3rd shift ☐ Tues ☐ Sat☐
Temporary ☐ Swing ☐ Wed ☐
Next scheduled work day ____ Shift _____
Shift Supervisor: _____

Patient Description of Injury:_____

_____

Diagnosis: _____

_____

Treatment:_____

Prescription strength meds orders ☐ Yes ☐ No

Meds: _____

Plan: _____

Notice: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibit employers and other entities covered by GINA Title II from requesting or requiring genetic information from an individual or family member of the individual, except as specifically allowed by law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic service and genetic information of a fetus carried by an individual or individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

DISPOSITION:

1. ☐ Patient is unable to work at this time.
2. ☐ Recommend his/her return to work with no limitations on (DATE): _____
3. ☐ He/She may return (DATE) _____ with a daily time limitation of _____ and/or with the following limitations until _____ or until re-evaluation on _____.

CHECK ONLY AS RELATES TO ABOVE CONDITION

☐ SEDENTARY WORK. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

☐ LIGHT WORK. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.

☐ LIGHT MEDIUM WORK. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.

☐ MEDIUM WORK. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

☐ LIGHT HEAVY WORK. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

☐ HEAVY WORK. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

N=Never/Not Able F=Frequent up to 30x/hr.
O=Occasional up to 4 times/hr. C=Constant over 30x/hr.
Specify Restrictions for 24 day

	N	O	F	C			
Sitting/Driving					Lab Work Yes __ No ___		
Standing/Walking							
Climbing					X - Rays Yes ___ No ___		
Bending							
Kneeling/Squatting/Crawling							
					R	L	BIL
Reaching-Horiz./push-pull							
Reaching-Vert./above shoulder							
Gross Handling							
Finger Manipulation							
Single Grasping							
Repetitive Foot Movement							

OTHER INSTRUCTIONS AND/OR LIMITATIONS:

SCHEDULED APPOINTMENTS:

☐ Referral ☐ Clinic _____ Date: _____ Time: _____

SCHEDULED APPOINTMENTS:

☐ Referral ☐ Clinic _____ Date: _____ Time: _____

Time Out: _____ ☐ Called Employer Date _____ Signature _____

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified on this form to my employer or his representative.

PATIENT'S SIGNATURE Date PHYSICIAN'S SIGNATURE Date

CITY OF APPLETON POLICY	TITLE: **CISD – Critical Incident Stress Debriefing (non-public safety)**	
ISSUE DATE: November 2013	LAST UPDATE: June 2016	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: City Departments	TOTAL PAGES:
Reviewed by Legal Services Date: November 2013	Committee Approval Date: June 9, 2014	Council Approval Date: June 18, 2014

I. PURPOSE

The purpose of this policy is to ensure that the City of Appleton provides the necessary resources and support to employees who have had to respond to emergency situations. The prevention and effective management of post-emergency situations and critical incidents can assist to minimize the negative impact of an unexpected event.

II. POLICY

Emergencies and critical incidents in the workplace can affect people physically and psychologically. It is the policy of the City of Appleton to provide necessary assistance to our employees when there is a likelihood that they could become personally distressed under extraordinary circumstances.

III. DISCUSSION/PROCEDURES

a. <u>Examples of extraordinary circumstances covered by this policy:</u>

1. A serious injury or unexpected death of a co-worker.
2. A serious injury or death of a civilian resulting from City operations.
3. Loss of life following extraordinary or prolonged expenditure of physical or emotional energy.
4. A case involving a departmental employee that attracts an unusual amount of attention from the news media.
5. An incident that can be considered a serious physical or psychological threat to the personnel involved.
6. An incident that exposes personnel to graphic or unsettling duties.

b. Signs, symptoms or characteristics of psychological distress may include:

1. Being unable to talk about the event and the feelings associated with it.
2. Feeling detached and withdrawn and keeping emotional distance from family and friends.
3. Avoiding activities that are reminders of the incident.
4. Experiencing recurring and intruding memories, feelings or dreams about the incident.
5. Feeling preoccupied and experiencing impaired memory and concentration that results in difficulty completing tasks.
6. Difficulty sleeping, feeling hyper, alert, startling easily, headaches, nausea, fatigue, diarrhea and appetite changes.
7. Increased use and/or abuse of alcohol, medications or other drugs.

c. Supervisory Response to Critical Incidents/Circumstances:

1. Intervention should generally occur within 48-72 hours after the incident.
2. The Department Director or designee may initiate this process by contacting ComPsych at 1-844-393-4982.
3. Debriefing may include individual and group counseling, the type of counseling will be at the discretion of the ComPsych. The aim of these sessions is to:
    a. Decrease feelings of isolation
    b. Provide people affected by the incident with a facilitated session to assist them to normalize their thoughts and feelings. Groups assist people to identify and express their thoughts and feelings.
    c. Provide an opportunity to identify internal and external resources.
4. To ensure the safety of employees there may be times when a Department Director may require attendance at sessions coordinated by ComPsych. A mandatory referral shall also require prior approval of the Human Resources Director and the City Attorney.
5. In extreme cases, the City of Appleton may elect to involve additional professional assistance for employees.

CITY OF APPLETON POLICY	TITLE: COBRA POLICY	
ISSUE DATE: May 4, 2000	LAST UPDATE: April 2005 November 2007 March 2017	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: Any Qualified Employee or Dependent	TOTAL PAGES: 5
Reviewed by Attorney's Office Date: April 2000 November 2007 June 2017	Committee Approval Date: April 27, 2000 May 11, 2005 December 12, 2007 December 12, 2011 July 26, 2017	Council Approval Date: May 3, 2000 May 18, 2005 December 19, 2007 December 21, 2011 August 2, 2017

I. PURPOSE

The purpose of this policy is to be in compliance with Federal regulations ensuring that employees and their dependents are offered insurance as required by law.

II. POLICY

It is the policy of the City of Appleton to follow the federally mandated Consolidated Omnibus Budget Reconciliation Act of 1985 (commonly known as COBRA) and the Health Insurance Portability and Accountability Act of 1996 (commonly known as HIPAA).

III. DISCUSSION

This policy defines how the City of Appleton will follow the federal regulations and any changes made to the laws.

IV. DEFINITIONS

A. COBRA (Consolidated Omnibus Budget Reconciliation Act): A Federal law that requires employers who sponsor health care plans to offer its employees and their dependents continuation when coverage would otherwise end because of a qualifying life event.

B. Effective Date of COBRA Coverage: The Qualified Beneficiary will be removed from the City's policy coverage as of the date of loss of coverage. If the Qualified Beneficiary elects coverage, then the City will reinstate their coverage retroactive to the date after the loss of coverage.

B. Election Notice: A document specifying details for a qualified beneficiary of the opportunity to continue qualified health care plan coverage(s).

C. Election Period: The time frame during which the qualified beneficiary may choose to elect continuous coverage.

D. Group Health and Dental Plans: A plan to provide health and dental coverage to the employees, former employees or their dependents who were otherwise eligible for coverage. This plan will be rated as a group plan rather than an individual policy.

E. HIPAA: is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA does the following:

- Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs;
- Reduces health care fraud and abuse;
- Mandates industry-wide standards for health care information on electronic billing and other processes; and
- Requires the protection and confidential handling of protected health information.

F. Premium Payment Deadlines: The Qualified Beneficiary has a forty-five day grace period after electing COBRA to make their initial payment. The Qualified Beneficiary must pay all premiums back to the COBRA effective date. After initial payment, the Qualified Beneficiary will have to make payment the first of each following month with a 30 day grace period each month.

G. Qualified Beneficiary(s): An individual covered under a group health plan the day before a qualifying event occurs (i.e., the employee, employee' spouse and employee's dependent children). .

H. Qualified Employee: Any employee that would otherwise be eligible for benefits.

I. Qualifying Event: A specified event that results in the loss of group plan coverage.

V. PROCEDURES

A. COBRA

1. <u>Employer Notification Requirements</u>

The City of Appleton shall send to each covered employee and spouse of the employee at the time of commencement of coverage under the plan, written notice of any rights provided under COBRA.

Notices will also be sent to newly covered spouses of current employees within 30 days of the date of marriage.

Election notices of COBRA rights will be mailed to all covered employees and spouses when their eligible group plan coverage(s) terminate(s).

2. <u>Employee Notification Requirements</u>

It is the responsibility of the employee to notify the City of Appleton Human Resources Benefits Coordinator when a qualifying event occurs. The employee or family member must give this notice within 60 days after the qualifying event occurs.

Under the law, continuation coverage must be elected within 60 days after Plan continuation ends, or if later, 60 days after the date of the notice of the right to elect continuation coverage.

3. Coverage Periods & Qualifying Events

   a. 18 Months Coverage for Qualified Employee & Beneficiaries for:
      1. Any voluntary or involuntary termination of employment for any reason other than for "gross misconduct".
      2. Reduction in employment hours which would result in the loss of coverage.

   b. 24 Months Coverage:
      1. For employees who are absent due to service in the uniformed services and/or their dependents.
      2. Coverage will continue until the earlier of 24 months beginning the first day of absence from employment due to service in the uniformed services or the day after the employee fails to return to employment as required by USERRA, after completion of a period of service.
      3. Under federal law, the period of coverage available under USERRA shall run concurrently with the COBRA period available to an employee and/or eligible dependents.

   c. 36 Months Coverage for Qualified Beneficiaries for:
      1. Employee's death
      2. Employee's entitlement to Medicare
      3. Divorce or legal separation from a covered employee
      4. Loss of dependent status under the plan provisions

   d. 29 Month Qualifying Event
      1. Any qualified beneficiary disabled within 60 days of the qualifying event is entitled to up to a total of 29 months of COBRA coverage in order to remain covered until Medicare. The qualified beneficiary must provide notice of such determination prior to the end of the initial 18 months continuation period to be entitled to the additional 11 months of coverage.
      2. HIPAA allows entire family of disabled individual to continue an additional 11 months

   e. Multiple Qualifying Event
      1. When a death, divorce, legal separation or dependent ineligibility occurs during an 18-month continuation, qualified beneficiaries may extend coverage for 36 months from the original qualifying event date.
      2. Employee's entitlement to Medicare - If the employee is entitled to Medicare at the time of an initial qualifying event due to termination or reduction of hours worked, then the period of continuation for other qualified beneficiaries is the later of 36 months from the date of Medicare entitlement, or 18 months from the date of the qualifying event. If, on the other hand, the employee becomes

entitled to Medicare during the initial continuation period of 18 months following the original qualifying event, then the other qualified beneficiaries will be entitled to continuation not to exceed 36 months from the date of the original qualifying event.

An individual electing COBRA coverage must pay the current monthly premium directly to the City of Appleton.

4. Termination of Coverage

The City will cancel COBRA coverage if:

a. Qualified beneficiary fails to make timely payments. The first grace period is 45 days from date of election and subsequent grace periods is 30 days from beginning of each month.
b. Qualified beneficiary becomes covered by another group health plan.
c. Qualified beneficiary becomes entitled to Medicare.
d. The City of Appleton terminates coverage for all similarly situated active employees.
e. Qualified beneficiary ceases to be disabled according to Social Security after the 29-month extension has started. Qualified beneficiary is to notify the City of Appleton within 30 days of no longer qualifying for Social Security Disability.
f. The occurrence of any event (e.g. submission of a fraudulent claim) permitting termination of coverage for cause under the Plan.

B. Flexible Spending Account (FSA) Coverage Options

1. Employee can cancel their Flex Account as of their last day of employment. The employee must submit any claims to the FSA vendor within 30 days from their last day to request their money out of their account. Dates of service being submitted must be prior to the last day of employment with the City.
2. Elect COBRA continuation for the remainder of the plan year. The City can take the remaining annual election off the final paycheck on a pre-tax basis. This will give the employee the ability to claim all the money elected for the year for any claims dated through December 31st.
3. Elect COBRA continuation for a selected number of months. Payments would be made monthly to the City with after tax dollars but would allow the employee to extend the date of service claims during the additional months paid for. (For example – employee terms May 25 but dependent child is getting braces on July 15. This allows employee to pay for two months COBRA flex spending and allows all money contributed through July 31 to be withdrawn for any claims dated January 1 through July 31.)
4. Requirements: Employee must elect continuation coverage within 60 days of the loss of coverage date. Elections made after the final payroll check is cut will be paid with after tax dollars. Employee must make timely payments to the City.

C. HIPAA

1. Requirements

If the qualified employee or dependent is losing eligibility on another group health plan, they may have the right to special enroll (enroll without waiting until the next

open season for enrollment) in the City's group health coverage. To have a special enrollment opportunity, the employee or dependent must have had other health coverage when they previously declined the City's coverage. They must request special enrollment within 30 days from the loss of their job-based coverage with the Human Resources Benefits Coordinator.

2. Certificate of Coverage

   a. "On Request" certificates of creditable coverage will be provided: whenever an individual requests a certificate. When requested within 24 months after coverage ceased for the individual. Whenever a request has been made in a reasonable and prompt manner.

   b. A certificate of creditable coverage will be requested of the employee if they are electing coverage in the City's plan outside of the regular open enrollment process. The certificate would be provided by the Employer of the plan they are losing or from the insurance company of the prior plan.

CITY OF APPLETON POLICY	TITLE: **CODE OF CONDUCT**	
ISSUE DATE: November 2, 2000	LAST UPDATE: June 2002 September 10, 2003 February 16, 2006 October 15, 2010 June 2013; February 2020	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: Applies to all employees and volunteers	TOTAL PAGES: 7
Reviewed by Legal Services Date: September 2000 June 2002 September 2003 February 16, 2006 October 14, 2010 June 23, 2013 February 2014 April 14, 2020	Committee Approval Date: October 2000 September 2003 February 22, 2006 December 8, 2010 July 15, 2013 February 10, 2014 June 10, 2020	Council Approval Date: November 2000 October 2003 March 1, 2006 December 15, 2010 July 24, 2013 February 19, 2014 June 2020 (informationally)

I. PURPOSE

The purpose of this policy is to provide guidelines regarding expectations for the conduct of employees and volunteers while working for or representing the City of Appleton.

II. POLICY

It is the policy of the City of Appleton that all City employees and volunteers act in an ethical manner when working with other employees, volunteers, elected officials or outside publics. Each employee, elected official and volunteer has a responsibility to the City of Appleton and its citizens to place loyalty to the laws and ethical principles above private gain or personal preference. To ensure that every citizen can have complete confidence in the integrity of the government of the City of Appleton, each employee, elected official and volunteer shall respect and adhere to the principles of the code of conduct set forth in this policy.

Any violations of these expectations will not be tolerated and will be subject to discipline, up to and including termination. While specific examples are offered to illustrate various situations, these examples are not all-inclusive.

A. Ethical Standards and Expectations

1. Harassment and Discrimination

a. Harassment: Per its Harassment and Discrimination Policy, the City of Appleton will not tolerate any form of sexual harassment. All violations of this policy should be immediately reported to the Human Resources Department, the Legal Services Department, any supervisor, or any state or federal agency (as outlined in the policy).

b. Discrimination: It is the official policy of the City of Appleton to provide equal employment opportunities for all qualified and qualifiable persons without regard to race, color, creed, religion, national origin, ancestry, age, sex/gender, handicap or disability, arrest/conviction record, marital status, sexual orientation, gender identity and gender expression, political affiliation, results of genetic testing, honesty testing, pregnancy or childbirth, military service, disabled veteran or covered veteran status service in the U.S. Armed Forces, the State Defense force, National Guard of any state, or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification or substantially relate to the circumstances of a particular job or licensed activity, and with proper regard for privacy and constitutional rights as citizens. This equal employment opportunity is applicable to all phases of employment including job restructuring, reasonable accommodation for disabled individuals, recruitment, selection, promotion, transfer, compensation, lay-off, re-call, training and development, corrective action, demotion, termination and all other components of the City of Appleton Human Resources system.

2. Drug and Alcohol Use

The manufacture, possession, distribution, dispensation, sale or use of alcohol, drugs and/or other controlled substances by employees or volunteers on City premises is prohibited. No employee may show up for work while under the influence of alcohol, illegal drugs or other controlled substances. If an employee is taking prescription drugs that could interfere with the employee's work performance, the employee should notify the employee's supervisor in writing by using the form in the Drug and Alcohol policy. For additional information refer to the City of Appleton Drug Free Workplace Policy.

3. Use of City property

The City of Appleton expects that employees and volunteers will not:

a. Obtain, use or divert City of Appleton property, including records, for personal use and/or benefit.

b. Materially alter or destroy City of Appleton property or records without proper authorization.

c. Borrow or use City of Appleton property, unless for City work-related use**.** Any removal of City of Appleton property for personal non-work related use is not permissible, with or without prior supervisory approval. Borrowing and use of electronic communications is outlined in the Privacy and Electronic Communications Policies.

If an employee volunteers on their own time to make a presentation, conduct a demonstration, or conduct public education involving their department's purpose and responsibilities, the employee may borrow City of Appleton equipment with the prior approval of their supervisor.

d. Disposal of Property from Public

Property obtained from the public (for example: disposal at the Municipal Services Building) shall be considered City property. Once City property, the guidelines from c above will apply.

4. Workplace Safety

All employees and volunteers are expected to follow and adhere to safety policies (as outlined in the City Safety Policies) to ensure a safe work environment for all employees.

5. Firearms-weapons

City of Appleton employees are prohibited from bringing firearms or weapons into any City-owned or occupied building or facility, or carrying firearms or weapons in/on any City-owned vehicle or City equipment during the course of their job duties unless a weapon is part of the standard equipment required for the job. If a City employee chooses to bring a firearm in their personal vehicle on to City grounds, the firearm must be unloaded and stored out of sight in the vehicle.

Notes: Employees may carry pepper spray or other similar legal products for purposes of personal protection. With the Department Director's authorization, members of the Appleton Fire Department, Appleton Police Department and Parks, Recreation and Facilities Management Department Operations staff may carry a non-household purpose knife with a blade up to 4" long to assist in performing their job responsibilities.

6. Accurate books and records

All City employees and volunteers must:

a. Not intentionally include any false or misleading entries in any City books or records.

b. Not intentionally destroy City records or information without prior consent from their supervisor.

c. Not create or participate in the creation of any records which are intended to conceal anything improper.

d. Volunteer knowledge of any untruthful or inaccurate statements or records whether intentionally or unintentionally made.

e. Bring to the attention of a supervisor, transactions that do not seem to serve a legitimate purpose or that appear questionable.

f. Immediately correct and record all errors and adjustments when discovered

g. Honestly and fairly record information about job responsibilities, including attendance, time records and expense reports.

h. Not make financial arrangements for themselves or other City employees with a customer or supplier (for example: over-invoicing).

i. Not falsify records.

j. Not disclose confidential records or information protected by State and Federal law.

7. Expense Reimbursement

The City of Appleton reimburses its employees for expenses incurred when conducting City business with supervisory approval. City employees should use caution when incurring business expenses and be fiscally responsible when choosing

accommodations (for example: expensive hotel accommodations or accommodations for family members not related to City business). Supervisors have the responsibility to judge the reasonableness of expenses incurred by employees.

8. City of Appleton Logo

The City of Appleton logo should be used per standards set by the Mayor's office (for example: color). The logo or the City's identity should not be used for personal gain (for example: because of your association with the City, you receive a discount on a personal purchase). When wearing a City-logoed uniform or approved business apparel, the employee represents the image of the City whether or not the employee is on work time and should not engage in unbecoming behavior.

9. Gifts

No staff member should solicit gifts, awards, rewards or favors. However, the City recognizes that periodically, unsolicited gifts or favors are often offered to City employees and volunteers as a token of appreciation.

Per section 19.59 Wisconsin Statue and Chapter ER-MRS 24 Wisconsin Administrative Code, the following guidelines shall be adhered to regarding accepting gifts, "No employee may solicit or accept from any person or organization, directly or indirectly, money or anything of value if it could reasonably be expected to influence such employee's official actions or judgement, or could reasonably be considered as a reward for any official action or inaction on the part of such employee."

Should such an influential gift or favor be offered, provided or delivered to someone who has direct authority over business decisions with the vendor/gift source, a legal determination shall be made on whether or not such item or reward may be accepted or utilized. Employees should refer each case to the Legal Services Department for determination.

The City realizes, particularly during the holiday season, departments or individuals may receive gifts as tokens of appreciation from outside sources. If the recipient has direct authority over business decisions with the giving party/vendor and the gift is substantial or significant the recipient should consult with the Legal Services Department on what action to take regarding the gift.

10. Employee Participation in Political Affairs

The City of Appleton respects the right of all employees and volunteers as individuals to become involved in civic affairs and participate in the political process.

While employees may volunteer their services for political purposes, such services must be rendered on their own time and at their own expense. Should an employee choose to speak on political issues, the employee must make it clear that the comments or statements made are the employee's own, and not of the City of Appleton. Solicitation of political support must not be done during City hours of operation (for example: collecting signatures for nomination during hours of operation on City premises).

11. Improper Advantage

City of Appleton employees should avoid taking advantage of their official position for private or personal benefit. Public duties shall be carried out objectively and without consideration of personal or financial gain. Information not in the public domain, that is obtained in the course of official duties, should not be turned to private advantage, even after leaving public office. By the same token, public property or services must not be used for personal gain.

12. Personal Business

Conducting personal business for profit (for example: selling Mary Kay) during City operating hours is not permissible. Any solicitation for non-City purposes (for example: selling candy bars for your son's school class) must have prior approval from the employee's supervisor.

13. Gambling

Gambling for personal or monetary gain is not permitted on City premises.

14. Nepotism

A supervisor shall not appoint a person who is a relative or significant other of themselves to a position that is funded by the supervisor's budget or to a position that operates under the supervisor's direct or indirect supervision (unless in non-routine, emergency situations or conditions). For purposes of this policy, the term "relative" shall include the supervisor's spouse, registered or unregistered domestic partner, or any one of the following: parent, child, uncle, aunt, brother, sister, niece, nephew, or any of the same relatives of the supervisor's spouse. The term "significant other" shall include a person with whom the supervisor cohabits or with whom the supervisor maintains an intimate relationship.

If, during employment, a supervisor and subordinate become spouses, registered or unregistered domestic partners, or develop a "significant other relationship," one of the parties must either transfer to a position in another department/division or terminate employment within six months of the marriage or the beginning of the "significant other" or domestic partner relationship.

If the supervisor becomes a relative of a subordinate as the result of a marriage or domestic partnership within the supervisor's family, the relationship must be reported to the supervisor's supervisor and the Director of Human Resources within 30 days of marriage. The individual's supervisor and the Director of Human Resources may meet with the supervisor and subordinate to determine an appropriate employment continuation agreement.

When an applicant is a relative of a staff person involved in the selection process, the relationship must be revealed by the staff person to the Human Resources Director in advance of the final selection process. The staff person is not allowed to participate in the final selection decision.

This section of the policy does not exist for the purpose of depriving any citizen of an equal opportunity for City employment. It serves to eliminate the possibility of preferential treatment given in favor of relatives or significant others in employment decisions.

15. Improper Acts of Conduct

a. Any act that is subject to prosecution under criminal or civil codes of law is prohibited.

b. Dishonesty, theft or destruction of City equipment or property.

c. Work stoppage such as strike or slowdown.

d. Violation of policy or department work rules.

e. Incarceration or unavailability for work.

f. Unbecoming conduct on or off-duty where such conduct results in one of the following:

- Injury or damage to the employer's reputation or business;
- The employee's substantial inability to report to work;
- The employee's unsuitability for continued employment;
- Co-workers refusal to work with the off-duty offender or danger to other employees.

g. Insubordination (an act of deliberately disobeying a directive, unless the directive is illegal or violates City safety policy)

16. Bidding on City property on eBay or any other City run auction site

When the City sells surplus items on eBay, City employees, elected officials or volunteers shall not directly bid on the items. This activity—called shill bidding—is prohibited in the eBay User Agreement and can result in loss of the City's use of eBay as a selling tool. City employees, elected officials and volunteers may use eBay purchase options—such as Buy It Now—that do not involve bidding.

B. Responsibilities

1. Supervisory Responsibilities

Supervisors shall be responsible for ensuring an ethical, positive, productive and safe workplace. This responsibility includes the following:

a. Monitoring the work environment for signs of inappropriate behavior;

b. Informing employees on the types of behavior prohibited and informing employees about the City's expectations and procedures for reporting inappropriate behavior;

c. Stopping any observed behavior that may be considered unethical or inappropriate and taking appropriate steps to intervene and report the behavior to the department director, Human Resources Department, Legal Services Department or Mayor's office, whether or not the involved employees are within the supervisor's line of supervision; and

d. Assisting any employee of the City who comes to that supervisor with a concern of inappropriate behavior in documenting and filing a complaint with the Human Resources Department, Legal Services Department, Mayor's Office or other reporting authority as designated by the City.

e. Taking immediate action to prevent retaliation toward the complaining party and to eliminate any similar conduct where there has been a complaint of inappropriate behavior, pending investigation. If a situation requires separation of the parties, care shall be taken to avoid actions that appear to negatively impact

the complainant. Transfer or reassignment of any of the parties involved shall be voluntary if possible and, if non-voluntary, shall be temporary pending the outcome of the investigation.

f. Failing to carry out these responsibilities will be considered in any performance evaluation or promotional decisions and may be grounds for discipline, up to and including discharge.

2. Employee and Volunteer Responsibilities

a. Each employee and volunteer, including supervisors, of the City is responsible for assisting in the prevention of inappropriate behavior by taking the following steps:

1. Refraining from participation in, or encouragement of, actions that could be perceived as inappropriate; and

2. Reporting to a supervisor any inappropriate or unsafe behavior;

3. Employees are expected to cooperate fully in any investigation, whether or not they are directly involved in the alleged inappropriate behavior.

Any employee or volunteer who fails to comply with this policy or who withholds information during the course of an investigation regarding possible violations of this policy is subject to discipline up to and including discharge. Depending on the nature of the non-compliance, the City of Appleton may report the non-compliance to the appropriate authorities.

For questions regarding this policy, please contact the Human Resources Department or Legal Services Department.

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **COMPLAINT PROCEDURE**	
ISSUE DATE: (Day after Council)	LAST UPDATE: May, 2001 September 10, 2003 March 2008 May 2013	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All Non-represented employees	TOTAL PAGES: 2
Reviewed by Legal Services Date: May 24, 2001 September 12, 2003 March 28, 2008 June 10, 2013	Committee Approval Date: August 1, 2001 September 24, 2003 May 14, 2008 July 15, 2013	Council Approval Date: August 1, 2001 October 1, 2003 May 21, 2008 July 24, 2013

I. PURPOSE

The complaint procedure has been established to provide an organized method by which non-represented employees can discuss concerns and problems with City of Appleton administration.

II. POLICY

It is the policy of the City to treat employees consistently and fairly in matters affecting their employment. Each employee of the City shall be provided an opportunity to understand and resolve matters affecting their employment, which they believe are unjust, by submitting a formal complaint.

III. DISCUSSION

Any employee having concerns regarding his/her employment shall first discuss the concern with his/her immediate supervisor. If the concern is not settled to the employee's satisfaction, it may be presented as a complaint.

IV. DEFINITIONS

A complaint is a formal notification by an employee regarding a concern about working conditions, or an application or violation of policies, rules or regulations of the City or the department for which the employee works.

Note: Any complaint of harassment or discrimination shall be covered under the City's Harassment and Discrimination in the Workplace policy and complaints involving employee discipline, employee termination and workplace safety shall be covered under the City's Grievance Procedure policy

V. PROCEDURES

A. A complaint shall be handled in accordance with the procedure outlined below. Employees must follow all steps in the procedure.

Step One: The employee shall, within ten working days of the incident, or within ten working days of the date he/she would reasonably be expected to have knowledge of the incident, present his/her complaint in writing to his/her immediate supervisor. The supervisor shall, within five working days from receipt of the complaint, arrange to meet and discuss the complaint with the employee and then reply in writing within five working days after the meeting.

Step Two: In the event that the immediate supervisor's decision is not satisfactory to the employee, the employee may, within five working days, present the complaint in writing to his/her department head. The department head shall, within five working days from receipt of complaint, meet and discuss the complaint with the employee and then reply in writing within five working days after the meeting.

Step Three: In the event that the department head's decision is not satisfactory to the employee, the employee may, within five working days, present the complaint in writing to the Human Resources Director. The Human Resources Director, in conjunction with the City Attorney's office and the department head or designee, shall arrange a meeting within ten working days of receipt of the complaint with the parties involved to ascertain the facts surrounding the dispute and shall reply in writing to the employee within five working days after the meeting**.** In the case of a Library employee, a Library Board representative shall take part in the Step Three meeting. The final decision will be administered by the Human Resources Director. The Human Resources Director's decision shall be final. If an employee disagrees with the final decision he/she shall have the right to file a complaint with the Equal Rights Division of the Wisconsin Department of Workforce Development or the Federal Equal Employment Opportunity Commission.

B. <u>Employee Representation</u>

An employee-selected representative, other than an attorney, may be involved with the employee at any step of the Complaint Procedure.

C. <u>Falsification or Misrepresentation of Information</u>

Employees are required to cooperate fully. An employee will be subject to disciplinary action up to and including discharge for falsification of information or misrepresentation of any information required or requested as any part of this complaint procedure.

CITY OF APPLETON PERSONNEL POLICIES	TITLE: CONDITIONS OF EMPLOYMENT	
ISSUE DATE: July 18, 2002	LAST UPDATE: July 2002; April 24, 2006; November 4, 2010; August 2012; June 2014 (clarification to "at will statement"); January 2017; February 2019	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees. All employees *(last section as noted applies only to employees not covered by a CBA)*	TOTAL PAGES: 5
Reviewed by Legal Services Date: June 2002 October 2010 April 2019	Committee Approval Date: July 10, 2002 December 12, 2011 February 20, 2017 May 22, 2019	Council Approval Date: July 17, 2002 December 21, 2011 March 1, 2017 June 5, 2019

I. PURPOSE

The purpose of this policy is to outline the Conditions of Employment for City of Appleton employees.

II. POLICY

It is the policy of the City of Appleton to treat employees consistently and fairly in matters affecting the conditions of their employment.

A Collective Bargaining Agreement with more specific language than what is in the policy shall be the language applied.

III. DISCUSSION

The City of Appleton shall enforce all conditions of employment as outlined in this policy. Failure to comply with this policy may result in corrective action up to and including discharge.

Hours of Work

The normal work week for City employees shall be forty hours per week, except in those departments where the nature of work requires more than forty hours. Each Department Director/ or designee shall determine the hours based on the needs of the department.

Paid Breaks and Clean up time

Paid Breaks: Employees may be allowed up to 30 minutes for break(s) per 8 hour shift based on

supervisory approval. Breaks not taken are lost. Breaks cannot be accumulated or used to shorten the work day, unless approved by a supervisor in advance and on an infrequent basis.
Break times are to be arranged between the employee and their supervisor or Department Director provided time permits. It is the Department Director's responsibility to assure that adequate staff coverage is provided if breaks are scheduled.

Clean up time may be approved based on the needs of the department and supervisory approval.

Review Period

Original appointments to regular positions will normally be made with a review period of 3 and 5 months, and annually thereafter. Employees may be subject to periodic reviews and goal setting after the completion of the initial review period.

Auto Insurance

The City does not provide insurance coverage for an employee's privately owned vehicle, with the exception that all Valley Transit employees are covered by Transit Mutual Insurance when using personal vehicles while conducting Valley Transit business. Employees who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use.

All employees who drive non-City-owned vehicles for City business shall be required to purchase (at their own expense) and maintain auto insurance at a level that meets one of the following minimum standards:

(a) Single limit of liability - $200,000 for bodily injury and property damage.

OR

(b) Split limit of liability with limits of; $100,000 each person bodily injury, $300,000 each accident bodily injury, $50,000 property damage

Inclement Weather

If, during periods of inclement weather, conditions begin to reach the stage where travel may become extremely hazardous, the Mayor may deem it appropriate to allow non-essential personnel to return home for their own safety. The time lost for any employee who chooses to leave or not come in to work shall be without pay. An employee may use compensatory time, paid leave such as vacation, PTO or floating holiday pay, or may request approval of their department director to make the time up within the payroll period.

Lay-Offs

Lay-off plans shall be approved by the Human Resources Director before they are implemented and shall be based on the needs of the organization. Any layoffs for budgetary reasons shall first go through the committee of jurisdiction and are subject to final council

approval before they are implemented. Lay-offs as a result of elimination of grant funding will be reported as information to the Committee of Jurisdiction.

Complaint Procedure

Employees who have work-related concerns are encouraged to discuss them with their supervisor as soon as possible after the event(s) that cause the concern. If the concern is not resolved with the employees' supervisor, the employee may bring the issue to Human Resources. Human Resources will mediate and facilitate towards a workable solution. Any complaint of harassment or discrimination shall be covered under the City's Harassment and Discrimination in the Workplace policy and complaints involving employee discipline, employee termination and workplace safety shall be covered under the City's Grievance Procedure policy.

Position Elimination

No position will be eliminated from the table of organization without the approval of Council. Individual(s) in the eliminated position will remain in service until the change to the table of organization is approved by Council.

Corrective Action

The purpose of corrective action is to correct job behavior and performance problems of employees. Employees shall be informed of standards of conduct and performance by their respective departments and such rules and standards shall be consistently applied. All copies of documented verbal reprimands, written reprimands, suspensions, demotions, and terminations shall be provided to the employee, employees' supervisor, Department Director and Human Resources Director, and kept in the employee's Personnel File located in Human Resources. Demotions and suspensions shall be discussed with the Department Director and Human Resources Director before such action is taken. Terminations shall be discussed with the Department Director, Human Resources Director and the City Attorney. In the event that immediate action is required and the Human Resources Director or City Attorney cannot be reached, the employee can be placed on administrative leave with pay pending investigation. Employees shall have access to the City's grievance procedure provided the issue is related to discipline, termination or safety reasons. A complaint procedure will be available for issues not covered by the grievance procedure.

Return of City Equipment

Employees leaving City employment must return uniforms, cell phones, pagers, keys, key cards, credit cards or procurement cards, tools and equipment on or before their last day of work. It will be the supervisor's responsibility to ensure that all City property is returned.

Outside Forms of Compensation

All fees, gratuities, witness fees, honorarium or any other form of compensation for outside service's performed while being paid by the City shall be turned over to the City and any such activities for which such compensation is paid shall be reported to their Department Director. This subsection shall not be construed to apply to situations which result from a non work related situation, while an employee is on a bona fide vacation, PTO day, taking floating or other holidays, or to part-time employees except during those times when they are actually performing services to the City, and it shall not apply to the reimbursement of actual and necessary expenses occurring under such circumstances.

Police and Fire Protective employees reaching age 55

Protective employees who reach age 55 are required to complete an annual physical, determined by the City with the City's Occupational Health provider. The NFPA physical for Fire employees shall suffice for this requirement provided they are deemed Fit for Duty by the City's Occupational Health provider.

THE SECTIONS LISTED BELOW APPLY TO ALL EMPLOYEES WHO ARE NOT COVERED BY A COLLECTIVE BARGAINING AGREEMENT.

Outside Services or Employment

The City's policy on outside duties or employment shall be as follows:

(a) City employees may not engage in outside employment which conflicts with or affects the performance of their duty with the City.

(b) No person shall hold more than one full or part-time City position at the same time without the Department Director and Human Resources Director approval.

Severance Pay

The Human Resources Director, City Attorney and Mayor shall be responsible for developing and offering severance packages if applicable. The accepted package shall be reported to the Human Resources Committee in a closed session.

Transfers

Employees may apply for transfer to another vacant City position for which they are qualified. Such application should be made to the Human Resources Department. If the employee is selected and if the work performance of the transferred employee is not regarded as satisfactory, the Department Director involved may agree to the return of the employee to their former department if a vacancy is available.

Resignations

Employees in pay grades B-J of the Compensation Plan wishing to leave City employment shall submit a resignation in writing to their Department Director at least two weeks in advance of their planned departure. Employees in pay grades K through T of the Compensation Plan shall submit a resignation in writing to their Department Director or the Mayor whichever is appropriate at least four weeks in advance of their planned departure. All other employees shall submit a resignation in writing to their Department Director at least two weeks in advance of their planned departure. All notices shall be exclusive of any accrued paid time off taken unless for unavoidable circumstances, or if prior approval is obtained from the Department Head. Employees who give the above noted notice shall be paid out for accrued benefits owed them**.** It is expected that employees will give as much notice as possible in order to facilitate recruitment and orientation of new staff members.

Last Day of Work

Employees retiring or resigning from their position may not extend their final date of employment using unused paid time off (ie: vacation, PTO, Floating Holiday, Sick). The employee's last day of employment shall be defined as the last day the employee is physically at work unless special circumstances exist where the employee is unable to return to work due to an FMLA qualifying event or other medical condition.

At-will Status

Employment with the City is strictly "at-will" unless you are a non-probationary employee covered under a collective bargaining agreement, department director or the terms of your employment are subject to a written contract or other express legal authority. As an at-will employee, you may terminate your employment at any time for any or no reason at all. Likewise, the City has the right to terminate your employment at any time, with or without notice, and for any or no reason at all.

CITY OF APPLETON PERSONNEL POLICY	TITLE: **ELECTRONIC COMMUNICATION** **(INTERNET, CELL PHONES)**	
ISSUE DATE:	LAST UPDATE: September 2003 October 2006 January 2007 October 28, 2010 February 6, 2013 October 28, 2015 October 2018 February 2019	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	POLICY AUDIENCE: City Employees and Volunteers	TOTAL PAGES: 4
Reviewed by Legal Services Date: September 12, 2003 February 5, 2007 February 6, 2013 January 2016 December 2015 December 2019	Committee Approval Date: September 24, 2003 April 18, 2007 December 8, 2010 July 15, 2013 April 11, 2016 January 13, 2019	Council Approval Date: October 1, 2003 May 2, 2007 December 15, 2010 July 24, 2013 April 20, 2016 February 20, 2019

I. PURPOSE

To provide guidelines for the use of City electronic communications systems and/or equipment (including but not limited to e-mail, FAX, Internet, voicemail, calendars, telephones, computer applications, internal network or any device that is used to access or monitor any of these services). The City of Appleton provides this policy to set standards for users to adhere to when utilizing these resources.

II. POLICY

Generally, any communications transmitted by, received from or stored in City of Appleton systems and/or equipment are the property of the City of Appleton and are subject to open records (see Public Records Policy). Some personal communications may be exempt pursuant to law, however, (even if deleted) they are still not considered private if created or transmitted using City equipment (computers, cell phones, instant messaging, etc.).The use of City equipment for private or personal purposes must be pre-authorized by a supervisor. Failure to follow this policy may result in discipline up to and including discharge.

For purposes of Library administered systems, networks and/or equipment, Library Administration and Network Services serve the review and approval functions of Human Resources and Information Technology as listed below. Library rules and procedures are subject to review and approval by Human Resources, Information Technology and Legal Services.

III. DISCUSSION

The City of Appleton reserves the right to monitor City systems and/or equipment to ensure they are being used for legitimate business purposes, to ensure City systems and/or equipment are being used appropriately, and to access information at any time with or without notice. While monitoring an employee's electronic communication, the City of Appleton will have the right to access all information to which an employee has gained access or created.

Employees should recognize that legally they do not have a personal privacy right in any matter created, sent, received or stored in a City of Appleton system and/or equipment. When an employee deletes a message this does not guarantee that it has been erased.

Employees who are provided City equipment or devices for purposes of electronic communication related to City business will be expected to utilize them for City business to facilitate compliance with open records laws. All materials created, sent, received or stored in a City of Appleton system or device will remain City of Appleton property and may, subject to applicable laws, be monitored or recorded by authorized staff as applicable, including Human Resources, Legal Services or Information Technology staff and such records may be subject to discovery and disclosure.

All City equipment should be used by the employee only. Employees should take a common-sense approach to care for the equipment (securing in the trunk of a vehicle to deter theft, taking inside when below freezing, not letting it out of sight in a public setting, etc.).

IV. GENERAL GUIDELINES

When using City of Appleton electronic communication systems and/or equipment, employees will be required to follow these guidelines:

A. Employees should have prior supervisory approval before utilizing City resources for personal use and personal use must be kept to a minimum (limited frequency and duration). Department directors have the right to restrict usage to workplace use only. An employee is expected to wait until non-work time or breaks for personal usage of electronic devices, unless extenuating circumstances arise. Employees shall not allow persons not employed by the City to utilize City issued devices and/or equipment.

B. Usage will be audited and monitored by the department director and/or Mayor if applicable. The department director, or Mayor and Finance Director will determine whether the employee should reimburse the City for any personal or unauthorized services (e.g., cell phone overage charges or text message charges). An authorized supervisor may request to monitor systems by making the request to both the Human Resources Director and the Information Technology Director.

C. Employees shall not access, send, solicit, display, print or otherwise distribute material that may harass, threaten or embarrass others or that is sexually explicit, fraudulent or otherwise inappropriate for a professional environment. This also violates the City's Harassment & Discrimination and Workplace Violence policies.

D. No employee shall intentionally intercept any communication without consent. The Privacy Act of 1986 makes any interception without consent illegal and punishable under the law.

E. Employees shall not copy, download, disseminate or print copyrighted materials except within 'fair use' rules, applicable licenses, contracted agreements, with express permission of the copyright holder, or as otherwise allowed by law. This includes articles, images, games, software, music, etc.

F. Employees shall not use City of Appleton equipment/resources to engage in personal, non-employer-related activities for gain or profit as referenced in the Code of Conduct Policy. Examples include, but are not limited to, consulting for pay or advertising or selling goods or services for personal gain.

G. Employees shall not engage in illegal activities or use any City of Appleton communication system for any illegal purposes, including initiating or receiving communications that violate any laws or regulations. The City of Appleton will fully cooperate with lawful requests from law enforcement agencies and internal investigations for logs, diaries, data and archives on any computing activities.

H. Employees are prohibited from using cameras or other video-capable recording devices within the City without the express prior permission of their department director and of the person(s) present at the time (unless it is at a public meeting or public gathering place). Use of cameras or other video-recording devices are explicitly banned from City restrooms and locker rooms.

I. Employees are prohibited from knowingly visiting inappropriate Internet sites, unauthorized chat rooms or instant messaging services through the City systems. If an employee inadvertently connects to an inappropriate internet site he/she must disconnect immediately and inform the supervisor of the incident. This would not pertain to employees during times they are required to access an inappropriate site in the course of their job duties. Designated staff at the Library may use instant messaging services for work related purposes on Library systems at the discretion of the Library Director. These services may only be used with log files enabled and will be subject to regular review by the Library Director or designee.

   If an employee receives an unsolicited/inappropriate joke, advertisement etc. these messages should be immediately deleted. If an employee receives a grossly inappropriate message, they should immediately notify their supervisor.

J. When an employee is using the City of Appleton equipment to perform union business, they must follow the same procedures as outlined for personal business.

K. Any employee who uses City systems and/or equipment off-duty is doing so voluntarily and will not be compensated for off-duty use unless they have received prior approval from their department director.

L. Employees should inform a supervisor if he/she becomes aware that a fellow employee is violating any of the guidelines listed above.

M. The City of Appleton will report any illegal usage to the police.

V. SPECIFIC GUIDELINES

A. Cell Phones

1. Employees are expected to follow applicable state or federal laws and regulations regarding the use of cell phones/tablets at all times. As a part of Wisconsin law (as of December 1, 2010), employees are prohibited from texting while driving any motor vehicle.

2. Employees should refrain from using their cell phone/tablet while driving and/or operating equipment. Employees should pull off to the side of the road and safely stop the vehicle before placing or accepting a call. Employees are encouraged to use hands-free technology. These guidelines will not supersede stricter departmental rules.

3. Employees who are charged with traffic violations resulting from the use of electronic communications equipment while driving for the City may be held personally liable for the consequences of such actions.

4. Activation of services beyond the normal plan (e.g., internet activation, data charges, text messaging, roaming charges, long distance, etc.) on a City-issued cell phone must have prior written authorization from the employee's department director and/or Mayor if applicable.

B. Fax/Copy Machines

Reasonable use of copy machines and fax machines for personal needs must have supervisor approval. High volume personal usage is prohibited. As a guide to define reasonable usage, please consider this to be 20 sheets of paper or less.

If you are uncertain at any time how to apply these guidelines or have any questions, you should seek guidance from your supervisor, or the Human Resources Department or Legal Services prior to engaging in electronic communications activities or using City-owned electronic communications equipment.

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **EMPLOYEE ASSISTANCE PROGRAM**	
ISSUE DATE: April 4, 2007	LAST UPDATE: August 2, 2001 February 16, 2007 February 2011 February 2016	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: Applies to all employees	TOTAL PAGES: 4
Reviewed by Attorney's Office Date: August 2001 February 2007 March 2011 March 2016	Committee Approval Date: August 21, 2001 March 28, 2007 April 27, 2011 April 11, 2016	Council Approval Date: September 5, 2001 April 4, 2007 May 4, 2011 April 20, 2016

I. PURPOSE

In an effort to help City of Appleton employees and their families maintain healthy levels of emotional, work-life, physical well-being, and to limit the effect of personal problems on job performance, the City sponsors an Employee Assistance Program (EAP). This benefit comes at no cost to the employee or dependents and is designed to provide short-term Confidential Counseling and referral services, Financial Information and Resources, Legal Support and Resources, Work-Life Solutions and Guidance Resources Online to employees, their spouses and dependent children. Services rendered by the EAP are provided through a contract with a private employee assistance-consulting firm.

II. POLICY

The City of Appleton shall provide confidential and voluntary assistance through its employee assistance program (EAP) to all employees and their dependents who may be faced with dynamic challenges of financial concerns, legal issues, alcohol or drug problems, marital problems, illness of a family member, emotional worries, child care problems, etc. The City of Appleton encourages its employees and family members to take advantage of this valuable employment benefit. The Human Resources Department will promote the utilization of the EAP through the City's HealthSmart committee and Leadership Teams.

III. DISCUSSION

CONFIDENTIAL COUNSELING: One component of the EAP is a confidential information referral, and counseling program. Trained professionals provide assistance in identifying the problem, exploring ways to resolve the problem, lending support during a crisis or difficult situation, and providing appropriate referral and counseling services.

The EAP can help employees with a variety of concerns, including, but not limited to:

- Marital/family/relationship issues

- Stress and anxiety
- Depression
- Alcohol/drug problems
- Financial concerns
- Legal concerns
- Employee/co-worker conflicts
- Problems with a supervisor

As soon as an employee or a family member recognizes that he/she may have a problem, the employee or family member should contact the EAP. Employees and their family members are encouraged to seek help before a situation becomes critical. Even if an individual is not sure he/she need assistance, an EAP counselor may put the issue in a better perspective. An issue is defined as a problem if it takes up a considerable amount of time in person's thoughts, causes worry or illness, or is affecting job performance.

FINANCIAL INFORMATION AND RESOURCES: Employees or family members may speak by phone with Certified Public Accountants and Certified Financial Planners on a wide range of financial issues including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

LEGAL SUPPORT AND RESOURCES: Employees or family members may talk with an attorney by phone. If you require representation, you can be referred to a qualified attorney in your area for a free 30 minute consultation with a 25% reduction in customary legal fees thereafter. Examples of questions you may call about are:

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

WORK-LIFE SOLUTIONS: Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet Care
- Home repair

GUIDANCE RESOURCES ONLINE: Guidance resources online is a one stop for expert information on issues such as relationships, work, school, children, wellness, legal, financial, free time and more. Resources may include:

- Timely articles
- Help sheets
- Tutorials, streaming videos
- Self-assessments
- Ask the expert; personal responses to your questions
- Childcare, eldercare, attorney and financial planner searches

IV. REFERRAL PROCEDURES

Employees may access the EAP either through self-referral or supervisory referral.
Family members may access the EAP through self-referral by calling 844.393.4982 a designated number assigned to the City of Appleton. This number will be posted on bulletin boards throughout the City as well as the Human Resources Internet page and the Healthsmart page.

Online services can be obtained by visiting www.guidanceresources.com and enter the Company ID: CityofAppleton Employees and family members are able to set up an account and can access these on line resources 24 hours a day, 7 days a week.

Self-referral:
When an employee or eligible family member contacts the EAP as a self-referral, no one will know they have used the program unless the individual seeking assistance tells someone. No information is released to anyone without the individual's written consent unless it is required by law (i.e. when a person is a danger to society or him or herself). All records related to the self-referral will be kept at the EAP's location and not accessible by the City unless the individual has authorized.

Informal supervisory recommendation:
Supervisors, co-workers, or peers may consider recommending the EAP to individuals who are struggling with a personal or work-related concern. Informal supervisory referrals are voluntary.

Formal supervisory referral:
A formal supervisory referral is voluntary and associated with a pattern of deteriorating performance or conduct.

Mandatory Referral:
At times, employees may be required to see an EAP Counselor. Mandatory referrals are typically used as a result of any serious incident or problem that has affected or may affect the safety of the employee or workplace. (Some examples might be: threats of violence, substance abuse, etc.) In such a referral, failure to use the EAP may result in discipline up to and including discharge. A mandatory referral shall require prior approval of the Department Director, Human Resources Director and City Attorney.

If an employee is referred to EAP as a result of a mandatory referral the employee may be asked to sign a release to enable designated individual(s) to verify that the employee is following the required plan. The nature of the problem will not be disclosed to anyone without the employee's written permission. Supervisors may contact Human Resources for guidance when making a referral and for sample referral letters.

CITY OF APPLETON PERSONNEL POLICY	TITLE: EMPLOYEE STATUS	
ISSUE DATE: March 16, 2000	LAST UPDATE: May 9, 2005 February 2009 January 2010 April 2014 September 2017	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 3
Reviewed by Legal Services Date: February 2000 June 2009 June 2014	Human Resources Committee Approval Date: March 9, 2000 September 23, 2009 July 21, 2014 November 24, 2014 October 23, 2017	Council Approval Date: March 15, 2000 October 21, 2009 August 6, 2014 December 3, 2014 November 1, 2017

I. PURPOSE

The purpose of this policy is to define employee status categories for non-represented employees.

II. POLICY

All City of Appleton non-represented employees must fall under one of the defined categories of employee status.

III. DISCUSSION

The City of Appleton may hire full-time, part-time, temporary, seasonal, grant funded, student intern, co-op, limited term or temporary employees pursuant to the budgetary approval by the City Council.

IV. DEFINITIONS

A. **Regular Full-Time (exempt):** Employee who works a minimum of 2080 hours per year or 80 hours bi-weekly and not eligible for overtime or compensatory time for any hours worked beyond 40 hours per week. A full-time exempt employee is expected to work whatever hours necessary to complete the job they have been hired for. Employees who are classified as exempt are paid on a "salaried basis" meaning that the person will be paid the same full salary for any week in which work is performed without regard to the number of hours worked.

Regular Full-Time (non-exempt): Employees who work 2080 hours per year and are eligible for overtime after working 40 hours per week.

Regular Part-Time (exempt): Employees who are normally scheduled to work a minimum of 1040 hours per year but less than 2080 hours per year and are not eligible for overtime or compensatory time for any hours worked beyond their standard bi-weekly hours.

B. **Regular Part-Time (non-exempt):** Employees who are normally scheduled to work up to a minimum of 1040 hours per year but less than 2080 hours per year and are eligible for straight time pay for hours worked beyond their standard biweekly hours and for overtime after working 40 hours per week.

Regular part-time employees shall be eligible to receive pro-rated City fringe benefits, based on the approved budgeted position and pursuant to the Fringe Benefit Policy.

C. **Part-Time:** Employees who normally work less than 1040 hours per year. Part-time employees are not eligible for benefits.

D. **Temporary:** Employees hired to fill in on a limited basis with a specific start and end date. Temporary employees are not eligible for benefits.

E. **Seasonal:** Employees hired to perform seasonal work for a specific time period. Seasonal employees shall not exceed 1200 hours in any 12 month period and are not eligible for benefits. Employment terminates at the end of the season.

F. **Grant Funded:** Employees hired to perform work covered by a specific grant. Grant-funded employees may receive limited benefits dependent solely upon grant funding and based on regular status as defined above.

G. **Student Intern:** Employees currently enrolled in college/technical college on a full or part-time basis; may continue as an intern for summer following graduation or semester whichever applies. Student interns are not eligible for benefits regardless of the number of hours they work.

H. **Community Service Officers (CSO): The purpose of the CSO program is to give students or those considering a law enforcement career an opportunity to explore and learn about the profession.** Employees hired to perform CSO work are employed on a limited term basis, generally no longer than 3 years. The granting of an extension shall be the sole discretion and approval of the Chief of Police and the Human Resources Director, or designee. Eligibility requirements include either having obtained a minimum of 60 college credits (to be earned by the time the application is submitted), or must be a student who is actively enrolled in a post high school institution.

I. **Co-op:** Employees enrolled in high school as part of the work experience program. Co-op students can remain a co-op for the summer following graduation. Co-op students are not eligible for benefits.

J. **Limited Term Appointments:**

a) Emergency Appointments: Whenever there is a need to fill a vacancy and the Human Resources Director is unable to provide names of eligible candidates to the Department hiring, the Human Resources Director may authorize filling the vacancy by emergency appointment until proper recruitment can take place.

b) Temporary Appointments: The Human Resources Director may authorize the appointment of a qualified individual on a temporary basis when the need exists. Such appointments generally shall not exceed one year in duration, unless authorized by the Human Resources Director.

c) Temporary Agency needs: All departments shall coordinate their temporary employee needs through the Human Resources Department. The following guidelines shall be followed by departments who need temporary help:

1) It will be the responsibility of the department in need of the temporary help to have sufficient money budgeted, pursuant to City budget guidelines, to cover the cost of the temporary employee over the anticipated period of need.

2) Notice for assistance shall be made to the Human Resources Department as soon as possible but no later than 48 hours prior to the date needed.

3) All screening and coordination of temporary employees shall be done by the Human Resources Department unless such employees are hired through a temporary agency. If a temporary agency is used all City position requirements must still be fulfilled (i.e. background, medical, etc.). If a temporary replacement is not working out, the department should contact Human Resources immediately.

4) Departments must notify Human Resources and all proper paperwork must be forwarded and coordinated by Human Resources prior to employment.

J. Departments must notify Human Resources before utilizing volunteers in a timely fashion to enable all paperwork and appropriate backgrounds to be completed.

V. PROCEDURE

The Department Director will inform Human Resources of the status of employee requested based on the department budget. Upon hire, employees will be notified through an offer letter as to what their employment status is with the City of Appleton. A copy of the offer letter will be signed by the employee & placed in the personnel file.

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **EXIT INTERVIEW**	
ISSUE DATE: August 16, 2001	LAST UPDATE:	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All Regular FT & PT employees	TOTAL PAGES: 4
Reviewed by Attorney's Office Date: May 2007 September 2011 May 2017	Committee Approval Date: August 7, 2001 June 27, 2007 December 12, 2011 July 26, 2017	Council Approval Date: August 15, 2001 July 5, 2007 December 21, 2011 August 2, 2017

I. PURPOSE

The exit interview shall be used to gain insight into the effectiveness of City resources and managerial practices, to determine where Human Resources policies and procedures are in need of review or revision, and to determine where supervisory or managerial practices need modification or improvement.

II. POLICY

The Human Resources Department shall initiate either a written or personal exit interview for all regular full-time and part-time employees who retire or voluntarily terminate their employment with the City.

III. DISCUSSION

Information gathered from the exit interview process may be shared with the applicable supervisor, Department Head, and Human Resources staff.

IV. PROCEDURE

A. An exit interview shall be conducted when possible regardless of length of service, or position.

(1) Department Heads shall notify the Human Resources Director or designee as soon as they learn that one of their employees is leaving. Human Resources staff shall then schedule a time and place for the exit interview, which shall normally take place prior to the employee's last workday.

(2) The Human Resources Director or designee shall analyze the results of each exit interview.

(3) If a face-to-face interview is not possible or preferred by the employee, Human Resources shall send an exit interview form to the employee with a return envelope to be returned to the Human Resources Department.

(4) All exit interview notes will be kept in the former employee's personnel file.

CITY OF APPLETON

EMPLOYEE'S EXIT INTERVIEW QUESTIONNAIRE

NAME OF EMPLOYEE:_____

JOB TITLE:_____ DEPARTMENT:_____

LENGTH OF SERVICE:_____ SEPARATION DATE:_____

1. Why have you decided to leave your present position? If not retiring, what prompted your interest in seeking out new employment?

2. a. What did you find most satisfying about your job?

   b. What did you find least satisfying about your job?

3. How do you feel about your current workload?

4. Did you have clear goals and know what was expected of you in your job?

5. Describe:
   a: The positive traits of your supervisor.

b. The traits he/she could improve on as a supervisor.

6. Do you feel you had the resources and support necessary to accomplish your job? If not, what was missing?

7. Did you feel free to go to your supervisor or manager to discuss problems about your job? Could you go up the chain of command if needed?

8. How do you feel about the level of communication in your department (i.e. were you kept informed)?

9. Were you satisfied with your compensation (fringe benefits, pay, etc.)? What suggestions would you have to improve our compensation system?

10. Did you feel satisfied with your career progress while employed?

11. What suggestions do you have for improving: a) your position; b) your department as a whole?

12. Is there anything the Human Resources Department can do to provide better service to you as

an employee?

13. What suggestions do you have to help us find your replacement?

14. What three things could your successor most benefit from by knowing up front?

15. Any other comments or observations you would like to make.

INTERVIEWED BY_____ DATE_____

GENERAL COMMENTS OR OBSERVATIONS:

CITY OF APPLETON POLICY	TITLE: **FAIR LABOR STANDARDS ACT**	
REVIEW DATE: December 2006 August 2009	LAST UPDATE: August 2009 August 2015, June 2018	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All Employees	TOTAL PAGES: 4
Reviewed by Legal Services Date: September 2004 February 2005 August 2009 August 2015 December 2015, June 2081	Committee Approval Date: October 13, 2004 September 23, 2009 August 24, 2015 December 7, 2015, July 11, 2018	Council Approval Date: October 20, 2004 October 21, 2009 September 24, 2015 December 16, 2015 July 18, 2018

I. PURPOSE

The Fair Labor Standards Act (FLSA) establishes minimum wage, overtime pay, recordkeeping, and child labor standards affecting full-time and part-time workers in the private sector and in federal, state, and local governments. The purpose of this policy is to apply the Fair Labor Standards Act (FLSA) to City of Appleton employees.

II. POLICY

It is the policy of the City of Appleton to comply fully with the provisions of the FLSA as well as applicable state laws and City of Appleton Collective Bargaining Agreements. Questions regarding this policy can be directed towards the employees supervisor, Human Resources, or the City Legal Services department. Failure to follow this policy will result in discipline up to and including discharge of employment.

III. PROCEDURES

A. Covered Employees

The FLSA identifies two types of covered employees: exempt and non-exempt. The employee's duties, responsibilities, and salary determine whether or not an employee is considered exempt or non-exempt under the FLSA.

1. Designation of exempt or non-exempt status is the responsibility of the Human Resources Department. Human Resources and/or the City's compensation consultant will review the positions based on the actual work responsibilities and salary assigned to each position.
2. Employees who are covered by the Wage and Hour provisions of FLSA and are eligible for overtime after 40 hours worked in a work week are considered FLSA non-exempt employees.
3. Employees exempted by the Wage and Hour provisions of FLSA must meet certain category criteria as stated in the regulations. FLSA exempts some employees from its overtime pay and minimum wage provisions and others from the overtime pay provisions if their work assignments fall into one of the following categories: executive, professional, outside sales, administrative, and certain skilled computer professionals. Also certain seasonal recreational employees can be considered exempt from specific provisions. Exempt

employees are expected to put in those hours necessary to complete their job and are not eligible for overtime.

B. Non-covered Employees

Non-covered employees include elected officials and their personal staff, policy-making appointees, legal advisors, legislative employees, volunteers, independent contractors, prisoners and certain trainees.

C. Work Period

1. The standard FLSA work period is a fixed period of seven (7) consecutive calendar days. Note: Fire Protection and Law Enforcement employees may have a fixed work period of up to 28 calendar days.
2. The work period defines the time of day and day of the week when the employee's work period begins and ends.
3. An established work period may be changed if the change is intended to be permanent and not for the purpose of avoiding the accrual of FLSA overtime.

D. Time Worked

1. Time worked includes all time non-exempt employees are required to be on duty at their prescribed work places and all time during which they are permitted to work.
   a. Non-exempt employees will be compensated for all time they are required or asked to work which supervisors know or have reason to know they are working.
   b. Non-exempt employees who work without authorization are subject to disciplinary action, up to and including discharge.
   c. Non-exempt employees are required to report all time worked and are required to accurately reflect this on their timecard or in the City's time system. Failure to correctly record or falsification of actual work time is subject to disciplinary action, up to and including discharge.
   d. Supervisors are not to ignore unauthorized work that non-exempt employees do on their own time. This is a violation of policy and illegal under FLSA. Supervisors who know or have reason to know that non-exempt employees are performing unauthorized work on their own time should address the situation by ensuring that the employee's unauthorized time is recorded in the City's payroll system and advising the employee that the unauthorized time will be compensated; and, that because the work was not previously authorized the employee is subject to disciplinary action as determined by the supervisor.
   e. The supervisor who signs an employee's time card or approves his/her time record must have personal knowledge of the hours worked by the employee and may not ask an employee to record more or fewer hours than were actually worked. Such an action is not only a violation of policy but is also illegal under FLSA and may subject the employee and or supervisor to disciplinary action up to and including discharge. Any illegal act may also result in legal action.
2. Exempt employees are paid on a salary basis and are not eligible for overtime. Time records for exempt employees should still reflect an accurate accounting of time worked and paid time off.

E. Meal Periods - Although meal periods are not required by FLSA, it is the policy of the City of Appleton that meal periods are provided to employees. If meal periods are not provided, there must be specific work-related reasons or departmental needs for not allowing the meal period. (Refer to the applicable Collective Bargaining Agreements and departmental policies for represented employees and to the Conditions of Employment Policy for non-represented employees).

F. Break Periods - Break periods are not required by FLSA. However, up to two 15-minute break periods per day may be authorized for City employees as per the applicable Collective Bargaining Agreement, the Conditions of Employment Policy for non-represented employees, or through department Work Rules.

G. Meetings/Training – Time spent by non-exempt employees attending meetings, training, and similar activities must be counted as time worked unless <u>ALL</u> of the following criteria are met:
   1. The attendance is outside of the non-exempt employees' regular working hours;
   2. The attendance is voluntary;
   3. The meeting, training, or similar activity is not directly related to the non-exempt employees' positions; and
   4. The non-exempt employees perform no work related to their positions while in attendance.

   Lunch breaks at training are not considered time worked for non-exempt employees, provided the employee is free to leave and there is no formal instruction during the lunch period.

H. Travel
   1. Normal travel, for a non-exempt employee, from home to work and return to home is not work time. This is true whether the non-exempt employee has a fixed workplace or works at different locations.
   2. Travel to work assignments at sites within reasonable commuting distance of the non-exempt employee's primary work site is considered in the "home to work" category and is not work time. If, however, a non-exempt employee is required to stop by the primary work site for instructions or to pick up materials, the travel from the primary work site to the work assignment will be counted as time worked.
   3. Travel between a non-exempt employee's normal work site and another place of assignment, or travel between one assignment and another during the work day, is considered time worked.
   4. Travel associated with a one-day assignment at a different location will be considered time worked to the extent that the travel exceeds the time spent in the non-exempt employee's normal travel between home and work.
   5. FLSA exempt employees are not entitled to any FLSA compensation for travel time either outside of, or in addition to, their normal hours of work.

I. Overtime
   1. If overtime occurs (non-exempt employee is to receive time and a half compensation or FLSA compensatory time at the same rate for the amount of overtime worked. All authorized paid leaves with the exception of PTO Sick and Sick shall be considered as time worked for the purpose of computing overtime.

2. Non-exempt employees must receive prior approval from their supervisor to work overtime.
3. Non-exempt fire protection employees, who have an assigned work period of 28 calendar days, are entitled to overtime compensation after working 212 hours in the work period.
4. Non-exempt law enforcement employees, who have an assigned work period of 28 calendar days, are entitled to overtime compensation after working 171 hours in the work period.
5. FLSA exempt employees are not entitled to overtime compensation or FLSA compensatory time for time worked over 40 hours in a work period unless specifically provided for in another policy.

J. Exempt employees can be subject to an unpaid disciplinary suspension of a full workweek or one or more full days for violations of an employer's workplace or conduct rules, as defined in the regulations, without destroying the exempt status.

K. Non-exempt employees can be subject to unpaid disciplinary suspensions of one or more full days for violations of an employer's workplace or conduct rules, as defined in the regulations.

L. Child Labor Laws – The type of work that may be performed by employees under the age of 18 is restricted by federal and state laws. Please refer to the Federal and State Posting in each worksite for more detail.

IV. COMPLAINT PROCEDURE

Any employee who feels he/she has had improper pay deductions or has not been paid appropriately should immediately file a written complaint with the Human Resources Department that includes specific information supporting the basis of the complaint of an inappropriate payment or improper deduction. The Human Resources Department will review the situation and determine if an improper deduction has been made and, if so, work with the employee to resolve the situation and, if applicable, ensure proper reimbursement is made within a reasonable period of time and will take steps to prevent a similar inappropriate payment or improper deduction from occurring in the future.

CITY OF APPLETON POLICY	TITLE: **FMLA (Family Medical Leave Act)**	
ISSUE DATE: (Day after Council)	LAST UPDATE: February 25, 2003 September 23, 2004 (pg. 5) August 30, 2006 (pg. 2) April 2008 (reference to Military Family Leave) October 2009 August 2010 October 2013 July 2015, July 2018	SECTION: HR
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 10
Reviewed by Legal Services Date: February 1999 May 2008 July 2015, February 2018	Committee Approval Date: March 25, 1999 June 25, 2008 August 24, 2015 July 11, 2018	Council Approval Date: April 7, 1999 July 2, 2008 September 2, 2015 July 18, 2018

I. PURPOSE

To outline the conditions that permit an employee to request time off for a period as prescribed by law with no loss of benefits or accumulated service if the employee returns to work. This policy will also serve to document employee rights and responsibilities.

II. POLICY

It is the policy of the City of Appleton to comply with all applicable State and Federal laws concerning military family leave, family, medical or caretaking leave.

This policy applies only to leave designated under State or Federal law. Leave designated under this policy may overlap or duplicate leave available under collective bargaining agreements or other personnel policies. Sick leave, vacation and leave of absence provisions under any collective bargaining agreements remain in effect.

Leave provided by the City which is taken for the same reasons as leave covered by the FMLA is not in addition to leave provided under the FMLA. If leave qualifies for family or medical leave under either or both the Federal and State laws, the leave used counts against the employee's entitlement under both State and Federal FMLA concurrently. Leave covered by the FMLA will be deducted from the entitlement under the FMLA.

Both State and Federal Family and Medical Leave entitlement will be counted based on a calendar year (January-December).

In order for employees to be eligible for leave under the Federal Family Medical Leave provisions, they must have been employed by the City for at least 12 months (whether consecutive or not) <u>and</u> must have worked for at least 1250 hours during the 12 month period

immediately preceding the commencement of the requested leave. (Periods of employment preceding a 7-year break in service shall not count toward the 12 months.

a. Any absence from work due to military service covered under the Uniformed Services Employment and Reemployment Rights Act (USERRA) must be counted toward the employee's 12 month employment period when determining FLMA eligibility.
b. Time spent on paid or unpaid leave does not count in determining the 1,250 hour eligibility.

In order for employees to be eligible for leave under the Wisconsin Family Medical Leave provisions, they must have been employed by the City for at least 52 consecutive weeks, <u>and</u> must have been paid for at least 1000 hours during the preceding 52-week period. If an employee is maintained on the payroll for any part of the week, the week counts as a week of employment.

Wisconsin law allows employees:

1. Up to 6 weeks of family leave for the birth or adoption of a child. This leave must commence within 16 weeks of the birth or adoption of a child. If nonconsecutive leave is taken, the last increment of the nonconsecutive leave must commence no later than 16 weeks after the birth or adoption date.

2. Up to 2 weeks of family leave to care for a child, legal ward, spouse, or parent (including parent-in-laws) suffering from a serious health condition.
3. Up to 2 weeks of medical leave for an employee to care for his/her own serious health condition which renders him/her unable to perform the essential functions of the job.

Federal law allows employees a total of 12 weeks for:

1. Family leave for the birth of an employee's child or because of the placement of a child with the employee for adoption or foster care.

2. Family leave to care for a child, legal ward, spouse, parent, or covered servicemember suffering from a serious health condition.

3. Medical leave for an employee to care for their own serious health condition which renders them unable to perform the essential functions of the job.

4. Exigency leave due to a spouse, child or parent who is on active military duty, or has been notified of an impending call to active duty status in the National Guard or Reserves, in support of a contingency operation. Also included are servicemembers in the regular armed forces who are on active duty in a foreign country or are called to active duty in a foreign country.

   a. Eligible employees may take leave to care for a military member's parent who is incapable of self-care when the care is necessitated by the member's covered active duty.

b. The amount of time an eligible employee may take for Rest and Recuperation qualifying exigency leave is expanded to a maximum of 15 calendar days.

Federal law also allows employees a total of 26 weeks of leave in a single 12-month period for:

1. Caring for a spouse, son, daughter, parent or next of kin who is a covered servicemember/veteran recovering from a serious illness or injury sustained in the line of duty.

   a. A covered veteran is defined as an individual who was discharged or released at any time during the five (5) year period prior to the first date the eligible employee takes FMLA to care for the covered veteran. A dishonorable discharge disqualifies the veteran from coverage.

III. DISCUSSION

This policy provides an introduction to the rights and provisions of the family and medical leave laws. Specific questions an employee may have about this law should be directed to the City Human Resources Department.

IV. DEFINITIONS

A. **FMLA**: Family and Medical Leave Act

B. **Parent**: The biological parent of the employee, or an individual who stands or stood in loco parentis.

C. **Son/Daughter (Federal FMLA definition)**: A biological, adopted or foster child, a stepchild, a legal ward who is either under 18 years of age, or a child 18 years of age or older and incapable of self-care because of a physical or mental disability as defined by the Americans with Disabilities Act. (For the purposes of exigency and military leave a son/daughter is simply defined as a biological, adopted, foster child, or stepchild, without reference to age)

D. **Son/daughter (State FMLA definition)**: A biological, adopted or foster child, a step child, or legal ward.

E. **In Loco Parentis:** An individual who stands in place of the parent, this may include day-to-day responsibilities to care for and/or financial support of a child. A biological or legal relationship is not necessary.

F. **Registered Domestic Partners:**

a. Registered same-sex domestic partners must meet the following requirements:
b. Be at least 18 years old and competent to consent to the relationship
c. Not married or in a domestic partnership with anyone else
d. Reside together
e. Not related closer than second cousin.
f. Be members of the same-sex
g. Have registered their domestic partnership with the Register of Deeds in the county in which they reside prior to April 1, 2018.

G. **Spouse**: A husband or wifeor registered domestic partner.

H. **Injured Servicemember**: A member of the Armed Forces, National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness.

I. **Qualifying exigencies:** Include one or more of the following:

a. Short notice deployment
b. Military events and related activities
c. Childcare and school activities
d. Financial and legal arrangements
e. Counseling
f. Rest and recuperation
g. Post-deployment activities and/or
h. Such additional activities agreed to in advance by the Employer.

There are limits on the amount of leave available for a particular qualifying exigency and such limits may be less than 12 weeks.

J. **Next of Kin**: The nearest blood relative of the servicemember in the following order of priority: Blood relatives who have been granted legal custody of the covered servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative.

K. **Active Duty**: Under a call or order to active duty under a provision of law referred to in section 101(a)(13)(B) of Title 10, United States Code. Section 101(a)(13)(B) of Title 10 cover a broad array of military assignments during a war or national emergency.

L. **Contingency Operation**: Any military operation or hostilities against an enemy of the United States or a broad array of military assignments during a war or national emergency, as designated by the U.S. Secretary of Defense.

M. **Outpatient Status**: The status of a member of the Armed Forces assigned to a military medical treatment facility as an outpatient or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

N. **Temporary Disability Retired List**: Members of the Armed Forces who are not fit for duty but that may become fit for duty at a later time are placed on this list. This is not a permanent classification, rather the status of each person is reviewed periodically.

O. **Serious Health Condition**: Under **Wisconsin** FMLA, a serious health condition is defined as a disabling physical or mental illness, injury or impairment involving:

a. Inpatient care in hospital, nursing home or hospice; or

b. Outpatient care with continuing treatment or supervision by a health care provider.

Serious Health Condition: Under **Federal** FMLA, a serious health condition is defined as physical or mental illness, injury or impairment that involves:

a. Inpatient care in a hospital, hospice or residential medical care facility; or

b. Continuing treatment by a health care provider which includes:

i. A period of incapacity of more than three (3) full consecutive calendar days, and any subsequent treatment or period of incapacity that involves:
(A) treatment two or more times by a health care provider the first visit within 7 days, second visit within 30 days of the first day of incapacity, unless extenuating circumstances exist.
(B) treatment by a health care provider on at least one occasion within 7 days of the first day of incapacity that results in a regimen of continuing treatment (i.e., prescription medication or other treatment) which is under the supervision of a health care provider.

ii. Incapacity due to pregnancy or prenatal care.

iii. Incapacity or treatment for such incapacity due to chronic serious health condition. A chronic serious health condition is one which requires periodic visits, continues over an extended period of time and may cause episodes of incapacity. "Periodic" is defined as at least two (2) visits per year.

iv. Incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider.

v. Any period of absence to receive multiple treatments (including any period of recovery) by a health care provider either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three (3) consecutive days in the absence of medical intervention or treatment.

P. **Serious Injury or Illness for a Covered Veteran:** An injury or illness that was incurred or aggravated by the member in the line of duty on active duty in the Armed Forces and manifested itself before or after the member became a veteran, and is:

a. A continuation of a serious injury or illness that as incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank or rating; OR
b. A physical or mental condition for which a covered veteran has received a VA Service Related Disability Rating (VASRD) or 50 percent or greater and such VASRD rating is based, in whole or in part, on the condition precipitating the need for caregiver leave; OR

c. A physical or mental condition that substantially impairs the veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service or would do so absent treatment; OR
d. An injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

V. PROCEDURE

A. **Employee's Request**: Employees requesting leave must complete FMLA forms and submit to the employee's supervisor at least 30 days before the need. The supervisor must forward the written request to the department head and Human Resources Department. If the 30-day notice is not possible, the employee will notify his/her supervisor as soon as reasonable and practical. This should be interpreted to mean within one to two working days of the employee learning of the need for leave.

In emergencies, if the leave request cannot be made by the employee in writing, the supervisor must fill out the leave request in writing and forward it to the department head and the Human Resources Department.

Employees who take medical leave should make reasonable efforts to schedule planned medical treatments so as not to unduly disrupt business operations.

Employees who return from an absence that they desire to be counted as FMLA must give notice within two days of returning to work. If notice is not timely, the employee may not assert FMLA protection.

Spouses employed by the City of Appleton are entitled to 12-week(s) each of leave, if the leave is taken:

1. For the birth of a son or daughter or to care for the child after birth;

2. For the placement of a son or daughter for adoption or foster care, or to care for the child after placement; or

3. To care for a parent with a serious health condition.

4. For exigency leave of a spouse, child or parent who is on active military duty, or has been notified of an impending call to active duty status in the National Guard or Reserves, in support of a contingency operation.

Spouses employed by the City of Appleton are entitled to 26-week(s) each of leave if the leave is taken for care for a covered servicemember recovering from a serious illness or injury sustained in the line of duty.

B. **Employer Designation:** The City of Appleton will require completion of the FMLA forms when an employee misses more than three consecutive scheduled work days due to a qualifying FMLA event. If the leave is determined eligible, it will automatically be counted against the employee's FMLA entitlement.

C. **Medical Certifications**: Prior to leave commencing, medical certifications will be

required to support a claim for leave for an employee's own serious health condition or to care for a seriously ill child, spouse, parent or military family leave. All requests for family and medical leaves of absence due to illness must include sufficient medical certification from the physician stating:

1. The date on which the serious health condition began;

2. The probable duration of the condition and;

3. The appropriate medical facts that the health care provider knows about the condition.

For the employee's own medical leave, the certification must include a statement that the employee is unable to perform the functions of their position. For leave to care for a seriously ill child, spouse, or parent, the certification must include an estimate of the amount of time that the employee is needed to provide care.

The employee will be responsible for obtaining these certifications from the health care provider. These forms are available from Human Resources and department Supervisors. Forms must be completed and returned no later than 15 days of receipt. If the employee does not obtain the certification from the health care provider within 15 days, the leave will be treated as other available paid leave or unpaid leave.

The City of Appleton Human Resources Department may directly contact the health care provider or other third-party to verify and clarify information contained in the certification. Employees are responsible for signing or obtaining any authorization necessary to permit the health care provider or other third-party to provide the City of Appleton with the required information.

Military Certifications: Prior to leave commencing, military certifications will be required to support a claim for leave. Certifications shall be in the form of military orders or discharge documents and shall identify who the leave is for.

D. **Status while on Leave**: During the leave the employee must update their supervisor at least every 30 days of his/her status with health care provider certification and the intention to return to work.

E. **Second Opinion**: The City may require a second opinion and periodic recertification. If a first and second opinion differ, the City may require the binding opinion of a third health care provider, approved jointly by the City and the employee and paid for by the City.

F. **Workers Compensation**: Workers' compensation will automatically be counted against your Federal Family Medical Leave entitlement provided it meets the requirements.

G. **Intermittent Leave**: Under the Wisconsin FMLA provision, intermittent leave may be taken as long as it does not unduly disrupt the department's operations. Departments must notify Human Resources before approving such a request.

Under the Federal FMLA provision, intermittent leave may be taken for a birth or

placement of a child for adoption, foster care or military family leave. Employees may take leave intermittently or on a reduced leave schedule with prior approval by the Department Director and Human Resources. When FMLA is taken to care for a sick family member or for an employee's own serious health condition, leave may be taken intermittently or on a reduced leave schedule when medically necessary.

H. **Substitution:** Under the Wisconsin FMLA, employees have the ability to substitute leave.

Under the Federal FMLA, the City of Appleton requires the leave to be charged against any leave available such as vacation, floating holidays, personal days or compensatory time in the order to be chosen by the employee. Sick leave may be used only if the reason for the sick leave use qualifies under current City policy or collective bargaining agreements, whichever applies. Leave can only be substituted up to the amount the employee has accrued and on the books.

An employee will continue to accrue all benefits provided by City policies and collective bargaining agreements. .

Leave beyond the FMLA entitlement must be approved in advance, and is subject to any collective bargaining agreements or policies and procedures.

I. **Proof of parentage or placement**: May be required prior to family leave being granted.

J. **Return to Work**: Employees off on medical leave will be required to provide a "return to work" certification before they return to work indicating that the essential functions of the job can be performed. This must be obtained from the health care provider.

K. **Approval**: Human Resources must approve or deny all requests.

L. **Return from FMLA**: Upon return from family or medical leave, an employee will be returned to the position he/she held immediately prior to the leave if the position is vacant. If the position is not vacant, the employee will be placed in an equivalent employment position. Job restoration upon returning from FMLA leave can be denied if:

1. The employee would have been laid off had they not been on leave;

2. The employee fraudulently obtained leave under the Acts; or

3. The employee fails to provide medical certification that they can return to work.

If the employee extends his/her leave beyond the FMLA provisions and has had prior approval, job restoration and recall is subject to the terms of City personnel policies and or the applicable collective bargaining agreement.

M. **Group Health Coverage**: Group health care coverage will continue for employees on leave as if they were still working. If applicable, employees who are granted a leave under this policy are advised to arrange to pay their share of premiums during the

absence. If the leave is paid, premiums will continue to be paid through payroll deductions. If the leave is unpaid, employees are responsible for making sure the City receives premium payments by the normal payroll dates. If payments are not received within 30 days of the due date, coverage may be discontinued. This includes other benefits such as life, dental, flexible spending accounts, etc.

N. **No Return to Work from FMLA**: If an employee chooses not to return to work (i.e. return to work for 30 calendar days) after an approved leave, the City may recover from the employee the cost of any premiums made to maintain the employee's health insurance, unless the failure to return is because of a serious health condition or reasons beyond the employee's control. Benefit entitlements based on length of service will be calculated as of the last paid workday before the start of the unpaid absence. If the employee substitutes leave, the length of service will be calculated as of the last paid workday substituted.

O. Any correspondence sent to the employee will be sent to their last known address filed with Human Resources. Employees must notify Human Resources with any change of address.

P. **Nursing Mothers**: Under the section 4207 of the Patient Protection and Affordable Care Act of 2010, employees are allowed unpaid reasonable break time to express breast milk. Interested employees should contact their supervisor or Human Resources and a private location will be identified.

VI. FALSIFICATION OF FORMS

An employee will be subject to disciplinary action up to and including discharge for falsifying any information required or requested as part of the application process, or receiving leave or benefits under the FMLA or this policy.

VII. EMPLOYER RESPONSIBILITES

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

VII. UNLAWFUL ACTS BY EMPLOYERS

FMLA makes it unlawful for any employer to :

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

TITLE: **Fringe Benefits and Salary Administration for Part-Time**		**CITY OF APPLETON POLICY**
ISSUE DATE: March 16, 2000	LAST UPDATE: March 1, 2000 September, 2003 February 25, 2008 April 2014 February 2017	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	POLICY AUDIENCE: Non-Represented Part-Time, Community Service Officers, Seasonal, and Temporary employees	TOTAL PAGES: 3
Reviewed by Legal Services Date: February 2000 September 12, 2003 June 27, 2014 January 15, 2018	Committee Approval Date: March 9, 2000 November 24, 2003 April 9, 2008 December 12, 2011 July 21, 2014 November 24, 2014 February 20, 2017	Council Approval Date: March 15, 2000 November 24, 2003 April 16, 2008 December 21, 2011 August 6, 2014 December 3, 2014 March 1, 2017

I. PURPOSE

To outline fringe benefits available to Part-Time, Seasonal, Community Service Officers, and Temporary non-represented employees.

II. POLICY

It is the policy of the City of Appleton to make available fringe benefits as outlined in this policy to Part-Time, Seasonal, and Temporary non-represented employees.

III. DISCUSSION

This policy provides the current fringe benefits available. These benefits are subject to change with approval of the Common Council.

IV. DEFINITIONS

A. Part-Time: Employees who normally work less than 1040 hours per year.

B. Temporary: Employees hired to fill in on a limited basis with no specific start or end date.

C. Seasonal: Employees hired to perform seasonal work for a specific time period. Seasonal employees shall not exceed 1200 hours in any 12 month period. Employment terminates at the end of the season.

D. Community Service Officers (CSO): The purpose of the CSO program is to give students or those considering a law enforcement career an opportunity to explore and learn about the profession. Employees hired to perform CSO work are employed on a limited term basis, generally no longer than 3 years. The granting of an extension shall be the sole discretion and approval of the Chief of Police and the Human Resources Director, or designee. Eligibility requirements include either having obtained a minimum of 60 college credits (to be earned by the time the application is submitted), or must be a student who is actively enrolled in a post high school institution.

E. Non-represented: All employees except employees who are members of Valley Transit Teamster Local 663, Appleton Professional Police Association, and the Appleton International Association of Firefighters Local 257.

V. BENEFITS

A. Wisconsin Retirement System (WRS): Employees shall pay the full cost of the employee's portion of the premium to the Wisconsin Retirement Fund, effective the first day the employee becomes qualified.

B. FICA Alternative Retirement Program: All employees who work less than 1200 hours per year and who are not already enrolled in the WRS system will be enrolled in this program. The City of Appleton will deduct from the employee's salary, on a pre-tax basis, an amount equal to the employee portion of the FICA tax and will deposit that amount into a FICA Alternative Investment account in the employee's name.

C. Unemployment Compensation: City employment is covered by Wisconsin Unemployment Compensation laws. Under provisions of that law, employees who lose their jobs through no fault of their own may receive limited financial allowance during the period they are out of work and seeking re-employment if determined eligible by the unemployment compensation laws.

D. Worker's Compensation: Employees shall receive worker's compensation benefits based on state worker's compensation laws.

E. Direct Deposit: All employees are required to have their payroll checks direct deposited into the bank or credit union of their choice. The full amount of the deposit must go into one account.

F. Salary Administration

(a) A newly hired employee will be placed on Step 1, Step 2 or Step 3 of the appropriate pay grade of either the Part-Time Non Benefited salary schedule or the Seasonal salary schedule. All placements above Step 1 must be authorized in advance by Human Resources.

(b) Existing or returning employees

Employees will have an evaluation completed annually or at the end of the season. Based on the results of the evaluation, the employee will or will not be eligible for a step progression in their applicable pay plan. Non represented staff will need to receive at least a consistent performance evaluation or above as outlined in the Salary Administration Policy. Seasonal staff will need to receive at least "meeting

minimum requirements of position" and "eligible for rehire" on their end of season Seasonal Performance Evaluation Form.

Once an employee reaches the top step of the pay grade for that position, they will no longer be eligible for step progressions. However, based on their evaluation, they will be eligible for a pay adjustment if one is given to the entire pay plan.

(c) The step increase will be based on their anniversary date. Employees already in the City payroll system as of 1/1/14 will use 1/1 as their anniversary date.

G. Performance Evaluations

Initial Appointment to a Position: Each employee shall be formally evaluated at least one time per year following appointment to a position. Employees will be evaluated by their supervisor on basic expectations for the position, along with the five competencies for their position.

Goals: The employee should work with their supervisor to add goals to his/her evaluation form based on his/her job description. The five competencies for the position will be pre-loaded into the employee's evaluation form. The employee's supervisor shall determine the number of goals, no more than five, based on the position.

Step Increases: Part-Time employees shall be eligible to receive a step increase on their anniversary date provided they have a consistent evaluation on file with Human Resources.

CITY OF APPLETON POLICY	TITLE: **FRINGE BENEFITS**	
ISSUE DATE: April 6, 2000	LAST UPDATE: December 18, 2002, April 17, 2003 September 11, 2003, July 2004, February 2006 November 2006, September 2009, January 2010 November 2011, August 2012, April 2014, December 2015, September 2016, December 2017, April 2019	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	POLICY AUDIENCE: All Employees Excludes Valley Transit, Police and Fire protective employees covered by a collective bargaining agreement.	TOTAL PAGES: 17
Reviewed by Legal Services Date: March 2000 July 21, 2004 September 2009 June 27, 2014 December 2015	Committee Approval Date: March 28, 2000 July 28, 2004 March 22, 2006 October 28, 2009 December 12, 2011 August 20, 2012 July 21, 2014 December 7, 2015 December 11, 2019	Council Approval Date: April 5, 2000 August 4, 2004 April 5, 2006 November 4, 2009 December 21, 2011 September 5, 2012 August 6, 2014 December 16, 2015 December 18, 2019

I. PURPOSE

To outline for employees the fringe benefits available to all employees, excluding represented Valley Transit, Police and Fire protective employees.

II. POLICY

It is the policy of the City of Appleton to make available fringe benefits as outlined in this policy. It is also the policy of the City of Appleton to provide incentives, recognize significant levels of responsibilities, and to attract and retain qualified employees by offering comparable benefits.

III. DISCUSSION

This policy provides the current fringe benefits available. These benefits are subject to change with approval of the Common Council.

IV. DEFINITIONS

A. Regular Full-Time (exempt): Employees who work a minimum of 2080 hours per year or 80 hours bi-weekly and not eligible for overtime or compensatory time for any hours worked beyond 40 hours per week. A full-time exempt employee is expected to work whatever hours necessary to complete the job they have been hired for. Employees who are classified as exempt are paid on a "salaried basis" meaning that the person will be paid the same full salary for any week in which work is performed without regard to the number of hours worked.

B. Regular Full-Time (non-exempt): Employees who work 2080 hours per year and are eligible for overtime after working 40 hours per week.

C. Regular Part-Time (exempt): Employees who are normally scheduled to work a minimum 1040 hours per year but less than 2080 hours per year and are not eligible for overtime or compensatory time for any hours worked beyond their standard bi-weekly hours.

D. Regular Part-Time (non-exempt): Employees who are normally scheduled to work a minimum 1040 hours per year but less than 2080 hours per year and are eligible for straight time pay for hours worked beyond their standard biweekly hours and for overtime after working 40 hours per week.

E. Non-represented: All employees whose benefits are not covered by a Collective Bargaining Agreement.

F. Represented: Employees whose benefits are covered by a Collective Bargaining Agreement. Those include: Valley Transit Teamster Local 662, Appleton Professional Police Non-supervisory Unit and the Appleton International Association of Firefighters Local 257.

G. Domestic Partner: Persons without registration that meet the following criteria:

a. Each individual is at least 18 years old and competent to enter into a contract;
b. Neither individual is married to, or in a domestic partnership with, another;
c. They share a common residence
d. Their partnership must not violate Wisconsin Statutes which bar marriage between certain persons based on kinship and divorce;
e. They must consider themselves to be members of each other's immediate family and
f. They must agree to be responsible for each other's basic living expenses.

Employees who wish to utilize the funeral leave benefits available for domestic partners must submit in writing to the Human Resources Department proof that the criteria listed above in (a-f) are met. Human Resources will make a determination on eligibility based on the information provided by the employee.

H. Look-Back Measurement Period: Rules set by Health Care Reform to offer coverage to an employee who at time of hire wasn't eligible for medical insurance coverage. If during measurement period the employee's hours increase to over 30 hours per week on average then must be offered medical insurance. Measurement Period is the 12 months the City will use to review hours worked in the calculation. Administrative Period is the 60 day period for the City to administratively compute hours work to know if insurance should be offered. Stability Period is the 12 month period of time that once an employee qualifies must be allowed to stay on medical insurance.

V. BENEFITS

A. Health and Dental Insurance

1. Health Insurance:

Regular full-time and part-time employees working 30 hours or more per week**,** shall be eligible for health insurance benefit plan options as outlined in Attachment A.

Effective January 1, 2013 part-time employees who are enrolled in the City health insurance

program shall be grandfathered and will continue to be eligible for health insurance benefits provided they maintain their enrollment in the plan. If said employee chooses to drop coverage the part-time employee must work 30 hours per week to re-enroll.

Health insurance is effective upon the 31st calendar day of employment. Employees not enrolling at this time will be required to provide a certificate of previous insurance coverage or will have to wait until the open enrollment period for coverage the following calendar year.

Premiums will be deducted from the employee's payroll check. All premiums will be taken on a pre-tax basis unless the employee notifies the Human Resources Department in writing of their desire to have the premium deducted on a taxable basis. Any payments for insurance premiums that cannot be taken through payroll, are due on or before the first of the month for the month of coverage to the Human Resources Department. Failure to make timely payments may cause cancellation of coverage.

Employees who have a spouse who also work for the City must select either one family plan or two single plans.

The City will follow the Health Care Reform Act look-back provision in order to determine if a previously not eligible employee becomes eligible for medical insurance. The Measurement Period will be November 1 through October 31. The Administrative Period will be November 1 through December 31. The Stability Period will be January 1 through December 31.

2. Dental Insurance:

Regular full-time and part-time employees shall be eligible for a dental insurance benefit plan as outlined in Attachment B.

Premiums will be deducted from the employee's payroll check. All premiums will be taken on a pre-tax basis unless the employee notifies the Human Resources Department in writing of their desire to have the premium deducted on a taxable basis. Any payments for insurance premiums that cannot be taken through payroll, are due on or before the first of the month for the month of coverage to the Human Resources Department. Failure to make timely payments may cause cancellation of coverage.

Dental insurance is effective upon the 31st calendar day of employment. Employees not enrolling at this time will have to wait until the open enrollment period for coverage the following calendar year.

Employees who have a spouse who also work for the City must select either one family plan or two single plans.

Life Insurance

1. Basic Life Insurance: Regular full-time and regular part-time employees are eligible for term life insurance in an amount equal to one times the employee's annual salary rounded to the next even thousand increment to a maximum of $50,000. The City shall pay the full cost of the premium.

2. Optional Life Insurance: In addition to the $50,000 term life insurance, regular full-time and

regular part-time employees can purchase optional life insurance in $10,000 increments. Optional life insurance can be purchased for spouse and dependent children. The employee must pay the full premium for all optional life insurance.

Life insurance is effective on the first of the month after thirty-one (31) calendar days of employment.

B. Long-Term Disability Insurance

Regular full-time and regular part-time employees will be eligible for long-term disability insurance. Coverage will be provided at 60 % of the employee's salary for non-work related injuries or illnesses after a ninety (90)-calendar day waiting period. The carrier must deem employees eligible. The City shall pay the full cost of the premium.

Long-term disability insurance is effective on the first of the month after ninety (90) (uninterrupted) calendar days of employment.

C. Wisconsin Retirement System

The City shall pay one half of all actuarially required contribution for funding benefits under the retirement system for regular full-time and regular part-time employees, this excludes Police and Fire protective employees. Participation in the Wisconsin Retirement System is mandatory.

D. Deferred Compensation Program (Section 457 Plan)/Roth

Regular full-time and regular part-time employees are eligible to participate in the City Deferred Compensation Program upon enrollment into the program anytime on or after their first day of employment. Any amounts contributed to the program, which must be by payroll deduction, are paid for fully by the employee. Under this plan, you may contribute money (on a pre-tax basis) in a tax deferred investment of your choice to earn tax deferred interest until you are ready to receive distributions, usually at retirement. There is also a Roth option that must be by payroll deduction and is paid for fully by the employee. This allows you to contribute money (on an after tax basis) to investments of your choice.

E. Post Employment Health Plan (PEHP)

The City of Appleton participates in the PEHP for Non-Represented Public Employees in accordance with the terms and conditions of the Plan's Participation Agreement.

1. Monthly Contributions:

The City agrees to contribute to the Plan on behalf of all regular full-time non-represented employees. The City shall contribute for each Eligible Employee the amount of ten dollars ($10) per month.

The City shall pay the annual administration fee on behalf of the eligible active employee. The procedure for payment of the administration fee shall be accomplished by a deduction and reimbursement directly into the employee's account.

Regular part-time employees are <u>not</u> eligible for payment of the annual administration fee or the

monthly contribution to the PEHP.

2. Additional Contributions:
In addition to the monthly contribution amount, the City will contribute upon retirement, the value of unused sick leave of an Eligible Employee's accumulated sick leave balance to the maximum as follows:

90 days for formerly represented AFSCME employees;
90 days plus any accumulated physical fitness bonus incentive for Police Captains and Lieutenants and;
120 days plus any accumulated physical fitness bonus incentive for Police/Fire administrative protective status personnel and
120 days for all other employees
(For purposes of the additional contribution, an Eligible Employee is an employee who is qualified for an annuity under the Wisconsin Retirement System.)

PEHP contributions are not reportable earnings to the Wisconsin Retirement System.

Contributions to the PEHP may only be used after an employee leaves employment with the City of Appleton. Monthly contributions are placed into an account that may be used to pay for IRS qualified expenses. The additional contributions are placed into an account that may be used to pay for premium contributions only.

F. Flexible Spending Account: All regular full-time and regular part-time employees are eligible to participate in the flexible spending account program. Enrollment shall be January 1 of each year for existing employees or within thirty (30) calendar days for newly hired employees or for qualifying status changes. This program allows the employee to use pre-tax funds to pay for IRS qualified expenses. It also allows pre-tax funds for dependent day care expenses for children under the age of thirteen (13) or day care expenses for disabled dependents.

G. Worker's Compensation: Regular full-time employees and regular part-time employees shall receive worker's compensation benefits based on state worker's compensation laws, with the exception's that there shall be no cap on the weekly (TTD) temporary total disability payments and they be compensated for the first three days at 66 2/3% following the date of injury, after the 7 day period is met. All protected police and fire personnel shall receive the same benefit afforded to the represented employees in the department.

H. Tuition Reimbursement: All regular full-time non-represented employees who successfully complete job related continuing education courses toward a degreed program shall be reimbursed for fifty percent (50%) of the cost of tuition and books. The total amount reimbursed will not exceed fifty percent (50%) of the amount charged by the University of Wisconsin system for similar courses that is paid by the employee.

Library employees shall be reimbursed for up to 25% of the cost of tuition and books, paid by the employee, not to exceed that charged by the University of Wisconsin system for similar courses for graduate Library education.

The department head and the Director of Human Resources must approve participation in such courses, in advance. Successful completion shall mean a passing grade if the course or program is graded on a pass/fail basis or a grade of "C" or better if letter grades are issued. Class

participation will be on the employee's own time.

All tuition reimbursement requests shall be subject to available departmental funds. Reimbursements from other sources will offset City contributions. (ie; grants).

I. Direct Deposit: All employees are required to have their payroll checks direct deposited into a bank or credit union of their choice. The full amount of the deposit must go into one account.

J. Other Benefits: Other voluntary benefits may be offered based on the City's discretion.

VI. PAID LEAVE

Employees shall receive a total of twelve (12) holidays per year (this includes scheduled holidays, as listed below). When a holiday falls on Saturday or Sunday, it shall be determined by the Mayor in November of the previous year, if service to the public will be required on the Friday or Monday. If it is determined that service will be provided to the public, employees shall work those days as part of their normal workweek and will be given a floating holiday off in lieu of the Friday before and/or the Monday after a holiday to be scheduled with supervisory approval. Department Directors will inform employees the November prior to the beginning of the following year of any variations of the following schedules. For those employees who are not required to service the public as noted above, when New Years, Independence Day, or Christmas falls on Saturday they shall be observed on the preceding Friday and when they fall on Sunday ~~it~~ they shall be observed on the following Monday.

A. Holidays: the City (excluding Valley Transit and Library) shall observe the following holidays:

1. New Year's Day
2. Memorial Day
3. Independence Day
4. Labor Day
5. Thanksgiving Day
6. Day after Thanksgiving
7. Last working day before Christmas
8. Christmas Day
9. Four floating holidays
10. Any additional holidays granted by the Common Council

Valley Transit shall observe the following holidays:

1. New Year's Day
2. Memorial Day
3. Independence Day
4. Labor Day
5. Thanksgiving Day
6. Christmas Day
7. Six floating holidays
8. Any additional holidays granted by the Common Council.

The Appleton Public Library shall observe the following holidays:

1. New Year's Day

2. Memorial Day
3. Independence Day
4. Labor Day
5. Thanksgiving Day
6. Christmas Eve
7. Christmas Day
8. New Year's Eve
9. Four floating holidays
10. Any additional holidays granted by the Common Council and Library Board

Regular full-time employees are eligible for holidays based on eight (8) hours for each of the above listed holidays**.** . Police Lieutenants and Captains who are required to work (minimum staffing) on Thanksgiving Day, Day after Thanksgiving, Christmas Eve or Christmas Day shall be entitled to receive $100 compensation and will be allowed to take an alternative day off.

Regular part-time employees are eligible for holidays pro-rated based on the approved budgeted position. If one of the above listed holidays falls on a regularly scheduled day off for a regular part-time employee, the employee may have the option, with department head approval, of taking pay for the holiday, taking an additional day off during the pay period or scheduling the holiday as a floating holiday to be used by December 31.

Floating Holidays may be charged in one quarter hour increments and/or pursuant to departmental policy. Floating Holidays must be used during the calendar year or they will be lost. Department directors/ or designee shall approve the number of employees off on a floating holiday at any one given time, as well as how employees will pick floating holidays and whether or not employees will be allowed to cancel scheduled floating holidays.

In order for regular full-time and regular part-time employees to be eligible for holiday pay, they must work their regularly scheduled work day immediately preceding and following the holiday, except in the case of an employee on an approved paid leave. Floating holidays will be pro-rated in the year of hire and termination/resignation/retirement as follows:

	Hired	Leaving
January-March	3	0
April-June	2	1
July-September	1	2
October-December	0	3

Non-exempt employees who work on any of the scheduled holidays shall receive double time pay for all hours worked on the holiday unless otherwise noted in departmental policies or have received an additional day off as noted above.

When an exempt employee is required to work one of the holidays listed above, that supervisor shall be given an additional floating holiday off, to be scheduled with supervisory approval. This provision shall not apply to Fire personnel working a 24-hour shift.

Non-represented Fire Personnel working a 24-hour shift shall be granted pay for scheduled holidays in accordance with the current International Association of Fire Fighters Local 257

collective bargaining agreement. In addition to the pay for scheduled holidays, 24-hour shift personnel shall be entitled to floating holidays based on the following schedule:

Upon promotion or year of hire:	one (1) floating holiday
After five (5) years of city service:	two (2) floating holidays
After eight (8) years of city service:	three (3) floating holidays

Floating Holidays shall be charged in one quarter hour increments and/or pursuant to departmental policies or guidelines.

B. Vacation: All regular full-time employees shall be entitled to paid vacation benefits as of January 1 of each year based upon their length of continuous service. For purposes of determining future vacation eligibility, the year of hire shall be treated as a full year of service.

Regular part-time employees are eligible for vacation pro-rated based on the approved budgeted position. Regular part-time employees shall use vacation based on the number of hours scheduled to work on the day or days for which the vacation is requested.

Paid vacations shall be provided in accordance with the following:

Vacation Schedules: Existing employees shall be placed on the schedule below effective January 1, 2012. Employees will not lose earned vacation as a result of that placement and shall move to the next increment based on their years of service on the schedule below.

Year of hire: Persons hired prior to July 1 of any year shall receive one week (5 working days) of vacation during their year of hire subject to approval of their department head or Mayor if appropriate and in accordance with department policies.

1. Non-exempt:

After one year of continuous service: one week of vacation (five working days.)
After two years of continuous service: two weeks of vacation (ten working days.)
After six years of continuous service: two weeks plus two days of vacation (twelve working days.)
After eight years of continuous service: three weeks of vacation (fifteen working days.)
After twelve years of continuous service: four weeks of vacation (twenty working days.)
After fifteen years of continuous service: four weeks plus two days of vacation (twenty-two working days.)
After twenty-years of continuous service: five weeks

2. Exempt:

After one year of continuous service: two weeks (ten working days.)
After five years of continuous service: three weeks (fifteen working days)
After eight years of continuous service: three weeks plus three days of vacation (eighteen working days.)
After twelve years of continuous service: four weeks plus two-days of vacation (twenty- two working days.)
After twenty years of continuous service: five weeks plus four days of vacation (twenty-nine working days.)

3. Fire Personnel working a 24-hour shift:

After one year of continuous service: three days of vacation.
After two years of continuous service: six days of vacation.
After five years of continuous service: seven days of vacation.
After eight years of continuous service: ten days of vacation.
After twelve years of continuous service: thirteen days of vacation.
After sixteen years of continuous service: fourteen days of vacation.
After twenty years of continuous service: sixteen days of vacation.

Administration of Vacation:

Department directors/or designee shall approve the number of employees off on vacation at any one given time, as well as how employees will pick vacations and whether or not employees will be allowed to cancel vacations.

With the exception of the year of hire, vacation credits are earned in one year and are available for use in the following year. All employees entitled to three (3) weeks or more of vacation must schedule and take at least two (2) weeks of vacation during the year of entitlement. All employees entitled to less than three (3) weeks of vacation must schedule and take at least one (1) week of vacation during the year of entitlement. Employees who do not schedule the minimum required vacation will have it scheduled for them at a time determined by the department. If a department is unable to schedule the minimum required vacation for the employee, the time will be lost.

Vacation benefits shall be charged in one quarter hour increments and/or pursuant to departmental policies or guidelines.

When a holiday falls during an employee's vacation, he/she shall not be required to use a vacation day in lieu of the holiday.

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In the event an employee or family member becomes ill during an employee's vacation, the employee will not be allowed to substitute sick leave for vacation unless the need for sick leave commences prior to the start of the approved vacation.

Regular employees who move from one position to another by transfer, promotion, or demotion, in the City, shall be credited with accumulated vacation leave in their new position.
An employee whose employment status is changed from temporary to regular status without a break in service shall receive vacation credits from the original date of hire. Library employees whose status is changed from temporary to regular status will have their vacation based on their status effective date change.

No credit for vacation leave shall be granted for time worked by an employee in excess of their normal workweek.

Use of vacation time must be approved in advance by the department head.

Vacation Carry-Over:

Any employee may carry over, from one year to the next, up to a maximum of five (5) days (forty hours) vacation.

Non-represented Fire employees working a 24-hour shift may carry over, from one year to the next, three (3) days.

Any vacation time that is carried over into a subsequent year shall be considered the first vacation time used by the employee in the subsequent year. The process at year end for employees who have unused vacation will be as follows:

1. Any unused eligible balance up to forty hours will automatically be carried over to the next year.
2. Any remaining balance up to forty hours may be paid to the employees PEHP or H.S.A. account. (No more than a total of up to 40 hours for the two plans combined)

   Any employee wishing to have their remaining balance paid to the PEHP (up to 40 hours maximum), must enter the hours of the remaining balance in the payroll system on the payroll that includes 12/31 and use a code of "VT" in Iseries or 822 in Munis.

   Any employee wishing to have their remaining balance paid to their H.S.A. account (up to 40 hours maximum), must enter the hours of the remaining balance in the payroll system on the payroll that includes 12/31 and use the code of "XV" in Iseries or 818 in Munis.

Fire personnel employees who have vacation balances as of December 31, will have the unused eligible balance up to three days for Fire personnel working a 24 hour shift, automatically carried over to the next year and any remaining balance up to three days for Fire personnel working a 24 hour shift may be paid to their PEHP account or their H.S.A. account: (No more than a total of up to 40 hours for the two plans combined)
In both payout options, Fire employees working a 24-hour shift will have their shift hours converted to a 40 hour paid work week.

All eligible vacation not used in the year in which it is available and not carried over, must be entered into the payroll system with the VT or XV codes for payment to their PEHP or H.S.A. account or the vacation time will be lost.

At termination or retirement, any unused vacation will be paid to the employee in a lump sum. Vacation cannot be used over payroll periods to extend the last day of employment.

Exceptions to the above vacation carryover and PEHP/H.S.A. contribution beyond forty hours and three days for Fire personnel working a 24 hour shift, may be made in unusual circumstances as pre-approved by the Department Director or Mayor as appropriate and the Human Resources Director.

The Human Resources Director may request exceptions to the vacation provisions as it relates to placement on the schedule, on a case-by-case basis with a report to the Human Resources Committee.

C. Paid Time Off: (PTO) Employees shall receive six (6) PTO days January 1 of each year to be

used as paid time off. Part-time employees shall receive a pro-rated amount based on their approved budgeted position. For newly hired employees, PTO days shall be pro-rated based on the month hired. Employees will be allowed to carryover three (3) PTO days not used as of December 31st. Any request made for PTO days shall follow the normal procedure for the type of leave being requested. (e.g. vacation, floating holidays and sick leave must follow the normal guidelines used for requesting that type of benefit)

PTO days shall be pro-rated in the year of hire/termination/resignation/retirement as follows:

	Hired	Leaving
January-February	5	0
March-April	4	1
May-June	3	2
July-August	2	3
September-October	1	4
November-December	0	5

Fire employees working a 24-hour shift shall receive four (4) PTO days on January 1st of each year to be used as paid time off. Fire employees will be allowed to carryover two (2) PTO days not used as of December 31st.

PTO days for Fire employees working a 24-hour shift shall be pro-rated in the year of hire/termination resignation/retirement as follows:

	Hired	Leaving
January-March	3	0
April-June	2	1
July-September	1	2
October-December	0	3

Employees who use more PTO than they are entitled to in the year they leave employment shall owe the City the time back, unless the employee leaves employment as a result of physician certified disability.

PTO days shall be charged in one quarter hour increments and/or pursuant to departmental policies or guidelines.

D. Sick Leave: Employees who have sick leave on the books will have that balance grandfathered as of December 31, 2011 and employees will no longer earn sick leave.

Sick leave that has been grandfathered may be used for an absence due to illness of, or injury to, the employee or an immediate family member living in the employee's residence, unless otherwise qualified under the Family Medical Leave Act.

Sick leave cannot be used until all Paid Time Off (PTO) days have been exhausted unless otherwise qualified under the Family Medical Leave Act. Employees must use the 2nd sick leave bank before accessing the regular bank;

1. PTO
2. 2nd sick leave bank

3. Regular sick leave bank

Sick leave and PTO may be used for doctor or dental appointments, which cannot be scheduled during an employee's regular time off. Employees are encouraged to schedule routine appointments that minimize the operational impact to the department.

Sick leave and PTO shall be charged in no less than one quarter-hour increments provided it is pre-approved by the employee's supervisor and/or pursuant to departmental policies or guidelines

A regular employee who moves from one position to another by transfer, promotion, or demotion, in the City, shall have their total sick leave credits transferred to the new department.

Employees who wish to utilize the sick leave benefits available for domestic partners must submit in writing to the Human Resources Department proof that the criteria listed above in (a-f) under Definitions (G) are met. Human Resources will make a determination on eligibility based on the information provided by the employee.

E. Funeral Leave: In the case of the death of the employee's spouse, domestic partner, child, or step child regular full-time employees may be paid for scheduled time lost up to ten (10) working days, but not to exceed (80) eighty hours, at the employee's regular straight time rate. Leave must be taken within 60 days of the death.

In the case of death in the immediate family of a regular full-time employee, the employee will be paid for the scheduled time lost up to three (3) scheduled work days, but not to exceed (24) twenty-four hours at the employee's regular straight time hourly rate.

For purposes of funeral leave, immediate family shall be defined as the employee's grandchild; mother or step-mother; father or step-father; legal guardian; sister or brother; mother-in-law or father-in-law; any other relative living in the employee's residence at the time of death; or the mother or father of the employee's domestic partner.

Fire employees working a 24-hour shift shall be eligible for funeral leave based on the following:

Spouse, domestic partner, child or stepchild: 5 work days without loss of pay

Immediate Family: 2 work days

Employees who wish to utilize the funeral leave benefits available for domestic partners must submit in writing to the Human Resources Department proof that the criteria listed above in (a-f) under Definitions (G) are met. Human Resources will make a determination on eligibility based on the information provided by the employee.

Regular part-time employees are eligible for funeral leave pro-rated based on the approved budgeted position.

F. Compensatory Time: Non-exempt regular full-time employees will be paid-overtime at time and one-half for all hours in excess of forty hours worked in a pay week. (For purposes of determining overtime pay under this policy, PTO Sick and Sick leave shall not be counted as hours worked for the purpose of computing overtime.) Non-exempt regular full-time employees, with the prior approval of their supervisor, may have the option of converting additional time worked to compensatory time off up to a maximum of 40 hours. Request for usage of

compensatory time shall be pursuant to departmental policies.

G. Jury Duty/Witness Duty: Regular full-time and regular part-time employees shall receive full pay for any work day the employee serves as a juror or if subpoenaed on witness duty if the employee was scheduled for work. In order for an employee to be eligible for witness duty pay, the reason for being a witness must be related to their employment with the City of Appleton. As a condition for such payment, the employee shall report for work for their regularly scheduled hours immediately before and following such duty when reasonably possible and shall immediately notify the Employer upon receipt of the jury summons or subpoena. The employee shall complete a Jury Duty Request form and submit it to their supervisor as soon as they are notified by subpoena of their requested appearance.

In order to receive full pay the employee is required to, upon receipt of jury or witness pay, submit their jury or witness pay to the City payroll office. The payroll office will cash the employees check, retain the portion of the check representing per diem payments, and give the employee the mileage and meal reimbursement portions of the check.

Employees, at their option, may use paid time off for a day of jury or witness duty and thereby retain the jury or witness pay as well as full pay for the day(s).

VII. LEAVE OF ABSENCE

Leaves of absence may be granted without pay subject to the following conditions:

Leave without pay shall be granted at the City's discretion. Request for leave of absence must be requested at least 30 days prior to the taking of such leave or in emergency cases as soon as reasonable or practicable. No leave of absence shall be granted for more than one calendar year.

When such leave is requested as an extension of medical leave, an acceptable physician's certificate shall be required.

The employee must exhaust all available paid time off benefits prior to the commencement of an unpaid leave of absence.

Leaves will be granted at the total discretion of the Department Head and the Human Resources Director. Requests for Leave of Absence for Appleton Public Library employees must also be approved by the Library Board.

Return to work earlier than the scheduled termination of leave date may be arranged by the department head and the employee with the approval of the Human Resources Director, provided it does not conflict with the physician's certification.

Employees on an unpaid leave of absence with the City may not be employed elsewhere unless otherwise approved by the Human Resources Director.

If an employee is unable to return to work on the date stipulated, he/she may submit a written request to extend their leave of absence, subject to the approval of the Human Resources Director. If, on the date following the expiration of the leave of absence, an extension is not requested and granted and the employee has not returned to their position, the employee shall be

considered to have voluntarily resigned from City employment.

The appropriate Department Head may approve leaves of absence without pay for a period of less than 3 days in a given year provided that all available paid time off benefits have been exhausted prior to the requested leave dates.

Any employee absent from work without approval shall receive no pay for the duration of the absence, and shall be subject to corrective action up to and including discharge.

VIII. BENEFIT STATUS DURING LEAVE OF ABSENCE

Employees on an approved leave of absence without pay may elect to continue health, dental, and life insurance coverage during the period they are on leave beyond the first thirty days in addition to any voluntary insurance policies they may have elected. The employee shall be responsible for paying the full premium(s), due on or before the first of the month, in the Human Resources Department for all of the desired coverage. Failure to make timely payments will cause cancellation of coverage.

Paid time off and vacation shall not be earned by an employee during a leave of absence without pay, a suspension without pay, or when the employee is otherwise in a non compensable status, excluding approved FMLA, should such period without pay exceed thirty calendar days in any calendar month. In this case, the employee's vacation, floating holiday and PTO entitlement for the following year shall be pro-rated.

IX. PHYSICAL FITNESS PROGRAM-POLICE & FIRE SWORN PERSONNEL

Exempt non-represented protective status personnel shall have the option of participating in the Physical Fitness Salary Incentive and Physical Fitness Bonus Incentive program.

All participating protective status personnel will be tested on the schedule for the represented employees within their respective departments, either annually (Fire) or bi-annually (Police).

A. Physical Fitness Salary Incentive:

Annual Testing: Participating employees receiving a score of "excellent" will be paid a physical fitness salary incentive of 2% of base pay and those receiving a score of "good" will be paid a physical fitness salary incentive of 1% of their base pay until the next testing date. Such payment shall be in a lump sum payable within thirty (30) days of the finalization of the testing results and shall be calculated on the basis of 2% or 1% of the employee's annual base pay, calculated on the rate of pay at the time of the test. Employees receiving a score of "adequate" or "poor" will not be eligible for a physical fitness salary incentive.

Bi-Annual Testing: Participating employees receiving a score of "excellent" will be paid a physical fitness salary incentive of 2% of base pay and those receiving a score of "good" will be paid a premium of 1% of their base pay until the next testing date. Such payment shall be in a lump sum payable within thirty (30) days of the finalization of the testing results and shall be calculated on the basis of 2% or 1% of one half of the employee's annual base pay, calculated on the rate of pay at the time of the test. Employees receiving a score of "adequate" or "poor" will not be eligible for a physical fitness salary incentive.

B. Physical Fitness Bonus Incentive:

Annual Testing: Participating employees shall be eligible for eight (8) hours of physical fitness bonus pay for each testing period that the employee receives a score of "excellent" and four (4) hours of physical fitness bonus pay for each testing period that the employee receives a score of "good". Employees who score as "adequate" or "poor" will not be eligible for a physical fitness bonus incentive.

Bi-Annual Testing: Participating employees shall be eligible for four (4) hours of physical fitness bonus pay for each testing period that the employee receives a score of "excellent" and two (2) hours of physical fitness bonus pay for each testing period that the employee receives a score of "good". Employees who score as "adequate or "poor" will not be eligible for a physical fitness bonus incentive.

The accumulated total physical fitness bonus incentive shall be paid to the eligible employee upon retirement (as defined by WRS) to the PEHP. Such payment will be made in accordance with and in addition to the retirement benefits outlined in section V. (Benefits) E. (Post Employment Health Plan) and section XI. (Termination Benefits) of this policy.

X. TERMINATION BENEFITS

A. Retirement: Employees retiring, with proper notice, at or above the normal retirement age established under the Wisconsin Retirement System and/or eligible for a retirement annuity from the Wisconsin Retirement System shall be eligible for the following benefits:

a. A lump sum pay-out of their accumulated and carry-over vacation balance *

b. A lump sum pay-out of floating holiday and PTO based upon the proration outlined in, Section IV-Paid Leave, of this policy.**

c. A lump sum pay-out of their accumulated compensatory time.

d. Accumulated and unused sick leave to a maximum of one hundred and twenty (120) days, (90 days maximum for formerly represented AFSCME employees and Police Captains and Lieutenants), shall be paid to the Post Employment Health Plan. Additionally, any accumulated physical fitness bonus incentive for protective status personnel shall be paid to the PEHP).

e. If the employee has completed at least five (5) years of service with the City, the employee may be eligible for a medical plan option exclusive of Dental**.** Such medical option may be made available to employees and spouses at their own expense, up to the time the employee and/or spouse turns age 65 or becomes eligible for Medicare, provided they exercise this option prior to their last day of work.

f. The option of continuing dental coverage for a period of eighteen (18) months following the month in which their retirement occurred, in accordance with state and federal laws.

B. Resignation: Employees who resign their employment with proper notice shall be eligible for the following benefits:

a. A lump sum pay-out of their accumulated and carry-over vacation balance. *

b. A lump sum pay-out of floating holiday and PTO based upon the proration outlined in, Section IV Paid Leave, of this policy.**

c. A lump sum pay-out of their accumulated compensatory time.

d. The option of continuing the medical and dental coverage for a period of eighteen (18) months following the month in which their resignation occurred, in accordance with state and federal laws.

C. Retirement or Resignation without proper notice: Employees who retire or resign their employment without proper notice (unless the reason for lack of proper notice is due to a physician certified disability) may be eligible for the following benefits:

a. A lump sum pay-out of any carry-over vacation balance.*

b. A lump sum pay-out of any accumulated vacation balance based upon the following proration
   1. Employees required to give a (2) week notice will have a reduction of 10 days.
   2. Employees required to give a (30) thirty day notice will have a reduction of 30 days.

c. Floating holiday and/or PTO**

d. Employees will receive a lump sum pay-out of their accumulated compensatory time.

e. The option of continuing the medical and dental coverage for a period of up to eighteen (18) months following the month in which their retirement or resignation occurred, in accordance with state and federal laws.

f. Accumulated and unused sick leave to a maximum of one hundred and twenty (120) days, (90 days maximum for formerly represented AFSCME employees and Police Captains and Lieutenants), shall be paid to the Post Employment Health Plan. Additionally, any accumulated physical fitness bonus incentive for protective status personnel shall be paid to the PEHP).

D. Termination: Employees benefits:

a. A lump sum pay-out of any carry-over vacation *

b. Floating holiday and/or PTO**

c. Employees will receive a lump sum pay-out of their accumulated compensatory time.

d. The option of continuing the medical and dental coverage for a period of up to eighteen (18) months following the month in which their termination occurred, in accordance with state and federal laws.

E. Death of an employee: In the event of the death of an employee, the following benefits shall be direct deposited into the employee's account:

a. A lump sum pay-out of their accumulated and carry-over vacation balance.*

b. A lump sum pay-out of floating holiday and PTO based upon the proration outlined in, Section VI Paid Leave, of this policy.

c. A lump sum pay-out of their accumulated compensatory time.

d. A lump sum pay-out of accumulated and unused sick leave to a maximum of ninety (90) working days. For those employees who are eligible, up to an additional thirty (30) days of accumulated sick leave (beyond the 90 days) and any accumulated physical fitness bonus incentive for protective status personnel shall be paid to the employee's spouse and if no spouse is living, the employee's estate.

e. A medical plan option exclusive of Dental, may be made available to the employee's spouse at their own expense, up to the time the spouse turns age sixty-five (65) or becomes eligible for Medicare, provided they exercise this option within thirty days of the employee's death.

f. The spouse shall have the option of continuing dental coverage for a period of eighteen (18) months following the month in which the employee's death occurred, in accordance with state and federal laws.

*Employees leaving with less than eighteen (18) months of service shall have vacation prorated based on the following formula:

5/6 vacation day for each month of completed service minus any vacation time used between their date of hire and their last day of work. In the event the employee has used more vacation than they were entitled, based on this formula, the employee shall have an amount equal to the paid but unearned vacation deducted from their final pay (unless the employee leaves employment as a result of a physician certified disability).

**Employees who have used more floating holiday and/or PTO benefit than they were entitled pursuant to Section VI Paid Leave, of this policy in the last year of their employment will have an amount equal to the paid but unearned benefit deducted from their final pay (unless the employee leaves employment as a result of a physician certified disability).

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **GRIEVANCE PROCEDURE**	
ISSUE DATE: September 22, 2011	LAST UPDATE:	SECTION: Human Resources
POLICY SOURCE: Human Resources Department August 2018 "No revisions"	AUDIENCE: All employees except Police & Fire represented and Valley Transit represented through 12/31/12.	TOTAL PAGES: 5
Reviewed by Attorney's Office Date: August 2018 "No revisions"	Committee Approval Date: September 12, 2011	Council Approval Date: September 21, 2011

I. PURPOSE

The grievance procedure has been established to provide an organized method by which employees can address employee discipline, employee termination and workplace safety with administration and an impartial hearing officer for the City of Appleton pursuant to Wisconsin Statutes.

II. POLICY

It is the policy of the City to treat employees consistently and fairly in matters affecting their employment that relate to employee discipline, employee termination and workplace safety. Each employee of the City shall be provided an appeal process in which the highest level of appeal is the governing body of the City of Appleton. This policy shall apply to all employees except in those situations where Wisconsin Law or City Ordinance requires a different procedure.

III. DISCUSSION

Any employee having concerns regarding his/her employment shall first discuss the concern with his/her immediate supervisor. If the concern is not settled to the employee's satisfaction, it may be presented as a grievance.

IV. DEFINITIONS

A. Grievance: A formal notification by an employee regarding a concern about employee discipline, employee termination and workplace safety. Note: Any grievance of harassment or discrimination shall be covered under the City's *Harassment and Discrimination in the Workplace* policy.

B. Termination: A discharge from employment for rule violations, poor performance or other acts of misconduct.

1. Termination does <u>not</u> include the following:
   a. Voluntary quit
   b. Layoff or failure to be recalled from layoff

c. Retirement
d. Job abandonment, "no-call, no-show", or other failure to report to work
e. Termination of employment due to medical condition, lack of qualification or license, or other inability to perform job duties
f. Workforce reduction activities
g. Job transfer or demotion
h. Action taken for failure to meet the qualifications of a position
i. Death
j. End of the employment of a temporary, contract or part-time employee

C. Discipline: A suspension or demotion for rule violations, poor performance or other acts of misconduct.

1. Discipline does not include the following:
   a. Placement on paid administrative leave pending an internal investigation
   b. Counseling, meetings or other pre-disciplinary action
   c. Actions taken to address work performance, including use of a performance improvement plan or job targets
   d. Demotion, transfer or change in job assignment unrelated to rule violations, poor performance or other acts of misconduct
   e. Terminations, layoffs or workforce reduction activities
   f. Performance evaluations or reviews
   g. Documentation of employee acts and/or omissions in an employment file
   h. Non-disciplinary wage, benefit or salary adjustments
   i. Change in assignment or assignment location
   j. Oral or written reprimands

D. Workplace Safety Violation: A violation of City Safety Policies, Wisconsin Statutes, and the associated regulations; or federal Occupational Safety and Health Administration laws and regulations on health and safety standards in the workplace as applicable to local government.

V. PROCEDURES

A. A grievance shall be handled in accordance with the procedure outlined below. Employees must follow all steps in the procedure.

Step One: The employee shall, within ten working days of the incident, or within ten working days of the date he/she would reasonably be expected to have knowledge of the incident, present his/her grievance in writing to his/her immediate supervisor. The supervisor shall, within five working days, from receipt of the grievance arrange to meet and discuss the grievance with the employee and then reply in writing within five working days after the meeting.

Step Two: In the event that the immediate supervisor's decision is not satisfactory to the employee, the employee may, within five working days, present the grievance in writing to his/her department head. The department head shall, within five working days from receipt of grievance, meet and discuss the grievance with the employee and then reply in writing within five working days after the meeting. In the event that the department head is also the immediate supervisor, the written grievance shall be filed with the Human Resources Director and the same time periods for response will apply.

Step Three: In the event that the department head's decision does not satisfy the employee's grievance, the employee may, within five working days, present his/her grievance in writing to the Human Resources Director. The Human Resources Director, in conjunction with the City Attorney's office and the department head or designee, shall arrange a meeting within ten working days of receipt of the grievance with the parties involved to ascertain the facts surrounding the dispute and shall reply in writing to the employee within five working days after the meeting. The final decision will be administered by the Human Resources Director.

Step Four: The Human Resources Director's decision shall be final unless the employee files with the City Clerk, no later than five (5) working days, for a hearing before an impartial hearing examiner. The hearing shall be conducted as soon as practicable and may or may not be transcribed subject to the examiner's discretion. Witnesses may also present information but only in person and written documents may also be submitted, subject to the examiner's discretion. The examiner may request oral or written closing arguments and replies. The examiner shall provide a written decision.

Step Five: The written decision of the impartial hearing examiner shall be reported as information to the Human Resources Committee, and in the case of a library employee, shall also be reported to the Library Board Personnel Committee. The examiner's decision shall be final unless the employee files no later than five (5) working days of the date of the decision issued under Step Four a request with the City Clerk for the decision to be reviewed by the Common Council of the City of Appleton, or in the case of a library employee, reviewed by the Library Board. The Council or Board shall review the matter as soon as practicable and in accordance with its procedures for public participation. A simple majority vote of the Council or Board membership shall decide the appeal and shall be final.

B. Employee Representation

An employee-selected representative may be involved with the employee at any step of the Grievance Procedure. Employees must be present at each step throughout the grievance process or the grievance will not move forward through the steps. If a conflict exists between the employee and their supervisor that has given rise to the grievance, the employee can move the grievance forward to the next step.

C. Falsification or Misrepresentation of Information

Employees are required to cooperate fully. An employee will be subject to disciplinary action up to and including discharge for falsification of information or misrepresentation of any information required or requested as any part of this grievance procedure.

D. Failure to Process Grievances

Failure to process a grievance by the grievant within the time limit, or agreed upon extensions, shall constitute termination of the grievance. Failure of a management representative to meet the time limits shall cause the grievance to move automatically to the next step in the procedure and shall be initiated by the employee. Time limits may

be extended by agreement in writing of the parties at any step of the procedure.

E. Selection of Impartial Hearing Examiner

The impartial hearing examiner shall be selected from the staff attorneys of the communities participating in an Intergovernmental Agreement to provide such an impartial examiner. The parties shall randomly draw three names from said attorney pool, and each side shall strike one name. The remaining attorney shall act as the impartial hearing examiner in the matter. If a conflict exists with the selected attorney, that name shall be removed from the pool, and the selection process shall be repeated.

Grievance Form

Employee's Name:_____ **Phone Number:** _____

Address:_____ **Job Title:** _____

_____ **Grievance Number:**_____

Date of Occurrence:_____ **Date of Filing:**_____

Violation Alleged:_____

_____

State nature of grievance:_____

_____

_____

Facts of the grievance:_____

_____

Requested Outcome/Remedy:_____

_____

_____

Signature of Employee

_____

Disposition (i.e., Settled, Withdrawn, Processed to Hearing Examiner)

CITY OF APPLETON POLICY	TITLE: **HARASSMENT & DISCRIMINATION IN THE WORKPLACE**	
ISSUE DATE: June 17, 1999	LAST UPDATE: May 2, 2001 July 2008 October 2008 November 2012 March 2015	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: Applies to all employees and volunteers	TOTAL PAGES: 7
Reviewed by Legal Services Department Date: September 1999 February 2014 April 2015	Committee Approval Date: June 10, 1999 August 13, 2008 February 10, 2014 May 11, 2015	Council Approval Date: June 16, 1999 August 20, 2008 February 19, 2014 May 20, 2015

I. PURPOSE

The purpose of this policy is to ensure that the City of Appleton maintains a healthy work environment in which all individuals are treated with respect and dignity, while providing procedures for reporting, investigating, and resolving complaints of harassment and discrimination. Federal and state law provides for the protection of classes of persons discriminated against based on race, color, creed, religion, national origin, ancestry, age, sex/gender, handicap or disability, arrest/conviction record, marital status, sexual orientation, gender identity and gender expression, political affiliation, results of genetic testing, honesty testing, pregnancy, childbirth or related medical condition, military service, disabled veteran or covered veteran status service in the U.S. Armed Forces, the State Defense force, National Guard of any state, or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours.

II. POLICY

It is the policy of the City of Appleton that all employees have the right to work in an environment free of all forms of harassment. The City of Appleton will not tolerate, condone, or allow harassment by any employees or other non-employees who conduct business with the City. The City of Appleton considers harassment and discrimination of others forms to be serious employee misconduct. Therefore, the City will take direct and immediate action to prevent such behavior, and to remedy all reported instances of harassment and discrimination. A violation of this City policy can lead to discipline up to and including termination, with repeated violations, even if "minor," resulting in greater levels of discipline as appropriate.

A. Prohibited Activity

1. No employee shall either explicitly or implicitly ridicule, or belittle any person.

2. Employees shall not make offensive or derogatory comments to any person, either directly or indirectly, based on race, color, creed, religion, national origin, ancestry,

age, sex/gender, handicap or disability, arrest/conviction record, marital status, sexual orientation, gender identity and gender expression, political affiliation, results of genetic testing, honesty testing, pregnancy, childbirth or related medical condition, military service, disabled veteran or covered veteran status, service in the U.S. Armed Forces, the State Defense force, National Guard of any state, or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours. Such harassment is a prohibited form of discrimination under state and federal employment law and/or is also considered misconduct subject to disciplinary action by the City of Appleton.

3. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

   a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or

   b. Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting the employee; or

   c. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

4. This policy covers all employees whether the unwelcome conduct originates from an employee or non-employee. Examples: customers, citizens, contractors, etc.

7. This policy covers any incident that occurs as an extension of the workplace. (See definition.) All conduct at this extension of the workplace, whether before, during, or after the event, will be considered under this policy.

B. **Supervisory Responsibilities**

1. Each supervisor shall be responsible for preventing acts of harassment. This responsibility includes the following:

   a. Monitoring the work environment for signs of harassment;

   b. Informing employees on the types of behavior prohibited, and the City procedures for reporting and resolving complaints of harassment;

   c. Stopping any observed behavior that may be considered harassment, and taking appropriate steps to intervene and report behavior, whether or not the involved employees are within his or her line of supervision, and

   d. Taking immediate action to prevent retaliation toward the complaining party and to eliminate any similar conduct where there has been a complaint of harassment, pending investigation. If a situation requires separation of the parties, care shall be taken to avoid actions that appear to negatively impact the complainant. Transfer or reassignment of any of the parties involved shall be voluntary if possible and, if non-voluntary, shall be temporary pending the outcome of the investigation.

e. Failing to carry out these responsibilities will be considered in any performance evaluation or promotional decisions and may be grounds for discipline, up to and including discharge.

2. Each supervisor is responsible for assisting any employee of the City who comes to that supervisor with a concern of harassment in documenting and filing a complaint with the Human Resources Department or other reporting authority as designated by the City.

C. **Employee Responsibilities:**

1. Each employee, including supervisors, of the City is responsible for assisting in the prevention of harassment by taking the following steps:

a. Refraining from participation in, or encouragement of, actions that could be perceived as harassment;

b. Reporting to a supervisor super-offensive behavior such as physical grabbing, pinching or touching another employee's private areas or communication of sexual, racial, ethnic, religious or gender-based slurs;

c. Encouraging any employee who confides that he or she is being harassed or discriminated against to report these acts to a supervisor.

2. Employees are expected to cooperate fully in any investigation, whether or not they are directly involved in the incident.

III. DEFINITIONS

A. **Verbal Harassment:** Sexual innuendoes, degrading or suggestive comments, repeated pressure for dates, jokes of a sexual nature, unwelcome sexual flirtations, degrading words used to describe an individual, obscene and/or graphic descriptions of an individual's body or threats that job, wages, assignments, promotions or working conditions could be affected if the individual does not agree to a suggested sexual relationship.

B. **Non-Verbal:** Sexually suggestive or offensive objects or pictures, inappropriate usage of voicemail, e-mail, the internet or other such sources as a means to express or obtain sexual material, comments etc., printed or written materials including offensive cartoons, suggestive or offensive sounds, whistling, catcalls or obscene gestures. Any material which inappropriately raises the issues of sex or discrimination. Treating an employee differently than other employees when they have refused an offer of sexual relations.

C. **Physical:** Unsolicited or unwelcome physical contact of a sexual nature, which may include touching, hugging, massages, kissing, pinching, patting, or regularly brushing against the body of another person.

D. **Other Forms of Harassment**: Persistent and unwelcome conduct or actions on the basis of disability, sex, arrests or conviction record, marital status, sexual orientation, gender identity and gender expression, membership in the military reserve, or use or nonuse of lawful products away from work is prohibited under this policy and s.111.31-111.39, Wis. Stats.

E. **Harassment on any basis (race, sex, age, disability etc.) exists whenever**: Submission to harassing conduct is made, either explicit or implicit, a term or condition of an individual's

employment; submission to or rejection of such conduct is used as the basis for an employment decision affecting an individual; the conduct interferes with an employee's work or creates an intimidating, hostile, or offensive work environment. Such conduct is prohibited under this policy and §111.31 -- 111.39 Wis. Stats.

F. **Unwelcome**: Sexual conduct is unwelcome whenever the person subjected to it considers it unwelcome. The conduct may be unwelcome even though the victim voluntarily engages in it to avoid adverse treatment.

G. **Extension of the Workplace**: This policy covers any incident that occurs as an extension of the workplace. An extension of the workplace is defined as any event sponsored by the City of Appleton.

IV. PROCEDURES

A. Any employee encountering harassment is encouraged but not required to inform the person that his or her actions are unwelcome and offensive. The employee is to document all incidents of harassment to provide the fullest basis for investigation.

B. Any employee who believes that he or she is being harassed shall report the incident(s) to his or her supervisor as soon as possible so that steps may be taken to protect the employee from further harassment, and so that appropriate investigative and disciplinary measures may be initiated. Where doing so is not practical, the employee may instead report the conduct to the Human Resources Director, Human Resources Deputy Director, Human Resources Generalist, City Attorney, Deputy City Attorney, Assistant City Attorney or another supervisor from the City.

1. The supervisor or other person to whom a complaint is given shall meet with the employee and document the incident(s) complained of, the person(s) performing or participating in the harassment, any witnesses to the incident(s) and the date(s) on which it occurred.

2. Any employee who believes it is not practical to file their complaint directly within their departmental structure must file the complaint with the Human Resources Director, Human Resources Deputy Director, Human Resources Generalist, City Attorney, Deputy City Attorney, Assistant City Attorney

   After the complaint has been filed with any of the above named positions, and the complainant does not feel it has been resolved in an acceptable manner, they may file the complaint with the following:

   a. EQUAL RIGHTS DIVISION
      201 East Washington Avenue Room 407
      P.O. Box 8928
      Madison, WI 53708-8928

      Voice: (608) 266-6860
      TDD (Hearing Impaired) (608) 264-8752

   b. EQUAL RIGHTS DIVISION
      819 North Sixth Street Room 255
      Milwaukee, WI 53203

      Voice: (414) 227-4384
      TDD (Hearing Impaired) (414) 227-4081

c. EEOC
Milwaukee District Office
310 West Wisconsin Avenue
Suite 800
Milwaukee, WI 53203-2292

Voice: (414) 297-1111
TDD (Hearing Impaired) (414) 297-1115

If the employee exercises the reporting options of a, b, or c above of this section, they must file a copy of the complaint with the City Attorney within 24 hours of the filing of the complaint.

C. The Human Resources Department shall be responsible for investigating any complaint alleging harassment or discrimination and shall do the following:

1. The internal Human Resources Department shall immediately notify the Legal Services Department if the complaint contains evidence of criminal activity, such as battery, rape, or attempted rape.
2. The investigation shall include a determination as to whether other employees are being harassed by the person, and whether other persons covered by this policy participated in or encouraged the harassment.
3. The internal investigative authority shall inform the parties involved of the outcome of the investigation.
4. A file of harassment and discrimination complaints shall be maintained in a secure location. The Legal Services Department shall be provided with an annual summary of these complaints.
5. There shall be no retaliation against any employee for filing a harassment or discrimination complaint, or for assisting, testifying, or participating in the investigation of such a complaint.
6. The complaining party's confidentiality will be maintained throughout the investigatory process to the extent practical and appropriate under the circumstances.
7. This policy does not preclude any employee from filing a complaint or grievance with an appropriate outside agency.

D. Retaliation

1. Retaliation against any employee for filing a harassment or discrimination complaint, or for assisting, testifying, or participating in the investigation of such a complaint, is illegal and is prohibited by the City of Appleton and by federal statutes.
2. Retaliation is a form of employee misconduct. Any evidence of retaliation shall be considered a separate violation of this policy and shall be handled by the same complaint procedures established for harassment and discrimination complaints. Retaliation may subject an individual to additional punishment up to and including discharge.

3. Monitoring to ensure that retaliation does not occur is responsibility of the supervisors.

E. Falsification or Mis-Representation of Information

An employee will be subject to disciplinary action up to and including discharge for falsifying any information or mis-representing any information required or requested as part of a complaint, investigation, or proceeding under this policy.

INVESTIGATION GUIDELINES

We are in the process of doing an investigation related to information that has been brought to the attention of the Human Resources Department.

We will be collecting the facts today. As a City employee you have an obligation to be truthful, honest and share what you know about the situation.

We will keep the information as confidential as we are able. We cannot guarantee total confidentiality but this information will be released to only those persons with a need to know. This is an ongoing investigation and in order to preserve the integrity of the investigation you are expected to also keep the information confidential.

Any retaliation from any parties with regard to this matter is prohibited and you should contact either the Legal Services Department or the Human Resources Department immediately if this occurs.

Intentional withholding of information or dishonesty as well as retaliation could result in discipline up to an including termination.

I have received a copy of the INVESTIGATION GUIDELINES:

_____ _____

Name Date

CITY OF APPLETON PERSONNEL POLICY	TITLE: **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) (PRIVACY SECTION)**	
ISSUE DATE: April 2003	LAST UPDATE: February 2014	SECTION: Human Resources
POLICY SOURCE: Human Resources Department August 2018 "No revisions"	AUDIENCE: All City of Appleton Employees and Service Providers	TOTAL PAGES: 15
Reviewed by Legal Services Date: April 2003 February 2010 February 2014 August 2018 "No revisions"	Committee Approval Date: June 11, 2003 March 24, 2010	Council Approval Date: June 18, 2003 April 7, 2010

I. PURPOSE

The City of Appleton recognizes that its Self Insured Health Plans will be "covered entities" within the meaning of the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). See 45 C.F.R. § 160.103.

II. POLICY

It shall be the Policy of the City of Appleton to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

III. DISCUSSION

In response to the HIPAA privacy regulations, the City of Appleton has adopted this Policy that shall apply to the Health, Dental and contracted Employee Assistance Program Plans. This Policy shall also apply to City of Appleton employees, agents and service providers, to the extent required under applicable HIPAA privacy regulations.

IV. DEFINITIONS

Business Associate: An individual who helps a covered entity with a function or activity involving the use or disclosure of individually identifiable health information including claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management, practice management and re-pricing, legal, actuarial, accounting, consulting, data aggregation management, administrative, accreditation or financial services.

Breach: Unauthorized use, disclosure, acquisition or access of PHI in violation of HIPAA, which compromises the PHI's security. Exceptions to a breach include: 1) unintentional acquisition, access of use of PHI by an individual acting under the authority of the covered entity, 2) inadvertent disclosure of PHI to another person authorized to access PHI within the same covered entity or their business associates, and 3) disclosures of PHI to an unauthorized recipient who reasonably could not have retained the PHI.

Covered entity: A health plan, health care provider or health care clearinghouse.

Designated record sets: Information maintained by a covered entity, to include medical records, billing records, enrollment, payment, claims adjudication and case or medical management record systems maintained by or for a health plan; or records used by or for the covered entity to make decisions about individuals.

Electronic Health Record (EHI): An electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

Employment records: Records held by an employer in its capacity as an employer rather than as a plan sponsor. Such records are **not** considered Protected Health Information (PHI).

Genetic Information: Any information about an individual's genetic tests; genetic tests of the individual's family members; or the "manifestation of a disease or disorder" in these family members that is family medical history.

Genetic Tests: Analysis of human DNA, RNA, chromosomes, proteins or metabolites or chromosomal changes (for example, a test to determine whether an individual has a gene variant associated with breast cancer BRCA1 or BRCA2).

Group Health Plan: Any plan of, or contributed to by, an employer (including a self-funded plan) or employee organization to provide health care to the employer's employees, former employees or their families.

HIPAA: Health Insurance Portability and Accountability Act.

Hybrid entity: A voluntary designation for a single covered entity that performs both covered and non-covered functions. A covered entity may designate itself a hybrid entity to avoid the imposition of the privacy rules on its non-health care related functions.

PHI: Individually identifiable health information, whether it is in electronic, paper or oral form that is created or received by or on behalf of a covered entity or its health care component.

Minimum Necessary: Under this standard, a group health plan must make reasonable efforts to limit Personal Health Information (PHI) to the minimum necessary to accomplish the intended purpose when using or disclosing PHI or requesting PHI from another covered entity. The Minimum Necessary requirements do not apply to:

- Disclosures by a health care provider for treatment;
- Uses and disclosures based upon a valid consent to use and disclose (PHI) for treatment, payment and health care operations or a valid authorization to use and disclose PHI;
- Disclosures made to the Secretary of Health and Human Services;
- Uses and disclosures required by law; and
- Uses and disclosures required by other sections of the HIPAA privacy regulations.

Payment: The activities of a health plan or a business associate relating to payment under the plan, policy or contract, and the activities of a health care provider or its business associate that obtains reimbursement for the provision of health care.

Self-insured plan: A plan in which an employer acts as its own insurance provider, paying claims and monitoring the provision of health services. This is done in place of buying insurance coverage through a traditional arrangement with an insurance carrier.

Treatment: The provision, coordination, or management of health care related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party, consultation between health care providers relating to a patient, or the referral of a patient for health care from one health care provider to another.

V. PROCEDURES

The City of Appleton shall appoint a Privacy Officer pursuant to the HIPAA regulations. The City of Appleton's Privacy Officer shall be the Deputy Director of Human Resources for purposes of the Self-funded Plans and the Employee Assistance Program.

Telephone: 920-832-6455
Fax: 920-832-5845

The City of Appleton Health Department will be covered under a separate policy. To obtain information related to Public Health contact the City of Appleton Nursing Supervisor at:

Telephone: 920-832-6429

Privacy Team

A Privacy Team will be formed to address requests and issues that may evolve through this policy. The Privacy Officer may not involve the Privacy Team with each request. The Privacy Team will consist of the Privacy Officer from Human Resources, the Privacy Officer from the Health Department, the Human Resources Benefits Coordinator and a representative from the City Attorney's Office. The Privacy Officers will make a determination on whether to involve the Privacy Team based on the request.

Privacy Team members can be reached by calling one of the following three offices:

Human Resources	920-832-6455
Health Department	920-832-6429
Attorney Office	920-832-6423

Individual Health Plan participants and other interested parties shall be directed to contact HIPAA Privacy Officer to: (1) file any internal or external complaint about HIPAA privacy related issues; (2) file a request for access or amendment to PHI; or (3) inquire about any denial of access to PHI.

Use and Disclosure of Personal Health Information (PHI)

The City of Appleton will, to the extent required by law, protect PHI it receives about employees and members in a confidential manner. Generally only those with the need to know such information will have access to it. The City of Appleton shall comply with such other policies as it

shall maintain from time to time with respect to the maintenance of such records. Only information that is created or received from a "covered entity" will be considered PHI. The Plan will not disclose or use genetic information for underwriting purposes.

The amount of information to be used or disclosed will be restricted to the Minimum Necessary, to accomplish the intended purpose.

In accordance with the HIPAA privacy regulations, the City of Appleton has designated the City as a Hybrid Entity. Given this designation, employment records and other City records other than those related to the covered Health Plans or Health Department will not be considered to be PHI, subject to HIPAA requirements, unless specifically required by law. The Hybrid Election Form states the following records are not subject to the HIPAA privacy regulations: information obtained to determine an individual's suitability to perform his/her job duties (such as physical examination reports) fit for duty exams, drug and alcohol tests obtained in the course of employment, doctor's excuses provided in accordance with the City of Appleton's attendance policy, work-related injury and occupational exposures reports and medical and laboratory reports related to such injuries or exposures, including information necessary to determine worker's compensation coverage. Notwithstanding the fact that the preceding records are not subject to the HIPAA privacy regulations, it is the policy of the City of Appleton to limit the use and disclosure of non-covered medical records only to those individuals who have a need to access them.

The City of Appleton will provide Health Plan participants with a one-time Notice of Privacy Practices sent to the last known address as reported to the City of Appleton Human Resources Department. The City of Appleton will maintain a record to document its distribution of the Notice of Privacy Practices, but need not forward that document via certified or registered mail or obtain any signed consent from individual recipients.

An individual employee who has a question about how his/her medical information is used and disclosed should contact the HIPAA Privacy Officer. Upon a request to the HIPAA Privacy Officer, the City of Appleton shall provide a health plan participant or beneficiary with any or all of the following forms:

- Individual Request to Inspect Health Information
- Individual Request to Correct or Amend a Record
- Individual Request Not to Use or Disclose Health Information
- Internal Log of Medical Record Disclosures
- Authorization for Release of Health Information

Access to Personal Health Information (PHI)

Under the HIPAA privacy regulations, individuals have the right to access and to request amendment or restriction on the use of their own PHI that is contained in a "designated record set" for as long as the Plan maintains the PHI. To ensure that the City of Appleton only releases the PHI that is covered under these privacy regulations, this Policy outlines procedures that interested individuals must follow to access, amend and restrict the use of their own PHI.

Participant/Beneficiary Access

- Upon any verbal or written request to the HIPAA Privacy Officer, an interested individual will receive an Individual Request to Inspect Health Information.

- Upon receipt of a completed Individual Request to Inspect Health Information, the Privacy Officer must verify the individual's identity (the use of driver's license, social security card or another identification method may be acceptable for this identification). A copy of such documentation or a note regarding such documentation should be included with the file copy of the Individual Request to Inspect Health Information.

- The HIPAA Privacy Officer will act upon a verified Individual Request to Inspect Health Information within thirty (30) days. If the Privacy Officer cannot respond within thirty (30) days, the Privacy Officer will provide a notice to the requestor within that thirty (30) day period explaining why the HIPAA Privacy Officer could not respond at that time and advising the individual that an additional thirty (30) days to respond to the request is needed.

- The HIPAA Privacy Officer may deny an interested party access to PHI for any legally permissible reason, including, but not limited to the following:

  - if the information that the individual requested was compiled in reasonable anticipation of or for use in a civil, criminal or investigative administrative proceeding involving that individual;

  - if the information in the request was obtained from someone other than a health care provider and under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information;

  - if a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the other person;

  - if the protected health information makes reference to another person (other than a health care provider) and a licensed health care professional has determined in the exercise of professional judgment that the access requested is reasonably likely to cause substantial harm to that person;

  - if the request for access has been made by a requester as a personal representative of the individual about whom the requestor is requesting the information and a licensed health care professional has determined, under the exercise of professional judgment, that access by the individual is reasonably likely to cause harm to the other person.

- If the HIPAA Privacy Officer denies an Individual Request to Inspect Health Information, the requesting party shall be provided with a written notice stating the specific reason(s) for such denial. If an individual is denied access to PHI for any of the last three reasons listed above, then the individual may request a review of that denial by sending a written appeal request to the Privacy Officer. The City of Appleton will designate a licensed health care professional who was not directly involved in the denial, to review the decision to deny access.

- Access to actual files or computers that contain PHI will not be permitted. Rather, copies of such records will be provided to the individual requestor to view in a confidential area

under direct supervision. *Original PHI documents shall not leave the City of Appleton's premises.*

Request to Amend Personal Health Information (PHI)

- An interested party may request to modify his or her PHI records by filing an Individual Request to Correct or Amend a Record.

- The HIPAA Privacy Officer must act upon an Individual Request to Correct or Amend a Record within sixty (60) days of receipt of such request. If the HIPAA Privacy Officer is unable to act upon the request within sixty days, then he/she must provide the requestor with a statement of the reasons for the delay and provide the individual with a new response deadline (which cannot exceed an additional thirty (30) days).

- The HIPAA Privacy Officer may deny a request to amend PHI for any legally permissible reason, including, but not limited to the following:

  (1) the City of Appleton or any Health Plan did not create the PHI at issue or;

  (2) the information is accurate.

- If the HIPAA Privacy Officer grants the request for amendment, a letter will be sent to the requester indicating that the appropriate amendment to the PHI or record has been made.

- The individual requestor may be required to sign an authorization form in order for the City to notify affected parties that amendments have been made.

- If the HIPAA Privacy Officer denies a request to amend a PHI record, the Privacy Officer must provide the requestor with a written denial which must:

  - be written in plain language and state the reason for the denial;

  - identify the individual's right to submit a statement disagreeing with the denial and how the individual may file such a statement;

  - include a statement that, if the individual does not submit a statement of disagreement, the individual may request that the provider include the request for amendment and the denial with any future disclosure of PHI;

  - include a description of how the individual may file a complaint with the covered entity, including the name and telephone number of an appropriate contact person, or with the Secretary of Health and Human Services.

- If an individual submits a "statement of disagreement," the HIPAA Privacy Officer may prepare a written rebuttal statement to the requestor's statement of disagreement. The individual's statement of disagreement will be appended to the PHI along with the rebuttal statement from the HIPAA Privacy Officer or, if elected by the covered entity, a summary of the above.

- If the City of Appleton receives a notice from another covered entity that said entity has amended its own PHI in relation to a particular individual, then the City of Appleton must amend any of its own PHI that may be affected by such amendments.

Requests for Restriction

- An interested individual may request restrictions on the use or disclosure of his/her individual PHI by providing the HIPAA Privacy Officer with an individual Request to Not Use or Disclose Health Information.

- The City of Appleton is not required to agree to any request for restriction, unless the disclosure is to a health plan for purposes of carrying out payment or health care operations (not treatment) and the PHI pertains solely to a health care item or service for which the health care provider has been paid in full.

- If the City of Appleton agrees to a restriction, it may not use or disclose PHI in violation of the agreed upon restriction unless the individual who requested that restriction is in need of emergency service and the restricted PHI is needed to provide such emergency services. Proper documentation will be noted in the file.

- If the Plan maintains PHI in an electronic record of health related information, a covered individual may make a request to receive the information in an electronic format. Any costs will be charged based on labor costs.

Security Issues

Verbal Security

- When transmitting PHI verbally, all employees of the City of Appleton shall do so in a secure or screened area (such as an empty conference room or closed office).

- All City of Appleton Staff members shall be instructed to not disclose or discuss PHI in any open area (e.g., hallway, break room, waiting room, etc.).

- All City of Appleton Staff members shall be instructed to be sensitive to the level of their voice and to the fact that others may be in a position to overhear some or all of their conversation.

Physical Security

- PHI reports and records shall be stored in safe and secure areas.

- To the extent practical, all PHI records and reports will be placed in a locked security file or box, out of common view. Individuals with a need to have access to that information for the completion of their job duties shall have access, following a determination of such need.

- PHI records and data being transferred will be secured and marked confidential with instructions regarding the appropriate individuals who shall have access to that information.

- PHI records, including all notes, remittance advices, charge slips, claims forms or enrollment material, or any reports that include PHI must not be left out in the open. This information shall be stored in secure files or boxes that are in an area where access is limited to those who need access for the completion of their job duties.

Electronic Personal Health Information (PHI)

Information that is stored electronically shall be stored and maintained in a secure environment, in compliance with City of Appleton's other policies regarding the use of computers and other electronic devices.

Breach Notification Requirements

Breach Notification Requirements: the employer shall provide affected individuals notice (no later than 60 days) when 1) an individual's protected health information (PHI) has been breached, 2) the PHI was unsecured, and 3) the breach poses significant financial, reputation or other risks to the individual.

Unsecured PHI: Is PHI that is not secured by using technology or methodology specified by Health and Human Services (HHS). Only those breaches that are unsecured will require notification.

Secured PHI: Is PHI secured by using technology or methodology specified by HHS. This shall include PHI that is encrypted or otherwise in a medium that renders it indecipherable via a technology or methodology approved by HHS.

Risk of Harm: Only those breaches that pose a significant risk to the affected individual requires the employer to perform and document a risk analysis following a breach.

The risk analysis requires the employer to consider factors such as: 1) who impermissibly used or received the PHI, 2) the type, amount and sensitivity of the PHI involved in the breach, 3) whether the covered entity was able to take immediate steps to mitigate the risks, and 4) whether the PHI was returned or recaptured before it could be improperly accessed.

The breach notification must be provided to each affected individual by first-class mail at the individual's last known address, or by e-mail if the individual agreed to it; to prominent media outlets in the state or other jurisdiction if the breach involves more than 500 residents of the state or jurisdiction; and to Health and Human Services immediately if the breach affected 500 or more individuals which in turn must post information about the breach on the City's web site.

Business Associates

Business Associates will be required to comply directly with the HIPAA security rules in compliance with the Health Information Technology for Economic and Clinical Health Act. (HITECH)

Privacy Training

To ensure that the City of Appleton's workforce, including all employees, volunteers, trainees, temporary employees, etc. (collectively, "Staff") who have access to PHI understand the City of Appleton's concern for the respect of privacy, the City of Appleton shall provide training regarding its privacy policies and procedures.

Policy

- All current Staff members who have access to PHI and others as determined by the Privacy Officer will be required to undergo privacy training in accordance with the HIPAA privacy regulation.

- All new Staff members who have access to PHI and others as determined by the Privacy Officer will be required to undergo privacy training in accordance with the HIPAA privacy regulation within a reasonable time following their association with the City of Appleton.

- All Staff members who have access to PHI and others as determined by the Privacy Officer will be required to undergo privacy training in accordance with the HIPAA privacy regulation within a reasonable time after there is any material change to City of Appleton's privacy policies and procedures.

Procedure

- Any privacy training conducted under this Policy will be conducted by the Privacy Officer or his/her designee.

- All attendees must attend the training in person and verify their attendance and agreement to adhere to this Policy.

- All attendees will receive a copy of the Policy in effect at that time.

- Topics of the training will include a complete review of the Policy in effect at that time and other information concerning the HIPAA privacy regulation, such as, but not limited to, the following topic areas:

  - An overview of the federal and state laws concerning privacy including the privacy regulations issued under HIPAA;

  - A description of PHI;

  - Participant/beneficiary rights under the HIPAA privacy regulation;

  - Staff member responsibilities under the HIPAA privacy regulation;

  - The role of the Privacy Officer and of individual participants and beneficiaries;

  - The importance and benefits of privacy compliance;

  - Consequences of failure to follow established privacy policies;

  - Use of the approved privacy forms.

Enforcement

All HIPAA Privacy Team members are responsible for ensuring the Policy is enforced.

All Staff members are responsible for adhering to this Policy. Individuals who violate this Policy, falsify records, or retaliate will be subject to discipline up to and including termination of employment.

Construction

This Policy is designed to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) found at 45 Code of Federal Regulations Parts 160 and 164. The regulations will supercede any discrepancy between this Policy and the Regulations.

CITY OF APPLETON
INDIVIDUAL REQUEST TO INSPECT HEALTH INFORMATION

I request to review health information held about me in the City of Appleton group health plan's "designated record set" in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A "designated record set" includes information such as medical management record systems; or records used to make decisions about individuals.

I understand that the group health plan has 30 days to respond to this request and that, if someone else holds the information or it is off-site, the response time is 60 days.

I request that the information be provided in the following format: (circle one)

paper electronic

Optional: I agree that the group health plan may provide a summary of the health information instead of allowing me to review the information. (circle one)

Yes No

I agree to pay any fees for copying or summarizing my health information. Fees will be reasonable and cost-based, and include only the cost of copying, postage, and preparation of a summary (if I agree to a summary).

I understand that this request does not apply to certain health information, including (1) information that is not held in the designated record set; (2) information compiled in reasonable anticipation of or for litigation; and (3) other information not subject to the right to access information under HIPAA.

Signature: _____ Date: _____

CITY OF APPLETON
INDIVIDUAL REQUEST TO CORRECT OR AMEND A RECORD

I request the group health plan to amend the protected health information in its designated record set.

Specific Statement of Amendment Request

_____

_____

Specific Reason for Amendment Request

_____

_____

I understand that if the protected health information was not created by the group health plan, the group health plan is not required to honor my request. For example, if the information I wish to amend is in a medical report created by my physician, I must ask the physician – not the plan – to amend the report. I also understand that if the information is not available for my inspection, is not part of the plan's designated record set or is already accurate and complete, I cannot amend the information.

I understand that the group health plan will respond to my request within 60 days.

Signature: _____ Date: _____

CITY OF APPLETON

INDIVIDUAL REQUEST NOT TO USE OR DISCLOSE HEALTH INFORMATION

I understand that the City of Appleton group health plan may use and disclose protected health information about me for purposes of health care treatment, payment and health care operations without my consent. I request to restrict use and disclosure of protected health information concerning health care treatment, payment or health care operations about me by the City of Appleton group health plan in accordance with the Health Insurance Portability Act of 1996 (HIPAA).

Group Health Plan Not Required To Agree

I understand that the group plan is not required to agree to this restriction. However, the plan will agree to your request on a PHI disclosure to a health plan for payment or health care operation purposes (not treatment purposes), if the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.

Termination of Restriction

I understand that, if the group health plan agrees to this restriction, either the Plan or I may terminate this restriction at any time. The termination of the restriction is only effective for future uses and disclosures.

Emergency Treatment Exception

I understand that, if protected health information must be used or disclosed to provide emergency treatment for me, then this restriction is void.

Questionnaire

Requestor: Please complete all of the following questions. If the question is not applicable, mark N/A on the answer line.

(1) I request the following information be restricted (description of information):

_____

_____

(2) I request that use and disclosure of the above described information be restricted in the following manner (description of restriction):

_____

_____

(3) I request that my protected health information not be disclosed to the following individuals or entities (list individuals or entities to which information would not be disclosed):

_____

_____

I understand that if a restriction is not specifically listed above and agreed to in writing by the group health plan, it will not be effective.

Signature: _____ Date: _____

INTERNAL LOG OF MEDICAL RECORD DISCLOSURES

City of Appleton Representative handling disclosure	Date	Name of Individual	Name of Party to Which Information Was Disclosed	Summary of Disclosed Information	Date of Authorization

CITY OF APPLETON
AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I _____ hereby authorize the use or disclosure of my health information as described in this authorization.

(1) Specific person/organization (or class of persons) authorized to provide information:

_____

(2) Specific person/organization (or class of persons) authorized to receive and use the information:

_____

(3) Specific and meaningful description of the information:

For example, medical examination report and conclusions related to a fitness-for-work exam, or results of drug testing for employment-related purposes.

_____

(4) Purpose of the request:
(Please state the purpose of the request below. If you do not wish to state a purpose, please state, "At the request of the individual.")

_____

Right to revoke: I understand that I have the right to revoke this authorization at any time by notifying the City of Appleton in writing at Human Resources, 100 N. Appleton Street, Appleton, WI 54911. I understand that the revocation is only effective after it is received and logged by the City of Appleton Human Resources Department. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.

(5) I understand that after this information is disclosed, federal or state law might not protect it and the recipient might re-disclose it.

(6) I understand that my initial and continued employment and position are subject to my agreement to this authorization, and any additional authorization the City of Appleton requests.

(Employers must review their employment handbooks and any applicable collective bargaining or state-law restrictions to ensure that the authorization does not conflict with other employee rights or requirements [imposed either voluntarily or by law].)

(7) I understand that I am entitled to receive a copy of this authorization.

(8) I understand that this authorization will expire when my employment with the City of Appleton terminates.

Signature of Employee _____ Date _____

Personal Representative's Section

If a Personal Representative executes this form, that Representative warrants that he or she has authority to sign this form on the basis of: _____

CITY OF APPLETON PERSONNEL POLICY	TITLE: Employment Eligibility Verification (I-9 Form)	
ISSUE DATE: December 20, 2007	LAST UPDATE: September 14, 2018	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees	TOTAL PAGES: 6
Reviewed by Legal Services Date: November 13, 2007 May 31, 2013	Committee Approval Date: December 12, 2007 July 15, 2013	Council Approval Date: December 19, 2007 July 24, 2013

I. PURPOSE

The Immigration and Nationality Act (INA), which the Immigration Reform and Control Act of 1986 (ICRA) amended, required that employers verify the identity and work eligibility of every employee hired after November 6, 1986. An I-9 form must be completed for all employees.

II. POLICY

To ensure compliance with federal laws and regulations concerning verification of employment eligibility and associated record keeping for employees hired to work in the United States, an I-9 form must be completed for all employees. Human Resources or designated staff in other departments will complete the form for all newly hired benefited employees and outlying departments may complete them for seasonal, part-time and temporary employees. Employee violations of this City policy could lead to discipline up to and including termination of employment.

The most current I-9 form can be found on the U.S. Citizen and Immigration Services website at (www.uscis.gov/i-9). The Employment Eligibility Verification pages of the I-9 must be printed and completed.

III. DISCUSSION

The information collected is for the City of Appleton to verify the eligibility of an individual for employment and to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States. The information will be used by the City of Appleton as a record of the basis for determining eligibility of an employee to work in the United States.

IV. DEFINITIONS

Employer: City of Appleton.

Employment Eligibility Verification Form (I-9): The most current form used to verify identity and work eligibility of everyone hired after November 6, 1986 in the United States. (Attachment 1)

INA: The Immigration and Nationality Act.

IRCA: Immigration Reform and Control Act of 1986.

V. PROCEDURES

Section 1. Employee Responsibilities. The employee must complete Section 1 of the I-9 form no later than the close of business on his/her first day of employment. No documentation is required to substantiate Section 1 information provided by the employee. The City of Appleton is responsible for ensuring that Section 1 of the I-9 form is properly completed by the employee and on time. Employees must enter NA in fields that do not apply. The employer may not request this form be completed prior to the offer of employment.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. The employee must still sign Section 1 personally.

Section 2. Employer Responsibilities. The employer must complete section 2 of the I-9 form. This must be done no later than the close of business on the employee's third day of employment. The employer must review documentation presented by the employee and record the information on the I-9 form. Proper documentation establishes both that the employee is authorized to work in the U.S. and that the employee who presents the document is the person to whom it was issued. The employer may accept any List A document, establishing both identity and work eligibility, or a combination of a List B document (establishing identity) and a List C document (establishing work eligibility) that the employee chooses from the list on the I-9 form. The employer must examine the documents and accept documents that appear to be genuine. The person examining the documents must attest under penalty of perjury that, to the best of their knowledge, the employee is eligible to work in the United States and, if the employee presented documents, the City employee completing Section 2 must sign and complete the entire certification section. The City of Appleton will not employ an employee who cannot present documentation that meets the requirements.

Section 3. Updating and Re-verification. If the City of Appleton hires a legal alien and that person is still working for the City when the employee's permit expires, the City of Appleton must re-verify his/her employment eligibility on or before the expiration date recorded in

Section 1 of the I-9. If this does occur, refer to the I-9 instructions for more details. Documents that expire that do not need reverification are: U.S. Passport, U.S. Passport Card, Alien Registration Receipt Card/Permanent Resident Card (form I-551).

Retention: All completed I-9 forms shall be sent to Human Resources for retention. All completed I-9 forms are to be kept in confidential files (separate from the employee's Personnel File) for 3 years after the date of hire or (1) one year after the date the employee's employment is terminated, whichever is later.

Fines: The City of Appleton is subject to periodic audits by the US Federal Government and can be fined for incorrect or missing I-9 forms. Fines range from $1,000-$10,000 and could be warranted for issues like information omissions, completing an I-9 more than (3) three days after the date of hire, as well as offenses such as not having an I-9 on file for an employee or knowingly hiring an illegal immigrant. Pattern or practice violations could result in fines and up to six months in prison.

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title				
Issuing Authority		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.		
Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**For persons under age 18 who are unable to present a document listed above:**		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

CITY OF APPLETON PERSONNEL POLICY	TITLE: **INTERPRETER POLICY**	
ISSUE DATE: 2007	LAST UPDATE: Date: November 2008 June 2009 May 2013	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees and volunteers	TOTAL PAGES: 8
Reviewed by Legal Services Date: March 2007 June 2013	Committee Approval Date: June 27, 2007 December 10, 2008 July 15, 2013	Council Approval Date: July 5, 2007 December 17, 2008 July 24, 2013

I. PURPOSE

The purpose of this policy is to provide City of Appleton Employees with direction in providing services to customers with Limited English Proficiency (LEP) and to the Hearing Impaired.

II. POLICY

It shall be the policy of the City of Appleton to use interpreters to ensure quality of service when language exists as a barrier to such service. It shall also be the policy to comply with Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency; and the City of Appleton Civil Rights Compliance Plan. The City of Appleton Civil Rights Compliance Plan is posted throughout the City with other State and Federal Postings.

III. DISCUSSION

This policy will direct City employees in the appropriate use of interpreters and translation services. Some departments may supplement this policy with department specific policies to address their unique needs.

Responsibility for coordinating existing Interpreter programs are as follows:
Health: Public Health Nursing Supervisor
Mayor: Diversity Coordinator
Police: Clerical Assistance
Police: Deputy Chief

Fire: Deputy Chief
Human Resources: Deputy Director of Human Resources
Attorney: Assistant City Attorney

IV. DEFINITIONS

A. Limited English Proficiency- (LEP) Those customers who cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with program service providers.

B. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d.et.seq. and its implementing regulation at 45 CRF part 80- The law that protects individuals from discrimination based on their race, color, or national origin under any program or activity that receives Federal financial assistance.

C. Qualified Interpreters- Qualified interpreters have: demonstrated proficiency in English and the second language; demonstrated knowledge in both languages of relevant specialized terms or concepts; and documentation of completion of training on the skills and ethics of interpretation; and awareness of relevant cultural issues.

D. Confidential Information- All information relating to "personal facts" obtained by the staff in the conduct of official business shall constitute privileged communications and shall be held confidential and shall not be divulged without the person's consent except as may be necessary to provide services needed by the individual or when legally permissible. Information obtained relating to individually identifiable health information shall be subject to the terms and conditions of the Health Insurance Portability and Accountability Act of 1996.

All information relating to "personal facts" obtained by the staff in the conduct of official business shall constitute privileged communications and shall be held confidential and shall not be divulged without the person's consent except as may be necessary to provide services needed by the individual.

Personal facts shall be defined as any information ordinarily construed as part of a medical history and physical examination and positively identifying an individual with such medical data.

E. Sensitive Information- Any information that, upon disclosure, could cause any individual or business undo embarrassment or harm, either emotionally, socially, or financially.

F. Oral Interpretation- An individual is assisted with verbal communication by another party fluent in the language of the individual and English.

G. Written Translation- Conversion of written documents to or from English into the language of an individual allowing the individual to understand the document.

H. Hearing Impaired- An individual is assisted with communication by another party with the ability to communicate through sign language or other acceptable method.

I. Vital Documents- Any paper or electronic form that contains information that is critical for accessing the recipient's programs, services or benefits; letters or notices that require a response; letters and notices pertaining to approval, denial, reduction, or termination of services or benefits; and documents that inform participants of free language assistance.

J. CDAC- City Department Advisory Committee.

K. TDD- A Telecommunications Device for the Deaf is a teleprinter, an electronic device for text communication over a telephone line, that is designed for use by persons with hearing or speech difficulties.

V. PROCEDURES

A. Qualifying Interpreters

1. City of Appleton staff shall utilize independent interpreters or interpreter agencies that have contracted with the City of Appleton. The listed interpreters should provide a variety of services including oral interpretation, sign language and written translation.

2. Background checks will be completed by the Appleton Police Department before any services are provided for the City of Appleton.

3. Representatives of the CDAC, including Community and Economic Development, Health, Police, Fire, Attorney, and Human Resources shall meet annually to review the program and contracts.

4. A current list of interpreters will be kept by the Diversity Coordinator who will post the list to the City's internal website Annually, Community and Economic Development's Diversity Coordinator will provide Directors and Deputy Directors with a list of contracted interpreter agencies.

B. Utilizing Interpreter Services

1. To initiate interpreter services, employees should obtain prior approval from their department supervisor (or as provided by their department-specific policy). (Health, Police and Fire shall follow department specific Interpreter Policies and Procedures.).

   After obtaining approval, employees should choose an interpreter from the list of contracted interpreter agencies. Prior to working with the interpreter, employees should refer to *Attachment I (*Guidelines for working with interpreters).

   Language Line services are appropriate in situations where the phone call is less than 10- minutes. If the situation may require more than 10 minutes an interpreter

should be called with the approval of the department supervisor or based on a department specific policy.

TDD Lines are available at the Police Department (920) 832-5805 and at the Library Reference Desk (920) 832-6173.

2. When working with the interpreter, City of Appleton staff shall work with the interpreter to complete a form to document start and completion time of the interpreter services. If the interpreter does not have a form, *Attachment II* City of Appleton Interpreter Services Report may be used. Staff should ensure the interpreter and department name are clearly documented and have the form signed by both the interpreter and City of Appleton employee with the documented start and completion times. This should also be followed for telephone interpretation with City employee clearly identifying their name and department.

3. When an invoice is received from the interpreter, staff should review the start and end times to ensure it matches the amount billed and check for City employee signature as well as contacting either the Diversity Coordinator or City Attorney Department contact to ensure the contracted rate matches the billed rate. If billing information is correct, continue to process for payment using the normal City Finance procedures.

4. An evaluation of the level of service is optional but encouraged. Comments should be shared with the Diversity Coordinator or City Attorney contacts.

5. City of Appleton staff will receive training or communication related to this policy and procedures for working with interpreters.

ATTACHMENT I

Guidelines For Working With Interpreters

Reference: Southeast Asian Health Care: A Cultural Guide, Indochinese Cultural and Service Center, Portland, Oregon, 1982, p. 38-40.

1. Choose an interpreter of the same gender as the client when possible. If it is a health matter, these issues are generally more openly communicated between members of the same gender.

2. Try not to ask a child to interpret for a parent. Although children learn new languages faster than adults, it may be a matter of shame or loss of face for the parent to require the help of a child for interpretation.

3. Schedule extra time for appointments when using an interpreter. Translated sessions, especially when teaching is done, take longer than non-translated appointments. Taking the extra time to achieve accurate information will ultimately save time and energy.

4. When assisting a customer with an interpreter, face both the client and the interpreter. Speak to the customer.

5. Observe both the interpreter and the customer during the interview for visual cues that can help increase understanding.

6. Ask the interpreter to interpret sentence by sentence. Give lengthy explanations one sentence at a time. Give instructions in small units, asking the customer to repeat the information through the interpreter to insure understanding. Unless you know the interpreter is very familiar with the information, do not allow him/her to paraphrase long explanations as this can lead to inaccurate communication.

7. Use basic words and concrete versus absolute terms. Conditional words like "maybe", "if", "could" and "would" may have difficult implications in other languages. Be wary of using phrases that are idioms or metaphors as these are usually not translatable.

8. Speak slowly and clearly in short, simple sentences. Speak in a normal tone of voice.

9. Because English and Southeast Asian languages generally are not directly translatable, a brief question or short description may sometimes result in a lengthy translation. If mistranslation is suspected, ask the same question again using different words or ask the customer to repeat the information through the interpreter.

10. Use a trained interpreter when possible rather than a friend or family member. A health interpreter should be trained in medical terminology as well as confidentiality.

ATTACHMENT II

City of Appleton Interpreter Service Report

Date: _____

Interpreter: _____

Incident # / Client Name: _____

Type of Service: _____ Language: _____

Circle One: Scheduled Appointment / Emergency

Service began**:** _____am/pm ended: _____am/pm

Staff Signature_____

Department_____

ATTACHMENT III

City of Appleton
Interpreter Information & Background Check Form

All interpreters are required to complete the following information (please print).

Please list your FULL NAME as it appears on your driver's license or social security card.

Name_____ _____
Last First Middle Initial Social Security # or Employer Identification #

Other Names Used _____ Date of Birth _____
Or Maiden Name (Nee)

Gender M F (Circle One)

Driver's License # _____ State of Issue____ Expiration Date _____

Is Driver's License currently valid? ____ yes _____ no

Do you have transportation available? ____ yes _____ no

Current Address _____
Number and Street City State Zip

Home Phone # _____ Work Phone # _____

Have you lived out of state in the last 10 years? ____ yes _____ no
If yes, please list below:

_____
Number and Street City State Zip

_____
Number and Street City State Zip

Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of your request to be an interpreter.

☐ **CHECK HERE IF NOT APPLICABLE.**
Approximate dates may be listed: (you may attach another sheet if necessary)

Date	Location	Charge	Court	Disposition of case

Note: A conviction record or pending arrest record does not constitute an automatic bar to interpreting and will be considered only if there is substantial relationship to the circumstances of the particular position.

Current Employer: _____

Position Title: _____

Interpreter agency you are employed by: _____
(If different than above)

List any languages, other than English, that you speak fluently:
_____

Do you currently translate for any other clients or municipalities? Yes No (Circle one)
If yes, Who?
_____

List three (3) references other than family:

Name & Address	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Background: High School Diploma/GED: Yes No (Circle one)

Name and Location of College	Degree Received
_____	_____
_____	_____
_____	_____

Certifications (please attach): _____
_____

READ CAREFULLY BEFORE SIGNING:

I certify that all answers to the above questions are true and complete and authorize the City of Appleton to use the information I have provided. I understand that falsification of, or omissions from this form may result in disqualification or cancellation of my contract.

PRINTED NAME _____
Signature _____
Date _____

Emergency Contact: _____ Phone # _____
(Name and Relationship)

INDEPENDENT INTERPRETERS ONLY

Cell Phone # _____ Pager # _____

Days Available: Su ____ Mo ____ Tu ____ We ____ Th ____ Fr ____ Sa ____

Hours available to translate: _____

What City departments are you interested in interpreting for? Check all that apply
Police _____ Fire _____ Health _____ Any _____

CITY OF APPLETON PERSONNEL POLICY	TITLE: **MEDIA RELATIONS POLICY**	
ISSUE DATE: (Day after Council)	LAST UPDATE: December 2000; September 10, 2003; June 2008; July 2015; March 2018	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: Applies to City employees and volunteers	TOTAL PAGES: 4
Reviewed by Legal Services Date: December 2000 September 12, 2003 June 23, 2008 July 2015 April 2018	Committee Approval Date: July 10, 2001 September 24, 2003 August 13, 2008 August 24, 2015 May 9, 2018	Council Approval Date: July 18, 2001 October 1, 2003 August 20, 2008 September 2, 2015 June 21, 2018

I. PURPOSE

The purpose of this policy is to establish guidelines and assign responsibilities for the media relations function of the City of Appleton.

II. POLICY

To provide timely and accurate information to the media when requesting information concerning business, in accordance with applicable laws, regulations and City policies.

To provide continual internal communications to assure the alderpersons, Mayor's office and City department spokespersons are appraised of events that will be in the media (prior to release, if possible). Note: Fire, Library, Police and Valley Transit matters will be handled by their respective media personnel. Violations of this policy are subject to discipline, up to and including termination.

III. DEFINITIONS

1) Citywide Communications Specialist (central contact person): City employee who facilitates or documents discussions with the media about City business and activities. He/She would also coordinate media contacts regarding citywide business and unpublicized City plans. For the purpose of this policy, the citywide Communications Specialist will be referred to as the Communications Specialist.

2) Authorized Department Spokesperson: An employee in a specific department who would serve as the key media relations contact for that department. This spokesperson would be available to field media inquiries and discuss information about his/her department. In addition, this

spokesperson would work with the Communications Specialist to inform the Communications Specialist of media contacts (and what information was shared) or to assist the Communications Specialist in disseminating information to internal employees and the public. (See Attachment 1.)

3) City Employee: For purpose of this policy, "employee" includes all employees and volunteers who work for the City, except for alderpersons.

4) Routine information: Information about the City, its services or its personnel that is provided to the media on an ongoing basis, including such information as staff announcements, general events, current happenings, status of Citywide projects or general community and Common Council business.

5) Substantial, non-routine information: Information about the City, its services or its personnel that is not considered normal or routine maintenance news. Examples of substantial, non-routine information may include a bomb threat at a municipal building or a water main break in the City.

6) Unpublicized City information: Any information concerning tentative major programs or plans, unfinalized, unfinanced or uncoordinated with other department heads that has not been presented in a public meeting. This information should only be released by the Mayor or Communications Specialist, unless with prior approval by the Mayor.

IV. RESPONSIBILITIES

A. Communications Specialist will be the primary liaison with the media. The Communications Specialist will:

1) Assist media representatives in covering newsworthy activities of the City.
2) Review and disseminate press releases that involve multiple departments or unpublicized City plans (see definition above).
3) Prepare and distribute press releases on citywide issues.
4) Forward the appropriate City department spokesperson's name to the media for information on a specific department.
5) Collect articles/recordings, which result from media contacts.
6) Maintain a current list of all media contact information and share this information with department spokespersons when requested.
7) Facilitate media training with department spokespersons.
8) Keep alderpersons and department spokespersons appraised of current City issues.
9) Arrange for/Assist at news conferences.
10) Serve as the main point of contact for media during a citywide crisis situation (unless otherwise noted in City Emergency Operations Plan).
11) Maintain ongoing professional relationships with media contacts.

B. Authorized Department Spokesperson

1) Share substantial, non-routine press releases (or those that affect multiple departments) with the Communications Specialist prior to release, if feasible. If in doubt of the impact of the press release or its content, seek input from your Department Director or the Communications Specialist.

2) Promptly respond to media to answer any questions or gather information for them.

3) For issues that impact more than your department, refer the media to the Communications Specialist.

4) Keep your department employees informed of citywide issues that appear in the news.

5) Participate in training for all department spokespersons.

C. Employee/Volunteer

As a general rule, employees are discouraged from releasing information over the telephone. However, to maintain a good working relationship with the media, sometimes you may need to release limited information via telephone to the media. When doing so, you should follow these guidelines:

1) When contacted, immediately obtain the caller's name, news organization and timeliness of his/her request.

2) If contacted by the media regarding issues *about the City or your department*, politely decline making comments and refer all questions to the Communications Specialist or your department spokesperson.

3) If contacted by the media *regarding your personal opinions*, answer the media's questions (if you wish), but make it clear that these comments are your personal opinions and not made on behalf of the City or because of your role as a City employee.

4) Inform the Communications Specialist or your department spokesperson prior to distributing any press releases. Give them a copy of the press release for review and/or approval before release, if time permits.

5) Assist Communications Specialist or department spokesperson in compiling information for the media. Forward this information to the Communications Specialist when requested.

6) Alert Communications Specialist of any unusual media contacts or incorrect published information about the City as soon as possible (so the error can be corrected).

This policy applies to all City employees and volunteers. For questions on this policy, please contact the City of Appleton Human Resources Department or the Legal Services office.

City of Appleton Media Relations Departmental Contacts (3/18)

Citywide Communications Specialist: Chad Doran (832-5814/Cell: 419-0292)

Departmental Spokespersons:

- **Community Development** — Karen Harkness, Department Director (832-6408)
- **Facilities /Parks & Rec** — Dean Gazza, Department Director (832-5572)
- **Finance** — Tony Saucerman, Department Director (832-6440)
- **Fire** — Darrel Baker, Fire Deputy Chief (832-1704)
- **Health** — Kurt Eggebrecht, Department Director (832-6433)
- **Human Resources** — Melody Lewis, Staff Dev./Training (832-3941)
- **Legal Services** (**Attorney**) — Jim Walsh, City Attorney (832-6423)
- **Library** — Tina Krueger, Library Assistant Marketing (832-1695)
- **Mayor**
  1) Mayor Hanna (832-6400)
  2) Britney Stobbe (832-6400)
- **Police** — David Lund, Public Information Officer (832-5509)
- **Public Works**
  1) Paula Vandehey, Department Director (832-6474)
  2) DPW—Ross Buetow, Deputy Director (832-6474)
  3) MSB—Nate Loper, Deputy Director (832-5804)
- **Information Technology** — Dean Fox, Department Director (832-5892)
- **Utilities** — Chris Shaw, Department Director (832-2362)
- **Valley Transit** — Ron McDonald, VT General Manager (832-2291)

CITY OF APPLETON POLICY	TITLE: **MILITARY LEAVE**	
ISSUE DATE:	LAST UPDATE: March 7, 2005 August 2010 July 2012 October 2015	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees serving in the military forces of the United States of America and all employee who are members of the Wisconsin Civil Air Patrol	TOTAL PAGES: 10
Reviewed by Legal Services Date: September 10, 2003 August 2010 August 2012 November 2015	Committee Approval Date: November 5, 2003 September 22, 2010 December 10, 2012 February 8, 2016	Council Approval Date: November 24, 2003 October 6, 2010 December 19, 2012 February 17, 2016

I. PURPOSE

To outline for employees who are members of the military forces of the United States of America, either on active duty, in the Reserves or members of the National Guard their responsibilities and rights as City of Appleton employees, as well as the procedures for compliance with the Uniformed Services Employment and Reemployment Rights Act (USERRA).

This policy also outlines the rights and responsibilities of employees who are members of the Wisconsin Civil Air Patrol.

II. POLICY

It is the policy of the City of Appleton to allow military leave to all employees who temporarily leave the service of the City to join the military forces of the United States. Such leave will be without pay for all regular part-time, seasonal, temporary and grant-funded non-represented employees. Regular full-time employees shall be granted a leave of absence from their position without loss of pay for a period not to exceed two consecutive calendar weeks in any calendar year. The City will pay such an employee for time lost in the amount equaling the difference between the military pay and their normal City pay.

The City of Appleton will allow Wisconsin Civil Air Patrol members unpaid leave for up to five consecutive days per incident, not to exceed a total of 15 days of leave in a year.

NOTE: For exigency leave please refer to the City of Appleton FMLA policy.

III. DEFINITIONS

All definitions are taken from 32 CFR 104.03 (USERRA).

A. *Critical mission*. An operational mission that requires the skills or resources available in a Reserve component or components.

B. *Critical requirement*. A requirement in which the incumbent possesses unique knowledge, extensive experience, and specialty skill training to successfully fulfill the duties or responsibilities in support of the mission, operation or exercise. Also, a requirement in which the incumbent must gain the necessary experience to qualify for key senior leadership positions within his or her Reserve component.

C. *Escalator position*. This is established by the principle that the returning service member is entitled to the position of civilian employment that he or she would have attained had he or she remained continuously employed by that civilian employer. This may be a position of greater or lesser responsibilities, to include a layoff status, when compared to the employees of the same seniority and status employed by the company.

D. *Impossible or unreasonable*. For the purpose of determining when providing advance notice of uniformed service to an employer is impossible or unreasonable, the unavailability of an employer or employer representative to whom notification can be given, an order by competent military authority to report for uniformed service within forty-eight hours of notification, or other circumstances that the Office of the Assistant Secretary of Defense for Reserve Affairs may determine are impossible or unreasonable are sufficient justification for not providing advance notice of pending uniformed service to an employer.

E. *Military necessity*. For the purpose of determining when providing advance notice of uniformed service is not required, a mission, operation, exercise or requirement that is classified, or a pending or ongoing mission, operation, exercise or requirement that may be compromised or otherwise adversely affected by public knowledge is sufficient justification for not providing advance notice to an employer.

F. *Uniformed service*. Performance of duty on a voluntary or involuntary basis in the Army, the Navy, the Air Force, the Marine Corps or the Coast Guard, including their Reserve components, when the Service member is engaged in active duty, active duty for special work, active duty for training, initial active duty for training, inactive duty training, annual training or full-time National Guard duty, and, for purposes of this part, a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform such duty.

IV. PROCEDURES

All employees requesting military or Civil Air Patrol leave, whether full or part-time, shall complete the Military Leave Notification form (Exhibit 1). This form helps determine how to pay the employee while on leave, whether their military leave will be paid or unpaid by the City. This form shall be completed prior to said leave or the employee will be considered on an unpaid leave, unless precluded by military necessity.

Any regular, full-time employee who, by reason of membership in the United States Military Reserve is ordered by the appropriate authorities to attend a training or encampment under the supervision of the United States Armed Forces or by reason of membership in the National Guard is required by the authority thereof to do so, shall be granted a leave of absence from their position without loss of pay for a period not to exceed two consecutive calendar weeks in any calendar

year. The City will pay such an employee for time lost in the amount equaling the difference, if any, between the military pay and their normal City pay.

For a regular, full-time employee to receive the difference between the military pay and their normal City pay, the employee must complete the Military Leave Notification form prior to said leave unless precluded by military necessity. Upon return from said leave, the employee shall submit to the City the pay records from the military substantiating the pay they received during that time. For employees not contributing towards the Wisconsin Retirement System, the City shall then pay the difference in the two rates of pay, and contribute the full amount of the costs of the employee's portion of the Wisconsin Retirement Fund, but not to exceed the employee contribution rates for the period of the leave. For employees who are contributing towards the Wisconsin Retirement System, the state provides that the employee is responsible for making the Wisconsin Retirement System employee required contributions. Upon returning from unpaid military leave, the employee has the choice whether to make up all, some or none of the total WRS employee required contributions dating to the employee's military leave of absence (Exhibit 2 & 3).

A. To preserve their rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA), employees shall provide advance written or verbal notice to the City, unless precluded by military necessity or otherwise unreasonable or impossible. Reserve component members should provide notice at least 30 days in advance when it is feasible to do so. This notice requirement can be met by providing the City a copy of the unit annual training schedule or completing the Military Leave Notification form.

B. Upon completion of service, in order to be re-employed by the City:

    1. The employee's cumulative length of absences does not exceed 5 years;

    2. The employee reports to, or submits an application for reemployment to, the Human Resources Department within the specified period based on duration of services, as described in section F; and,

    3. The person's character of service was not disqualifying as described in sections C. 4 and C. 5 below.

C. The City is not required to reemploy a person if:

    1. The employment with the City was for a brief, non-recurrent period and there was no reasonable expectation that the employment would continue indefinitely or for a significant period.

    2. The City's circumstances have so changed as to make reemployment impossible or unreasonable.

    3. The reemployment imposes an undue hardship on the City in the case of an individual who:

        a) Has incurred a service connected disability; or,

b) Is not qualified for the escalator position or the position last held and cannot become qualified for any other position of lesser status and pay after a reasonable effort by the City to qualify the person for such positions.

4. The Service member or former Service member was separated from a uniformed service with a dishonorable or bad conduct discharge, or separated from a uniformed service under other than honorable conditions.

5. An officer dismissed from any Armed Force or dropped from the rolls of any Armed Force as prescribed under 10 U.S.C. 1161.

6. The cumulative length of service exceeds five years and no portion of the cumulative five years of uniformed service falls within the exceptions described in section E;

D. The City shall not deny initial employment, reemployment, retention in employment, promotion, or any employment benefit on the basis of membership, an application for membership, performance of service or an obligation for service in the uniformed services. No person, including a non-Service member, shall be subject to employment discrimination or any adverse employment action because they have taken an action to enforce a protection afforded a Service member, has testified or made a statement in or in connection with any proceeding concerning employment and reemployment rights of a service member, has assisted or participated in an investigation, or has otherwise exercised any right provided by USERRA.

E. In order to retain reemployment rights and benefits provided by this policy and federal law, the cumulative length of absences from the City cannot exceed 5 years. Not counted toward this limit is:

1. Service beyond 5 years if required to complete an initial service obligation;

2. Service during which an individual was unable to obtain release orders before the expiration of the 5-year cumulative service limit through no fault of their own;

3. Inactive duty training; annual training; ordered to active duty for unsatisfactory participation; active duty by National Guardsmen for encampments, maneuvers, field operations or coastal defense; or to fulfill additional training requirements, as determined by the Secretary concerned, for professional skill development, or to complete skill training or retraining;

4. Involuntary order, call to active duty or retention on active duty;

5. Ordered to or retained on active duty during a war or national emergency declared by the President or Congress;

6. Ordered to active duty in support of an operational mission for which personnel have been involuntarily called to active duty;

7. Performing service in support of a critical mission or requirement as determined by the Secretary concerned;

8. Performing service in the National Guard when ordered to active duty by the President to suppress an insurrection or rebellion, repel an invasion or execute laws of the United States; and,

9. Voluntary recall to active duty of retired regular Coast Guard officers or retired enlisted Coast Guard members.

F. Applications For Reemployment:

1. For service of 30 days or less or for an absence for an examination to determine the individual's fitness to perform uniformed service, the Service member or applicant must report to work not later than the beginning of the first full regularly scheduled work period on the first full calendar day following the completion of service or the examination, after allowing for an eight-hour rest period following safe transportation to their residence.

2. For service of 31 days or more but less than 181 days, the Service member must submit an application for reemployment not later than 14 days after completion of service or by the next full calendar day when submitting an application within the 14-day limit was impossible or unreasonable through no fault of the Service member.

3. For service of 181 days or more, the Service member must submit an application for reemployment not later than 90 days after the completion of service.

4. If hospitalized or convalescing from an illness or injury incurred or aggravated during service, the Service member must, at the end of the period necessary for recovery, follow the same procedures, based on length of service, as described in sections F. 1 through F. 3 above. The period of hospitalization or convalescence may not normally exceed 2 years.

5. Anyone who fails to report or apply for reemployment within the specified period shall not automatically forfeit entitlement to reemployment rights and benefits, but is subject to the rules of conduct, established policies, general practices of the employer pertaining to explanations and discipline because of an absence from scheduled work.

G. If service is for 31 days or more, a Service member must provide documentation, upon request, that establishes:

1. Application to return to work within the prescribed time period;

2. Has not exceeded the 5-year cumulative service limit; and

3. Reemployment rights were not terminated because of character of service as described in paragraphs C. 4 and C. 5 of this policy.

Failure to provide documentation cannot serve as a basis for denying reemployment to the Service member, former Service member, or applicant if documentation does not exist or is not readily available at the time of the City's request. However, if after reemployment documentation becomes available that establishes that the Service member or former Service member does not meet one or more of the requirements contained in this policy, the City may immediately terminate the employment.

H. Position To Which Entitled Upon Reemployment

1. Reemployment position for service of 90 days or less:

    a) The position the person would have attained if continuously employed (the "escalator" position) and if qualified to perform the duties; or,

    b) The position in which the person was employed when they departed for uniformed service, but only if the person is not qualified to perform the duties of the escalator position, despite the City's reasonable efforts to qualify the person for the escalator position.

2. Reemployment position for service of 91 days or more:

    a) The escalator position or a position of like seniority, status and pay, the duties of which the person is qualified to perform; or,

    b) The position in which the person was employed when they departed for uniformed service or a position of like seniority, status and pay, the duties of which the person is qualified to perform, but only if the person is not qualified to perform the duties of the escalator position after the City has made a reasonable effort to qualify the person for the escalator position.

3. If a person cannot become qualified, after reasonable efforts by the City to qualify the person, for either the escalator position or the position formerly occupied by the employee as provided in this section, for any reason (other than disability), the person must be employed in any other position of lesser status and pay that the person is qualified to perform, with full seniority.

I. If a person who is disabled because of service cannot (after reasonable efforts by the City to accommodate the disability) be employed in the escalator position, they must be reemployed:

    1. In any other position that is equivalent to the escalator position in terms of seniority, status, and pay that the person is qualified or can become qualified to perform with reasonable efforts by the City; or,

    2. In a position, consistent with the person's disability, that is the nearest approximation to the position in terms of seniority, status and pay to the escalator or equivalent position.

J. A person who is reemployed under USERRA is entitled to the seniority and other rights and benefits determined by seniority that the person had upon commencing uniformed service and any additional seniority and rights and benefits they would have attained if continuously employed. A person who is absent by reason of uniformed service shall be deemed to be on leave of absence from the City and is entitled to such other rights and benefits not determined by seniority as generally provided by the City to employees on leave of absence having similar seniority, status and pay who are also on leave of absence, as provided under the contract or policy in effect during the Service member's absence because of uniformed service, except vacation. Employees who are on an unpaid leave of absence for purposes of military leave shall not have their vacation prorated upon their return. However such employees shall not be entitled to more than one year of benefits upon their return. The individual may be required to pay the employee cost, if any, of any funded benefit continued to the same extent other employees on leave of absence are required to pay.

K. If, after being advised by the City of the specific rights and benefits to be lost, a Service member, former Service member or applicant of uniformed service knowingly provides written notice of intent not to seek reemployment after completion of uniformed service, they are no longer entitled to any non-seniority based rights and benefits. This includes all non-seniority based rights and benefits provided under any contract, plan, agreement or policy in effect at the time of entry into uniformed service or established while performing such service and which are generally provided by the employer to employees having similar seniority, status and pay who are on leave of absence.

L. A person who is reemployed following uniformed service cannot be discharged from employment, except for cause, within 1 year after the date of reemployment if that person's service was 181 days or more; or within 180 days after the date of reemployment if such service was 31 days or more but less than 181 days.

M. During any period of uniformed service, a person may, upon request, use any vacation, PTO, or similar leave with pay accrued before the commencement of that period of service.

N. The City will allow the Service member to elect to continue personal health insurance coverage, and coverage for his or her dependents under the following circumstances:

1. The maximum period of coverage of a person and the person's dependents under such an election shall be the lesser of:

   a) The 24 month period beginning on the date on which the person's absence begins; or

   b) The day after the date on which the person was required to apply for or return to a position of employment as specified in this policy, and fails to do so.

2. A person who elects to continue health plan coverage may be required to pay up to 102 percent of the full premium under the plan, except that a person on active duty for 30 days or less cannot be required to pay more than the employee's share, if any, for the coverage.

3. An exclusion or waiting period may not be imposed in connection with the reinstatement of coverage upon reemployment if one would not have been imposed had coverage not been terminated because of service. However, an exclusion or waiting period may be imposed for coverage of any illness or injury determined by the Secretary of Veterans Affairs to have been incurred in or aggravated during, the performance of uniformed service.

O. A person reemployed after uniformed service shall be treated as if no break in service occurred, with the City maintaining the employee's pension benefit plan. Each period of uniformed service, upon reemployment, shall be deemed to constitute service with the City for the purpose of determining the nonforfeitability of accrued benefits and accrual of benefits. The City is liable to the plan for funding any obligation attributable to the employer of the employee's pension benefit plan that would have been paid to the plan on behalf of that employee but for their absence during a period of uniformed service. Upon reemployment, a person has three times the period of military service, but not to exceed five years after reemployment, within which to contribute the amount they would have contributed to the pension benefit plan if they had not been absent for uniformed service. An employee is entitled to accrued benefits of the pension plan that are contingent on the making of or are derived from, employee contributions or elective deferrals only to the extent the person makes payment to the plan.

Exhibit 1

MILITARY LEAVE NOTIFICATION FORM

Employee:

Department:

The following serves as notification that I will be absent related to my duty in the National Guard/U.S. Reserve:

Date(s) of Leave: _____ (attach copy of your orders). ***Employees should contact the City Benefits Coordinator at (920)832-6455 to discuss benefit impacts for leaves that extend beyond 30-days, which may result in proration of future benefits.***

☐ I choose to take paid leave time off to the extent such paid leave is available and will keep my pay from the military. (ie – vacation, floating holiday, comp time, PTO)

☐ I choose to take an unpaid leave of absence and keep my military pay.

☐ I choose to take regular pay to the extent such paid leave is available pursuant to the Military Leave policy or the applicable collective bargaining agreement and will turn in my pay stubs from the military.

Following provisions apply to all employees.

The state provides that the employee is responsible for making Wisconsin Retirement System (WRS) employee required contributions. Upon returning from unpaid military leave, the employee has the choice whether to make up all, some or none of the total WRS employee required contributions dating to the employee's military leave of absence.

For leaves more than 31 days: Upon return from military leave, I will complete Section A: Employee Information of the ETF USERRA Certification (ET-4560) and hand in to my supervisor along with a copy of my DD-214 or a copy of my military orders or any other military issued paperwork reflecting that my service was other than disqualifying under 38 U.S.C. 4304. (A copy of the ETF form is attached to this form.)

USERRA allows for employee required contributions to WRS to be made beginning with the date of reemployment and ending on the earlier of: (1) three times the period of military service, or; (2) five years. This provision is for employees not covered by a collective bargaining agreement under which the employer has agreed to pay the total WRS employee required contributions.

☐ I elected unpaid military leave. My leave is less than 31 days and I will not receive a DD-214. Upon my return I would like to make up % of the WRS employee required contributions. I understand that I have the option of paying back all, some or none of the WRS employee-required contributions dating to the military leave. I understand the employer is only required to make employer required contributions to match the contributions made by the employee.

EMPLOYEE SIGNATURE: DATE:

SUPERVISOR: DATE:

HUMAN RESOURCES GENERALIST: DATE:

Cc: Payroll Coordinator (including ETF form), Human Resources Benefits Coordinator; Supervisor

Uniformed Services Employment and Reemployment Rights Act (USERRA) Certification Form Instructions

Please read instructions before completing this form. Make a copy for your records, and then submit this form to your employer.

Important Considerations:

To qualify for Wisconsin Retirement System (WRS) pension rights under USERRA, the employee must meet all of the following criteria:

1. The employee must notify his or her employer that the employee is leaving his or her job to perform service in the uniformed services.
2. Once the employee's period of active military duty ends, the employee must return to his or her pre-military service employment with the employee's WRS employer in a timely manner.
3. The employee's cumulative period of service must not have exceeded five years, with certain exceptions. (For more information on exceptions to the five-year limit, please visit the U.S. Department of Labor website at www.dol.gov/vets or contact the Wisconsin Department of Employee Trust Funds (ETF) at 1-877-533-5020 (toll free).)
4. The employee must not have been separated from military service with a disqualifying discharge or under other than honorable conditions.
5. The employee must submit this form to his or her employer for certification.
6. The employee must have the employer submit this form to ETF.

Employee Instructions:

The employee is responsible for filling out Section A. Please read through Section A, then fill in the member information, including name, address and phone number, and note the percentage, if any, of the WRS employee-required contributions that the employee intends to make up. Next, please sign and date the form, then submit it to the employer with a copy of your DD-214, or, if you did not receive a DD-214 based on the length of service, a copy of your military orders or any other military-issued paperwork reflecting that your service was other than disqualifying under 38 U.S.C. 4304. No military-issued paperwork is required for a service period of less than 31 days.

Employer Instructions:

The employer is responsible for filling out Sections B and C. Employers, please:

- Review the certification form to ensure the employee has completed Section A.
- Sign and date the form in the employer certification section, Section B. By signing, the employer certifies that the employee has met all of the qualifications for reemployment under USERRA.
- List the USERRA-qualifying time period in Section C.
- Fill in the employee's deemed hours and earnings for each year that the employee was on a military leave of absence in Section C.
- Submit form via mail, facsimile or e-mail to ETF:

  Wisconsin Department of Employee Trust Funds
  P.O. Box 7931
  Madison, Wisconsin 53707-7931

  Employer Communications facsimile number: (608) 266-0133

  E-mail: etfweb@etf.state.wi.us

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

USERRA Certification

Section A: Employee Information

Employee Name		Social Security Number
Mailing Address		ETF Member ID Number
City, State, Zip	E-mail (Optional)	Phone Number

I understand that I have the option of paying back all, some or none of the Wisconsin Retirement System (WRS) employee-required contributions dating to the military leave of absence for which I am electing my rights under USERRA. At this point, I intend to make up:

____ % of the WRS employee-required contributions.* (0 to 100%)

I have attached a copy of my DD-214 to this form or, if I did not receive a DD-214 based on the length of my service, a copy of my military orders or any other military-issued paperwork reflecting that my service was other than disqualifying under 38 U.S.C. 4304. No military-issued paperwork is required for a service period of less than 31 days.

Signature _____ Date _____

*ETF cannot predict what impact, if any, the making-up of missed WRS employee-required contributions may have on an individual's retirement benefits.

Section B: Employer Certification

I hereby certify that the employee above has met all of the qualifications for reemployment under the Uniformed Services Employment and Reemployment Act (USERRA) 38U.S.C.4301-4333.

☐ This employee is subject to differential wage payments.

Employer Number		Employer Name	
Certifying Person's Name		Title	
Signature	Date	Phone	Ext.

Section C: Qualifying Time Period

Fill out one row for each qualifying calendar year. Based on 2011 Wisconsin Act 10, for calendar year 2011, please complete two rows. The first row should include pre-Act 10 employee category information, and deemed hours and earnings. The second row should include post-Act 10 employee category information, and deemed hours and earnings.

Employee Category	Last date of employment or paid leave prior to USERRA-qualifying time (MM/DD/CCYY)	First date of employment or paid leave following USERRA-qualifying time (MM/DD/CCYY)	Teachers/Judges/ Educational Support Personnel Only (January–June)		Calendar Year-to-Date (All Employees, including Teachers, Judges & Educ. Support Personnel)	
			Fiscal Hours of Service	Fiscal Earnings	Calendar Hours of Service	Calendar Earnings

In compliance with the Americans with Disabilities Act, ETF will provide help filling out this form upon request. You may request help by calling (877) 533-5020 or (608) 266-3285 local to Madison.

ET-4560 (02/2012) etf.wi.gov

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **NURSING MOTHERS**	
ISSUE DATE: November 2015	LAST UPDATE:	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees, Alderpersons & Visitors on City Business	TOTAL PAGES: 3
Reviewed by Legal Services Date: December 2015, 2018	Committee Approval Date: December 7, 2015 July 11, 2018	Council Approval Date: December 16, 2015 July 18, 2018

I. PURPOSE

Based on well documented health advantages of breastfeeding for infants and mothers, the City of Appleton would like to promote a culture of breastfeeding support within the workplace.

II. POLICY

The City of Appleton will provide a sufficient space shielded from view and free from any intrusion from co-workers and the public to enable breastfeeding employees to express their milk during work hours.

III. DISCUSSION

Employees who wish to express milk during the working hours shall keep their supervisor informed of their needs so that appropriate accommodations can be made to satisfy the need of the employee and the department. A Nursing Mothers Room has been established on the 6th Floor of City Hall.

Additionally, the Library has a Comfort Room available in the Children's Department located in the Library. In other locations where there are no dedicated ~~lactation~~ Nursing Mothers rooms, the employee should work with their supervisor and Human Resources to determine appropriate accommodations.

IV. PROCEDURE

A. **EMPLOYEE RESPONSIBILITIES**

(1) **Communication to Supervisor:** It is the employee's responsibility to initiate this communication and clearly discuss her needs with her supervisor.

(2) **Maintenance of Milk Expression Areas:** Breastfeeding employees are responsible for keeping the Nursing Mothers Room clean by using the supplied anti-microbial wipes to clean the surfaces they utilize to pump. This will ensure it is clean for the next user.

(3) **Breastfeeding Equipment:** The employee will be responsible to purchase their own breast pump equipment. Employees covered under the City health insurance should contact the provider to learn about coverage for the breast pump.

(4) **Milk Storage (Employee's only):** When using the shared fridge in the Nursing Mothers Room, the employee should label all milk expressed with their name and date collected so it is not inadvertently confused with another employee's milk.

(5) **Break time to Express Milk:** Employees shall use the Nursing Mothers Room Outlook Calendar found under "Rooms" on the calendar for making an appointment, to schedule milk expression times that are most convenient or best meet their needs.

(6) **City Hall Card Access:** Employees who wish to use the City Hall Nursing Mothers Room shall be responsible to ensure they have the needed card access with appropriate hours. Contact Human Resources to ensure their identification card will have access to the room at the appropriate times.

B. EMPLOYER RESPONSIBILITIES

(1) **Milk Expression Breaks:** In accordance with the Fair Labor Standards Act (FLSA), the City of Appleton will provide nursing mothers reasonable break time each time the employee needs to express milk for up to one year after the birth of a child. Lactation times shall be established for each employee based on her work schedule and if possible concurrently with any break time already provided. Any time beyond the regular break time is unpaid and should be determined between the employee and the employee's supervisor.

(2) **Place to Express Milk:** In accordance with the Fair Labor Standards Act (FLSA), the City of Appleton will provide nursing mothers with a private room, an electrical outlet, fridge, comfortable seating, appropriate signage to identify occupied and the ability to lock the door, to allow for employees to breastfeed or express milk with privacy. Employees who prefer, may also breastfeed or express milk in their own private office, or in a comfortable location agreed upon in consultation with the employee's supervisor and Human Resources.

(3) **Notification to Employees:** The City of Appleton shall notify employees of this policy when receiving Family and Medical Leave Paperwork. This policy will also become part of the City of Appleton Employee Policy Manual and be posted on the City of Appleton Web Page.

(4) **Supervisor:** Shall be responsible for reviewing this policy and help facilitate each employee's infant feeding goals within this policy.

C. VISITOR USE

(1) **Visitors on city business:** Visitors on City business may use the Nursing Mothers Room on the 6th floor of City Hall as needed. Visitors should arrange with the City employee hosting the City business they are attending, to make arrangements to schedule use of the room.

(2) Assisting your visitor:

a) Ask your visitor what time the Nursing Mothers room will be needed.
b) Reserve the Nursing Mothers Room using the Outlook calendar under Rooms/Nursing Mothers room for a time, up to 30 minutes.
c) Escort your visitor to the Nursing Mothers Room.

Reference: Wisconsin State Statute 253.165 and United States Department of Labor, Wage and Hour Division. Section 7® of the Fair Labor Standards Act

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **ORGANIZATION AND DELEGATION OF AUTHORITY**	
ISSUE DATE: (Day after Council)	LAST UPDATE: September 20, 2002 September 10, 2003 February 2008 May 2011 December 2011	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees and Volunteers	TOTAL PAGES: 6
Reviewed by Attorney's Office Date: September 2002 September 12, 2003 March 14, 2008	Committee Approval Date: October 9, 2002 S September 24, 2003 April 9, 2008 May 9, 2011 December 12, 2011 January 9, 2012	Council Approval Date: October 16, 2002 October 1, 2003 April 16, 2008 May 18, 2011 December 21, 2011 January 18, 2012

I. PURPOSE

The purpose of this policy is to establish a clear understanding of responsibility and authority in the establishment and maintenance of a human resources program for the City of Appleton.

II. POLICY

It is the policy of the City of Appleton to comply with all applicable laws and regulations concerning the administration and management of the City's human resources program. Failure to follow this policy may result in discipline up to and including discharge.

III. DISCUSSION

This policy provides an outline of the delegation of authority for the responsibilities, authority and administration of the City's human resources programs. It is recognized that proper organization and delegation of authority are essential to promote effective and efficient City government, administration and management.

IV. RESPONSIBILITY AND AUTHORITY

A. Common Council

The Common Council shall have responsibility for:

1. Approving the personnel schedules and departmental table of organization.
2. Approving the human resources programs as outlined in the Annual Operating Budget and Service Plan.
3. Approving the compensation and benefit policies for non-represented employees.
4. Approving all labor agreements.
5. Approving City human resources policies.

6. Confirming department director and interim department director appointments as provided for in the Municipal Code.

7. Removing department directors consistent with the Municipal Code.

8. Approving committee recommendations and reports.

B. HR Committee:
The HR Committee shall have responsibility for:

1. Reviewing and recommending the personnel schedules and departmental tables of organization.

2. Reviewing the human resources programs as outlined in the Annual Operating Budget and Service Plan.

3. Reviewing and recommending approval of tentative labor agreements.

4. Reviewing and recommending approval of City human resources policies.

5. Reviewing requests from departments for changes in the personnel schedule or table of organization and making appropriate recommendations regarding the fiscal impact of any changes to the Common Council.

C. Committee of Jurisdiction:
The committee of jurisdiction shall have responsibility for:

Reviewing and recommending to the HR Committee, requests from departments under its jurisdiction for changes in the personnel schedule or table of organization.

D. Library Board:
The Library Board shall have the powers and duties set forth in Wisconsin State Statute 43.58 and whenever practicable, shall exercise those powers and duties in accordance with this and other City of Appleton personnel policies. No City of Appleton personnel policy shall be interpreted in a way that usurps the Library Board's powers and duties set forth in sec. 43.58, stats.

E. Police and Fire Commission:

The Police and Fire Commission shall have responsibility for those duties and responsibilities pursuant to State Statute 62.13.

F. Mayor:
The Mayor shall have responsibility for:

1. Reviewing and recommending approval of the personnel schedules and tables of organization.

2. Reviewing and recommending approval of the human resources programs outlined in the Annual Operating Budget and Service Plan.

3. Reviewing requests from departments for changes in the personnel schedule or table of organization.

4. Appointing Department Directors and Interim Department Directors subject to confirmation of the Common Council consistent with state law and the Municipal Code.

5. Establishing goals and objectives for Department Directors.

6. Reviewing Department Director performance.

7. Administering corrective actions for Department Directors and the employees in the Mayor's Office.

8. Following, promoting and enforcing safety and risk management policies and procedures.

9. Approving severance agreements.

G. The Human Resources Director and/or designee:
The Human Resources Director and/or designee shall have responsibility for:

1. Administering the human resources policies adopted by the Common Council and establishing procedures consistent with such policies.

2. Keeping employees informed of current human resources and safety policies.

3. Maintaining complete employment, performance and medical records of all City employees. (The Parks Recreation and Facilities Management Department shall be responsible for maintaining performance evaluation records of all recreational seasonal employees.)

4. Establishing and maintaining a roster of all employees in the City, which shall include the class title, pay status, and other pertinent data.

5. Making reports and recommendations to the Mayor, HR Committee, and the Common Council as required.

6. Developing and maintaining the classification and compensation plan.

7. Developing and maintaining an employee assistance program.

8. Developing and maintaining an employee wellness program.

9. Monitoring performance evaluations and approving performance adjustments for all departments.

10. Preparing and implementing such forms, reports, and procedures necessary to carry out the City human resources programs.

11. Disseminating information regarding the human resources programs, fringe benefits and conditions of employment to all employees and departments.

12. Developing, coordinating, and administering the Affirmative Action Program for the City.

13. Developing and recommending severance and resignation agreements to the Mayor and/or City Attorney.

14. Investigating unemployment compensation claims and participating in unemployment compensation hearings.

15. Establishing and maintaining a city-wide safety program.

16. Administering, monitoring and maintaining employee fringe benefit and voluntary benefit programs.

17. Reviewing and making recommendations to the Mayor and Common Council on all requests for modifications to personnel schedules or departmental tables of organization.

18. Recommending changes to policies as necessary.

19. Coordinating and administering the City's risk management program.

20. Coordinating and maintaining a city-wide workers compensation program.

21. Approving and monitoring layoffs due to lack of funds or other reasons and reviewing, when appropriate, the re-employment of laid off employees in other City positions.

22. Reviewing and making recommendations on the filling of vacant positions with the Mayor and Administrative Services Committee chairperson.

23. Approving appointments to, and removal of**,** personnel from City positions.

24. Developing and administering the recruitment and selection program.

25. Monitoring temporary and emergency appointments.

26. Administering labor agreements and establishing procedures consistent with such agreements.

27. Establishing standards and procedures to insure uniformity in the application of corrective actions and the processing of employee grievances.

28. Conducting hearings in the last step of the grievance procedure.

29. Conducting hearings in the last step of the complaint procedure for non-represented employees.

30. Negotiating the City's labor agreements.

31. Preparing for and assisting in grievance arbitration hearings and interest arbitration hearings.

32. Preparing for and participating in employment hearings.

33. Developing, operating, and coordinating training programs to improve employee and supervisor effectiveness.

H. City Attorney and/or designee:
The City Attorney and/or designee shall have responsibility for:

1. Representing the City in employment hearings.

2. Representing the City in unemployment compensation hearings.

3. Representing the City in workers' compensation hearings.

4. Representing the City in grievance arbitration hearings.

5. Representing the City in interest arbitration hearings.

6. Representing the City in general liability and claims litigation.

7. Approving the removal of personnel from City positions.

8. Participating in the final step of the complaint procedure for non-represented employees.

9. Approving independent contractor agreements.
10. Developing and recommending severance or resignation agreements.
11. Assisting the Human Resources Department with labor negotiations.
12. Reviewing and approving human resources policies for legal compliance.
13. Advising Human Resources and Department Directors on employment and labor related issues.
14. Retaining outside counsel when appropriate.

I. Department Directors:
Department Directors shall have responsibility for:

1. Enforcing the human resources policies and procedures in their respective department or office.
2. Administering labor agreements applicable to their department.
3. Keeping employees informed of current human resources and safety policies.
4. Conducting the appropriate step in the grievance procedure.
5. Appointing or removing employees from positions subject to approval of the Human Resources Director and City Attorney and/or their designee(s).
6. Administering corrective actions and delegating such authority to supervisory personnel as appropriate.
7. Participating in the final step of the complaint procedure for non-represented employees under their jurisdiction.
8. Following, promoting and enforcing safety and risk management policies and procedures.
9. Ensuring departmental representation on the City's Central Safety Committee.
10. Completing the annual goal and development evaluation forms for applicable department employees.
11. Ensuring employee attendance at required and developmental training.

J. Supervisors:
Supervisors, to the extent Department Directors delegate authority to them, may have responsibility for:

1. Interviewing and selecting applicants for positions under their supervision subject to the approval of their Department Director and the Human Resources Director.
2. Administering corrective actions to employees.
3. Administering human resources policies.
4. Administering labor agreements applicable to the employees under their supervision.
5. Conducting the appropriate step in the grievance procedure.
6. Following, promoting and enforcing safety and risk management policies and procedures.

7. Keeping employees informed of current human resources and safety policies.
8. Completing goal and development evaluation forms for subordinate staff.
9. Scheduling employees for required training.

V. PROCEDURE

Any employee having questions regarding the appropriate authority and/or this policy should contact their department director, the City Attorney's Office or the Human Resources Department.

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **PERFORMANCE MANAGEMENT**	
ISSUE DATE: August 21, 2014	LAST UPDATE:	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: Non-Represented Employees	TOTAL PAGES: 4
Reviewed by Legal Services Date: July 18, 2014 March 31, 2017	Committee Approval Date: August 11, 2014 October 6, 2014 May 10, 2017	Council Approval Date: August 20, 2014 October 15, 2014 May 17, 2017

I. PURPOSE

Performance Management Evaluations shall be considered in decisions affecting placement, salary adjustment, overtime assignments, promotions, transfers, demotions, corrective action or dismissal, order of lay-off, re-employment and training.

II. POLICY

It is the policy of the City of Appleton to administer a Performance Management Program which will: help assess an employee's work performance and effectiveness; allow the employee and supervisor to set objective goals and review them; review competencies assigned to the position; suggest constructive action for improvement; suggest constructive action for development and training; and provide positive feedback in areas of excellence.

III. DISCUSSION

The Human Resources Director shall be responsible for the overall administration of the employee Performance Management Program and is responsible for ensuring that procedures are handled according to the provisions of this policy.

IV. DEFINITIONS

A. **Exceptional Performance:**
Consistently and substantially exceeds requirements of the position and performs at optimal levels of effectiveness. Exhibits exceptional quality while meeting challenging demands.

B. **Consistent Performance:**
Performance meets and sometimes exceeds job requirements. Demonstrates successful performance on most major assignments and objectives and consistently exceeds position requirements in some areas.

C. Inconsistent Performance:
Inconsistently meets or fails to meet requirements and standards. Performance is not at expected levels. Includes employees who may be new to their job and learning new skills, and/or an

employee who needs to improve and develop in their job

D. **Goals:** Meaningful, measurable duties that reflect what the employee is expected to accomplish over a period of time.

E. **Competencies:** Measurable or observable knowledge, skills, abilities and behaviors critical to success in a job. Competencies are included on each employee's job description and all evaluations provide for a detailed description for each of the competencies an employee will be evaluated on.

F. **Development Plan:** A set of goals given to an employee as a result of the employee's performance. The development plan should give specific details of the areas on which the employee should focus either to enhance positive performance or improve deficient performance.

G. **Performance Evaluation (PE):** The performance evaluation is an on-line evaluation used to evaluate the employee's performance for goals/competencies assigned to each employee**.**

Employees who do not meet the requirements for a particular level of performance, may still be eligible for a performance adjustment based on unique circumstances. The Department Director must make a recommendation along with justification to Human Resources along with the employees completed evaluation for that year as outlined in the Salary Administration Policy.

V. PROCEDURE-REGULAR FULL-TIME AND REGULAR PART-TIME EMPLOYEES

Each supervisor and employee shall follow the timelines and procedures outlined below:

A. **Initial Appointment to a Position:** Each employee shall be formally evaluated at month three (month six for CSOs) following appointment to a position. In the Trial Period Evaluation, employees will be evaluated by their supervisor on basic expectations for the position, along with the five competencies for their position.

B. **Completion of Trial Period:** When the Trial Period Evaluation is completed, the employee will be assigned an annual review form. The employee should work with their supervisor to add goals to his/her evaluation form based on his/her job description. The five competencies for the position will be pre-loaded into the employee's evaluation form. Supervisors should provide a weight to each of the goals and competencies they are assigning to the employee. Both the goals and competency section weights must equal 100%. (Overall rating will be 50% Goals and 50% Competencies) The goals/weights shall be reviewed and approved by the employee's supervisor, and if required, by the Department Director. The employee's supervisor shall determine the number of goals, no more than five, based on the position.

C. **On-going Review**: Supervisors are encouraged to utilize the on line PE system and meet with employees to document performance, address matters needing attention and give feedback on goals and competencies throughout the year.

D. **Year-end Review:** Employees and supervisors shall meet prior to the evaluation due date to review performance for that year. Employees will have the ability to input

comments into their evaluation. If an employee feels their performance is at the exceptional level, they are required to provide comments/justification in their evaluation. After the employee completes commenting in the evaluation, the employee must forward the evaluation to their supervisor for rating and comments. The supervisor shall indicate the rating for each goal and competency and will be required to make comments if they are rating the employee exceptional or inconsistent. A consistent rating means the employee is consistently doing their job and does not require comments. An employee who is rated inconsistent by their supervisor, will be required to have a development plan, unless the inconsistent rating is because the employee is new and just learning their job. Employee's with a development plan will not be eligible to receive a pay increase until criteria of the plan is met and sustained for a minimum of 90 days and is approved by their supervisor. After the supervisor completes rating and making comments on the evaluation, the supervisor must forward the evaluation to the supervisor's supervisor, etc. The Department Director shall approve all evaluations for their department. All employees are required to electronically sign the year-end evaluation through the on-line PE system.

E. **Review by Human Resources:** Human Resources will review to ensure consistency of all Performance Management Evaluations and recommendations from the supervisors before making the salary adjustments. The forms will be reviewed for accuracy, completeness, and justification based on the City's Salary Administration Policy. Human Resources will work with Department Directors to follow-up with the appropriate supervisors to obtain further supporting documentation if needed.

F. **Electronic Input:** All responses and ratings shall be put into the NEO.gov electronic Performance Management system and will become part of the employee's permanent record.

G. **Employee Responses:** Employees will be required to provide comments for goals or competency they feel their performance has been exceptional.

H. **Supervisor Changes:** Supervisors shall be responsible for evaluating any employees assigned to them at the beginning of the year. If an employee transfers to another department, the new supervisor shall be responsible for evaluating the employee.

I. **Supervisors Leaving City Employment**: Supervisors who leave City employment shall be responsible for completing evaluations prior to their leaving for all employees under their supervision.

J. **Development Plans/Training:** Development plans can be used to enhance already positive performance or to address areas of deficiencies.

a. **To Enhance Positive Performance**

If there is an area in which the employee or his/her supervisors would like to improve on more, the employee and supervisor can identify goals and opportunities by which to develop these skills. Examples of opportunities **that** may be pursued include on the job training, offsite training, and assigning higher levels of responsibility and or special projects that allow the employee to gain new

skills and increase overall knowledge and abilities.

b. **To Address Performance Deficiencies**

Supervisors must create Development Plan goals for each area rated ~~below target~~ **inconsistent** and whenever there is significant concern about negative changes in an employee's performance. Development plans must include follow-up until such time the employee's performance improves to the satisfaction of the supervisor and must be placed in the NEO.gov electronic Performance Management system and will become part of the employee's permanent record.

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **PRIVACY**	
ISSUE DATE:	LAST UPDATE: 2019	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All City of Appleton Employees	TOTAL PAGES: 3
Reviewed by Attorney's Office Date: August 2000 May 2007 October 2008 July 2012 April 2019	Committee Approval Date: August 31, 2000 June 27, 2007 December 10, 2008 September 24, 2012 April 24, 2019	Council Approval Date: September 6, 2000 July 5, 2007 December 17, 2008 October 3, 2012 May 1, 2019

I. PURPOSE

To respect the privacy rights of the City of Appleton and its employees while maintaining a safe and professional workplace.

II. POLICY

All City of Appleton facilities and equipment are to be used for City related business. All information or materials stored on City of Appleton premises is presumed to be related to City business. The City reserves the right to inspect and monitor any documents, computer data/history, electronic media or devices, social media or third party applications, voice mail messages, facsimiles, mail, packages, desks, offices, lockers, general working areas and City provided vehicles and equipment at any time and without notice. Employees found to be in violation of this policy will be subject to disciplinary action up to and including discharge.

III DISCUSSION

A. The City of Appleton may search/inspect facilities, desks, lockers, or equipment without prior notice or work-related justification.

B. The City of Appleton reserves the right to use video equipment to monitor areas of its facilities. Images, electronic media or devices may be monitored as a security measure to ensure employee compliance with City policies.

C. Employees should not have any expectations of privacy with respect to passwords, combinations, desk drawers, key locks, lockers, etc. Employees will be required to provide supervisors with passwords and keys upon request. Employees may only use personal lock**s** on City of Appleton property if approved by their department's supervisor/department head.

D. Employees will be required to immediately comply with a request from management to inspect or access any City facility or City property.

E. The City of Appleton Human Resources Department will maintain personnel files for all employees. Supervisors may have access to such records only on a "need-to-know" basis. Any supervisor who has access to these files will maintain this information in confidence. Information in the City of Appleton personnel and medical files may be used for business purposes subject to any limitations by applicable Federal or State law. As outlined in the Privacy Act of 1986, information contained in an employee's medical file will be strictly confidential and will not be used in any manner which could discriminate towards an employee.

The City has an obligation to comply with State laws protecting access to records of library use by patrons. Access to library records should be requested through Library Administration.

F. Personal belongings such as wallets, purses, cell phones and electronic devices, pockets, coats, etc. will be subject to inspection if reasonable suspicion exists. Employees should limit the amount of personal belongings that are carried or kept on City of Appleton premises.

G. All personal mail and e-mail should be directed to the employee's residence or private accounts unless an emergency exists. Employees will be allowed to make and receive a reasonable amount of personal phone calls or e-mails during breaks and standby times.

H. A supervisor may access any documents, computer data/history, electronic media or device, social media or third party applications, voice mail messages, facsimiles, mail, packages, desks, offices, lockers, general working areas or City provided vehicles/equipment to locate work related materials needed, including during an employee's absence.

IV. PROCEDURE

A. An inspection or search may be initiated due to an investigation or may simply occur if a supervisor is attempting to locate materials related to City business that are believed to be in the area being searched. A supervisor may also periodically inspect locker rooms, work areas and materials, or electronic files.

B. The City has an obligation to comply with open records requests. This means information regarding an employee may have to be disclosed pursuant to Wisconsin Statute section 19.35. Employees who share City related files in a personal hard drive/home computer or any other personal electronic device (e.g. cell or Smartphone) may be subjecting their personal computers/devices to an open records request inspection.

C. Refusal to cooperate in a search or inspection, or obstructing or preventing access to facilities, equipment or property, may lead to disciplinary action up to and including discharge, or the involvement of the appropriate authorities. Employees will be offered an opportunity to explain their actions.

D. To protect the privacy interest of individuals who use a locker room, only authorized investigators may enter and remain in the locker room to interview or seek information from any individual in the locker room.

E. When others are present, audio recording devices may be used in the locker room when conducting an investigation. If no person other than the investigators are present, then audio/visual recording devices may not be used.

F. No person may use a cell phone or recording devices to capture, record or transfer images in the locker room.

G. Supervisory Responsibilities

1. Periodically complete a visual inspection of work areas and materials.
2. Contact Human Resources or the City Attorney's Office prior to beginning a search of any documents, computer data/history, computer disks, voice mail messages, facsimiles, mail, packages, desks, offices, locker rooms/lockers, general working areas or City provided vehicles/equipment.

H. Employee Responsibilities

1. Cooperate fully in any request to inspect or search any documents, data/history, computer disks, voice mail messages, facsimiles, mail, packages, desks, offices, lockers, cell phones/electronic devices, general working areas, or City provided vehicles/equipment.

2. Provide combinations, keys, and pass codes for City electronic systems to their supervisors or Information Services staff upon request. If a password is so provided or compromised in any fashion, it should immediately be reported to Information Services.

3. Contact Human Resources if this policy has not been followed in the course of a search or inspection.

CITY OF APPLETON PERSONNEL POLICY	TITLE: PUBLIC RECORDS POLICY	
ISSUE DATE: 2010	LAST UPDATE: March 2015	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All Employees & Volunteers	TOTAL PAGES: 10
Reviewed by Attorney's Office Date: April 2010 April 2015	Committee Approval Date: June 23, 2010 May 11, 2015	Council Approval Date: July 7, 2010 May 20, 2015

I. PURPOSE

To establish guidelines and processes regarding identification, retention and dissemination of public records.

II. DISCUSSION

A representative government is dependent upon an informed electorate. It is the City of Appleton's policy that all persons are entitled to the greatest possible information regarding the affairs of their government and the official acts of those officers and employees who represent them. Further, providing persons with such information is an essential function of a representative government and an integral part of the routine duties of officers and employees whose responsibility it is to provide such information.

Therefore, the City of Appleton does hereby adopt and incorporate, as though fully set forth herein, the provisions of Wisconsin's Public Records Laws, sec. 19.31 through 19.39, Wisconsin Statutes, inclusive of all future amendments and revisions to such sections of the Wisconsin Statutes. The following provisions are intended to supplement, not to replace, or to supplant, the Wisconsin Public Records Laws or the provisions of State Statute 43.30 regarding Library records. (Please note: for purposes of this policy as it applies to Library records, when the City's Information Technology Director is referenced, this title shall be replaced with the Library's Network Services Supervisor.) Information regarding release of personnel information can also be found in the City of Appleton Records Retention Policy. In addition, information about retention and dissemination of specific department documentation (e.g., Police reports) can be found in individual City departmental policies.

Violations of this policy will result in discipline, up to and including termination of employment.

III. ROLES & RESPONSIBILITIES

A. Records Custodians and Alternate Custodians

1. **Role:** While Wisconsin State Statute sec. 63.09 (11)(a) makes the City Clerk the physical custodian of many records, for purposes of this policy, a custodian is an officer, department head or division head of the City of Appleton who is designated by the Mayor to keep and preserve public records, or who is required by law to file, deposit, or keep such public record in his/her

office, or is lawfully in possession or lawfully entitled to possession of public records. The City Clerk is the legal custodian of the records of the Common Council and for all Common Council boards, committees, and commissions. Each alderperson shall be the custodian of their individual official records, such as their correspondence, memorandums, and e-mail. For every department or division, the Department Director is the custodian of records for their agency. Every custodian of records shall designate one or more employees to act in his or her absence as an alternate custodian of such records.

2. **Responsibilities**: Custodians are vested with full legal power to render decisions and carry out the duties of the City under this policy. Each custodian shall establish a procedure for handling records and shall see that all of their employees entrusted with records are informed of these procedures. If a custodian has any question about granting or denying a request to inspect or copy any record, he or she should consult with the Legal Services Department.

B. Procedures

All requests for public records should be forwarded to the departmental custodian or his/her alternate within 24 hours of receipt. When request is received, the Custodian/Alternate should follow these steps (see Exhibit 1):

1. DETERMINE THE RESPONSE TO THE REQUEST

The Wisconsin Public Records Law dictates that certain actions must be taken with regards to oral requests for records and those certain more formal actions are taken in response to written requests for records. However, the state law does not expressly state how to respond to the following methods of communication. Therefore, requests made by the following means shall be responded to as follows:

a. E-mail

A request made by e-mail may be responded to via e-mail or in writing and shall have all of the formalities as though the request was made in writing.

b. Voice-mail

A request made by voice-mail shall be responded to as though it were made orally.

c. Instant Messaging/Text Messaging

A request made in either such manner shall be treated as an oral request.

2. TREAT CERTAIN DATA AS RECORDS

The Wisconsin Public Records Law provides little or no guidance as to whether the raw and perishable data of the following technologies qualify as records that must be maintained. Therefore the Common Council determines the following status of these technologies:

a. E-mail

The data in an e-mail message may constitute a public record and is subject to maintenance as a public record. The data in an e-mail is subject to the same analysis under the public records

statutes as an equivalent paper or hard copy record. The Information Technology Director is responsible for ensuring that all e-mails are properly preserved for such analysis.

Special Rules Regarding Reproduction of E-mail Records

i. Reproducing E-mails Dated Earlier than December 31st, 2007

E-mails dated December 31st, 2007 or before, and all current and past email sent or received through the Library's email server, are not stored in an archive. The restoration and location of these e-mails is difficult and labor intensive, and in some cases not possible. Such requests often take more than thirty (30) days to comply with due to labor and technical issues. Custodians who receive requests for these records should inform the requestor of these issues. Such requests must be immediately forwarded to the Information Technology Director who may prepare an estimate of the actual, necessary, and direct cost of locating such records and whom shall provide technical assistance to the custodian.

ii. Reproducing E-mails Dated January 1st, 2008 or later

All City of Appleton e-mail transactions dated January 1st, 2008 or later have been preserved in a searchable data archive. When requests are made for such records, custodians should clarify with the requestor, the various search terms, and e-mail boxes that the requestor would have the City search for. Once the requestor has specified search terms, the custodian should contact the Information Technology Director for technical assistance in fulfilling the request.

iii. E-mail chains

E-mails are often sent to multiple recipients. A requestor will be provided with one copy of such an e-mail and all responses to that e-mail. Unless a requestor specifically requests otherwise, they will not be provided with multiple copies of such an e-mail showing receipt by each of the designated e-mail recipients.

b. Voice-mail

A voice-mail message is not a public record and voice-mail messages do not have to be maintained as public records. These messages are the functional equivalent of phone conversations which are not public records. Additionally, these messages also share many of the attributes of "personal notes" which are not public records either. Finally, these messages cannot be indexed or maintained in any manner that would allow for their easy classification, searching, or retrieval.

c. Instant Messaging (IM)/Text Messaging (TM)

The data involved in IM/TM communications is not subject to maintenance as a public record. IM/TM has all of the attributes of instantaneous exchange of ideas, as does a regular telephone conversation. Furthermore, the data exchange has the same technological issues as to capturing and storage of data that is present with regards to voice-mail with an additional concern - the raw data is often only briefly stored or not stored at all by the third party vendors or hosts that provide these services. Thus, this technology is even closer to a true telephone conversation than are voice-mails. Therefore, City employees and officials shall

refrain from using such services for official communications purposes or for matters that would result in a public record if another format such as e-mail or written communications were employed, unless the employee or official preserves a copy of such communications by either copying them to their e-mail account, downloading the communications to their City computer, making a computer file of the communications or by printing and retaining a copy of such communications.

d. Voice Over the Internet Protocol (VOIP)

The City does not monitor nor record the data associated with the conversations that occur over VOIP. Such conversations are the very same real time voice communications as standard telephone conversations that are not public records. The only difference between these communications is the medium employed in transmitting the voice communications from one participant in the conversation to all others involved in the conversation.

e. Audio, Video, Data Transmissions & Communications

Although audio, video, data and radio transmissions and communications may be processed through City computers, the City does not routinely copy the data nor maintain records of such communications. Whenever the City copies, records, or maintains copies or recordings of such communications or transmissions, those copies may constitute public records that are subject to records requests and which must be maintained according to the appropriate records retention schedule. The Outagamie County 9-1-1 center is the custodian for police and fire radio communications.

f. Audio/Video Recordings

Unless otherwise provided herein, public records are subject to requests and must be maintained according to the retention schedules published herein.

i. Rewritable Recording Systems

Those systems where the recordings are routinely overwritten by newer recordings, such as in continuous loop videotape or digital video written to a camera's hard drive or memory, such data does not constitute a record unless it is further downloaded, printed or separately preserved to memorialize some event or proceeding. Until such time as these recordings are downloaded, printed, or separately preserved, these recordings do not have to be preserved and, as the recording equipment programs/protocols may dictate, can be overwritten, erased or otherwise destroyed. However, if such data is downloaded, printed, or separately preserved it shall be treated as a record and shall be retained in accordance with the retention schedules.

ii. Recordings made for the purpose of preparing minutes of meetings

In accordance with sec. 19.21(7), Wis. Stats., any tape recording of a meeting, as defined in sec. 19.82(2), Wis. Stats., by any City body as defined by sec. 19.82(1), to include each City board, commission and committee, may be destroyed, overwritten, or recorded over no sooner than ninety (90) days after the minutes have been approved and published if the purpose of the recording was to take minutes of the meeting.

g. Electronic Document Files

Where records, as that term is defined in sec. 19.32(2) Wis. Stats., exist in an electronic format only, such electronic records shall be maintained according to the appropriate retention schedule. Where both hard copy (i.e., paper) and electronic copies of a record exist they shall each be subject to public records requests. However, when the custodian has designated electronic records as the official records, only the electronic copy shall be retained and made available for inspection under the public records laws. Where the custodian has not made such a designation, only the hard copy shall be subject to inspection as a public record and the electronic copies shall be treated and disposed of as draft documents that do not need to be maintained beyond creation of the final hard copy.

h. Electronic logs/Temporary data files

These logs and temporary data files provide detailed information about the design and functionality of the City's computer network. These logs are routinely overwritten on a daily basis due to the high volume of traffic that is being logged. Unrestricted access to these logs and files would constitute a breach of system security and leave the system vulnerable to exploitation and hacking. In order to ensure network security, these logs are available to Information Technology Director's authorized staff only. These determinations apply to the following types of logs and data files:

i. Syslogs for network electronic devices

All logs created by network devices such as firewalls, routers, switches, etc., which are used for monitoring and trending computer network traffic patterns and/or detecting unauthorized network traffic.

ii. Network server security, application and event logs

These logs are used to monitor activity on City network servers including successful/unsuccessful login attempts, file system access, hardware performance, etc. These logs provide detailed information about City network account ID's, file system structure, and hardware profiles.

iii. Network security appliance logs

All logs created by network security devices such as the anti-virus appliance, anti-SPAM appliance, content filtering appliance, etc., which are used to monitor specific types of unauthorized or malicious traffic on the city network. These logs identify specific network traffic patterns and/or protocols that are allowed or disallowed on the city network.

iv. Application logs

These logs are used to monitor activity on various database applications, but do not contain specific audits of database transactions. These logs can contain version information, program variables and programming logic.

i. Emerging Technologies and Records Retention

As new information technologies emerge the Information Technology Director shall evaluate

these technologies and their benefit to City operations. The Director shall consider whether any of these technologies provide the capacity to archive public records created by these technologies. Whenever it is economically and practically feasible to archive records created by such technologies, archiving shall be incorporated into any deployment of the technologies. Whenever the technologies do not provide for such archiving capabilities, the Information Technology Director shall consider whether the benefits of employing such technologies outweigh the risks that some public records may not be retained by deployment of such technologies. Where such benefits outweigh these risks City employees shall refrain from using such technologies for official communications purposes or for matters that would result in a public record if another format such as email or written communications were employed. In the event that such technologies are used for such communications purposes, the employee shall preserve a copy of such communications by either copying them to their e-mail account, downloading the communications to their City computer, making a computer file of the communications or by printing and retaining a copy of such communications. The Information Technology Director shall also ensure that, as soon as practical and economically feasible, archiving systems are obtained for any information technology that is deployed without an archiving system.

j. Use of Technologies to Avoid Duty to Preserve Public Records Prohibited

No City employees or volunteers shall use or employ any form of communications or information technology with the intent or design to circumvent the records retention requirements of this ordinance. For example, Text Messaging shall not be used in lieu of e-mail to share or create a public record above. In addition, City officials (e.g., alderpersons) shall not use personal e-mail accounts in lieu of City-supplied e-mail accounts for official City business communications.

3. PROVIDE ACCESS TO RECORDS AND COLLECT FEES

a. Identify Format for Delivery of Records

Except as otherwise provided by law, any requester may receive or inspect a record in the very same format in which the City maintains the record. However, whenever it is necessary to redact or excise portions of a record in order to comply with the Wisconsin Public Records Laws, the redactions shall be made with the assistance of the Information Technology Department. Whenever electronic redaction or excisions cannot be done in a secure manner that preserves such redactions and prevents the viewing of the redacted information, then such redactions should be made by hand, not electronically, and the requestor shall only receive a hard copy of the redacted record. The review of all requests for copies of records shall be made by the custodian of the record or designee. A requestor may not use a smart phone, camera or other devise to copy or photograph records. A requestor may not be charged for the time necessary to review a record and to redact or excise non-releasable materials.

b. E-mail Records

When practicable, records may be e-mailed to the requestor. In order to ensure the integrity of City records, any e-mailed document shall be converted to a secure format prior to sending the document to anyone outside of the City government. There shall not be any reproduction charge for e-mailing records; however, such records may still be subject to payment of a location fee as established in sec. 19.35(3)(c), Wis. Stats.

c. Collect Fees

i. Reproduction Fees

To the extent possible, the Information Technology Director and the Finance Director shall develop a uniform fee schedule for the reproduction of records that shall be used by every department and division. Such schedule shall include the following provisions and considerations:

a.) Fees imposed upon records requestor may not exceed the actual, necessary and direct costs of reproducing and/or transcribing of the record, unless a fee is otherwise specifically established or authorized by state or federal law.

b.) If the record exists in such a format that it cannot be easily reproduced, such as a mock-up of a building, then the custodian may photograph the record and may charge the requestor for the actual, necessary, and direct costs of such photographing and photographic processing.

c.) The fee schedule for photocopying records shall be:

No charge for copying records of which in the normal course of business ten (10) or more copies are made, such as agendas, minutes and reports;

Full cost of reproduction for materials such as films, tapes, computer printouts, etc. not otherwise identified in the schedule developed under this subsection. In such cases, the department/division head who is the records custodian, in consultation with the Director of Finance, must determine the costs for reproduction of such records. The determination of these costs shall be made by utilizing a practice or factors that are as uniform as practicable across City departments/divisions.

ii. Other Fees

a.) Location Fee

If the cost of locating a requested record is fifty dollars ($50) or more, the requester shall pay the full cost, as determined by the department or director. Such cost shall not exceed the actual, necessary and direct cost of locating such record. Whenever it is determined that such location costs will exceed fifty dollars ($50), the requestor shall be required to post a deposit with the custodian that is equal to the reasonable good faith estimate of such costs.

b.) Mailing Fee

Custodians shall impose a fee upon a requester for the actual, necessary and direct cost of mailing or shipping of any copy or record that is mailed or shipped to the requester.

iii. Fee Waivers

A custodian may provide copies of a record without charge or at a reduced charge where the department director determines in writing that waiver or reduction of the fee is in the public interest.

iv. Prepayment of Fees

Custodians may require prepayment by a requester of any fee or fees imposed if the total amount exceeds five dollars ($5) and a custodian shall require prepayment by a requester of any fee or fees imposed if the total amount exceeds fifty dollars ($50). If prepayment is required, the custodian shall not process the request until such prepayment has been posted with the custodian.

4. TIME FOR COMPLIANCE AND RESPONSE TO REQUESTS

a. Time

The fulfillment of public records requests is a high priority for the City. Therefore, each custodian, upon request for any record, shall, as soon as practicable and without delay, either fill the request or notify the requester of her/his determination to deny the request in whole or in part and the reasons therefore. If a request may take more than ten (10) business days to process, then the custodian must respond to the requestor within those 10 days with an estimate of when such processing shall be completed and an explanation of the reasons supporting that estimate.

b. City Attorney Consultation Required

Before any custodian may deny access to any records or portion thereof, the custodian must consult with the City Attorney. Such consultation shall occur as soon as practicable after the custodian has assembled and reviewed the requested record. In any response to a requestor, the custodian shall include a statement that he or she consulted the City Attorney regarding the denial of access to any records. Any denial of access made by a custodian without such consultation and statement is not considered a response from the City of Appleton.

5. DO NOT DESTROY RECORDS - NO DESTRUCTION OF RECORDS WHILE A REQUEST IS PENDING OR WHILE A DENIAL OF A REQUEST IS BEING APPEALED.

No custodian may destroy any record at any time after the receipt of a request for inspection or copying of the record until after the request is granted or until at least sixty (60) days after the date that the request is denied. If any legal action is pending regarding or related to the record, the record may not be destroyed without the express authorization of the City Attorney. No record that is the object of or which has been produced pursuant to a discovery order or a subpoena may be destroyed without the express consent of the City Attorney.

No record may be destroyed that has been identified as, or that may have value as, evidence in any civil or criminal legal proceeding, labor arbitration or disciplinary action. No record may be destroyed at any time within sixty (60) days of the denial of a request to review the record or any part thereof.

6. RETAIN RECORDS - RETENTION SCHEDULES

The City, in accordance with sec. 19.21(4)(b) and 16.61(3)(e). Wis. Stats. adopts the following records retention schedules. (Note: the Appleton Public Library shall follow its own records retention schedule set 2/27/2006.)

a. Retention Schedule For Records Created Prior to June 1, 2010

All records created or maintained prior to June 1, 2010 shall continue to be preserved in accordance with the records retention schedules existing at the time the records were created.

b. Retention Schedule For Records Created June 1, 2010 and thereafter

For all records created June 1, 2010 and thereafter, the City Clerk, in consultation with the City Attorney, shall develop the City of Appleton's Records Retention Schedule and such records shall be maintained in accordance with the provisions of that schedule. Such schedule must be approved by the Wisconsin Public Records Board. In the event that such a records retention schedule is not approved by the Wisconsin Public Records Board, all previously adopted City records retention schedules shall remain in full force and effect until such time as a records retention schedule is adopted in accordance with this subsection.

c. Compliance with Federal or Other Retention Requirements

Notwithstanding the City of Appleton Records Retention Schedule set forth above, custodians may not destroy any record where any contract, grant, funding conditions, state or federal statute require that such records be maintained for a longer period of time.

d. Offer of Records to State Historical Society before Destruction

The City is required to offer all obsolete records to the State Historical Society in accordance with sec. 19.21(4)(a), Wis. Stats., prior to destruction of those records. The Information Technology Director or any department/director may apply to the State Historical Society for a waiver of this requirement as to certain categories of records under such person's authority that they reasonably believe have little or no significant historical value.

Any City officer, or the director of any department or division of City government may, with the approval of the Mayor, and after consulting with the Information Technology Director, retain and preserve public records in his/her possession by means of microfilm, or another reproduction method, optical imaging or electronic formatting. Such records shall meet the standards for photographic reproduction set forth in sec. 16.61(7)(a) and (b), Wis. Stats. (2001-2002 Wis. Admin. Code § PR 1 (current through Wis. Admin. Reg. No. 467, Nov. 1994) and Wis. Admin. Code § Adm. 12 (current through Wis. Admin. Reg. 554, Feb. 2002). Such records shall be considered original records for all purposes. Such records shall be preserved along with other files of the department or division and shall be open to public inspection and copying according to the provisions of state law and this policy. The original hardcopy of any document or record which has been converted to and which is also maintained as a microfilm, optical imaging, electronic formatting, or other reproduction in accordance with this section may be destroyed in compliance with this policy.

Exhibit 1

PROCEDURES

for records not specifically identified by Chapter 19 in the Wisconsin State Statues

1. Determine the Response to the Request

How Requested	Response	Considerations
By e-mail	Via e-mail or in writing	Should have all formalities as though the request was made in writing
By voice-mail	Responded as though it were made orally	
By Instant or Text Messaging	Treat as an oral request	

2. Treat Data as Records:

	Action Needed	Considerations/Notes
Email - Dated earlier than 12/31/07	Immediately forward requests to IT Director	Not stored in archive
Email - Dated 1/1/08 or later	Requestor should specify terms of search, then custodian should contact the IT Director for technical assistance.	Preserved in a searchable data archive
Email chains	Treat as email (noted above)	Requestor will not be provided with multiple copies of such an email showing receipt by each of the designated email recipients
Voice-mail	Do not need to be retained	Do not need to be maintained as they are recorded
Instant Messaging (IM)/Text Messaging (TM)	Do not need to be retained.	Not subject to maintenance as a public record
Voice Over the Internet Protocol (VOIP)	Do not need to be retained	Not monitored or recorded – similar to standard telephone
Audio, Video, Data Transmissions & Communications	If copied or recorded, maintain as a public record and according to records retention schedule	Not routinely copied or maintained
Audio/Video Recordings	Recordings made for purpose of preparing minutes of meetings: may be destroyed, overwritten, recorded over no sooner than 90 days after minutes are approved & published	Rewritable Recording Systems: Not constituted as a record unless downloaded, printed or separately preserved
Electronic Document Files	Maintained according to appropriate retention schedule.	If both electronic and paper copies exist, they shall each be subject to public records request.
Electronic logs/Temporary data files	Contact IT Director if requested	• Routinely overwritten on a daily basis • IT Director's authorized staff to have access only
Emerging Technologies and Records Retention	If technologies are used for City communication purposes, copy them to e-mail account, download to City computer, make computer file, print and retain	IT Director will determine which technologies outweigh the risks that some public records may not be retained by deployment of such technologies.
Use of Technologies to Avoid Duty to preserve Public Records Prohibited	Do not use any form of communications with the intent to circumvent the records retention requirements	Ex: Text messaging not to be used in lieu of e-mail to share or create a public record

CITY OF APPLETON PERSONNEL POLICIES	TITLE: PERSONNEL RECORD RETENTION POLICY	
ISSUE DATE: (Day after Council)	LAST UPDATE: June 2003 June 2008 April 2020	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE:	TOTAL PAGES: 4
Reviewed by Legal Services Date: October 1, 2001 June 11, 2008 September 5, 2014 April 14, 2020	Committee Approval Date: October 23, 2001, September 24, 2008 November 24, 2014 June 10, 2020	Council Approval Date: November 7, 2001 October 1, 2008 December 3, 2014 June 2020 (informationally)

I. PURPOSE

The purpose of this policy is to establish guidelines, which identify the materials (records and files) that are maintained and retained by the Human Resources Department, the location of files and the retention and proper disposal of records.

II. POLICY

It is the policy of the City of Appleton Human Resources Department to maintain personnel files and records on each of its employees. This is to be done in a consistent and fair manner, while complying with State and Federal regulations.

III DISCUSSION

The Human Resources Department will maintain Primary Personnel Files, Confidential Personnel Files, Medical Files and other miscellaneous files for all City of Appleton employees.

IV DEFINITIONS

1. A. Employee Personnel Records: Each employee's personnel records will be separated into four separate files:

Primary Personnel File contains records such as those listed below:

- Application for employment and/or reemployment
- Payroll authorization forms, offer letter, job description
- Personnel Status Change forms and records on compensation, transfers, promotions, dates of hire and seniority.
- Notices of commendation, warning, discipline or termination
- Notices of layoff, leaves of absence and similar matters

- Education and training notices and records
- Performance appraisals, or interview evaluation ratings
- Records of grievance affecting employment status

Confidential Personnel File contains confidential records including: Equal Employment Opportunity/Affirmative Action data (including pictures)

- Test results
- Letters of reference and pre-employment reference information
- Benefit plan choices
- Dependent and beneficiary information
- Credit reports
- Legal action information, including EEO complaints, investigations, etc.
- Any information not pertaining to the employee's employment (i.e. jury duty forms, funeral leave forms, military leave forms, etc.)
- Unemployment Compensation records
- Attendance and absence records
- Personnel investigation files/notes

Medical File: Any record related to a medical issue:

- Worker's Compensation claims
- Injury reports requiring medical attention
- Injury reports not requiring medical attention
- Medical and psychological records related to employment status
- Medical releases & excuses
- Medical restrictions
- Family Medical Leave Act records
- Health Insurance Portability and Accountability Act exposures

Commercial Driver License and Alcohol testing information:

- Receipt and certification of training
- Employee acknowledgment form
- Results of random drug and alcohol tests
- Consent information from previous employer and Clearinghouse information

B. Other Records - Selection Records for Hiring Processes

- Job Advertisements
- Hiring process applications/EEO information
- Hiring process test files
- Pre-employment physicals notifications
- Pre-employment physicals (kept by City’s Medical provider)
- Physical Agility Testing results
- Pending litigation

V. PROCEDURE

A. Types, locations and disposal guidelines of records will be followed as outlined in the City of Appleton Retention/Disposition Schedule under the Human Resources section pages 37-40. This document is maintained by the City of Appleton Legal Services department.

B. **Access**

1. An employee may view their personnel file by following the procedure listed below:
   - An employee must provide a request to view their personnel file by filling out the request form (Exhibit I).
   - The Human Resources Department will grant this request in accordance with Wisconsin Statute 103.13(2).
   - Files may be viewed Monday through Friday, 8:00 a.m. to 4:30 p.m. in the presence of an employee of the Human Resources Department.
   - In accordance with ss103.13(4), if an agreement to remove or correct the material cannot be reached between the employee and the Human Resource Director, an employee may submit a written statement to their personnel file explaining that they disagree with materials in that file.
   - The employee may request photocopies of materials from their file. The charge for this will be the City established rate.
   - A log shall be maintained for each personnel file listing the date the file was viewed, photocopies made, cost of copies and the Human Resources staff member who witnessed the viewing.
   - Employee's may request and view their file two times per year in accordance with 103.13.

D. **Satellite files**

Supervisors may maintain satellite working files for their employees. These files should be kept confidential and locked in file cabinets. This documentation should be forwarded to Human Resources when the employee leaves City of Appleton employment. The contents of the file are discoverable in the event of legal action so supervisors need to appropriately document and maintain the files.

Exhibit I

REQUEST TO REVIEW OFFICIAL PERSONNEL FILE
UNDER WISCONSIN STATUTE 103.13

I _____(Employee name SS #) do hereby request,

and/or authorize _____(name of

designee) of _____(Title of Organization), to

inspect my personnel file pursuant to Wisconsin Statute 103.13:

Furthermore, I do hereby agree that inspection of said records shall take place in the Human Resources office in the presence of an employee of the Human Resources Department during regular office hours (8:00-4:30).

Prior to inspecting records during my scheduled working hours, I shall obtain approval from my supervisor to do so (and my designee shall do the same, if applicable). Further, neither I nor my designee shall be compensated for time spent reviewing records outside of scheduled work hours.

I may obtain copies of such records provided I submit the current copy cost to Human Resources prior to the copies being made.

This request expires in 30 days or _____.

Date of Request: _____, 20___.

Employee Signature: _____

FOR OFFICE USE ONLY:

Date Received by Human Resources: _____

Appointment date: _____ Time: _____

Authorized by: _____

Arrival Time: _____

Departure Time: _____

CITY OF APPLETON POLICY	TITLE: **RECRUITMENT AND SELECTION**	
ISSUE DATE: November 18, 1999	LAST UPDATE: October 1999 September 10, 2003 October 30, 2006 March 2011 May 2018	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All Employees with Hiring Responsibilities	TOTAL PAGES: 5
Reviewed by Attorney's Office Date: October 21, 1999 September 12, 2003 March 10, 2011 March 19, 2018 & July	Committee Approval Date: November 15, 1999 September 24, 2003 February 28, 2007 April 27, 2011 May 9, 2018, July 11, 2018	Council Approval Date: November 17, 1999 October 1, 2003 March 7, 2007 May 4, 2011 May 16, 2018, July 18, 2018

I. PURPOSE

To outline the process of recruitment and selection of applicants to fill open positions with the City of Appleton.

II. POLICY

The City of Appleton will recruit and select the best qualified persons for positions with the City. The Human Resources Department, under the guidance of the Human Resources Director, is responsible for developing and conducting an active recruitment and selection program designed to meet current and projected City employment needs. The procedure will be consistent with the City Affirmative Action Program and will comply with all Equal Employment Opportunity guidelines.

III. DISCUSSION

The hiring process is designed to ensure that the City of Appleton hires the best candidate for the job. The City of Appleton uses established, objective hiring criteria to ensure equal and unbiased treatment of all applicants.

These guidelines complement, but do not supersede, the statutory authority of the Library Board or the Police and Fire Commission.

IV. DEFINITIONS

A. Request To Fill Form: A form that outlines the department, position, pay rate, justification for the position, impact of not filling the position, and alternate ways to complete the work.

B. Posting: A formal announcement that a position is vacant. Postings may be internal or external. The decision of where to announce a position may involve many factors such as: the urgency to fill a position, the target audience, and any union contract obligations.

C. Assessment Center: A series of exercises, which simulate "a day in the life of." These exercises generate observable behavior, which can be recorded and evaluated by trained

assessors. Behaviors can be utilized to predict successful job performance or evaluate potential future job performance.

D. Vacant Position: An authorized position on the department's table of organization that becomes available by a voluntary or involuntary termination .

E. Open Positions Listing: A predefined list of free community resources in which to announce a vacant position.

F. Job Interest Cards: This is an on-line process in which applicants can express interest for future position vacancies. Once completed, applicants will receive an e-mail, for up to 12 months, of vacancies which match the employment category(s) they expressed an interest in.

G. Equal Employment Opportunity Data: Voluntary data (gender, racial group, veteran status, and disability) collected during the application process. This information is not part of the application for employment and remains separate from the application.

H. Recruitment Status Report: A summary report, which is updated weekly, that outlines the status of all City open positions.

I. Applicant Database: A database that tracks applicant information and their disposition in the hiring process.

J. Application Form: An on-line form to be completed by the applicant. This form gathers data regarding the applicant, including address, phone number, education, work experience, and applicable volunteer experience.

K. Eligibility List: A list of candidates who went through an interview process but were not chosen and remain eligible if the position becomes vacant again. This list may include ranking of candidates on the list and will have an expiration date.

V. PROCEDURES

A. Filling of a Vacant Position

To fill a vacant position, the hiring department must submit a completed Request to Fill form, updated job description, and updated job task analysis to the department designated Human Resources Generalist. Once the appropriate documentation is received, the process will move to the steps outlined below:

1. Union Internal Posting

The department shall notify the designated Human Resources Generalist to initiate the posting process as outlined in the collective bargaining agreements. If no qualified internal applicants post to the position, the process will move to an External Posting as stated in 3 below.

2. Non-represented Internal Postings

The department shall notify the Human Resources Department to initiate a posting announcement to either be announced only within the department where the vacancy exists; or to be announced to all City departments.

3. External Postings

The department shall notify the Human Resources Department to initiate the recruitment process. This process will involve the following:

a. Job Announcement
The Human Resources Department shall issue an Open Positions Listing of job announcements to publicize vacancies as deemed appropriate. This will be coordinated with the affected department to ensure the most efficient and cost effective means of advertising are included.

b. Application Forms
All applications for employment must be submitted through the on-line application form process. Resumes and supporting documentation will be accepted as a supplement to the application, but an application must be completed for consideration. Applications will only be accepted when a position is available.

c. The designated Human Resources Generalist (or representative), along with the department representative(s) involved with the hiring, will screen the applications based on the job requirements as outlined in the job description.

d. Applicants whose applications are chosen from the initial screening may be invited to participate in telephone or Skype interviews, testing, an assessment center or other selection process (depending on the position) at the discretion of the hiring and Human Resources Departments. Applicants not chosen from the initial screening will receive a regret response.

e. Those individuals who successfully complete the initial screening may be scheduled for panel interviews. The interview will be coordinated by the Human Resources Department.

f. Members of the interview panel will make a recommendation to the Human Resources Generalist as to who they would like to hire. If consensus cannot be reached, then the Human Resources Generalist will consult with the Human Resources Director. If consensus is reached, the Human Resources Generalist will obtain the following checks prior to making the final job offer:

    1. At least two positive reference checks from previous employers: (if two positive checks cannot be obtained the Human Resources Representative must consult with the hiring supervisor and the Human Resources Director).

    2. Appropriate background checks, physicals, drug screens, psychological testing, etc.

g. The Human Resources Generalist will make the job offer contingent upon appropriate background information using the existing pay structure. Human Resources will consult with the hiring supervisor to determine appropriate pay level.

h. Human Resources will develop an offer letter and coordinate with the hiring department a start date. The new employee on-boarding process will be initiated at this point.

i. Human Resources shall conduct an orientation process with all new employees.

j. Human Resources will provide the hiring supervisor with a checklist of items that should be shown or explained to the new employee.

4. Employment Agencies
Outside agencies may be used to recruit regular and/or temporary employees. The hiring supervisor must consult with his/her department's designated Human Resources Generalist prior to using the outside agency.

5. Internal Promotions
If the successful candidate is an existing employee, the original date of hire will be used for the purposes of benefits. The salary will be determined based on skills and experience and in accordance with the Salary Administration Policy and/or with the collective bargaining agreement.

6. Eligibility Lists
Eligibility lists may be established and applicants will be informed of the expiration of the list.

7. Testing and Selection
The selection process shall maximize reliability, objectivity and validity through a practical and job-related assessment of applicant attributes necessary for successful job performance and career potential. The selection process shall also be balanced to provide promotional opportunities as well as open competitive opportunities at various levels of City employment.

a. Selection Tools – The Human Resources Director shall be responsible for determining when formal selection tools will be used to screen applicants for job vacancies, except for those positions that fall under jurisdiction of the Police and Fire Commission (Wis. Statute 62.13) and the Library Board (Wis. Statute 43.58(4)). Such tools may include, but need not be limited to, a review of training and experience, work sample and performance tests, practical written test, assessment center, interviews, physical fitness examinations, and background reference inquiries. In the development of selection tools, the Human Resources Director may confer with the Department Director of the hiring department or others familiar with the knowledge, skills and abilities required in order to determine the specific devices to best measure these factors.

b. Security – Formal selection materials shall be maintained and administered only by the Human Resources Department. Every precaution shall be exercised by all persons participating in the development and maintenance of materials to ensure a high level of integrity and security.

c. Notification of Applicants – Each person competing in the selection process shall be given written notice of his/her status within a reasonable time of the completion of the process.

d. Confidentiality – The City will protect applicant names, scores, and process information to its fullest ability under the law.

8. Part-time (non-benefitted) and Seasonal Employees
When it is determined to be in the best interest of the City of Appleton, part-time (non-benefitted), seasonal, limited term or temporary employees may be hired as

budgeted. Such employees shall not be eligible to receive City of Appleton fringe benefits unless specifically provided for elsewhere in policy (refer to the Employee Status policy for more information).

9. Limited Term Appointments

   a. Emergency Appointments – Whenever there is an urgent need to fill a vacancy the Human Resources Director may authorize filling the vacancy by emergency appointment until proper recruitment can take place.

   b. Temporary Appointments – The Human Resources Director may authorize the appointment of a qualified individual on a temporary basis when the need exists. Such appointments shall not exceed 1,000 hours in a 12-month period without prior authorization by the Human Resources Director. All departments shall arrange for their temporary manpower needs by calling their Human Resources Generalist. The following points apply when temporary staff are needed:

      1. The Department in need must have sufficient money budgeted to cover the cost of the temporary employee over the anticipated period of need.

      2. Notification shall be given to the Human Resources Department when temporary staffing is scheduled.

   c. Persons Hired Under Federal or State Manpower Programs - No person shall be hired under Federal or State Manpower programs without prior approval of the Human Resources Director. Persons employed under such programs are considered limited term employees and are not considered regular City of Appleton employees unless specific action is taken to appoint such employee to a regular City of Appleton position after he/she has been duly certified as eligible for such employment by the Human Resources Director.

   d. No department shall employ or use volunteers, interns, seasonal employees, temporary employees or co-op students, or participate in other wage sharing programs without prior discussion/notification of the Human Resources Department. If such position/program is authorized, the department will coordinate the employment conditions, offer letter, approvals, paperwork, and training requirements with the Human Resources Department.

10. Applicant Travel Expenses

    With the exception of Director level positions, all applicants invited to participate in the City of Appleton selection process will do so at their own expense, unless approval by the Department Director and the Human Resources Director. The City of Appleton may elect to reimburse an applicant for reasonable expenses incurred, including travel, meals and overnight accommodations as deemed appropriate by the Human Resources Director.

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **Reference, Backgrounds, Psychologicals & Polygraphs**	
ISSUE DATE:	LAST UPDATE: May 11, 2005 June 2009 June 2014	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: Human Resources Dept and All Supervisors	TOTAL PAGES: 11
Reviewed by Legal Services Date: November 2002 June 2009 September 2014 May 2018	Committee Approval Date: January 12, 2005 June 22, 2005 September 23, 2009 October 20, 2014	Council Approval Date: January 19, 2005 July 6, 2005 October 21, 2009 November 5, 2014

I. PURPOSE

To provide guidelines on the most effective, legally sound methods of performing reference checks, giving reference information and conducting background investigations. In addition, this policy outlines when psychological evaluations and/or polygraphs will be used as part of the recruitment and selection process.

II. POLICY

The Human Resources Department will check employment references on all final candidates prior to conditional offers of employment. Exception: Police conducts reference checks for their department and seasonal positions will follow the seasonal recruitment policy. Conditional offers of employment shall be made by the Human Resources department and may be made with any of the following conditions attached: criminal background investigation, driving record verification, pre-employment physicals/drug screens, credit checks, authorizations to release personnel files from past employers, references, psychological evaluations, receipt of school transcripts and physical fitness testing components. Polygraphs will be administered to Police Officer applicants after a conditional offer of employment.

III DISCUSSION

Reference checks and background investigations are utilized to determine whether the employment, educational and general background of an individual is consistent with what was revealed through the selection process.

IV DEFINITIONS

A. Reference checks – an opportunity to obtain information from outside sources (i.e. current/past employers, schools) about the candidates, and to verify information revealed during the selection process.

B. Background investigations – investigating a candidate to determine if he/she has a criminal record that would create a conflict of interest or liability for the position applied for and to verify information revealed in the selection process.

C. Psychological evaluations – used to gather information about a person's current emotional well-being, psychological or personality make-up, or academic and intellectual functioning.

D. Polygraph Tests– tests used to render a diagnostic opinion about the honesty or dishonesty of an individual.

E. Employment Verifications/References - information that may be verified to outside sources (i.e. prospective employers) about current or former city employees.

F. Credit Checks - information is used by lenders to determine an individual's credit worthiness; that is, determining an individual's ability and track record of repaying a debt.

V. PROCEDURE

A. References (Applicant)

1. Following the interview selection process, reference checks will be completed on top candidate(s) for additional information to consider in the hiring decision.

    a. Prior to the reference checks being made with current and previous employers/supervisors, the candidate will be informed that reference checks will be conducted.

    b. Reference checks are to be completed prior to a job offer being made. If an applicant requests that a current employer only be contacted later in the process this may be honored by making this reference part of the conditional offer.

    c. The Human Resource Department may contact the current/former employer with job-related questions to verify information obtained on the application and during the selection process and to learn more about the candidate's job history (Refer to Exhibit 1). Exhibit 1 will be used (other than in Police backgrounds or backgrounds completed by a 3rd party) to ensure no discriminatory questions are asked about the candidate (refer to the City of Appleton Affirmative Action policy for definition on protected classes).

    d. Information obtained during a reference check is confidential and relevant information will be shared with the hiring supervisor. Any questionable information will be discussed with the City Attorney's Office prior to making the final hiring decision.

        1. Should any information be revealed showing inconsistencies, omissions, misrepresentation, disciplinary problems, performance problems, etc., the candidate may be disqualified.

2. Personal information obtained in this process shall not be used in making the hiring decision.

B. Background Investigations

1. Background investigations will be completed for all final candidates, including seasonal/summer employees and volunteers each year.

2. Background investigations will be conducted as follows:

a. Seasonal Employees and Intern Candidates – State of Wisconsin criminal background check, Volunteer Select, National Sex Offender Registry, and Wisconsin Circuit Court Access (CCAP) to be completed by Human Resources. A background check will also be completed in any State(s) the candidate has lived in for the past 10 years. The Police Department will complete an in-house and driver's license record check, for the State the applicant resides in, that will include driving record and active warrants.

b. Volunteers, State of Wisconsin criminal background check, Volunteer Select, National Sex Offender Registry, and Wisconsin Circuit Court Access (CCAP) to be completed by Human Resources. A background check will also be completed in any State(s) the candidate has lived in for the past 10 years. The Police Department will complete an in-House and driver's license record check, for the State the applicant resides in, that will include driving record and active warrants.

c. Police Officer Candidates– The Police Department will complete a full Criminal history check through FBI interstate identification index, a driver record check through the appropriate State(s) and in-house check for local contacts. This will also be completed for positions that have certain facility and computer systems access at the Police Department.

d. In addition, the following are also conducted for Police Officer & Fire Fighter candidates: credit check, educational records verification, work history verification including military service, and neighborhood canvas (Police only).

1. Credit Reporting – Applicants must sign a release form before a credit check will be conducted. The following procedure will need to be followed for applicants not selected for employment in whole or in part as a result of the credit report:

a. The applicant must be given a copy of the their consumer credit report and "A Summary of Your Rights Under the Fair Credit Reporting Act".

b. The applicant must be notified orally, in writing or electronically that the action has been taken as a result of the credit report. The notice will need to include the following:

1. Name, address and phone number of the Credit reporting agency that supplied the report.

2. A statement that the Credit reporting agency did not make the decision and cannot give specific reasons.
3. A notice of the applicant's right to dispute the accuracy or completeness of any information the agency furnished and his/her right to an additional free consumer report from the agency upon request within 60 days.

e. All Other Candidates - State of Wisconsin Criminal Background Check, National Sex Offender Registry, and Wisconsin Circuit Court Access (CCAP) to be completed by Human Resources. A background check will also be completed in any State(s) the candidate has lived in for the past 10 years. The Police Department will complete an in-house and driver's license record check, for the State the applicant currently resides in along with the State(s) the applicant has worked based on the employment history reported on the City of Appleton Employment Application. The check(s) will include driving record and any active warrants.

f. Applicants for Valley Transit Safety Sensitive positions or any position that requires a Commercial Driver's License must fill out a consent form to allow for Human Resources to check the applicant's history with previous employers regarding alcohol and controlled substance testing.

C. Psychological Evaluations

1. All supervisor positions (non-Sworn Police & Protected Fire positions) shall complete a pre-conditional offer psychological evaluation. The pre-employment psychological evaluation is a specialized examination of an applicant's psychological suitability for a position. This is a non-medical evaluation and is administered prior to an offer of employment.

2. All public safety positions (sworn Police & Protected Fire positions) shall complete a post-conditional psychological evaluation. A post-conditional offer psychological evaluation may be "medical" in nature and may produce evidence of a disqualifying mental health condition.

D. Polygraph Tests

1. Polygraph tests will be administered as part of the selection process to candidates applying for a Police Officer position. Any Wisconsin law enforcement agency employer may administer or cause a polygraph test to be administered on a prospective officer employee of the law enforcement agency. W.S.A. 111.37(5)(bm).

2. A "Statutory Procedure For Administering a Conditional Job Offer Polygraph (Truth Verification) Test To An Employee or Prospective Employee" will be issued to candidates as notification of their rights for a polygraph test. (Refer to Exhibit 2)

3. A "Pre-Employment Screening Booklet" will be given to Officer Candidates to complete. These questions will be asked and verified during the polygraph examination. (Refer to Exhibit 3)

4. A polygraph test will be administered after a conditional offer of employment has been made to a law enforcement candidate.

E. Employment Verifications/References (Current and/or Past City Employees)

1. Employment verifications are to be completed by the Human Resources Department. Should you be contacted by a current employee, former employee or by a prospective employer of a former employee, refer the person to the Human Resources Department.

    a. Information released include: Dates of employment, position held, and rate of pay.

    b. Letters of reference as indicated by City of Appleton Collective Bargaining Agreements or other Agreements may be provided for current or former employees upon written request by the employee. Such letters must be based on factual information supported by documentation in the employee's personnel file. Letters of reference or recommendation must also be approved by the Department Director and Human Resources Department.

    c. Any additional information needed by a company/organization will require the current/former employee to sign a City of Appleton "Release of Information" form prior to any information being released. (Refer to Exhibit 4a and 4b)

Exhibit 1

TELEPHONE REFERENCE FORM

Name of applicant: _____

Current/previous employer: _____

Employment dates: _____ Full time: _____ Part time: _____

Job title/summary of duties: _____

_____

Quality of work: _____

_____

Dependability/follow through on assignments: _____

_____

Initiative: _____

_____

Ability to work with others: _____

Attendance/punctuality: _____

Any concerns in the area of violence: _____

Any concerns in the area of harassment: _____

Has this person ever had a positive drug test: _____

Reason for leaving: _____

Eligible for rehire: _____

Areas of strength: _____

If you were to coach in one area, what would it be: _____

Recommend for hire for this position: _____

Additional remarks: _____

Name/title of person giving reference: _____

Caller: _____ Date:_____

STATUTORY PROCEDURE FOR ADMINISTERING A CONDITIONAL JOB OFFER POLYGRAPH (TRUTH VERIFICATION) TEST TO AN EMPLOYEE OR PROSPECTIVE EMPLOYEE

I have been orally informed and am informed hereby that under Wisconsin Statutes Section 111.37, the following procedure shall be followed in administering a polygraph (truth verification) test:

1. Any question asked me during such test will be presented in writing and discussed with me in an interview prior to the test.

2. Each such question shall be directly related to my performance or conduct in past or present employment, and to verify the truthfulness of answers on my written employment application, which includes, in part, a personal history form and polygraph screening booklet.

3. No questions will be asked regarding my sexual practices, religious affiliation or beliefs, racial opinions or beliefs, marital relationship, political affiliation or beliefs or labor union activities.

4. For the purpose of liability protection, in addition to the polygraph equipment, electronic hearing devices and visual observation devices may be used which include, but are not limited to, two-way mirrors, cameras and the like. Additionally, a recording of all or part of the test may be made.

5. I shall be informed of the test results, offered copies of any conclusions and opinions rendered, offered copies of questions asked and charted responses, and be offered an opportunity to explain any questionable responses or retake the test or both. If my subsequent responses or the reexamination clarify any questionable response, the results of the initial test questions shall not be reported further and will be corrected, clarified or removed from the personnel records.

6. Prospective employer may not make a decision on hiring or firing me based on the test results unless there is relevant evidence or information, obtained independently from such test, which tends to support the test results.

7. I may elect to end the test at any time.

Page 2: POLYGRAPH (TRUTH VERIFICATION) TEST

I hereby acknowledge having received reasonable oral and written notice of the date, time and location of the test. I also have been orally informed and am informed hereby that I have the right to obtain and consult with an attorney (lawyer) before each phase of the test.

I have also been orally informed and am informed hereby that I have a privilege to refuse to disclose, and to prevent another from disclosing, any oral or written communications during, or any results of, such an examination unless there is a valid and voluntary written agreement between myself and the person administering the test.

I have been further orally informed and am informed hereby that no person may require me to take such a test as a condition of my employment or administer such a test to me, and no person may disclose that I have taken such a test or the results of such a test to any person except myself, without my prior and informed consent.

I have been further orally informed and am informed hereby that I have certain legal rights and remedies available to me if the polygraph test is not conducted in accordance with Wisconsin Statutes, Section 111.37.

I have been further informed and am informed hereby that this test will not be conducted if sufficient written evidence is presented by a physician that I suffer from a medical or psychological condition or am undergoing treatment that might cause an abnormal response during the test.

The undersigned does hereby acknowledge that on _____ , _____ at

a.m./p.m. this document was read to _____, the person being tested.

FOLLOWING TO BE COMPLETED BY POLYGRAPH EXAMINER (and signed by Candidate)

The undersigned does hereby acknowledge that on _____, _____ at

a.m./p.m. this document was reviewed by _____, the person being tested.

_____ _____

Examiner Candidate

Exhibit 3

CITY OF APPLETON
POLICE OFFICER APPLICANT
CONDITIONAL JOB OFFER
PRE-EMPLOYMENT SCREENING BOOKLET

Name:_____DOB: _____Age:_____

Date:_____

Position Applied For: _____

Polygraph Examiner: _____

INSTRUCTION TO APPLICANT

1. Each applicant is hereby advised the contents of this booklet are held strictly CONFIDENTIAL and no information is disseminated to any person except when essential to the conduct of proper official police business; further, that the intentional omission or falsification of any material fact is just cause for disqualification or dismissal of applicant on grounds of dishonesty. Every answer herein entered will be checked during the polygraph examination.

2. Each and every question in the booklet must be answered. None may be left blank. If you desire to make a long explanation in your reply, answer the question briefly as best you can, then put a check mark next to the question number. The examiner will give you an opportunity to make any desired explanation regarding any question so marked.

I have read and understand the above instruction. I realize the questions I will be asked during the in-test (while attached to the polygraph) will be to verify my honesty to the questions in this booklet.

WITNESS:_____TIME:_____

SEAL:_____ TIME:_____

(Signature of person to be examined)

Exhibit 4a

RELEASE OF INFORMATION-CURRENT EMPLOYEE

I hereby empower, a City of Appleton Human Resources representative to release a copy of any and all employment records pertaining to the undersigned's employment to_____(Company name) _____(Company person making request) under the custody of the City of Appleton including without limitation by enumeration; performance reviews, wage histories, disciplines, etc., but excluding, unless specifically provided otherwise, medical records or records pertaining to Worker's Compensation or the Family Medical Leave Act.

Other information requested: _____

_____

_____

This consent is revocable except to the extent that action has been taken in reliance thereon and will remain in force until revoked, but not to exceed one (1) year from the date this document was executed.

This release is intended to release not only the above-named individual, but all officers, agents or related personnel, both individually and collectively, from any and all liability or damages of whatever kind which may at any time result to the undersigned, my heirs, my family or associates because of compliance with this authorization or legal claims or actions resulting in the release of this information, including but not limited to, slander, libel or defamation and requests to release this information and any attempt to comply with it.

Dated this _____ day of _____.

_____	_____
Name (printed)	Social Security Number
_____	_____
Street Address, City, State, ZIP Code	Area Code/Phone Number
_____	_____
Signature of Individual Authorizing the Release	Date
_____	_____
Signature of Witness	Date

Exhibit 4b

RELEASE OF INFORMATION-PREVIOUS EMPLOYEE

I hereby empower, City of Appleton Human Resources representative to release a copy of any and all employment records pertaining to the undersigned's employment to _____ (Company name)_____(Company person making request) under the custody of the City of Appleton including without limitation by enumeration; performance reviews, wage histories, disciplines, etc., but excluding, unless specifically provided otherwise, medical records or records pertaining to Worker's Compensation or the Family Medical Leave Act.

Other information requested: _____

_____

_____

This consent is revocable except to the extent that action has been taken in reliance thereon and will remain in force until revoked, but not to exceed one (1) year from the date this document was executed.

This release is intended to release not only the above-named individual, but all officers, agents or related personnel, both individually and collectively, from any and all liability or damages of whatever kind which may at any time result to the undersigned, my heirs, my family or associates because of compliance with this authorization or legal claims or actions resulting in the release of this information, including but not limited to, slander, libel or defamation and requests to release this information and any attempt to comply with it.

Dated this _____ day of _____.

_____	_____
Name (printed)	Social Security Number
_____	_____
Street Address, City, State, ZIP Code	Area Code/Phone Number
_____	_____
Signature of Individual Authorizing the Release	Date
_____	_____
Signature of Witness	Date

CITY OF APPLETON POLICY	TITLE: **RESTRICTED DUTY POLICY**	
ISSUE DATE: July 2004	LAST UPDATE: July 26, 2005 June 2009 May 2013 March 2015	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	POLICY APPLICATION: All City Employees	TOTAL PAGES: 9
Reviewed by Legal Services Date: June 2009 April 2015	Committee Approval Date: February 9, 2005 September 23, 2009 February 6, 2012 May 11, 2015	Council Approval Date: February 16, 2005 October 21, 2009 February 15, 2012 May 20, 2015

I. PURPOSE

The purpose of this policy is to establish guidelines for temporary limited term restricted duty assignments and to outline the process and administration of the City's restricted duty program.

II. POLICY

It is the policy of the City of Appleton to allow employees, when possible, the opportunity to work in a limited term restricted duty assignment, where the employee is unable to perform full and regular duty due to an injury, illness, pregnancy, childbirth or related medical condition. The availability of limited term restricted duty assignments is exclusively determined by the City and is not intended to constitute a long-term or permanent assignment.

This policy does not limit the rights of employees to seek reasonable accommodations as provided under the Americans with Disabilities Act (ADA).

III. DISCUSSION

The City is committed to providing work, when possible, for employees who have been restricted by a physician because of an injury, illness, pregnancy, childbirth or related medical condition. Restricted duty is temporary and all assignments must be within the employee's documented medical restrictions. Every effort will be made to place employees in positions within their own departments, but if necessary, employees will be placed wherever an appropriate assignment is available. Restricted duty may be at a different location, with different hours and different duties than performed in the employee's regular position.

There is no guarantee of restricted duty work. The City of Appleton may not be able to place all employees with work restrictions on restricted duty assignments. The amount and type of restricted duty work may vary from time to time based on the changing needs of the organization, budget, work restrictions, availability of work, and skill level of the employee. Other considerations may include, but are not limited to, whether the employee is taking corrective steps to resolve their medical issue, as well

as the employees past pattern of restricted duty usage. Provisions of restricted duty work are at the discretion of the City of Appleton as it determines is in its best interest at the time. Nothing in this policy shall alter, amend or add to the benefits provided to employees through a collective bargaining agreement or other contractual agreement.

IV. DEFINITIONS

A. **Restricted duty**: A temporary duty assignment, less arduous than the employee's regular job assignments.

B. **Work-related injury/illness**: Any injury/illness that occurs in the course of and arises out of employment.

C. **Non work-related injury/illness**: Any injury or illness that does not occur in the course of or arise out of employment.

D. **Limited Term Assignment:** A non-permanent assignment of short duration, in which the nature and conditions of such assignment do not permit attainment of permanent status for that assignment.

V. PROCEDURES

A. Employee:
Employees who are not on worker's compensation and are requesting limited term restricted duty shall submit to their immediate supervisor a completed "Request for Limited Term Restricted Duty" form (Exhibit I) and an "Employee Work Restrictions" form (Exhibit II) completed by the treating physician. The supervisor will sign the acknowledgement and forward to the Human Resources Generalist.

B. Human Resources Generalist shall:
1. Review the request.
2. Determine if there is a restricted duty work assignment that meets the employee's skills and medical restrictions. When necessary, the employee shall use accrued sick leave or may be placed on medical leave of absence until a request is approved.
3. Contact the employee's supervisor or department coordinator about the availability of restricted duty assignment that meets the employee's medical restrictions within the employee's department. If no work is available within the employee's department, the Human Resources Generalist will search the restricted duty project list for other suitable assignments outside the employee's department.
4. Contact the employee's department director or designee about the availability of a suitable assignment outside the employee's department and obtain approval from the department director or designee for such assignment. The Human Resources Generalist shall also secure approval of the department director or designee of assignments of other city employees to their department.
5. Notify the employee of approval or denial of the request. (Exhibit III)
6. If approved, notify the department coordinator and restricted duty assignment supervisor that an employee is being assigned. (Exhibit IV)

VI. ELIGIBILITY

1. Work-related injury/illness
   An employee who has suffered a work-related injury/illness is eligible for limited term restricted duty subject to availability of work, skill level, and documented medical restrictions.

   An employee with a work-related injury/illness who is offered and refuses a limited term restricted duty assignment may forfeit wage benefits under the Worker's Compensation Act.

   While on limited term restricted duty for a work related injury or illness, employees will continue to receive their regular rate of pay. If an employee is only eligible for part-time work in a restricted duty capacity, the remaining time lost will be paid according to applicable contractual agreements, policy and/or the Worker's Compensation Act.

2. Non work-related injury/illness, pregnancy, childbirth or related medical condition
   An employee who has suffered a non-work-related injury/illness, is pregnant or has a related medical condition may be eligible for limited term restricted duty subject to availability of work, skill level, and documented medical restrictions.

   The maximum time that an employee with a non-work related injury/illness shall be allowed to work on limited term restricted duty is twelve (12) calendar weeks (cumulative) in a twelve (12) month period measured from the date that the limited term restricted duty assignment is approved. The week in which modified duty begins shall count as week one, even if only a partial week was worked on modified duty. All partial weeks of modified duty shall be counted as a full week. A calendar week is defined as Monday through Sunday.
   Employees shall be allowed to work on limited term restricted duty for twenty four calendar weeks (cumulative) for each pregnancy, childbirth or related medical condition, measured from the date that the limited term restricted duty assignment is approved. The week in which modified duty begins shall count as week one, even if only a partial week was worked on modified duty. All partial weeks of modified duty shall be counted as a full week. A calendar week is defined as Monday through Sunday.

   An employee who has concluded his/her maximum allowable time on restricted duty assignment and who is not able to return to full duty, will be placed on medical leave of absence in accordance with contract provisions and/or City policy, and in accordance with the Family Medical Leave Act (FMLA).

   While on limited term restricted duty for a non-work related injury/illness or for pregnancy, childbirth or related medical condition, an employee may receive a rate of pay different from his/her regular rate. The employee may be paid at a rate that is consistent with the job he/she is performing on restricted duty and not necessarily the employee's regular rate of pay.

D. RESPONSIBILITIES

1. Employee's Responsibilities
   a. All employees are expected to follow their physician's recommendations, medical restrictions, and limitations, at all times, both on and off the job. Any employee, whether on or off duty, who disregards his/her restrictions or engages in conduct inconsistent with those restrictions may be subject to discipline, up to and including discharge.

Under no circumstances shall an employee perform work that is outside of the physician's work restrictions.

b. Employees are expected to cooperate fully with the City and return to work on either full duty or restricted duty as quickly as possible. Additionally, employees with a work-related injury or illness are expected to cooperate fully with the City's third-party administrator.

c. Employees will be required to comply with all other rules and regulations while working on restricted duty assignment.

d. Employees are responsible for furnishing a written updated "Employee Work Restrictions Form" of their medical condition to the Human Resources Generalist after each physician's visit or at thirty (30) day intervals from their last physician's visit.

e. Employees will be expected to submit a completed "Employee Work Restrictions" form or an equivalent physicians certification form prior to returning to full duty. Employees may be subject to a fit for duty evaluation prior to returning to unrestricted duty.

f. Employees are expected to work diligently and efficiently to the best of their ability or assignment may be terminated.

2. Supervisor's Responsibilities
   a. Supervisors shall be responsible for monitoring that employees do not perform work outside of the treating physician's restrictions. This includes monitoring the authorized number of hours the employee is released to work on restricted duty.

   b. Supervisors are required to maintain strict confidentiality regarding the employee's injury, illness, pregnancy, childbirth or related medical condition and/or limitations.

   c. Supervisors of the department/division that has the restricted duty assignment shall be responsible for the supervision of the employee assigned to perform the assignment.

   d. Supervisors are responsible for contacting the Human Resources Generalist regarding any problems with performance and/or limitations involving the employee on restricted duty.

   e. Supervisors are responsible for submitting the appropriate paperwork to the HR Safety Coordinator regarding request for restricted duty assignments.

3. Human Resources Generalist Responsibilities
   a. The Human Resources Generalist shall be responsible for managing the restricted duty program including coordination and priority of restricted duty projects and coordination of a department contact list.

   b. The Human Resources Generalist shall monitor the length of time an employee is working on restricted duty assignment to ensure compliance with the maximum allowable time for non-work-related and pregnancy, childbirth or related medical condition restricted duty assignment.

   c. The Human Resources Generalist shall ensure that the restricted duty assignment is within the employee's work restrictions.

d. The Human Resources Generalist shall be responsible for securing approval from the department director or designee before placing an employee on assignment within their department and before placing one of their employees on an assignment in another department.

4. Department Coordinator Responsibilities
   a. Each department contact coordinator shall be responsible for timely response to the HR Generalist in updating the restricted duty project list and shall keep the Human Resources Generalist informed on the status of restricted duty projects.

   b. Each department coordinator shall be responsible for coordinating an employee's assignment to restricted duty within their respective departments. This shall include working with the supervisor of the restricted duty assignment and forwarding a copy of the Department Notification of Restricted Duty Assignment form (Exhibit IV) to the supervisor.

5. Department Director or designee responsibilities
   a. Department directors or designees shall be responsible for approving all restricted duty requests for their employees.
   b. Department directors or designees shall be responsible for approving assignments of other city employees to their department.

E. PRIORITY OF ASSIGNMENT

Requests for limited term restricted duty assignments will be prioritized based on the following:
1. Work-related injury/illness,
2. Non work-related injury/illness, pregnancy, childbirth or related medical condition

Employees already working a limited term restricted duty assignment may be displaced from an assignment to accommodate a subsequent work-related request for limited term restricted duty assignment. Assignment of limited term restricted duty shall be at the discretion of the Human Resources Department.

An employee working restricted duty assignment will stay on restricted duty, provided there is restricted duty work available until one of the following:
- The restricted duty assignment is completed.
- The employee is released to full duty by the treating physician.
- The physician determines that the employee is permanently disabled from performing their job.
- The employee has reached the maximum time allowed for restricted duty assignment.

F. RETURN TO WORK

Prior to returning to work, the employee may be required to undergo a fit for duty examination with a doctor chosen by the City or may be required to sign an authorization allowing the City physician to speak with the employee's treating physician. This decision will be at the sole discretion of the employee's Department Director and Human Resources Director.

The employee must have his/her physician complete the "Employee Work Restriction" form (Exhibit II) or equivalent form indicating that the employee is able to return to work without restrictions. This form must be submitted to the employee's supervisor prior to returning to work. The supervisor will forward a copy to the Human Resources Generalist.

EXHIBIT I
REQUEST FOR LIMITED TERM RESTRICTED DUTY

TO: Supervisor/Human Resources Generalist

FROM:

DATE:

I am requesting limited term restricted duty. With this request, I am providing a physicians certification, which outlines my limitations/abilities and possible duration.

While working in restricted duty status, I understand the following rules will apply:

1. While on limited term restricted duty, my assignment will depend on the work available and the nature of my injury/illness. My work week/hours may be adjusted to facilitate this duty assignment. The City reserves the right to discontinue limited term restricted duty assignments at any time.

2. I will follow all applicable City Policies and departmental rules and regulations while working in a limited term restricted duty capacity. This shall include reporting time worked, reporting timely to work, reporting any medications that I may be on, etc…

3. I will follow all the physician's recommendations, medical restrictions and limitations at all times both on and off the job.

I have read the above as well as the Restricted Duty Policy, and agree to limited term restricted duty status as outlined in both. I further understand that this arrangement is temporary and is an accommodation for my temporary medical restrictions.

Signed: _____ Date:_____

Name: _____
(print)

Supervisor Acknowledgement_____ Date_____

EXHIBIT II
EMPLOYEE WORK RESTRICTIONS

Patient Name: _____

Current Job: _____

Physician Name (please print): _____

Part Time ☐ 1st Shift ☐ Sun. ☐ Thurs. ☐

Phone: _____ Fax: _____

Full Time☐ 2nd shift☐ Mon ☐ Fri.☐
Seasonal ☐ 3rd shift ☐ Tues ☐ Sat☐
Temporary ☐ Swing ☐ Wed ☐
Next scheduled work day ____ Shift _____
Shift Supervisor: _____

Date you saw patient: ___-__-____ Time In: _____ Injury Date: ____-____-____
Patient Description of Injury:_____

Diagnosis: _____

Treatment:_____
Prescription strength meds orders ☐ Yes ☐ No. Meds: _____
Plan: _____
DISPOSITION: 1. ☐ Patient is unable to work at this time.
2. ☐ Recommend his/her return to work with no limitations on (DATE): _____
3. ☐ He/She may return (DATE) _____ with a daily time limitation of _____
and/or with the following limitations until _____ or until re-evaluation on _____.

CHECK ONLY AS RELATES TO ABOVE CONDITION

☐ SEDENTARY WORK. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

☐ LIGHT WORK. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.

☐ LIGHT MEDIUM WORK. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.

☐ MEDIUM WORK. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

☐ LIGHT HEAVY WORK. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

☐ HEAVY WORK. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

N=Never/Not Able F=Frequent up to 30x/hr.
O=Occasional up to 4 times/hr. C=Constant over 30x/hr.
Specify Restrictions for 24 day

	N	O	F	C			
Sitting/Driving					Lab Work Yes __ No __		
Standing/Walking							
Climbing					X - Rays Yes __ No __		
Bending							
Kneeling/Squatting/Crawling							
					R	L	BIL
Reaching-Horiz./push-pull							
Reaching-Vert./above shoulder							
Gross Handling							
Finger Manipulation							
Single Grasping							
Repetitive Foot Movement							

OTHER INSTRUCTIONS AND/OR LIMITATIONS:

SCHEDULED APPOINTMENTS:

☐ Referral ☐ Clinic _____ Date: _____ Time: _____

SCHEDULED APPOINTMENTS:

☐ Referral ☐ Clinic _____Date: _____ Time: ____

Time Out: _____ ☐ Called Employer Date _____Signature _____

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified on this form to my employer or his representative.

PATIENT'S SIGNATURE Date PHYSICIAN'S SIGNATURE
Date

EXHIBIT III

RESPONSE TO
EMPLOYEE REQUEST FOR
LIMITED TERM RESTRICTED DUTY ASSIGNMENT

Employee Requesting Restricted Duty:_____

Employee Department:_____

I have received your release to restricted duty dated _____. The City of Appleton currently

does/does not have work available that meets the restrictions placed by your physician.

You should report to _____, _____at _____on _____.
(person) (location/site) (time) (date)

Your work schedule shall be _____ to _____from
(day of week) (day of week)

_____ to _____. Your rate of pay will be $_____/hour.
(start time) (end time)

This assignment will include but may not be limited to :

At this time I anticipate this assignment to be available until _____. Extensions or future assignments will be evaluated as your restrictions are updated from your physician. Per the Restricted Duty Policy you are eligible for a maximum of _____ months of restricted duty.

If you have any questions please feel free to call me at 832-6458.

Human Resources Generalist_____ Date:_____

Employee Acceptance:_____ Date: _____

Department Director's authorization: _____ Date: _____

(or Designee)

cc: Department Contact
Supervisor

EXHIBIT IV
DEPARTMENT NOTIFICATION OF RESTRICTED DUTY

To: Restricted duty contact list

We currently have an employee who has been placed on restricted duty. The length of this restricted duty is_____.

The employee has the following restrictions:

N=Never/Not Able			F=Frequent up to 30x/hr.				
O=Occasional up to 4 times/hr.			C=Constant over 30x/hr.				
Specify Restrictions for 24 day							
	N	O	F	C			
Sitting/Driving					Lab Work Yes __ No ___		
Standing/Walking							
Climbing					X - Rays Yes ___ No ___		
Bending							
Kneeling/Squatting/Crawling							
					R	L	BIL
Reaching-Horiz./push-pull							
Reaching-Vert./above shoulder							
Gross Handling							
Finger Manipulation							
Single Grasping							
Repetitive Foot Movement							

☐ SEDENTARY WORK. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

☐ LIGHT WORK. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.

☐ LIGHT MEDIUM WORK. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.

☐ MEDIUM WORK. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

☐ LIGHT HEAVY WORK. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

☐ HEAVY WORK. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

Please reply to this message ASAP if you have work available within these restrictions. In your response please include:

What the work entails.
Who the person should report to and what location.
The time you would like for the person to report.
Anticipated length of the project.

Note: This form is provided to the supervisor of the Restricted Duty Assignment so that they can ensure compliance with the employees work restrictions.

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **SALARY ADMINISTRATION**	
ISSUE DATE: February 18, 2005	LAST UPDATE: September 4, 2001 February 2006 September 10, 2003 October 2006 February 18, 2004 July 2008 February 17, 2005 August 2009 December 2011 September 2012 September 2013 July 2014 April 2018	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All regular full and part-time benefited employees covered by the Non-represented compensation plan. Excludes represented employees.	TOTAL PAGES: 7
Reviewed by Legal Services Date: December 2000 September 12, 2003 February 2006 September 2009 August 2013 July 2014 March 2018	Committee Approval Date: March 9, 2000 September 24, 2003 May 12, 2004 February 9, 2005 February 22, 2006 July 23, 2008 October 28, 2009 December 12, 2011 September 24, 2012 September 9, 2013 August 11, 2014 October 6, 2014 April 11, 2018	Council Approval Date: March 15, 2000 October 1, 2003 May 19, 2004 February 16, 2005 March 1, 2006 August 6, 2008 November 4, 2009 December 21, 2011 October 3, 2012 September 18, 2013 August 20, 2014 October 15, 2014 April 18, 2018

I. PURPOSE

To outline the guidelines utilized for administration of the compensation plan.

II. POLICY

It is the policy of the City of Appleton to provide competitive compensation to attract and retain competent staff and to encourage and reward superior performance within the financial resources available.

III. DISCUSSION

This policy provides the current salary administration guidelines. This policy is subject to change with approval of the Common Council. The Human Resources Director shall be responsible for the administration of the compensation policy.

IV. DEFINITIONS

A. Fair Labor Standards Act (FLSA): A federal act that sets minimum wage, overtime pay, equal pay, record keeping and child labor standards for employees who are covered by the act and who are not exempt from specific provisions. An employee classified in the compensation plan as “Exempt” is not eligible for the overtime compensation provisions of FLSA.

B. Base Pay: An employee's initial rate of compensation, excluding extra lump sum compensation,

shift differential etc. An employee's base pay can be expressed as a base hourly rate of pay or as an annual salary.

C. Compensation Plan: A schedule of pay ranges listing the job classifications Minimum, Maximum and Control Points. All regular positions shall be placed in one of these ranges based on a job questionnaire and point factor job evaluation.

D. Emergency: For purposes of this policy, an emergency shall be defined as an unplanned, significant event that affects the operation, or service level of the department (as determined by the Department Director and/or the Mayor)

E. Interim Assignment: When an employee is assigned to a different position on a temporary basis, because of a vacancy.

F. Job-Questionnaire (JQ): A job analysis that outlines the responsibilities and the requirements necessary to perform the functions of the position. The JQ is utilized to evaluate the position responsibilities using the City' point factor job evaluation system for allocation to the appropriate pay grade. A JQ also functions as the key document for pay plan maintenance.

G. Non-base pay adjustment: Pay adjustments generally in the form of a lump sum or other forms that do not increase the employee's base pay.

H. Red-circled: The maintenance of an employee's pay rate above the established range maximum. An employee whose pay rate is at or above the range maximum may be eligible for a non-base performance adjustment.

V. PROCEDURES

A. DETERMINATION OF PAY RANGES

The compensation plan shall be based on the principle of equal pay for equal work. Pay ranges within the compensation plan shall be determined with regard to factors including, but not limited to: uniformity of pay for each class; relative difficulty, complexity, and responsibility of work; competitive recruiting, education and experience requirements; and prevailing rates of pay for similar jobs in public and private employment as determined by the City.

B. ENTRANCE PAY RATE

The entrance pay rate shall be within the Minimum and the Control Point of the pay range. All appointments (including department heads) above the Control Point must be authorized, <u>in advance</u>, by a majority of the Mayor, Human Resources Committee Chair and Human Resources Director.

C. RECLASSIFICATION The Position Classification Review Process is the method for determining pay range assignment of new positions or reclassification actions involving substantial changes in the duties and responsibilities of an existing position.

(a) Classification or Reclassification Consideration

A request for reclassification of a current position or the classification of a new position may be initiated by a staff member seeking reclassification, by the staff member's department director, or by the Human Resource Director. Requests for reclassifications may occur throughout the year as positions are created or become vacant.

Reclassification consideration for existing positions requires that the employee and the department director document substantial changes in existing duties since the most recent review. Duty changes may be from substantial, immediate reassignment of duties due to reorganization, or may be the result of a logical and gradual change of responsibilities over a period of time.

To be considered for reclassification, changes should be stable and typically should have been in effect for at least six months preceding the reclassification request so that it is clear that the changes that exist are likely to remain for some period of time. Reclassification will not be considered for temporary changes in duties.

A request for classification or reclassification consideration must be in writing and include a new JQ with notes indicating duties that have changed since the last review. The Questionnaire must be completed and signed by the employee, then reviewed and signed by the supervisor and department director. The supervisor and department director must verify or comment on the accuracy of the responses.

(b) Review of Requests

Following internal review by the Human Resource Director, the Human Resource Director may submit the Questionnaire and any supporting documentation to the consultant for evaluation if the criteria for reclassification is met. If the recalassification is appropriate, the consultant will recommend a grade assignment for the position. The consultant may request further information from the Human Resource Director and may request that other positions affected by the reclassification changes be reviewed as well.

(c) The Employer's Response to the Consultant's Recommendations

The employee and the department director will be informed of the final decision in writing. The effective date of any compensation changes will be based on the specific circumstance of the reclassification.

D. COMPENSATION PLAN COMPONENTS

(a) Pay Range Adjustment

Pay Range adjustments are typically made on an annual basis. The Human Resources Director shall recommend such adjustments to the Mayor and Finance Director based on the general level of pay adjustments in the job markets where the City competes for its staff, as well as internal adjustments (e.g. collective bargaining settlements). These adjustments are also made in consideration of general changes in cost-of-living indices.

The adjustment takes the form of an adjustment to pay ranges with the goal of maintaining market competitiveness of the pay plan.

No increase will be made to an employee's pay as a result of a pay range adjustment.

(b) Pay for Performance

The amount allocated for performance pay shall be established each year by the Mayor and included in the annual budget, subject to approval by the Common Council. Upon approval of the budget the amount will be divided and allocated to each individual department based on total base wages of eligible employees within the plan. Upon conclusion of the annual employee performance review process, individual department directors will then divide the allocated amount to individual employees within their department based on the employee's annual performance evaluation score.

The maximum Pay for Performance Adjustment shall not exceed the approved Pay Range Adjustment plus 3%.

E. PAY RATE ADJUSTMENTS

The Human Resources Director and the applicable Department Director shall determine the pay status of an employee based on the following:

(a) Transfers - When an employee is transferred from one class to another with a common pay range, he/she shall continue to receive the same pay rate unless a different rate is deemed appropriate.

(b) Promotion - When an employee is promoted from one class to another having a higher pay range, he/she shall receive an increase as deemed appropriate but not to exceed the Control Point of the range unless approved by the Committee as outlined in the above Entrance Pay Rate section. If the employee's pay rate is higher than the control point of the new position prior to promotion, no authorization is needed from the Committee. For consideration of placement into the new salary range, such factors as the average value of overtime lost, average value of extra hours worked in a non-exempt capacity as well as other internal and external factors shall be considered.

(c) Demotion - When an employee accepts a position in a lower pay grade for any reason, a rate of pay shall be determined. For consideration of placement into the new salary range, such factors as experience, qualification, length of service, average value of overtime lost and the level of pay similar to employees in the pay range shall be considered.

(d) Upward Re-Classification - When an employee's position is reclassified into a higher pay grade, the reclassification shall be treated the same as a promotion under (b) above.

(e) Downward Re-Classification - When an employee's position is reclassified into a lower pay grade, the reclassification shall be treated the same as (c.) above.

(f) Equity Adjustments

Equity adjustments are salary changes outside of the normal salary programs (as listed above) to remedy salary issues such as external pressure in high demand areas, internal salary compression, and/or retention considerations.

F. MINIMUM AND MAXIMUM RATES

Generally, an employee shall be paid within the pay range of his/her position.

An employee may be paid below the minimum of his/her pay range as the result of not receiving a pay adjustment due to their performance.

An employee who receives a base pay adjustment cannot exceed the maximum of their pay range.

In the event of a reclassification, or re-evaluation of a pay range that results in an employee's pay falling outside the maximum of the newly assigned pay range, such employee's pay rate may be red-circled.

G. OVERTIME

(a) Employees in the Compensation Plan who meet the exemption under the Fair Labor Standards Act shall be exempt from all premium pay provisions except as otherwise outlined in this policy.

(b) Employees who are required to work Sunday, not part of their regular schedule, shall receive double time pay. Utility Department employees who work Sunday, as part of their regular schedule, shall receive double time pay.

(c.) All non-represented non-exempt employees in the Compensation Plan shall be paid no less than the minimum compensation required pursuant to the FLSA, including overtime compensation on a time and one half basis, for all hours worked in excess of 40 hours per week subject to the following:

1. Compensatory Time, Sick leave, PTO Sick, approved non-paid leave and FMLA non-paid leave hours shall not be counted as hours worked for purposes of computing overtime compensation; and,

2. Scheduled City holiday hours, vacation, PTO , funeral leave, jury duty and approved paid FMLA leave (except PTO Sick, see #1 above) may be counted as hours worked for purposes of computing overtime compensation (except when employee is called to work, then see #3 below); and,

3. Hours worked and paid at a Sunday or Holiday double time rate*, where the employee is also paid an additional call pay premium, shall not be counted as hours worked for purposes of computing overtime compensation.

*Holiday double time rate refer to Fringe Benefit Policy.

(c) Battalion Chiefs and Deputy Fire Chiefs who fill in for other Chief Officers, when overtime would otherwise be required, shall receive straight time pay for all such hours worked in addition to his/her regular bi-weekly rate. Operations Battalion Chiefs who are required by the Chief to attend extended (generally more than four (4) hours) training on his/her off-duty time may be eligible for straight time pay for attendance at such training at the discretion of the Fire Chief.

(d) Police Lieutenants and Captains will receive compensation at time and one half of the top senior sergeant rate when working beyond their normal schedule for Grants, Off-Duty Police Services, Avenue Detail and special events.

(e) Overtime shall be approved in advance by the Department Director or supervisor and reviewed periodically by the Department Director. Overtime shall be kept to a minimum and shall be

utilized to relieve specific occasional peak workloads or emergencies.

H.SHIFT PREMIUM

Non-exempt employees shall be eligible for a $.50 shift premium added to their base pay if the employee is regularly scheduled (through shift selection or designated assignment) to work a 2nd or 3rd shift schedule (3rd or 4th shift schedule for Police).

K. TELEPHONE CALL

Non-exempt employees who are called by a supervisor on the telephone, outside of his/her regularly scheduled hours, to provide information related to the operation of the department shall be paid for the time actually spent on the telephone, but not less than one hour's straight time. This does not apply to employees receiving the Stand-by Duty pay.

L. EMERGENCY CALL-IN

Non-exempt employees who have left the worksite or are in a paid leave status, and who are called to return to work outside of their regularly scheduled hours to handle emergency situations that could not be anticipated, will be eligible for a lump sum of $100 as call-in pay.

M. ASSIGNED SHIFT CHANGE
This applies to Department of Public Works and Utilities employees who operate on shifts.

When a non-exempt employee is required to work outside their assigned shift he/she will be paid as follows:

Employees notified for a change of assigned shift for a duration of more than one week and are given 48 hours or more notice shall be paid $1.00 per hour, added to their base pay, for all hours worked for the duration of the scheduled shift.

Employees notified for a change of assigned shift for a duration of one week or less and are given 48 hours or more notice shall be paid $2.00 per hour, added to their base pay, for all hours worked for the duration of the scheduled shift.

Employees notified for a change of assigned shift and are given less than a 48 hour notice shall be paid $50 per day for the first 48 hours and then the employee shall be paid pursuant to the above.

The $1.00 and $2.00 premium pay shall be added to the employee's regular base rate for purposes of calculating the overtime rate.

O. STAND-BY DUTY
Employees who-are required by his/her department director to be on stand-by duty (required to remain within a one (1) hour response area, accessible by phone or pager, etc.) shall receive one hour's pay for each day of stand-by and (2) two hours if on the actual holiday (does not include the observed holiday).

All employees required to be on stand-by must remain physically fit and ready for duty and must

continue to abide by City policies (i.e., Drug-Free Workplace).

P. CALL DUTY - EMERGENCY RESPONSE (Excludes Directors, Deputy Directors and Assistant Police Chief)

Any exempt employee, not on Stand By Duty, who is required to report to duty for emergency operations (e.g. snowplowing, water main breaks, facilities and grounds and technology issues, storms & other disasters, police investigations, SWAT calls etc.) may be eligible for additional compensation in the form of a bonus as outlined below:

- If the employee reports for work and works more than one (1) hour but less than four (4) hours, the employee shall be entitled to $50.00 for each report.
- If the employee reports for work and works four (4) hours or more, shall be entitled to $200.00 for each report.

CITY OF APPLETON POLICY	TITLE: **SEASONAL EMPLOYMENT**	
ISSUE DATE: August 1, 2002	LAST UPDATE: June 2, 2004October 8, 2004 April 24, 2006 July 2007 October 2009 March 2014, April 2019	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All Employees	TOTAL PAGES: 11
Reviewed by Legal Services Date: November 11, 2003 November 3, 2009 June 2, 2014 April 26, 2019	Committee Approval Date: January 14, 2004 December 9, 2009 July 21, 2014 May 22, 2019	Council Approval Date: January 21, 2004 December 16, 2009 August 6, 2014 June 5, 2019

I. PURPOSE

To provide guidelines in the seasonal employment process including recruitment and selection, training, and performance evaluation.

II. POLICY

The City of Appleton will recruit and select the best qualified persons for positions with the City. The Human Resources Department, under the guidance of the Human Resources Director, is responsible for developing and facilitating an active seasonal recruitment and selection program designed to meet the current and anticipated City departments' seasonal employment needs. The procedure will be consistent with the City's Affirmative Action Program and will comply with all Equal Employment Opportunity guidelines.

III. DISCUSSION

The City of Appleton establishes clear and consistent guidelines to assist City supervisors and to ensure equal and unbiased treatment of all applicants and employees. The selection of seasonal employees shall be made by the respective hiring supervisor and in conjunction with the established guidelines.

IV. DEFINITIONS

A. Seasonal Employment: Certain times of the year necessitate the hiring of temporary, non-benefited positions to assist with increased workloads or to fill recreational program activity positions. These positions shall be consistent with the seasonal pay plan and shall be for a specific time period.

B. Seasonal Employee: Employees hired to perform seasonal work for a specific time period. Seasonal employees shall not exceed 1200 hours in any 12-month period and are not eligible for benefits. Employment terminates at the end of the season.

V. PROCEDURES

A. Recruitment

When it is determined to be in the best interest of the City of Appleton, seasonal employees may be hired as budgeted. Such employees shall not be eligible to receive City of Appleton fringe benefits unless specifically provided for elsewhere in this policy. The department shall establish job descriptions for each seasonal position within their department and pay rates will be established and approved by Human Resources and the Common Council as referred on the seasonal pay plan.

Hours – No seasonal employee shall exceed 1200 hours of employment in any 12-month period, unless previously authorized by the Human Resources Director. The Human Resources Benefits Coordinator will monitor the number of hours that a seasonal employee has worked and will notify a department if close to the hour limits. Seasonal employees shall not work more than 40 hours per week unless authorized by the Department Head. All hours worked over 40 must be paid at time and one-half.

1. Advertising and Publicity
   The Human Resources Department shall post the open positions on the City's website to accept applications for the seasonal position vacancies. A list of the open positions may also be sent to regional high schools, Wisconsin technical colleges and universities, and diversity groups, along with other resources customarily used to distribute regular weekly Open Positions Lists and/or are deemed to be appropriate by the department.

2. Application Forms
   All City of Appleton seasonal applications for employment must be completed on-line. Resumes will be accepted only as an attachment to the application; not in lieu of an application. Each returning seasonal employee must update their application annually.

3. Applicant Tracking
   Once the applications are submitted via the City's website, the applications will then be forwarded electronically to the hiring supervisor.

4. Candidate Selection
   The hiring supervisor will screen the applications based on the job requirements outlined in the job description. After selections are made, candidates will be scheduled for an interview. Interviews can be conducted over the phone or in person. All candidates will be asked the same general questions. Supervisors should refer to their Seasonal Hiring binders for information on conducting interviews. All applicants not chosen from the initial screening will be notified by email.

5. Reference Checks
   The hiring supervisor will decide on their final candidate(s). Depending on the position, the hiring supervisor will obtain employment and/or personal references. (Exhibit 1a and 1b).

6. Conditional Offer of Employment
   The hiring supervisor will make the job offer contingent upon appropriate background checks using the existing seasonal pay structure.

7. Background Checks
   The necessary information to conduct a background check shall be sent to Human Resources. HR Administrative staff will process the background check.

8. Offer Letter

The HR department will prepare a conditional offer letter, contingent on the successful completion of a background check after the supervisor determines a start date and end date (or annual background refresher date) with the candidate. The conditional offer letter will be sent with the appropriate instructions for paperwork that the employee must complete on or before the first day of employment. The required paperwork could include: I-9 form, W-4 form, ACH Direct Deposit Authorization (all seasonal employees are required to sign-up for direct deposit of their payroll checks), and a Child Labor Permit (if applicable) a policy sign off sheet and policy brochure, and any other required paperwork. (The City reimburses employees for the child labor permit.)

B. Auto Insurance

The City does not provide insurance coverage for an employee's privately-owned vehicle. Employees who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use.

All employees who drive non-City-owned vehicles for City business shall be required to purchase (at their own expense) and maintain auto insurance at a level that meets one of the following minimum standards:

The minimum acceptable coverage is:
Single limit of liability - $200,000 for bodily injury and property damage
OR
Split limit of liability with limits of $100,000 each person bodily injury, $300,000 each accident bodily injury, $50,000 property damage

All seasonal employees are required to sign the Driver's License Information Update form (Exhibit 2) if they are required to use their own vehicle for City business and/or if they will be using a City-provided vehicle.

A seasonal employee must be 18 years of age to drive a vehicle for City business.

C. Seasonal Employee Orientation and Training

1. The department supervisor should follow the Seasonal Employee Orientation Checklist to orient the new employee(s). (Exhibit 3)

2. The Staff Training and Development Coordinator for the Human Resources Department will coordinate the necessary policy training with each of the department supervisors.

3. Once a new seasonal employee is hired, he/she should attend one of the scheduled training courses. The employee's supervisor is responsible for notifying employees of the training dates and confirming the employee's attendance with the Human Resources Department. The courses include the training that is required by federal and state law and City policy. At the end of each training course, the employee will be asked to sign a form stating that he/she took the class and understands that he/she must abide by the policies covered in it.

4. If the employee cannot attend the training course, the supervisor will be responsible for sending a required training brochure, along with a sign-off form to the employee. The employee is required to return the signed form to their supervisor prior to beginning his/her job. All hard copies of the sign-off form will be filed with the employee's application for

future reference. The Human Resources Department will keep such files on-line for all seasonal employees.

D. Evaluation Forms/Process

At the end of each employment period, the supervisor shall fill out a Seasonal Performance Evaluation Form (Exhibit 4) for each seasonal employee who worked under his/her supervision. The supervisor shall sit down with the employee to discuss the evaluation, then obtain the employee's signature as acknowledgment of the evaluation. Supervisors who are in charge of a large number of seasonal employees may complete the evaluation and mail or email two copies to the seasonal employee, provided the employee has met the minimum performance requirements of the position. The evaluation should be accompanied by a letter (Exhibit 5) explaining the evaluation and requesting that the employee sign and return one of the copies to the supervisor. All employees who fall below minimum performance requirements must be evaluated in person. In order to be eligible for re-hire, the employee must have a prior year satisfactory evaluation on file. Seasonal staff evaluations are kept electronically. If an employee receives a "not eligible for re-hire" evaluation, the supervisor will meet with the employee to discuss the details. It is the supervisor's responsibility to track this for future years. Supervisors from other programs/departments have access to see these evaluations from former years.

E. Seasonal Pay Schedule

Seasonal employment shall be compensated on a per hour or per event basis at a rate established by the Human Resources Director and approved by the Common Council. A new seasonal hire will start at any step within the applicable seasonal pay grade. A returning seasonal employee can advance to the next step, up to the 4th year step, each year that they return if the position they are returning to is the same position or similar in duties to the one they previously held, and as long as they are deemed eligible for re-hire for the position. Any exception to the above must be approved by the Department Director and the Human Resources Director.

A seasonal employee's rate of pay is based on the rate that applies in the year when the program starts. (For example, a lifeguard starting in October 2014 will be paid at the starting Lifeguard rate for 2014, even if the employee continues his/her employment into calendar year 2015. If the employee begins a new position and/or program in 2015, then their rate will reflect the 2015 rate.)

TELEPHONE REFERENCE FORM **EXHIBIT 1a**

Name of applicant:_____

Current/previous employer:_____

Employment dates:_____ Full time:_____ Part time:_____

Job title/summary of duties:_____

_____

Quality of work:_____

_____

Dependability/follow through on assignments:_____

_____

Initiative:_____

_____

Ability to work with others:_____

Attendance/punctuality:_____

Any concerns in the area of violence:_____

Any concerns in the area of harassment:_____

Has this person ever had a positive drug test:_____

Reason for leaving:_____

Eligible for rehire:_____

Areas of strength:_____

If you were to coach in one area, what would it be:_____

Recommend for hire for this position:_____

Additional remarks:_____

Name/title of person giving reference:_____

Caller:_____ Date:_____

SEASONAL EMPLOYMENT **EXHIBIT 1b**
TELEPHONE REFERENCE FORM

Name of applicant: _____

Name & title/relationship of person giving reference:_____

Caller:_____ Date:_____

Job title or nature of relationship to applicant (i.e. teacher, coach): _____

_____

Quality of work/assignments: _____

_____

Dependability/follow through on tasks or assignments: _____

_____

Ability to work with others:_____

_____

Attendance/punctuality: _____

Additional remarks or anything you would like to share about this individual? _____

_____

Use the following only if the contact is from a previous employer

Reason for leaving:_____

Eligible for rehire/would you hire them again?_____

Any concerns in the area of violence or harassment:_____
_____

Has this person ever had a positive drug test at work:_____

EXHIBIT 2

DRIVER'S LICENSE INFORMATION UPDATE _____
Please print CLEARLY

First Name: _____ Middle Initial: _____

Last Name: _____

Do you have a **valid** Driver's License? ☐ Yes ☐ No

Date your Driver's License expires (mm/dd/year): _____/_____/_____

List any restrictions on your Driver's License (i.e. glasses, occupational, etc.):
_____
_____
_____
_____
It is your responsibility to notify Human Resources or your Supervisor immediately when your driver's license is restricted, suspended or revoked. Failure to do so may result in disciplinary action up to and including discharge.

_____ _____ _____
Signature Department Date

AUTO INSURANCE

The City does not provide insurance coverage for an employee's privately owned vehicle. Employees who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use.

All employees who drive non-City-owned vehicles for City business shall be required to purchase (at their own expense) and maintain auto insurance at a level that meets one of the following minimum standards:

(a) Single limit of liability - $200,000 for bodily injury and property damage
OR
(b) Split limit of liability with limits of; $100,000 each person bodily injury $300,000 each accident bodily injury $50,000 property damage.

Proof of insurance must be provided prior to mileage reimbursement payment. Employees who cannot provide proof of this level of insurance will not be entitled to receive mileage reimbursement, and will not be allowed to drive for City business. Failure by the employee to maintain required insurance limits may affect employment status, as stated in the Conditions of Employment policy.

Health Department employees who are reimbursed monthly for mileage must provide regular insurance policy updates to the HR Department.

☐ I anticipate I may drive a non-City owned vehicle in the conduct of my job duties and I understand that, should I use a non-City-owned vehicle in the conduct of my job duties, I must have and maintain adequate insurance coverage (as noted above) for that vehicle.

☐ I do not anticipate that I may drive a non-City owned vehicle in the conduct of my job duties. However, I understand that should I need to use a non-City-owned vehicle in the conduct of my job duties, I will verify that I have adequate insurance coverage (as noted above) for that vehicle, prior to using the vehicle for my job.

_____ _____ _____
Signature Department Date

EXHIBIT 3

SEASONAL EMPLOYEE ORIENTATION CHECKLIST

EMPLOYEE: _____ DATE: _____

DEPARTMENT: _____ SUPERVISOR: _____

TO BE COMPLETED PRIOR TO FIRST DAY OF EMPLOYMENT

☐ Complete new hire paperwork with HR and turn-in work permit (if applicable)

TO BE COMPLETED THE FIRST WEEK OF EMPLOYMENT

☐ Review parking	☐ Review Departmental communications (i.e. Bulletin board, staff meetings, etc.)
☐ Schedule seasonal training with HR or have employee read and sign the Seasonal Training Brochure	☐ Review Departmental Activities (i.e. Casual Fridays)
☐ Fire Drill/Evacuation Procedure	☐ Show video of department, if applicable
☐ Issue PPE (Personal Protective Equipment)	☐ Discuss performance evaluation format, if any
☐ Issue keys, if applicable	☐ Fill out applicable employment forms (if required by specific department)
☐ Employee Introductions	☐ Train employee on applicable equipment
☐ Office/Facility Tour	☐ Train employee on phone system
☐ Review of work rules, departmental policies, etc.	☐ Review Department policy on public relations
☐ Review of reporting requirements	☐ Review Chain of Command
☐ Review of work hours, time cards (if applicable), and location	☐ Review of Department Mission and Beliefs
☐ Review job description	☐ Review all departmental safety/compliance issues
☐ Give job assignment	

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

SEASONAL PERFORMANCE EVALUATION FORM

Department: Parks & Recreation **Employee:** _____ **Job Title:** _____ **Date:** _____

Please complete the following evaluation near the end of the employment period and review it with the employee prior to the end of his/her employment. Place an 'X' in the box which best indicates employee performance.

Area of Evaluation (X-out those that do not pertain)	Excep-tional	Exceeds Require-ments	Meets Require-ments	Needs Improvement	Unsatis-factory	Comments
Job Knowledge - Consider how well employee understood duties and re-tained and applied knowledge						
Quality of Work - Consider neatness, accuracy and effectiveness						
Quantity of Work - Consider amount and speed of work output, timeliness						
Cooperation - Consider employee's ability to work effectively with others						
Dependability - Consider employee's ability to complete job assignments						
Attendance - Consider employee's punctuality and attendance						
Initiative - Consider employee's willingness to help others and seek out work and perform tasks assigned						
Attitude - Was the employee's attitude positive, professional and supportive of the City						

DETERMINATION OF OVERALL EVALUATION **(Please choose one)**

	Demonstrates consistant exceptional performance. Far exceeds requirements of position.
	Consistently exceeds requirements of position.
	Consistently meets requirements of position.
	Meets minimum requirements of position. Indicates need for improvement.
	Consistently falls below minimum requirements of position.

	Yes	Do not rehire in this position	Not eligible for rehire within department
Is employee eligible for rehire?			

Number of years in this position:_____

EVALUATOR COMMENTS:

Employee: This performance review has been completed as a guide to help you in your job performance and development. Your signature does not necessarily imply you agree with the comments or rating, but that you read and understand the review.

_____ _____
Employee Signature Date

_____ _____
Evaluator Signature Date

EMPLOYEE: PLEASE USE REVERSE SIDE FOR COMMENTS.

_____ _____
Supervisor Signature Date

EXHIBIT 5

Appleton Parks Recreation
and Facilities Management
1819 Witzke Boulevard
Appleton, WI 54911
Phone: (920) 832-5905
Fax: (920) 832-5950

"Date"

"First Name" "Last Name"
"Address"
"City", "State" "Zip Code"

Dear "First Name",

I would like to thank you for your hard work and effort put forth this past summer for the Appleton Parks Recreation and Facilities Management Department. Your time and dedication is greatly appreciated and made this year a rewarding and memorable one.

Enclosed you will find your employee evaluation for this year's program. Please read, sign, and return a copy for our files. Keep a copy for your personal records. If you have any questions regarding your evaluation, please feel free to call me at (920) 832-3926.

Sincerely,

Recreation Program Supervisor
Appleton Parks Recreation and
Facilities Management Department

Enclosure

CITY OF APPLETON PERSONNEL POLICY	TITLE: **SECURITY: ACCESS CARDS/KEYS/IDENTIFICATION BADGES**	
ISSUE DATE: May 2006	LAST UPDATE: 2007, 2014, 2020	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All Departments	TOTAL PAGES: 4
Reviewed by Legal Services Date: September 2014 May 2020	Committee Approval Date: March 22, 2006 October 20, 2014 June 10, 2020	Council Approval Date: April 5, 2006 November 5, 2014 June 2020 (Informationally)

I. PURPOSE

To maintain a safe and secure workplace to protect City staff, visitors and assets by ensuring the proper usage of access cards, keys and identification badges.

- Access cards required for the Police Station and Library will be issued and managed by the department themselves.
- Facility keys will be provided by the Parks, Recreation and Facilities Management department. Departmental keys will be issued and managed by the department themselves.
- City of Appleton Employee Identification badges will be printed by the City Clerk's office with door accessibility added by the Human Resources department. Some departments have specific departmental badges/fobs, which will be issued by those departments.
- Access cards for all other departments will be issued under the direction of the Human Resources department. Employee requests to access the City Hall building for after-hours should be made by Department Heads or their designee(s) to the Human Resources department.

II. POLICY

General Responsibilities

- Access cards, keys and identification badges will be issued directly by, and returned directly to, authorized personnel. The person receiving the access card, key or identification badge will follow the employee responsibilities as outlined in this policy. This includes access cards or keys being requested on

behalf of contractors and vendors. It will remain the responsibility of the requestor to ensure compliance with this policy.

- Department Heads or their designee(s) are the only staff with authorization to request an access card, key or identification badge, request modifications, or to request the deletion of an access card for an employee within their department or for an outside contractor.

- It is necessary at times that access cards or keys be issued to vendors or contractors to perform work within a City of Appleton facility. Access cards and keys can be obtained and will be issued directly by authorized personnel to the department head or designee whom requested the access card or key. It is the department head's or designee's responsibility to inform the vendor or contractor of the access card or key terms, to report lost access cards or keys immediately, to ensure proper usage and to ensure the access card, identification badge or key is returned. Departments should conduct periodic audits to determine if there are any outstanding access cards, keys, or identification badges due back from employees, vendors or contractors. Contractors or vendors may be charged for the cost of lost replacement cards, keys and/or replacement of the applicable locks.
  - Contractors with <u>short-term</u> work are to pick-up and return the access card daily from the department head or designee they are doing City business with. A contractor is never to leave City of Appleton premises with access cards unless arranged with the department head or designee they obtained the card from.
  - Contractors with <u>long-term</u> contracts, who return on a daily, weekly or monthly basis, may be issued access cards for the duration of the contract. For example, this may be necessary when work is to be completed on an ongoing basis. Cards are to be given back to the department head or designee they obtained the access card from at the termination of the contract or when no longer required.

- Tampering, duplication of any component or any other inappropriate use relating to any City of Appleton security system, access cards, keys or identification badges may result in discipline up to and including termination of employment.

<u>Employee Responsibilities</u>

- Identification badges, access cards and/or key(s) are issued to employees for the purposes of employment and are to be used only by the person they were issued to. The card(s) or key(s) will be used only for employment with the City and for employment-related purposes.

- Identification badges and access cards must be in possession of the employee at all times during working hours and the employee is responsible for any use of card(s) and/or key(s). Access cards and keys are an integral part of security for City facilities. Allowing others to use an access card or key or allowing others unaccompanied/unauthorized access to any secured area is prohibited.

- If an identification badge, access card and/or key(s) are lost, employees will immediately report the lost card(s) or key(s) to their supervisor and will make a written request to the Department Director (or designee) for authorization of a replacement. Waiting to report lost access cards, keys or identification badges allows for a greater potential for security to be jeopardized. Employees may be charged for the cost of a replacement card and/or key.

- Employees will report malfunctions of an access card immediately to the Human Resources department.

- Failure to comply with the provisions outlined herein may result in disciplinary action up to and including termination.

III. DISCUSSION

This policy defines the procedures for maintaining security by the proper use of access cards, keys or identification badges.

IV. DEFINITIONS

Access Cards – an electronic key, generally the size of a credit card, that allows access to restricted areas. Access cards add more security than keys through programming that can restrict access by both location and time and maintain a record of the location and time the access card is used. Access cards allow entry by presenting the card in close proximity of a card reader next to an entryway.

Identification Badges – a plastic card the same size of a credit card that identifies the person to whom it was assigned. The identification badge can be combined with the Access Card to serve both functions or be issued as a separate card. Cards issued to employees will include a photograph of the employee, their first name, department and City of Appleton logo.

Keys – a metal key provided as a means of entry designed to open or close a lock. Areas are restricted and access is granted to those that require entry to perform their job.

- Facilities Keys – are those keys issued for the entry of buildings or department spaces. Generally, these keys would allow access to interior and exterior doors of a facility.
- Departmental Keys – are those keys issued for non-building related spaces such as cabinets, toolboxes, equipment operation, etc.

V. PROCEDURES

To request, modify or return an <u>access card/identification badge</u> or <u>key</u>:

Location: All facilities and departments other than the Police Department and Library.

1. The employee's department head or designee shall submit a card access request to authorized human resources personnel or key request to the Parks, Recreation and Facilities Management Department. Access is to be granted only for those areas required to perform an employee's normal duties. If the request for access is to a location other than the employee's department in which they are employed, it is necessary to obtain authorization from that department head or designee for that location.
   - Access cards/identification badges - will be programmed and will be available for pick-up from the Human Resources office or will be sent by inner-office mail. If an employee picture has not been previously taken or is outdated, a picture will be taken in the City Clerk's office which will be on the front of the access card and serve as the employee's ID.
   - Keys – will be cut and issued to the department head or designee that submitted the request.
   - Return all cards, identification badges and keys to your immediate supervisor who will return the access cards/identification badges to Human Resources and keys to Parks, Recreation and Facilities Management or to the authorized representative for all other facilities if no longer required to perform your job functions or employment is terminated with the City of Appleton. Access cards/identification badges are to be destroyed when no longer needed.

Location: Police Station or Library.

1. Please follow established departmental procedure(s).

CITY OF APPLETON PERSONNEL POLICY	SOCIAL MEDIA POLICY	
ISSUE DATE: March 2016	LAST UPDATE: November 2015	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees	TOTAL PAGES: 10
Reviewed by Legal Services Date: January 2016	HR Committee Approval Date: April 11, 2016	Council Approval Date: April 20, 2016

I. Purpose

The purpose of this Policy is to ensure all City of Appleton ("City") employees have an understanding of the expectations and guidelines the City has for using and posting on social media platforms. The City has a responsibility in deciding what is "spoken" on behalf of the City.

This Policy will also outline the role of the City's social media efforts in sharing information and news with the community and to serve as a tool to help social media coordinators ensure all accounts are using the same standards. These standards will make the City's online presence uniform and immediately recognizable. Social media platforms will also be utilized to drive people to the City's website for additional information.

For purposes of this Policy, social media is a type of interactive online media that allows parties to communicate instantly with each other or to share data in a public forum. This includes, but is not limited to, online social media platforms such as blogs, video-and image sharing websites (e.g., YouTube, Instagram), micro blogging websites (e.g., Twitter) and others (e.g., Facebook, LinkedIn).

II. Guidelines

a. Social media should be used to engage the community in conversation, create positive interactions, and drive traffic to the City's website, www.appleton.org, for information about City related business and events.

b. Posts must be relevant to furthering the goals and mission of the City. Posts should attempt to help the City and/or department reach its mission, enhance residents' knowledge of services, encourage civic engagement, increase transparency and/or solve a problem.

c. The City's Communications Coordinator will be responsible for maintaining, posting to, and reviewing the City's main social media accounts.

d. City Departments may have one (1) social media account per approved social media platform (e.g., Facebook, Twitter). Questions about which social media platforms are approved should be directed to the City's Communications Coordinator.

e. City Departments that choose to have social media accounts must have a minimum of two (2) designated social media coordinators per department. They will be responsible for maintaining, updating, posting to and reviewing the department's social media accounts.

i. Social media coordinators will receive training on how to effectively use social media and the policies and laws governing social media usage.

ii. New social media coordinators must receive training provided by the City's Communications Coordinator prior to being allowed to post.

f. All social media accounts used by the City or departments must contain a link to www.appleton.org and a direct link to the department's page, if applicable.

g. No City employee may discuss confidential or non-public City business on any social media platform. When using social media for personal use during their own personal time, employees may comment on publicly available information; however, employees must clearly express that their views are personal in nature and do not represent the City. City employees may comment on a post to the City's social media accounts but should do so only during non-working hours unless prior approval has been granted by their department director. Note: employees who are in highly visible positions for the City should be conscientious when commenting on social media, even for personal use, because it may be perceived as they are commenting on behalf of the City due to the public nature of their City position.

h. City employees with personal social media accounts must not imply their personal accounts are affiliated with the City.

i. City-made posts may not be deleted from the account without the approval of the Communications Coordinator and/or City Attorney. In the event a post violates the terms in this policy, contact the Communications Coordinator immediately.

j. Given the evolving nature of social media, this Policy may be changed or updated at any time.

Appendix A

SOCIAL MEDIA ACCOUNT REQUEST FORM AND WORK PLAN

These are the steps involved for having a department specific social media account. If your department would benefit from using social media, complete Attachment A and email it to the City's Communication Coordinator.

STEP 1: EVALUATE

When a department wants to use social media, the following questions should be considered:

1. Why does the department want to use social media and what are the goals?
2. Which social media platform(s) will you use and how will those accounts interact with the City website and other social media assets?
3. Who is the target audience, and why should they interact?
4. How will this help meet the goals of the department and City communications plan? How can it support, or supplement, what's already taking place?
5. Does the department have the resources to maintain this account with fresh content (at least 3-5 posts per week) and regular monitoring?
6. Which of the established City profiles could be leveraged to share your messaging? Could they be used instead of creating a new account?
7. Are there at least two people in the department who can be responsible for this account as part of their other regularly scheduled job duties?
8. What is the department's plan for creating, reviewing and scheduling messaging that will benefit citizens?
9. How will posts encourage interaction rather than merely serve as one-sided updates?
10. How will success be measured and reported?

STEP 2: COMPLETE AND SUBMIT THE ATTACHED SOCIAL MEDIA ACCOUNT REQUEST FORM AND WORK PLAN – ATTACHMENT 1.

STEP 3: TRAINING

There is an initial training and an annual training for department's social media coordinators. The training will be set up by the City's Communication's Coordinator. The training will cover the following:

1. 70/20/10 Rule
2. Filling out the profile (Example: Facebook "About" data, Twitter bio, etc.).
3. Determining the visual elements of the profile (e.g., avatar, cover photo, etc.).
4. Developing the "voice" – Learning how to ensure messages are consistent across all platforms.
5. Content - Learning about the different types of posts and pros/cons of each.

6. Responding to comments – How to appropriately respond to positive and negative comments.
7. Creating a content calendar – Includes learning to schedule multiple posts concerning the same topic and scheduling posts in advance.
8. Metrics and reporting – Learning to measure success and failure of posts to continually improve quality and reach.

ATTACHMENT A

Email Completed Form to Chad.Doran@Appleton.Org

INSTRUCTIONS

This form should be completed by the department director, the department director's designee, or one of the department's current or anticipated social media coordinators. No new social media accounts may be created without the submission and approval of this form to the City's Communications Coordinator. The final approved form will be emailed back to the department director and/or the department's social media coordinator. Direct all questions/comments/concerns to the City's Communications Coordinator.

GENERAL INFORMATION

Date:
Department:
Name/Title of Person Submitting Request:
Has Department Director Given Approval? . Yes . No

WORK PLAN

1. Provide information regarding the current/desired social media platform.

Platform (e.g., Facebook, YouTube)	**Does Site Already Exist?** (if yes, provide link)	**Desired Profile Name** (if applicable)

2. Each department using social media needs two trained social medial coordinators. Who will they be and what will be their individual responsibilities?

	Name/Title	**Responsibilities**
Coordinator One		
Coordinator Two		

3. Why does your department want a separate department social media account as opposed to using the City's main social media accounts?

4. How does your department anticipate using the social media account?

5. Who is the intended audience of the social media account and why?

6. Does your department have the resources to maintain this account with fresh content (at least 3-5 posts per week) and regular monitoring? Explain.

7. How will success be measured and reported?

8. How can the City's Communications Coordinator help you?

9. Any comments/questions/concerns?

STOP! To be completed by City's Communications Coordinator:

Date Received: _____ Date Approved/Denied: _____

If Denied, Reason Why: _____

Initial Training Date: _____ Annual Training Date: _____

Social Media Site Standards

When creating or updating a social media site for the City of Appleton, these standards (or a live link to these standards) must be prominently displayed on the site. These standards should in no way be modified from their original form.

Terms and Conditions

General
By using this website (the "Site"), you agree to be bound by these Terms and Conditions and to use the Site in accordance with these Terms and Conditions, applicable City of Appleton policies, and any additional terms and conditions that may apply to specific sections of the Site or to products and services available through the Site. Accessing the Site, in any manner, whether automated or otherwise, constitutes use of the Site and your agreement to be bound by these Terms and Conditions. The City of Appleton (the "City") reserves the right to change these Terms and Conditions or to impose new conditions on use of the Site, from time to time, in which case we will post the revised Terms and Conditions on this website. By continuing to use the Site after we post any such changes, you accept the Terms and Conditions, as modified.

The City also reserves the right to deny access to the Site or any features of the Site to anyone who violates these Terms of Service or who, in our sole judgment, interferes with the ability of others to enjoy our website or infringes on the rights of others.

Prohibited Content and/or Activity
This Site may include a variety of features, such as bulletin boards, commenting forums, blogging areas, polling, web logs, chat rooms, and email services, which allow feedback to us and real-time interaction between users, and other features, such as personalized home pages and email services, which allow users to communicate with others. Responsibility for what is posted on bulletin boards, web logs, chat rooms, and other public posting areas on the Site, or sent via any email services on the Site, lies with each user - you alone are responsible for the material you post or send. We do not control the messages, information or files that you or others may provide through the Site. The statements and/or opinions expressed by participants of this Site are solely those of the persons participating. The statements and/or opinions do not necessarily represent the views of the City of Appleton or its officers, officials, employees, agents and the like. It is a condition of your use of the Site that you do not:

- Restrict or inhibit any other user from using and enjoying the Site.
- Use the Site to impersonate any person or entity, or falsely state or otherwise misrepresent your affiliation with a person or entity.
- Interfere with or disrupt any servers or networks used to provide the Site or its features, or disobey any requirements, procedures, policies or regulations of the networks we use to provide the Site.
- Use the Site to instigate or encourage others to commit illegal activities or cause injury or property damage to any person.
- Gain unauthorized access to the Site, or any account, computer system, or network connected to the Site, by means such as hacking, password mining or other illicit means.
- Obtain or attempt to obtain any materials or information through any means not intentionally made available through the Site.
- Use the Site to post or transmit any unlawful, threatening, abusive, libelous, defamatory, obscene, vulgar, pornographic, profane or indecent information of any kind, including without limitation,

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- Use the Site to post or transmit any information, software or other material that contains a virus or other harmful component.

- Use the Site to post, transmit or in any way exploit any information, software or other material for commercial purposes, or that contains advertising.

- Use the Site to advertise or solicit to anyone to buy or sell products or services, or to make donations of any kind, without our express written approval.

- Gather for marketing purposes any email addresses or other personal information that has been posted by other users of the Site.

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Other
This agreement constitutes the entire agreement between us and you with respect to the subject matter contained in this agreement and supersedes all previous and contemporaneous agreements, proposals and communications, written or oral. You also may be subject to additional terms and conditions that may apply when you use the products or services of a third party that are provided through the Site. In the event of any conflict between any such third-party terms and conditions and these Terms and Conditions, these Terms and Conditions shall govern. This agreement shall be governed by and construed in accordance with the laws of the State of Wisconsin without giving effect to any principles of conflicts of law. If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

Effective Date:

CITY OF APPLETON PERSONNEL POLICY	Telecommuting Policy	
ISSUE DATE: Nov 2010	LAST UPDATE: February 2019	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees	TOTAL PAGES: 6
Reviewed by Legal Services Date: November 30, 2010 May 2015 December 2019	Committee Approval Date: March 23, 2011 August 24, 2015 January 13, 2019	Council Approval Date: April 6, 2011 September 2, 2015 February 20, 2019

I. PURPOSE

Telecommuting is an arrangement in which an employee may work at a place different than the traditional workplace, typically their home, for the benefit of the employees and the organizational needs of the City of Appleton.

II. POLICY

Telecommuting arrangements may vary for individuals or positions. The determination as to whether any particular position, assignment or employee is a good fit for telecommuting is at the sole discretion of the Department Director.

- Telecommuting is not an entitlement of any employee.
- It is the employee's responsibility to communicate any issues or concerns regarding the telecommuting arrangement with his/her supervisor as soon as possible.
- Telecommuting employees must comply with all City policies. Failure to comply with this policy or other City policies may result in discipline up to and including discharge.

Management retains the right to modify the telecommuting agreement and to remove the employee from the arrangement for any reason. With proper notice, the employee may stop participating in the telecommuting arrangement at any time.

For purposes of Library administered systems and networks, Library Administration and Network Services serve the review and approval functions of Human Resources and Information Technology as listed below. Library rules and procedures are subject to review and approval by Human Resources, Information Technology and the City Attorney.

III. DISCUSSION

Employees who wish to engage in a telecommuting arrangement must meet the following criteria:

1. A history of reliable and responsible completion of work duties at a performance level that is Consistent or higher.

2. Employee must demonstrate a history of and maintain regular, punctual and predictable attendance.
3. Employee must provide broad band internet access at their own expense.
4. Employee must utilize a City-owned computer.

In the event that an individual meets the above mentioned criteria and wishes to engage in a telecommuting arrangement, the position of the person will be evaluated to determine if suitable to telecommute.

IV. PROCEDURES:

Managers should take into account the following when considering an employee for telecommuting:

- Face-to-face communication is not a daily requirement of the position and communication can be effectively accomplished over the telephone, e-mail, via mail, or other appropriate means.
- The individual already works in a self-directed role and produces clearly defined output and work products or the work activities are measurable.
- The employee must be self-motivated, self-disciplined, self-directed with the ability to establish, manage, communicate, and collaboratively determine priorities.
- The employee must clearly demonstrate skills in planning, organizing, managing time, and meeting clear standards and objectives.
- The employee must maintain regular, punctual and predictable attendance.
- The employee must maintain a performance level that is "Consistent" or above.
- The employee can maintain a safe and ergonomically sound home office free from distractions.
- Risk Management and/or Information Technology may complete an onsite inspection of the designated work area.

The employee agrees to be available during their scheduled work hours for communication through phone, e-mail, in-person or other appropriate communication tools (text or skype). Employee initiated schedule changes must be approved by their supervisor.

The employee agrees that City representatives may make on-site visits to the telecommuting site during established work hours and that such visits may be made without notice.

The employee will try to schedule any off-site business meetings on telecommuting days in order to maximize the time they are available at the Official Work Location. On occasion, it may be possible for employees to teleconference into the meetings that are scheduled on telecommuting workdays.

The employee will meet with the supervisor according to procedures previously agreed upon to receive assignments and to review completed work as necessary. The evaluation of the employee's job performance will be based on established standards and the employee's performance must continue to be at least "Consistent" or above to continue to telecommute.

All records, papers, and correspondence done at the telecommuting location are considered the City's business and may be subject to open records disclosure.

The employee will apply safeguards to protect records from unauthorized disclosure or damage.

The employee agrees to maintain all information which is protected by federal or state regulations in a confidential manner. Phone contacts involving such information will be conducted in a private area. Passwords and protected entry codes to the City's software will be kept confidential. The employee agrees that family members and others will not have access to protected information at any time.

Home Office Requirements:
Employees wishing to telecommute must have safe and adequate work space to work from home. Following are criteria that must be met for home office safety requirements:

- The temperature, noise, ventilation and lighting levels of the dedicated office area must be adequate for maintaining normal levels of job performance.
- File cabinet doors and drawers are arranged so they do not open into walkways.
- Phone lines, electrical cords and other extension wires are secured.
- Aisles, corners and doorways in the work area are free of obstructions.

In addition to meeting safety requirements in the home office, a telecommuting workstation must be ergonomically suited for the employee. Employees will be responsible for ensuring they maintain the following ergonomic guidelines while working from home:

- Chair should be adjusted so feet are flat on floor or footrest and legs are vertical to ground.
- Computer monitor should be directly centered in front of the user. User should not have to look up, down, left or right for better viewing. Additionally, the monitor should be at a comfortable viewing distance.
- Use good posture when keyboarding. Elbows should be at a 90 degree angle. Wrists should be level with the keyboard.

Equipment:
The City reserves the right to make the determination as to the appropriate equipment which is subject to change at any time. Equipment needs may be periodically assessed by the Information Technology Department to ensure that the individual is equipped for telecommuting based on the needs of the position. The City may provide necessary computer and telephone equipment for a fully functional real and virtual office for employees who telecommute on a routine basis.

The employee will be responsible for providing Internet connectivity that is at least a standard speed (which doesn't impede the employee from completing online work in an efficient manner). Connectivity should be checked before the employee begins working remotely.

The City's Information Technology Department can supply the following equipment for approved telecommuters:

City laptop pre-loaded with required standard programs
VoIP capable phone that connects to internal phone system
Printer, if required for the job

Set up of the telecommuting account (VPN) (must meet with IT at least 48 hours in advance to set up and test the VPN account prior to telecommuting)
Instructions and training on how to get connected to the internal network
The costs related to the equipment, installation and maintenance may be the responsibility of the requesting department.

Employees must make arrangements regarding the use of the City's equipment in their remote office. The Information Technology Department has the authority to determine for employees who work at multiple locations whether it will provide a single laptop which is transported between locations rather than maintaining a workstation at each location.

In no event shall the use of the City's equipment change the ownership of or impede the City's access to the equipment. All equipment and materials provided by the City shall remain the City's property. The employee agrees to return all City owned furniture, equipment and supplies in proper working condition and agrees to take financial responsibility for missing and/or broken items upon the termination of the telecommuting arrangement or termination from employment. If the employee's own home equipment such as personal cell phone or home phone is used, it will be at the employee's expense. Special supplies not normally provided by the City (ink cartridges, toner, etc) may be the employee's responsibility. Expenses for supplies normally available in the office may or may not be reimbursed depending on the circumstances.

Equipment provided by the City must not be used for purposes other than City business and must be kept in a secure, confidential location, and protected against damage and unauthorized use.

City owned equipment will be serviced and maintained by the City. Equipment provided by the employee will be at no cost to the City and will be maintained by the employee.

If equipment requires repair or replacement where it is impossible for the employee to work at the remote location, the employee may be temporarily assigned to another location or may suffer loss of pay for hours not worked. Any lost hours may be made up within the confines of the Fair Labor Standards Act and/or the departmental policies.

The City will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g. utilities) associated with the use of the employee's residence. The City is not responsible for insuring any personal equipment in the employee's remote office. The employee understands that he or she is responsible for any tax and insurance from this arrangement and for conforming to any local zoning regulations.

Liability:
The City will not be liable for damages to the employee's property resulting from participation in the telecommuting program. By participating in the telecommuting arrangement, the employee agrees to hold the City harmless against any and all claims including injuries to others at the telecommuting location.

If an employee is injured while working at home, the employee should follow the City's established procedures for reporting on-the-job injuries.

Employment Laws:
Telecommuting employees will be held to the same employment law standards as employees in the traditional office. They will adhere to normal work schedules and will have to obtain prior management approval for any change to their normal work schedule (including overtime).

Time Off:
Telecommuting employees agree to follow established procedures for requesting and obtaining approval of leave, including Paid Time Off. In the event that a telecommuting employee is ill, he or she must follow the City's Attendance Policy.

Child/Elder Care:
Telecommuting is not an alternative for child care or elder care and the telecommuter agrees to make regular dependent care arrangements during telecommuting periods.

Employees must not use work hours for any other purposes than City business related duties.

PTO
Telecommuting may be used as a temporary arrangement in lieu of paid time off at the Department Director's and Human Resources Director's discretion.

Miscellaneous:
Occasionally a telecommuting employee's presence may be required in the traditional office for meetings or other purposes and it is the responsibility of the employee to be present when requested. In most cases the employee will be notified in advance of the requirement; however, advanced notification may not be feasible in some cases.

The telecommuting employee understands that they may be required to forfeit the use of a personal office or work station in favor of a shared arrangement to maximize the City's office space needs.

CITY OF APPLETON
Routine Telecommuting Request Form

Employee Name:	
Current Position:	
Start date of telecommuting:	
End date of telecommuting:	
Address of employee, phone number & specific area employee will work from:	

The employee's telecommuting work schedule will be:

Telecommuting Days: Mon Tue Wed Thu Fri
Telecommuting Time: Start Time: Finish Time:
Breaks (if applicable):
Total Telecommuting Hours Per Day:

Will the employee perform the duties of their current position? Yes No
If no, which duties will the employee perform? _____
_____
_____
_____

This agreement is subject to the terms and conditions stated in the City of Appleton Telecommuting Policy, a copy of which has already been made available to the employee. I have read and understand both the City of Appleton Telecommuting Policy and this agreement. I agree to abide by and operate in accordance with the terms and conditions outlined in both documents. I agree that the sole purpose of this agreement is to regulate telecommuting and it neither constitutes an employment contract nor an amendment to any existing contract. I understand that this agreement may be terminated at any time.

If the reason for the telecommuting request is due to a medical condition, documentation must be attached to this form supporting this request. Furthermore, the employee agrees to operate within any work restrictions they might have as a result of their own medical condition.

Employee Signature: _____ **Date:**_____

Supervisor approval: _____ **Date:**_____

Department Head approval: _____ **Date:**_____

HR Director approval: _____ **Date:**_____

CITY OF APPLETON POLICY	TITLE: **Training and Development**

ISSUE DATE: February 20, 2003	LAST UPDATE:	SECTION: Human Resources	HR FILE NAME: person\wpwin\policies\training and development
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees and volunteers		TOTAL PAGES: 2

Reviewed by Attorney's Office Date: January 2003	Finance Committee Approval Date: February 12, 2003	Council Approval Date: February 19, 2003

I. PURPOSE

The purpose of this policy is to increase understanding of the City's Training & Development function, to define types of training that are offered by the City, and to set procedural guidelines for employee and volunteer training.

II. POLICY

The City of Appleton strives to maintain an atmosphere of continuous learning to enhance the safety, and professional and personal development for its employees and volunteers.

III. DISCUSSION

The City of Appleton offers training based on a variety of needs:

- **Governmental and City Policy Mandates**: Employees and volunteers are required to attend training to fulfill federal and state mandates and City policy requirements. The purpose of this training is to help protect the safety and well being of the employee, and to decrease liability for the City.

- **Group/Team Development**: Employees and volunteers may participate in group/team development activities to enhance the team and its business results, which ultimately affect the City's working environment and productivity.

- **Professional/Personal Development**: Employees and volunteers may participate in optional training to enhance their professional/personal development. In addition, the City sponsors tuition reimbursement for regular employees (subject to applicable policy or bargaining unit).

IV. DEFINITIONS

- **Required training**: training that all employees and volunteers must attend and/or review and provide their signature acknowledging they understand the City policies and agree to abide by them while working for the City of Appleton.
- **Optional training**: training that is offered through the City but is not required by law or City policy.

V. PROCEDURES

Required training:

Registration: All employees must attend one of the offered training courses. Employees and/or their supervisors or departmental training coordinators should register for the program using the MRC training database (if accessible in that department) or by contacting the Human Resources Department directly.

Attendance: All employees are required to register on the class sign-in sheet. Employees who do not attend their originally-scheduled training date and/or do not sign-in will receive a note (cc: their supervisor), asking them to either reschedule for the training or stop by the Human Resources Department to sign-in for the class. Copies of the sign-in sheets will be kept in the training project folder.

Sign-off Sheets: Employees may be asked to complete a sign-off sheet at the end of the training to confirm their attendance at the training and their understanding of the training content. Employees who refuse to sign the sheet must indicate so on the bottom of the sheet and turn the sheet in. If the employee feels they need to have more time after the training before signing the sheet, he or she must return the sign-off sheet to Human Resources within a week of his/her scheduled training. All sign-off sheets will be filed in individual employee's personnel folder.

Optional Training:

Registration: Employees who choose to attend optional training will be asked to register using either the MRC Training Database or by calling Human Resources. Employees are expected to obtain approval from their supervisor prior to registering for the training class.

Attendance: Employees will be asked to sign-in for the class so that HR can track their attendance for supervisory records. Department Directors will receive a report of all his/her employees' training at the end of each year to share with supervisors.

For more information on training and development, contact the Human Resources Department at (920) 832-6458.

CITY OF APPLETON POLICY	TITLE: **VOLUNTEER POLICY**	
ISSUE DATE: March 2011	LAST UPDATE: April 2015, July 2019	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: City Departments and Volunteers	TOTAL PAGES: 10
Reviewed by Legal Services Date: July 16, 2010 June 2015, July 2019	Committee Approval Date: April 19, 2011 August 24, 2015, July 2019	Council Approval Date: May 4, 2011 September 2, 2015 August 2019

I. PURPOSE

The City recognizes and supports the use of volunteers to assist in providing services and programs. This policy contains responsibilities of both the City and volunteers. Written policies and procedures will assure volunteers are suitably oriented and trained, written assignments and job duties are developed, supervision is appropriate to assigned duties and volunteers are told about safety and liability to the City.

II. POLICY

SCOPE

In order to maximize the effectiveness of volunteers yet limit risk exposure to both volunteers and the City, this policy will apply to all City departments and volunteers.

The City of Appleton defines a volunteer as "an individual recognized and authorized by the City of Appleton or one of its officials, agents or employees to perform services on behalf of the City of Appleton without receipt of salary or compensation other than for expense reimbursement."

This policy complements, but does not supersede, the statutory authority of the Library Board.

PROCEDURES

Prior to using volunteers, each department using volunteers will have procedures to supplement this policy which will address specific methods to recruit, interview, select,

orient, train, supervise and recognize volunteers within their department. Department directors will designate an employee to be responsible for the volunteer program and who will serve as a volunteer coordinator. Some departments may have more stringent policies and procedures in place for use of volunteers within their department.

A. Screening & Selection Process

- **Recruitment**. Departments shall use recruiting procedures appropriate to the specific program area. Procedures shall be consistently followed. To assist in this initial process, potential volunteers will be required to complete a volunteer application.

- **Selection**. A screening and selection process shall be established where potential volunteers are interviewed, references verified when appropriate, and a background check is completed.

  Departments should maintain an active roster of those individuals whose volunteer services are engaged. A welcome letter to the volunteer is also recommended. A welcome letter accepts the volunteer as part of your team and can underscore your appreciation of their services. It, along with a roster, also provides a written record of those individuals who are authorized to provide services on behalf of the City. A written record is of utmost importance since the City provides liability protection to volunteers under any official City volunteer program and the City's liability insurance provides protection to any expressly authorized volunteer. Your records will document which individuals the City will be responsible for in terms of liability protection.

  Volunteers and the appropriate supervisors must complete and sign the City of Appleton's Volunteer Waiver and Release of Liability Form (Exhibit A). Volunteers under the age of 18 must have documented parental or guardian consent. The parent or legal guardian must complete and sign the City of Appleton's Volunteer Waiver and Release of Liability Form (Exhibit A).

  Departments must comply with applicable Fair Labor Standard Act (FLSA) rules. Volunteers under the age of 18 must be provided with adequate supervision. For assistance on these specific rules, contact the Human Resources Department.

B. Orientation

In order for both the City and volunteers to have a complete understanding of the conditions of volunteering, the following topics should be discussed during department volunteer orientation.

- **Policy and procedure**. Policy and procedure regulating volunteer duties as well as any other pertinent rules, policies and procedures of the organization should be discussed. Specific emphasis should be given to working safely, conditions of driving while as a volunteer and risk exposure to the City. The "Volunteer Safety Information" handout (Exhibit B) should be furnished to and discussed with

volunteers. Volunteers who will be driving non-city owned vehicles to carry out their volunteer responsibilities for the City of Appleton need to complete the driver's license and insurance verification sign-off form (Exhibit C). Without this verification of auto liability insurance, the City's insurance will become "primary" in a loss and would end up responding first to liability claims. It is our objective to be "excess" and respond to liability claims only after the volunteer's personal insurance is exhausted.

- **Training**. Training of volunteers is of importance to ensure they have the necessary skills and confidence to carry out their responsibilities. Written documentation of training given to volunteers should be made and kept on file by the department. Volunteers will receive an overview of their volunteer assignment and a comprehensive list of duties and expectations, hours of service, specific safety policies and procedures, supervision, confidentiality, call-in procedure, proper personal protective equipment for the job (if applicable), etc. Where practical, it is recommended that volunteers, working in the public eye, be provided with some form of identification (ID badge, volunteer T-shirt/vest, etc.) to recognize them as a City of Appleton volunteer.

- **Supervision.** Volunteers will be supervised as to assignments, work performance, activity, use of equipment, etc.

- **Incident & Accident Reporting.** Volunteers should be instructed to report all incidents or accidents they are involved in while carrying out their volunteer responsibilities to their supervisor as soon as possible. Supervisors should then have the volunteer complete the City of Appleton's Volunteer Report of Injury or Accident form within 24 hours of incident or accident occurrence (Exhibit D). A verbal notification to the Human Resources Department should be made as soon as possible in the event of serious injury to the volunteer or others or for extensive property damage. Supervisors should conduct a prompt accident investigation to determine possible casual factors and possible corrective actions to prevent such incidents or accidents from occurring in the future.

RISK MANAGEMENT CONSIDERATIONS

It is important volunteers know what coverage the City will or will not provide.

- **Personal injury**. Volunteers are not employees, as defined by the State Workers' Compensation Act; therefore, workers' compensation coverage will not be provided if they are injured while performing volunteer services. The City purchases accident insurance for all authorized volunteers which covers medical, dismemberment and death benefits. The City does not provide any coverage for loss of income, permanent disability or other non-monetary damages or injuries.

- **Damage to volunteer property**. When volunteer's personal property is damaged while the volunteer is serving in an authorized volunteer status, the City will not be responsible to reimburse for the damage.

Automobile accidents. The City does not permit volunteers to operate any city vehicles or equipment. The City does not provide automobile liability insurance coverage for a volunteer's privately-owned vehicle. Volunteers who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use. Volunteer's automobile liability insurance will be considered primary. All volunteers who drive non-City-owned vehicles for City business shall be required to purchase (at their own expense) and maintain auto insurance at a level that meet the standards set under Exhibit C.

- **Other liability.** If a volunteer's actions causes physical injury or property damage to another (other than from automobile accidents) and the injured party files a claim against or sues the volunteer, the City and/or its liability insurance carrier will defend the volunteer and be responsible for any financial judgment incurred as long as the volunteer was acting within the scope of their responsibilities.

Exhibit A

CITY OF APPLETON
WAIVER AND RELEASE OF LIABILITY FORM
FOR VOLUNTEERS, INTERNS, JOB SHADOWING AND RIDE ALONG PARTICIPANTS

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

BEFORE SIGNING THIS WAIVER AND RELEASE OF LIABILITY, READ THIS ENTIRE DOCUMENT CAREFULLY. IF YOU SIGN THIS WAIVER AND RELEASE OF LIABILITY AND AN INCIDENT OCCURS RESULTING IN INJURY OR LOSS OF PROPERTY, THEN YOU WILL BE GIVING UP LEGAL RIGHTS THAT YOU MIGHT OTHERWISE HAVE HAD. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS DOCUMENT, YOU SHOULD NOT SIGN THIS DOCUMENT AS IT IS DRAFTED, BUT RATHER SEEK ADVICE FROM YOUR LEGAL COUNSEL. REQUESTS FOR MODIFICATIONS MAY BE DIRECTED TO THE CITY ATTORNEY'S OFFICE AT 920-832-6423 WEEKDAYS BETWEEN 8:00 AM AND 4:00 PM.

This Waiver and Release is executed on the date entered below by the undersigned (the "Volunteer") in favor of the City of Appleton and its elected officials, officers, employees, agents and the like (collectively the "City").

WAIVER AND RELEASE

The Volunteer freely, voluntarily and without duress executes this Waiver and Release under the following terms:

1. For good and valuable consideration including Volunteer's ability to participate in a City sponsored activity or activities, Volunteer (or parent/guardian on behalf of Volunteer who is under 18 years of age) agrees on behalf of Volunteer and Volunteer's heirs, assigns and the like, to hold harmless, indemnify and defend the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs (including attorney fees) arising in any way out of Volunteer's participation in the City sponsored activity or activities including, but not limited to, any acts or omissions to act which the Volunteer may commit. However, the City and Volunteer understand that the City is not released from liability for harm incurred by Volunteer which results from the City's intentional or reckless conduct.

2. The Volunteer understands that the activity Volunteer is participating in may involve hazards that are either known or unknown that may subject the Volunteer to the risk of personal injury or death and damage to property and, with that understanding, Volunteer hereby expressly and specifically assumes all risk of injury or harm associated with the activity and releases the City from any and all liability for injury, illness, death or property damage resulting from the Activities and caused by Volunteer or by the negligence of the City.

3. The Volunteer further understands that the City does not assume any responsibility for or obligation to provide financial assistance or other assistance to Volunteer including, but not limited to medical, health, workers compensation or disability insurance in the event of injury or illness. To that end, Volunteer warrants and represents that Volunteer has consulted with a medical doctor with regard to Volunteer's personal medical needs and represents that Volunteer will not engage in any activity for which Volunteer has not received clearance from a medical doctor. Volunteer is aware of any applicable personal medical needs and conditions and has arranged through insurance or otherwise to meet any and all need for payment of medical costs that may accrue or occur while Volunteer is participating in the activity.

4. The City may, but is not obligated to, take any action it considers warranted under the circumstances regarding Volunteer's health and safety and Volunteer does hereby release and forever discharge the City from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment or service rendered in connection with Volunteer's activities with the City.

EARLY TERMINATION OF SERVICES OR ACTIVITY

The City reserves the right to terminate Volunteer's services or the activity itself at any time with or without cause or notice. Volunteer agrees that although Volunteer is not an employee of the City, Volunteer will act in accordance with all applicable City policies while engaged in the activity.

PHOTOGRAPHIC RELEASE

The Volunteer does hereby grant and convey unto the City all right, title and interest in any and all images and video or audio recordings made by the City during Volunteer's activities with the City including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

CONSTRUCTION OF WAIVER AND RELEASE AND SEVERABILITY

The Volunteer expressly agrees that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin and that this agreement shall be governed and interpreted by Wisconsin law. It is further agreed that nothing in this Waiver and Release shall be construed as a waiver, replacement or forfeiture of any other legal rights and defenses available to the City. The Volunteer agrees that in the event any clause or provision of this Waiver and Release is deemed invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release which shall continue to be enforceable.

[SIGNATURES BEGIN ON THE NEXT PAGE]

CITY OF APPLETON
WAIVER AND RELEASE OF LIABILITY FORM
FOR VOLUNTEERS, INTERNS, JOB SHADOWING AND RIDE ALONG PARTICIPANTS

General Description of Activity

Activity Date(s) (Approximate)	

Volunteer's Name and Address **Parent/Guardian Information if Volunteer is under 18**	**Emergency Contact** **Name and Phone Number**
Affiliated Organization	

I CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE AND HAVE READ THE PRECEDING WAIVER AND RELEASE OF LIABILITY THOROUGHLY AND I FULLY UNDERSTAND ITS TERMS AND CONDITIONS AND ENTER INTO IT ON BEHALF OF MYSELF, MY HEIRS, NEXT OF KIN ASSIGNS AND PERSONAL REPRESENTATIVES. NO ONE HAS MADE ANY REPRESENTATIONS, STATEMENTS OR INDUCEMENTS THAT CHANGE OR MODIFY ANYTHING WRITTEN IN THIS WAIVER AND RELEASE OF LIABILITY.	
Volunteer's Signature: _____	**Date:** _____

IF VOLUNTEER IS UNDER AGE 18, PARENT/GUARDIAN MUST COMPLETE THIS SECTION

AS PARENT, GUARDIAN OR TEMPORARY GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE VOLUNTEER, I CERTIFY THAT I HAVE READ THE PRECEDING WAIVER AND RELEASE OF LIABILITY AND BY SIGNING BELOW CONSENT TO THE NAMED MINOR VOLUNTEER'S PARTICIPATION SUBJECT TO THE TERMS AND CONDITIONS OF THE WAIVER AND RELEASE. NO ONE HAS MADE ANY REPRESENTATIONS, STATEMENTS OR INDUCEMENTS THAT CHANGE OR MODIFY ANYTHING WRITTEN IN THIS WAIVER AND RELEASE OF LIABILITY.	
Name of Minor Volunteer (please print): _____	
_____ **Signature of Parent or Guardian of Minor Volunteer**	**Date:** _____
_____ **Printed Name of Parent or Guardian**	

For Office Use Only

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Exhibit B

Volunteer Safety Information

General Safety Policy: The City of Appleton is committed to providing a safe working environment for its volunteers. The City's Human Resources Director shall have full authority to stop any unsafe act where prescribed safety precautions are not being followed or to see that an unsafe condition is corrected before work resumes.

Volunteer Responsibilities: Volunteers are responsible for performing their work safely by adhering to all federal, state and City standards that apply to their jobs, including: following all applicable City safety polices and rules, wearing the required personal protective equipment, using common sense, maintaining good housekeeping, and reporting all accidents, injuries and unsafe conditions to their supervisor.

Drug & Alcohol Policy: It is the City's policy to maintain a workplace free from drugs and alcohol for its volunteers. All volunteers are expected to report to duty free from the influence of any alcohol or controlled substances. In addition, manufacturing, distributing, dispensing, possession or use of controlled substances, alcohol or drug paraphernalia is also prohibited. Should you be convicted of a drug-related crime, you must notify your supervisor of the conviction no later than five days after receiving it. Before reporting to work, notify your supervisor of any prescribed medications that could affect your judgment or motor skills.

Workplace Violence Policy: It is the policy of the City to provide a workplace free from violence. All aggressive behavior and violent acts are unacceptable conduct and will not be tolerated. Workplace violence includes: violent behavior or conduct, aggressive behavior or conduct or bringing weapons into the workplace. Volunteers who demonstrate such conduct will be subject to removal from their volunteer position, may not be considered for future volunteer opportunities and/or possible civil/criminal prosecution. Volunteers are expected to: conduct themselves in a manner conducive to positive relationships and effective teamwork, report all restraining orders that you file to the HR Department or any supervisor, not bring weapons into the workplace (unless it is part of the standard equipment for your job), immediately report violent threats to the police, immediately leave an area if violent or hostile actions are taking place and reporting current or potential occurrences of aggressive behavior or violence to your supervisor.

Hazard Communication (Right to Know/Understand): Volunteers have the right to know and the right to understand about the hazards of the chemical substances they may work with and how to protect themselves from these hazards. For more information, contact your supervisor or the Human Resources Department.

Blood Borne Pathogens: The City of Appleton has a comprehensive blood borne pathogen policy. This program provides volunteers with education, protective equipment and a preventative vaccine to volunteers who are at risk for exposure to blood and body fluids in the normal course of their job duties. Job classifications specifically targeted include: police officers, fire fighters, public health nurses and life-guards. All volunteers are offered a post-exposure evaluation if an exposure to blood or a body fluid occurs. If you have specific questions regarding the City's blood borne pathogen program, contact your supervisor.

Harassment & Discrimination: It is the policy of the City of Appleton that all volunteers have the right to work in an environment free of all forms of harassment. The City will not tolerate, condone or allow harassment by employees or other non-employees who conduct business with the City. Volunteers are expected to: a) refrain from or participate in, or encouragement of, actions that could be perceived as harassment, b) report to a supervisor offensive behavior such as physical grabbing, pinching or touching another employee's/volunteer's private areas, or sexual, racial, ethnic, religious or gender-based slurs, c) encourage any employee or other volunteer who confides with you that he/she is being harassed or discriminated against to report these acts to a supervisor and d) to cooperate fully in any investigation, whether or not you are directly involved in an incident.

Exhibit C

DRIVER'S LICENSE & INSURANCE VERIFICATION FORM
Please print CLEARLY

First Name: _____ Middle Initial: _____

Last Name: _____

Do you have a **valid** Driver's License? ☐ Yes ☐ No

Driver's License Number: _____ State: _____

Date your Driver's License expires (mm/dd/year): _____/_____/_____

List any restrictions on your Driver's License (i.e. glasses, occupational, etc.):

_____
_____
_____
_____

It is your responsibility to notify the Volunteer Coordinator immediately when your driver's license is restricted, suspended or revoked.

AUTO INSURANCE

The City does not provide insurance coverage for a volunteer's privately owned vehicle. Volunteers who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use.

All volunteers who drive non-City-owned vehicles to carry out their volunteer responsibilities for the City of Appleton shall be required to purchase (at their own expense) and maintain auto insurance at a level that meets one of the following minimum standards:

(a) Single limit of liability - $200,000 for bodily injury and property damage

OR

(b) Split limit of liability with limits of; $100,000 each person bodily injury $300,000 each accident bodily injury $50,000 property damage.

Failure by the volunteer to maintain required auto liability insurance limits will affect volunteer status.

I understand that, should I use a non-City-owned vehicle in the conduct of my volunteer duties, I must have and maintain adequate insurance coverage (as noted above) for that vehicle.

_____ _____
Signature Date

Exhibit D

City of Appleton
Volunteer Report of Injury or Accident

Volunteer Information

Name of Volunteer:

Volunteer's Address:

Volunteer's Phone:

City Department & Program Served:

Type of Incident / Accident (check all that apply)

☐ Injury to Volunteer ☐ Injury to Others ☐ City Property Damage ☐ Property Damage to Volunteer

☐ Property Damage to Others

Description of Incident / Accident

Date of Incident / Accident: Time:

Incident / Accident Location:

Incident / Accident Description (use the back of this form or additional sheets, if needed)

☐	Check here if there is security or traffic camera footage of this incident/accident. If so, download this camera footage and send a copy to the Human Resources Department.

Witness Information:

Injuries / Damage

Persons Injured (Name / Address / Phone):

Extent of Injuries:

Did volunteer seek medical attention?

If yes, list name and address of treating physician:

Describe property or vehicle damage:

Name of property or vehicle owner:

If accident involved volunteer's personal vehicle, has the volunteer already notified their personal vehicle insurance company?

Signatures

Volunteer Signature and Date: _____

Supervisor's Signature and Date: _____

CITY OF APPLETON POLICY	TITLE: WORKPLACE VIOLENCE	
ISSUE DATE: 11-03-99	LAST UPDATE: 2-19-04 08-05 02-10 10-11 04-17	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 4
Reviewed by Legal Services Date: 10-21-99 08-10-05 03-08-10 10-27-11 04-17-17	Committee Approval Date: 10-28-99 02-25-04 08-24-05 03-24-10 12-12-11 07-26-17	Council Approval Date: 11-03-99 03-03-04 09-07-05 04-07-10 12-21-11 08-02-17

I. PURPOSE

The purpose of this policy is to provide a preventive plan to protect all employees, visitors, and customers from aggressive behavior and violent acts.

II. POLICY

It is the policy of the City of Appleton to provide an environment free from violence. All aggressive behavior and violent acts are unacceptable conduct and will not be tolerated. Under this policy, no acts or threats of physical or verbal violence which affect City of Appleton employees, visitors or customers will be tolerated. Employees who demonstrate such conduct will be subject to corrective action up to and including termination and/or possible civil/criminal prosecution.

The City of Appleton will take appropriate steps to prevent workplace violence from occurring, to enable employees to respond appropriately in the event of workplace violence, and to provide for follow up in the event workplace violence does occur.

III. DEFINITIONS

A. Violent behavior or conduct – any action or threat which is intended to harm or intimidate any person. Violent behavior is also any action or threat to damage property. It does not matter who owns the property that was damaged.

B. Aggressive behavior or conduct – any action that is threatening in nature and includes, but is not limited, to: verbal assaults, harassment and intimidation, threats, hazing and other forms of verbal abuse.

C. Weapons – something used to injure, defeat, or destroy (e.g., any type of gun, archery or hunting equipment, non-household purpose knife with a blade more than 3" long, electronic weapons, brass knuckles, throwing stars, billy club, etc.).

IV. PROCEDURES

A. Prevention

1. City of Appleton employees are expected to conduct themselves in a manner conducive to positive relationships and effective teamwork. Behavior that escalates a situation toward aggressive or violent acts is not appropriate for employees or visitors.
2. City of Appleton employees are required to report all restraining orders that they file. The report should be made to any supervisor or the Human Resources (H.R.) Department. The restraining order will be kept in the employee's confidential personnel file and disposed of when it expires.
3. City of Appleton employees are prohibited from bringing firearms or weapons into any City-owned or occupied building or facility, or carrying firearms or weapons in/on any City-owned vehicle or City equipment during the course of their job duties unless a weapon is part of the standard equipment required for the job. If a City employee chooses to bring a firearm in their personal vehicle on to City grounds, the firearm must be unloaded and stored out of sight in the vehicle.

   Notes: Employees may carry pepper spray or other similar legal products for purposes of personal protection. With the Department Director's authorization, members of the Appleton Fire Department, Appleton Police Department Facilities, Grounds and Construction Management Department Operations staff may carry a non-household purpose knife with a blade up to 4" long to assist in performing their job responsibilities.

B. Awareness

City of Appleton employees should be aware of behaviors that may be early warning signals of potentially aggressive or violent conduct. Training will be provided to help all employees understand potential warning signs. Such behaviors may include but are not limited to:

1. Verbal or written threats
2. Threatening actions to intimidate or instill fear in coworkers
3. Bizarre or obsessive behavior.

A sign prohibiting employees and visitors from bringing firearms and weapons into City buildings and facilities shall be posted at the entrances of every City-owned or occupied building.

C. Reporting

All Civilian Employees:

1. For any situation that involves an immediate threat of violence, an employee should notify local law enforcement immediately.
2. Employees who believe they have been or are currently subjected to aggressive or violent conduct should report the occurrences to any available supervisor or H.R. immediately.
3. An employee who receives information of a potential occurrence involving aggressive or violent conduct towards them or another employee should contact any available supervisor or H.R. immediately.
4. An employee who is threatened outside of work is advised to report the occurrence to law enforcement. The employee is also encouraged to contact any available supervisor or H.R. immediately regarding the threat.
5. If an employee sees another employee or visitor with a firearm or dangerous weapon and there is an imminent threat, the employee should call 911 immediately. If there is not an immediate threat, the employee should contact the police department non-emergency number (832-5500) as soon as possible to report the incident, and notify his/her supervisor. The supervisor should then contact H.R.

Sworn Employees:

1. Citizen vs. Employee Violence
   City of Appleton police officers have the statutory authority and responsibility to investigate crimes committed against them. If the investigating officer determines that a violation of the law has occurred, then the officer may make a custodial arrest, refer the complaint to the district attorney's office, or issue a municipal summons. He/she should follow the reporting procedures set by the Appleton Police Department to report such crimes.

2. Employee vs. Employee Violence
   a. Employees who believe they have been or are currently subjected to aggressive or violent conduct or for any situation that involves an immediate threat of violence should call 911, then report the occurrences promptly to an on-duty supervisor or H.R.
   b. An employee who receives information of a potential occurrence involving aggressive or violent conduct towards them or another employee should contact an on-duty supervisor or H.R. immediately.
   c. If an employee is threatened outside of work, the employee should notify an on-duty supervisor or H.R. immediately.

D. Response and follow-up

The nature and circumstances of each occurrence involving aggressive or violent conduct will dictate the response.

1. If an employee is injured (physically or psychologically) by aggressive or violent conduct, he/she should seek appropriate medical care. The employee

will be required to complete an accident investigation report to be given to his/her immediate supervisor. A copy of this report should be forwarded to H.R. within 48 hours of the incident.

2. Employees who have been affected by aggressive or violent conduct will be encouraged to utilize the City's Employee Assistance Program (EAP).
3. Employees who are victims of aggressive or violent behavior should report the incident to a supervisor or H.R. so that steps may be taken to protect the employee and co-workers from further aggressive or violent behavior. Depending on the circumstance, considerations will be given to notifying law enforcement. Supervisors should notify H.R of any threats made towards his/her employees.
4. With the assistance of the Appleton Police Department, the H.R. Director will evaluate the need for additional security measures after an incident. (The Appleton Police Department will evaluate and determine the need for additional security measures for all sworn personnel incidents.)
5. All victims will also receive information regarding the options available to them, both civil and criminal.

CITY OF APPLETON POLICY	TITLE: **ACCIDENT REPORTING AND INVESTIGATING**	
ISSUE DATE: October 2002	LAST UPDATE: January 2004; May 2005; July 2008; June 2010; April 2015; April 2019	SECTION: Safety
POLICY SOURCE: Human Resources Department	POLICY APPLICATION: All City Employees and Volunteers	TOTAL PAGES: 7
Reviewed by Legal Services Date: October 10, 2003 August 2005 August 2010 August 2015 April 2019	Committee Approval Date: November 24, 2003 March 22, 2006 September 22, 2010 December 7, 2015 May 22, 2019	Council Approval Date: November 24, 2003 April 5, 2006 October 6, 2010 December 16, 2015 June 5, 2019

I. PURPOSE

The purpose of this policy is to outline responsibilities and procedures for supervisors and employees when involved in accidents or injuries on work time, prevent future accidents, and to meet both the Wisconsin Department of Safety and Professional Services and State Department of Workforce Development recording requirements.

II. POLICY

The City is committed to working with its employees to provide a safe work environment and to manage and administer claims as a result of City accidents. In order to prevent accidents, timely and accurate accident investigation is essential. This policy provides guidelines for proper investigation. Where applicable, Valley Transit may follow different reporting and investigation procedures as established by Transit Mutual Insurance Corporation of Wisconsin. Failure to follow this policy or filing a false claim may result in disciplinary action, up to and including discharge.

III. PROCEDURES

All City of Appleton employees and volunteers should adhere to the following procedures when an accident or injury occurs. All accidents and injuries must be immediately reported to the employee's supervisor and to the Human Resources Department. A supervisor must fully investigate the incident and work with his/her employee to complete and return the accident reports and if applicable, any witness reports, (Exhibits A and B) to Human Resources within 48 hours of the accident or injury.

Should a supervisor have reasonable suspicion to believe that an employee is under the influence of alcohol or drugs and is involved in any motor vehicle accident, injury to themselves or others, or property/equipment damage, the supervisor should follow the procedures outlined in the City's Drug-Free Workplace policies.

A. Motor Vehicle Accidents

1. Immediately call 911 and report the accident to your supervisor.
2. Post-accident Testing – Employees who are involved in an accident while operating a motor vehicle or City equipment may be required to submit to testing based on the circumstances.
3. The filing of a State Accident Report is at the discretion of the Police Department, per State guidelines.

B. Injuries to a City Employee

1. When the injury occurs: the employee shall immediately notify his/her supervisor. The employee or the supervisor should also contact the Police Department if the injury is a result of a motor vehicle, violent act or domestic animal bite.
2. If immediate medical attention is needed, call 911 or Gold Cross for non-emergencies (920-727-3034). The employee's supervisor may also provide transportation.
3. Fatalities or life-threatening injuries should be immediately reported to the employee's Department Director and Human Resources. To contact the HR Department during normal work hours, call (920) 832-6458. Outside of normal work hours, contact either the Human Resources Director or Human Resources Deputy Director. The Human Resources Department must contact the Wisconsin Department of Safety and Professional Services within 8 hours in the event of any of the following: a) a work-related employee fatality or b) the hospitalization of 3 or more employees due to one single work-related event.
4. If immediate medical attention is not needed, the employee may obtain treatment from his/her choice of medical providers. Employees must have a physician's authorization for time lost due to a work-related injury.
5. If medical attention is sought, the employee must submit a return-to-work slip (Exhibit C) to their supervisor prior to returning to work.
6. If medical attention is not sought, the employee shall log the injury into the department's first aid log, which should be initialed by a supervisor.
7. If the incident includes a possible bloodborne pathogens exposure, refer to the City's Bloodborne Pathogen policy.
8. The City has the right to verify an injury/illness through an independent medical exam.

C. Injuries to the Public or Damage to Property Not Owned by the City of Appleton

1. All accidents resulting in an injury requiring emergency medical services to any person not employed by the City of Appleton or damage to property not owned by the City of Appleton should be immediately reported to 911, the employee's supervisor and the Human Resources Department.
2. Supervisors should take pictures of any physical damage that was caused if possible.
3. **Employees should not admit liability, discuss City operations or comment on any incident or accident involving members of the public.**
4. If a citizen wishes to file a claim against the City, he/she should be directed to the City Clerk's office. The Clerk's office will forward the claim to the Human Resources Department for follow up and response to the claimant.

D. **Damage to City Property or Equipment**

City owned automobiles, equipment and other property that are damaged by fire, theft, vandalism, etc., are considered property damage claims. All damage should be reported to the employee's supervisor immediately.

1. If vandalism or a theft loss occurs, notify the Police Department.
2. If a fire occurs, notify the Fire Department.
3. Supervisors should take pictures of any physical damage that was caused if possible.
4. A minimum of 2 repair estimates will be required if third party automobile repairs are needed and only if the vehicle can be driven under its own power.
5. If a third party caused damage to City property, the Human Resources Department will work with the third party's liability insurance company to recover any costs the City incurs. If a third party causes damage to City property through a criminal act, the Human Resources Department will work with the City Attorney's Office to recover the cost the City incurs. Any monetary

recoveries shall be reported to the Human Resources Department and sent to the Finance Department.

IV. RESPONSIBILITIES

A. The Human Resources Department is responsible for:

1. The overall coordination of the accident investigation program, including:
   a. Monitoring and reviewing all investigations to ensure accuracy and prompt response.
   b. Providing technical assistance to supervisors when needed.
   c. Offering training for all individuals who conduct accident investigations.
   d. Following up to see that recommendations made as a result of an investigation are evaluated and that an appropriate course of action is taken.

B. Each Department Director (or designee) is responsible for:

1. Ensuring that an investigation is completed for every work injury or accident that involves his/her employee(s), and reviewing all investigations to ensure accurate and prompt response.
2. Evaluating recommendations that come out of each accident investigation and taking appropriate actions to prevent future accidents.
3. Following up to see that corrective action is implemented.
4. Ensuring all City accident investigation forms are completed and submitted within 48 hours to Human Resources.

C. Supervisors are responsible for:

1. Promptly reporting all accidents to Human Resources. Contacting Human Resources as soon as possible if a serious accident occurs or if the employee seeks medical treatment or misses work due to an injury sustained on the job.
2. Investigating and documenting all accidents properly, including completing and submitting the proper accident reports (Exhibit A) within 48 hours to Human Resources.
3. Obtaining written witness statement(s) (see Exhibit B), when applicable. Witnesses should be given this statement form (Exhibit B) to complete and then returned to the appropriate supervisor. Supervisors may complete this form, on behalf of the witness, if the witness is unable to complete this form.
4. Working with the Human Resources Department, the employee and his/her medical provider to return the employee to work on restricted or full duty.
5. Obtaining the employee's completed Return-to-Work Slip (Exhibit C) prior to the employee returning to work. The supervisor should forward this form to Human Resources upon receipt from the employee or employee's physician.

D. Employees are responsible for:

1. Reporting all accidents immediately.
2. Cooperating fully with a City investigation.
3. Working with his/her supervisor to complete and submit the Accident Investigation Report (Exhibit A) to Human Resources within 48 hours of the accident or injury.
4. Providing a completed Return-to-Work slip (Exhibit C) to his/her supervisor prior to returning to work if he/she sought medical treatment or missed work due to an accident or injury sustained on the job. If the injury or accident results in an extended absence, the employee is required to keep in contact with his/her supervisor and/or HR Generalist to keep the City informed of his/her progress and anticipated treatment plan.
5. Ensuring that a supervisor initials his/her first aid log entry if the employee chooses to not seek formal medical treatment.

City of Appleton Incident / Accident Report Form – Employee's Account | Exhibit A, Page 1

<u>INSTRUCTIONS</u>: SUPERVISORS MUST SUBMIT ALL VEHICLE ACCIDENTS (EXCEPT FOR VALLEY TRANSIT) TO CEA. FAX TO 832-5570. THIS REPORT MUST ALSO BE SENT TO HR (FAX TO 832-5845) AND THE APPROPRIATE DEPARTMENT DIRECTOR WITHIN 48 HOURS.			
Employee Name *(Print)*:			
Employee ID:		Employee's Department:	
Type of Incident / Accident: *(check all that apply)*	☐	Employee Injury	
	☐	City Vehicle / Equipment / Property Damage	
	☐	Injury to Public	
	☐	Public Vehicle / Equipment / Property Damage	
Date and Time of Incident / Accident:			
Location of Incident / Accident:			
Witness Name(s), if applicable:			
Describe how the incident/accident occurred (if additional space is needed; use a separate page):			
Describe any injuries received by the employee or the affected public (if applicable); be specific:			
Did you (for employee injuries only) seek medical treatment? ____ Yes ____ No If "yes" response, I understand that I must provide a return to work certificate signed by my medical provider to my supervisor. _____ *(initial here)* Name of medical facility and doctor seen:			
Provide description of City vehicle(s) / property / equipment involved in the accident:			
Describe damage to City property (vehicles, equipment, etc.) and any damage to the affected public's property (if applicable); be specific:			
What suggested changes do you have that, if made, might make it less likely for a similar incident / accident to occur in the future?			

The above statement(s) are true and correct to the best of my knowledge.

Employee Signature: _____

Date and Time Signed: _____

Employee Name *(Print)*:	
Date of Incident / Accident:	
Date Incident / Accident Reported:	
Police Incident # *(if applicable)*	

☐	Check here if there were witness(es) to this incident/accident. If so, obtain written witness statements *(use form under Exhibit B)*.
☐	Check here if there is security or traffic camera footage of this incident/accident. If so, download this camera footage and send a copy to the Human Resources Department.

Did employee seek medical treatment?	☐	Yes	☐	No	Where:
Did employee lose time from work?	☐	Yes	☐	No	Last day worked:

<u>Incident / Accident Description</u>: Provide a detailed description of the incident *(include any pertinent photographs, diagrams and police reports or police report numbers)*. Aid for diagrams (show vehicles/equipment as follows: City – "A" & Other – "B". In addition, label street signs, location of signs and point of impact between vehicles and/or equipment. If additional space is needed; use a separate page.)

Possible Corrective Actions to Prevent Recurrence (check all that apply):

☐	Isolate or guard the hazard	☐	Improve lighting	☐	Improve new employee orientation
☐	Design out / remove hazard	☐	Improve job briefing	☐	Conduct more frequent inspections
☐	New / different tools or equip	☐	Additional training	☐	Improve prev. maintenance program
☐	Add signs / warning labels	☐	Improve ventilation	☐	Improve enforcement of procedures
☐	Improve housekeeping	☐	Improve lighting	☐	Policy / procedure change
☐	Obtain new / upgrade PPE	☐	Other:		

Describe correction action(s) recommended, if any, to prevent recurrence:

What will be done?	*Who will do it?*	*When will it be done?*

Employee's Signature _____ **Date** _____

Supervisor's Signature _____ **Date** _____

Reviewed by Director's Signature _____ **Date** _____

Witness Name *(Print)*:				
Witness Address:				
Witness Phone:				
Date & Time of Incident/Accident:				
This form was completed by (*Print Name*):				
It witness a City employee?	☐	Yes	☐	No
Were you at the accident scene?	☐	Before the accident occurred.		
	☐	While the accident was occurring.		
	☐	After the accident occurred.		

Please answer the following. If additional space is needed; use the back of this form or additional sheets.

1. Who was involved in the accident?	
2. When did the accident happen?	
3. How did the accident happen?	
4. Describe in detail the events that occurred before the accident as you remember them.	
5. If there were significant factors (e.g., poor weather conditions, equipment malfunction, etc.) that may have contributed to the cause of this accident, list them here.	

(Use back for a diagram, if necessary.)

EMPLOYEE WORK RESTRICTIONS

Patient Name: _____

Current Job: _____

Physician Name (please print): _____

Phone: _____ Fax: _____

Date you saw patient: _____-_____-_____ Time In: _____ Injury Date: _____-_____-_____

Patient Description of Injury: _____

Diagnosis: _____
Treatment: _____

_____

Part Time ☐ 1st Shift ☐ Sun. ☐ Thurs. ☐
Full Time ☐ 2nd Shift ☐ Mon. ☐ Fri. ☐
Seasonal ☐ 3rd Shift ☐ Tues. ☐ Sat. ☐
Temporary ☐ Swing ☐ Wed. ☐
Next scheduled work day _____
Shift _____
Shift Supervisor _____

Prescription strength medications ordered: ☐ Yes ☐ No

Medications:_____

Plan: _____

DISPOSITION:
1. ☐ Patient is unable to work at this time.
2. ☐ Recommend his/her return to work with no limitations on (DATE): _____
3. ☐ He/She may return (DATE) _____ with a daily time limitation of _____ and/or with the following limitations until _____ or until re-evaluation on _____.

CHECK ONLY AS RELATES TO ABOVE CONDITION

☐ SEDENTARY WORK. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

☐ LIGHT WORK. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.

☐ LIGHT MEDIUM WORK. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.

☐ MEDIUM WORK. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

☐ LIGHT HEAVY WORK. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

☐ HEAVY WORK. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

N=Never/Not Able F=Frequent up to 30x/hr.
O=Occasional up to 4 times/hr. C=Constant over 30x/hr.
Specify Restrictions for 24 day

	N	O	F	C			
Sitting/Driving					Lab Work Yes __ No ___		
Standing/Walking							
Climbing					X - Rays Yes ___ No ___		
Bending							
Kneeling/Squatting/Crawling							
					R	L	BIL
Reaching-Horiz./push-pull							
Reaching-Vert./above shoulder							
Gross Handling							
Finger Manipulation							
Single Grasping							
Repetitive Foot Movement							

OTHER INSTRUCTIONS AND/OR LIMITATIONS:

_____

_____

SCHEDULED APPOINTMENTS:

☐ Referral ☐ Clinic_____ _____ Date: _____ Time: _____

☐ Referral ☐ Clinic_____ _____ Date: _____ Time: _____

Time Out: _____ ☐ Called Employer Date _____ Signature _____

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified on this form to my employer or his representative.

_____ _____
PATIENT'S SIGNATURE Date

_____ _____
PHYSICIAN'S SIGNATURE Date

CITY OF APPLETON POLICY	TITLE: **Automatic External Defibrillator (AED)** **All City Facilities (except Police & Fire)**	
ISSUE DATE: February 2007	LAST UPDATE: August 2011 October 2012 June 2017	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Facilities except Police, Fire	TOTAL PAGES: 8
Reviewed by Attorney's Office Date: December 5, 2006 September 29, 2011 August 18, 2017	Committee Approval Date: January 24, 2007 December 12, 2011 October 11, 2017	Council Approval Date: February 7, 2007 December 21, 2011 October 18, 2017

I. PURPOSE

The purpose of this policy is to provide guidelines for the use of the Automatic External Defibrillators (AED) which are located in City buildings.

II. POLICY

The City of Appleton has placed AEDs in key locations of City buildings where people work or visit. A list of the City's AED locations is attached. The goal is to have AEDs readily available for use by City staff and bystanders should someone experience a Sudden Cardiac Arrest (SCA).

The AEDs are intended for use by City staff, members of the public, other first responders, physicians, or authorized emergency medical response personnel.

It is each department's responsibility to notify Human Resources of any new AED that is added to their facility.

To comply with Wisconsin Senate Bill 186 section 4, it is Human Resources responsibility to notify Gold Cross or the nearest emergency medical services program of any changes to the locations of the City's AEDs.

III. DEFINITIONS

Automatic External Defibrillator (AED) – electronic device used to apply electrical shocks to the heart via paddles or pads placed on the patient's chest.

Electrocardiogram (ECG) – shows a graphic recording of the electrical activity of the heart.

Emergency Medical System (EMS) – the pre-hospital medical system that includes the request for and dispatch of emergency medical response personnel, the field medical treatment of ill/injured patients, and the transport of the ill/injured patients to a hospital for definitive care.

Emergency Medical Responders (EMR) – person trained in emergency medical care (i.e. Police & Fire personnel).

Emergency Medical Technician (EMT) – person specially trained in pre-hospital care of a sick or injured patient.

Medical Director – medical person who oversees the City's AED program. The Medical Director for the City of Appleton is the Medical Director for Gold Cross Ambulance Service.

Sudden Cardiac Arrest (SCA) – sudden cessation of cardiac output and blood circulation.

Ventricular Fibrillation (VF) – a serious disturbance in a cardiac rhythm.

IV. DISCUSSION

Sudden Cardiac Arrest can happen anywhere to people of all ages and at any time. SCA is usually caused by an electrical malfunction that makes the heart quiver ineffectively in an abnormal rhythm called Ventricular Fibrillation (VF). It sometimes is triggered by a heart attack, but can also happen even without any blockage of blood flow to the heart.
A lifesaving pulse of electricity must be delivered quickly to restore the heart's normal rhythm and pump blood throughout the body. Defibrillation is the only effective treatment for SCA caused by VF.
Research has shown that shortening the time between the onset of VF and defibrillation increases the survival rate of victims.

Cardiac Chain of Survival: A person in cardiac arrest will have the greatest chance of survival if the following steps occur:

- Early recognition and early access – The sooner someone calls 9-1-1, the sooner advanced medical care arrives.
- Early CPR – This helps circulate blood that provides oxygen to vital organs until an AED becomes available.
- Early defibrillation – Each minute that defibrillation is delayed reduces the chance of survival by about 10 percent.
- Early advanced medical care – Trained medical personnel such as EMS personnel and EMTs provide further care and transportation to hospital facilities.

State Statute 895.48 provides immunity "from civil liability for the acts or omissions of a person in rendering in good faith emergency care by use of an automated external defibrillator to an individual who appears to be in cardiac arrest".

V. PROCEDURES

This procedure provides guidelines for the use of the AEDs located in City buildings on adults or adolescents 12 years or older. If a child is under age 12, provide rescue breathing and/or CPR until emergency personnel arrive.

If you find yourself in an emergency situation, put on your gloves and the following emergency steps should be taken:

- Check the scene for safety. Don't move a person unless there is immediate danger.
- Check for consciousness by tapping their chest and/or gently shaking their shoulders and asking if they are ok. If the person does not respond…
- Put the person on his or her back on a firm surface

- Call – If you are the only person at the scene, shout for help. If no one arrives, call 9-1-1. You should always call first if there is an unconscious adult or adolescent 12 years or older. If it is an adolescent under 12 and they are not breathing and/or have no pulse provide rescue breathing and/or CPR for 2 minutes, then go call 9-1-1.
- Check – For signs of life (movement or breathing) in an adult
  1. Airway – open the airway using the head-tilt/chin lift technique. If a neck injury is suspected, pull only the jaw (using the jaw-thrust technique) to open airway.
  2. Breathing – Look-for signs of breathing for no more than 10 seconds, watching to see if the chest rises and falls. If there are no signs of breathing you must assume the problem is a cardiac emergency and begin CPR immediately.
- Care – Hands only CPR should be done if no pocket mask is available. Start CPR by giving 30 compressions (in about 15 seconds) by compressing the sternum at least 2 inches deep, then two rescue breaths. CPR SHOULD BE CONTINUED UNTIL AN AED BECOMES AVAILABLE OR MORE ADVANCED MEDICAL PERSONNEL ARRIVES AT THE SCENE.

A. Defibrillation – Prepare to operate the AED when it becomes available

DO NOT use the AED when a patient has any of the following:

- Consciousness
- Normal breathing
- A pulse or other signs of life.

B. Using the AED

1. For safety remember the following:
   - DO NOT use near or in puddles of water
   - DO NOT use near flammable agents, such as gasoline (remove clothing that may be contaminated with flammable agents).
   - ALWAYS stay clear of the person when delivering the AED shock
   - DO NOT touch the electrode surfaces, the person or any conductive material near the person during the ECG analysis or shock
2. Turn on the AED.
3. Follow the prompts as directed by the AED Unit.
4. Dry skin if necessary, and shave chest hair **ONLY** if it is so excessive it prevents a good seal between electrodes and the skin. Apply electrodes according to diagram on electrode package to victim's bare chest. Press pads to skin.
5. Stand clear of patient while machine analyzes heart rhythm.
6. If treatment (SHOCK) is indicated, make sure no one is touching the patient (CLEAR) and then press the lighted "Heart" in center of unit.
7. If no shock is i advised, perform CPR for two minutes with cycles of 30 compressions and 2 breaths.
8. After two minutes of CPR, unit will re-analyze rhythm. If "No Shock " is indicated, continue CPR until professional help arrives.
9. When the EMS personnel arrive, follow their instructions.

C. Transferring the patient to the EMS personnel upon arrival

1. Give a brief summary of the event including:

a. Time of event
b. Total number of shocks
c. Any additional pertinent information about the patient.

2. EMS personnel will take over the resuscitation efforts
   a. EMS personnel will have their own equipment and may transfer the patient over to their own monitors or continue the use of the attached AED depending on the step of the process.
   b. EMS personnel will direct ongoing CPR efforts and you may be asked to continue with CPR or to step aside.

D. Report the event
1. After the event, complete the AED Incident Report (Exhibit 1) and forward to Human Resources Department.
2. The Human Resources Department will notify the Medical Director and verify the AED will be available for future use.

VI. NOTIFICATION OF USE

Human Resources will notify the City's Medical Director immediately after each AED use.

A. Incident Review
1. The Medical Director should review a detailed download from the AED.
2. A review and report of the incident should be provided to the Human Resources Department.
3. The Medical Director may discuss the incident with the local EMS personnel to obtain feedback.
4. The Medical Director may check with the hospital on the patient and provide feedback to the site.

B. Debriefing
1. If requested by anyone involved in the emergency occurrence, an incident review and debriefing conducted by Police, Fire or Gold Cross should be scheduled as soon as it can be arranged (Exhibit 2).
2. The debriefing is intended to provide support in the following areas:
   - Success rates and expectations during a resuscitation
   - The human dimension of CPR
   - Recognition of successful aspects of the rescue efforts
   - Stress reactions of rescuers, witnesses, and families after resuscitation attempts
   - Identify any areas for improvement

3. Equipment Readiness

   After each use, the Parks, Recreation and Facilities Management Department should be notified to check the AED batteries and the equipment so it can be restocked and checked for readiness by the Parks, Recreation and Facilities Management Department.

VII. TRAINING

A. CPR and AED Certification and Re-Certification

CPR and AED certification and re-certification will be conducted according to the American Heart Association and the American Red Cross Guidelines.

B. CPR and AED Refresher Course

The Fire Department may direct a CPR and AED refresher course that may be provided periodically for City employees.

VIII. EQUIPMENT MAINTENANCE

The following are suggested steps to maintain the AED:

A. The Parks, Recreation and Facilities Management Department will conduct equipment checks on a quarterly basis. Batteries and equipment will be replaced as needed.
B. Replace the AED pads if the date on the pads is expired.
C. Replace CPR supplies after each use of the equipment.

A. Cleaning the Unit

A. After each use, clean and disinfect the unit with a soft damp cloth using 90% isopropyl alcohol, soap and water or chlorine bleach and water mixture (30ml/liter water).
B. Do not immerse any part of the unit in water.
C. Do not use ketones (MEK, acetones, etc.) to clean the unit.
D. Avoid using abrasives (e.g. paper towel) on the display unit or IrDa port.
E. Do not sterilize the device.

B. AED Tracking

U.S. Federal Law requires the tracking of defibrillators. The City is responsible to notify its Medical Director immediately if the AED is lost, stolen, or removed in any way from the locations.

Exhibit 1

AED INCIDENT REPORT

Patient & Incident Data	
Patient Name:	Patient Age :
Incident Date:	Incident Time
Incident Location:	

Incident History		
Patient activity prior to incident		
Patient complaints prior to incident		
Was incident witnessed? Yes ☐ No ☐	If Yes, by whom?	What Time?
Was CPR started? Yes ☐ No ☐	If yes, by whom?	What Time?

Assessment and Treatment		
Was patient unresponsive?	Yes ☐ Time:	No ☐
Were the airway, breathing, and circulation checked?	Yes ☐ Time: No ☐	If yes, by whom?
Was rescue breathing started?	Yes ☐ Time:	
Was CPR Started? Yes ☐ No ☐	Time?	If yes, by whom?
Was Shock Advised? Yes ☐ No ☐	Time	
Was shock #1 delivered? Yes ☐ No ☐	Time?	If yes, by whom?
Was shock #2 delivered? Yes ☐ No ☐	Time?	If yes, by whom?
Was shock #3 delivered? Yes ☐ No ☐	Time?	If yes by whom?
Did the person's heart re-start?	Yes ☐ Time:	No ☐
Did the person regain consciousness?	Yes ☐ Time:	No ☐
Return of Pulse:	Yes ☐ Time:	No ☐
Return of Respiration:	Yes ☐ Time:	No ☐
EMS arrival at patient?	Yes ☐ Time:	No ☐
Was the patient transferred to EMS?	Yes ☐ Time:	No ☐
Patient condition at EMS hand-off:		
Care given by rescue personnel:		
Time Patient transported:		
Patient transported to: (hospital)		

COMMENTS:

Report Completed by: _____ Date: _____

Exhibit 2

AED
POST INCIDENT CRITIQUE FORM

COMMENTS:

Report Completed by: _____ Date: _____

Medical Director Signature: _____ Date: _____

Police, Fire or Gold Cross Signature: _____ Date: _____

City of Appleton AED Inventory

Building	Location	Manufacturer	Number	Monthly Inspections Responsibility	Maintenance and Software Updates Responsibility
City Hall	6th Floor Lobby	Zoll AED Plus	X04L046541	Facilities	Adam Paiser (AFD)
City Hall	5th Floor Hallway	Zoll AED Plus	X04J045902	Facilities	Adam Paiser (AFD)
City Hall	1st Floor Lobby	Zoll AED Plus	X06H093080	Facilities	Adam Paiser (AFD)
PRFMD	Office Lobby	Zoll AED Plus	X08H168049	Facilities	Adam Paiser (AFD)
PRFMD	Nate Baldwin's Office	Philips	B16C-00057	Facilities	Adam Paiser (AFD)
Library	1st Floor on cement pillar main entry	Zoll AED Plus	X04E033372	Facilities	Adam Paiser (AFD)
Municipal Services Building	Hallway by Office	Zoll AED Plus	X08H168091	Facilities	Adam Paiser (AFD)
Transit Center	1st Floor Lobby	Philips	B07L-01040	Facilities	Adam Paiser (AFD)
Waste Water Plant	Hallway between A & S Building	Zoll AED Plus	X08H168063	Facilities	Adam Paiser (AFD)
Water Treatment Plant	1st Floor Lobby	Zoll AED Plus	X09L434424	Facilities	Adam Paiser (AFD)
Appleton Memorial Park	Jones Bldg Main Entrance Lobby	Zoll AED Plus	X12H562454	Facilities	Adam Paiser (AFD)
Mead Pool	Mead Pool Managers office	Zoll AED Plus	X06G090475	Facilities	Adam Paiser (AFD)
Erb Pool	Erb Pool Managers office	Zoll AED Plus	X07A103774	Facilities	Adam Paiser (AFD)
Golf Course	Clubhouse	Zoll AED Plus	X16I864047	Facilities	Adam Paiser (AFD)
Appleton Police Dept.	1st Floor Lobby	Philips	B07H-01403	Ryan Neff	Ryan Neff/Gold Cross
Appleton Police Department	Mobile in Squads	Zoll	X07H124702	Ryan Neff	Ryan Neff/Gold Cross
		Zoll	X07H124898	Ryan Neff	Ryan Neff/Gold Cross
		Zoll	X07H125110	Ryan Neff	Ryan Neff/Gold Cross
		Zoll	X07H124859	Ryan Neff	Ryan Neff/Gold Cross
		Zoll	X07H125113	Ryan Neff	Ryan Neff/Gold Cross
		Zoll	X07H125115	Ryan Neff	Ryan Neff/Gold Cross

CITY OF APPLETON PERSONNEL POLICY	TITLE: **AERIAL BUCKET/SCISSOR LIFTS 29 CFR 1910.67**	
ISSUE DATE:	LAST UPDATE: 2007 June 2011 March 2017	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: Any city employee who uses an aerial bucket	TOTAL PAGES: 3
Reviewed by Attorney's Office Date: September 2001 May 2007 July 2011 June 2017	Committee Approval Date: September 25, 2001 June 27, 2007 August 22, 2011 July 26, 2017	Council Approval Date: October 2001 July 5, 2007 September 9, 2011 August 2, 2017

I. PURPOSE

The purpose of this policy is to establish guidelines and assign responsibilities for the operation of Aerial Buckets and Scissors Lifts.

II. POLICY

The City is committed to providing a safe workplace for all its employees. Employees are expected to follow all rules and regulations relating to this policy. Failure to comply with this policy shall lead to disciplinary action up to and including discharge.

III. DISCUSSION

The policy outlines the regulations and requirements mandated by the Occupational Safety and Health Administration (OSHA) and the Department of Safety and Professional Services (DSPS)

IV. DEFINITIONS

A. Aerial device – Any vehicle-mounted device, telescoping or articulating, or both, which is used to position personnel.

B. Aerial Ladder – An aerial device consisting of a single or multiple section extensible ladder.

C. Articulating boom platform – An aerial device with two or more hinged boom sections.

D. Extensible boom platform – An aerial device (except ladders) with a telescopic or extensible boom. Telescopic derricks with personnel platform attachments shall be considered to be extensible boom platforms when used with a personnel platform.

E. Insulated aerial device – An aerial device designed for work, on energized lines and apparatus.

F. Scissor Lifts – A device considered to be mobile scaffolding, governed by 29CFR 1926.452(w).

G. Mobile unit – A combination of an aerial device, its vehicle and related equipment.

H. Shall – is interpreted to mean required.

J. PPE – Personal protective equipment.

V. PROCEDURES/Employees

A. Only trained and authorized employees shall be allowed to operate the controls and be carried aloft in the aerial bucket.

B. Before starting work, the operator shall test to insure that all ground is level and bucket controls are in proper working order.

C. The brakes shall be set and outriggers, when used, shall be positioned on pads or a solid surface. Wheel chocks shall be in place before using an aerial lift.

D. All work shall be conducted as if the truck, boom, and aerial bucket were not electrically insulated.

E. Operators of aerial buckets shall exercise extreme caution when operating such devices in close proximity to energized lines or equipment.

F. A full body harness shall be worn and a lanyard attached to the boom or the basket when working from an aerial lift. (Fire personnel will follow their set standards.)

G. No employee shall be transported more than a consecutive block while in the bucket. The bucket must be in a stowed position and the driver may not travel more than five miles per hour. This procedure is only to be used when placing banners or flags.

H. Employees shall always stand firmly on the floor of the basket, and shall not sit or climb on the end of the basket or use planks, ladders, or other devices for a work position. (Fire personnel will follow their set standards.)

I. When the boom must be maneuvered, the bucket operator shall always face in the direction in which the bucket is being moved.

J. Climbers shall not be worn while performing from an aerial lift.

K. Depending on the activity all necessary PPE, including a hard hat, shall be worn while in the bucket. Ground personnel shall also wear necessary PPE and hardhat.

L. Before moving an aerial lift for travel, the boom(s) shall be inspected to see that it is properly cradled and outriggers are in stowed and locked position.

M. Emergency lights/strobes on the truck shall be used at all times while work is being done on road right-of-way. When work is being done in the road right-of-way, the work zone will be protected in accordance with the City's Temporary Traffic Control Manual. Reflective cones shall be placed approximately 3 to 5 feet out from the affected corners of the vehicle on the traffic side.

N. An aerial lift truck may not be moved when the boom is elevated in a working position with employees in the basket except for equipment which is specifically designed for this type of operation as outlined in the OSHA policy, and as outlined in G. above.

O. Guardrail systems are required when using scissors lifts. When the use of a guardrail system is not feasible, a full body harness must be worn.

PROCEDURES/Supervisors/Safety Coordinators

A. Supervisors/Safety Coordinators shall ensure that all employees using an aerial bucket follow the procedures and guidelines as outlined in this policy.

PROCEDURES/Training

A. Prior to operating the equipment, all employees shall be trained.

B. The vehicle manufacturer, safety coordinator or supervisor will provide yearly training.

CITY OF APPLETON POLICY	TITLE: **ASBESTOS POLICY**	
ISSUE DATE:	LAST UPDATE: December 5, 2005 January 16, 2006 April 2008 June 2013	SECTION: SAFETY
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 4
Reviewed by Legal Services Date: January 24, 2006 June 4, 2008 August 2013	Committee Approval Date: April 24, 2006 September 24, 2008 August 12, 2013	Council Approval Date: May 3, 2006 October 1, 2008 August 21, 2013

I. PURPOSE/POLICY

The purpose of the asbestos safety policy is to establish guidelines, procedures and prevent accidental exposure in the operations and maintenance of asbestos containing materials and to protect all employees, contractors, visitors and vendors from potential health hazards of asbestos-related diseases.

This policy applies to all buildings and structures owned by the City of Appleton, to all employees and sub contractors of the City of Appleton, to occupants of City buildings, and to external organizations who may come into contact with or disturb asbestos-containing materials. This policy also applies to City employees who may enter non-City owned facilities that contain asbestos.

Violations of this policy will be subject to disciplinary action, up to and including discharge.

II. DISCUSSION

City of Appleton employees are not allowed to perform asbestos-related work. All removal or disturbance of asbestos-containing materials (ACM) shall be performed under controlled conditions by asbestos abatement workers appropriately trained and currently licensed by the Wisconsin Department of Health Services (DHS).

DEFINITIONS

A. ACM-Asbestos-containing materials (any material containing more than 1% asbestos)
B. PACM-Presumed asbestos-containing materials
C. DNR-Wisconsin Department of Natural Resources
D. DHS-Department of Health Services

III. RESPONSIBILITIES

The asbestos program administrator is the City of Appleton Director of Parks, Recreation and Facilities Management.

The program administrator is responsible for:

- Determining the presence and location of ACM and labeling it as necessary;
- Overseeing and managing all work impacting ACM in the City of Appleton buildings and facilities;
- Managing all asbestos abatement activities;
- Procuring the services of licensed asbestos abatement contractors and consultants;
- Conducting training to inform, provide knowledge and create basic awareness on asbestos issues;

- Disclosing the presence of ACM to any outside service contractors;
- Notifying the building occupants of any abatement activities;
- Notifying the DNR of abatement projects;
- Monitoring and maintaining the integrity of encapsulated asbestos; and
- Maintaining an Asbestos Inventory.

Supervisors are responsible for:

- Notifying the program administrator immediately upon discovering damaged asbestos material;
- Notifying the program administrator when work activities may disturb asbestos-containing materials;
- Notifying the program administrator and Human Resources if an employee has come in contact with asbestos material in a city facility;
- Notifying the program administrator in the event of an emergency where there is the potential for fiber release from damaged ACM;
- Contacting the program administrator to schedule asbestos abatement;
- Providing outside service contractors with a copy of the City of Appleton asbestos policy;
- Providing outside service contractors with an inventory identifying the presence and location of all known ACM that they may come into contact with.

Employees are responsible for:

- Notifying a supervisor if they come in contact with asbestos.
- Immediately leaving property if suspected asbestos is present and report to a supervisor, unless properly trained to investigate and using approved P.P.E.

Outside service contractors are responsible for:

- Providing general awareness training for their employees so that employees are able to identify suspected asbestos-containing materials if found during their work activities;
- Notifying the program administrator or a supervisor of suspected asbestos-containing materials which may be disturbed during work activities;
- Notifying the program administrator or a supervisor of suspected asbestos-containing materials that are discovered during work activities.

IV. PROCEDURES

A. Inventory

The City of Appleton has attempted to identify any asbestos in City facilities. The attached inventory (Exhibit #1), of City facilities documents the removal or encapsulation of any known asbestos.

B. Asbestos Identification

An asbestos identification system is used to alert people to the presence of asbestos. Suspected areas are identified by tags, stickers, pipe labels, signs or other high visibility means. Maintenance frequented areas, such as mechanical rooms with ACM or PACM, are required to be posted and labeled to alert workers, contractors and building occupants about the hazards associated with the building's asbestos materials. Labels or signs should contain the following information:

DANGER
CONTAINS ASBESTOS FIBERS
AVOID CREATING DUST
CANCER AND LUNG DISEASE HAZARD

C. Asbestos Disturbing Activities

Examples of activities that may result in the disturbance of suspect asbestos-containing materials may include:

- Removing or repairing floor tile;
- Removing or repairing ceiling tile;
- Removing pipe insulation or pipe joint compound to access pipes;
- Knocking holes in plaster ceilings or walls; and/or
- Removing carpet which has floor tile underneath it.

D. Abatement Projects

All asbestos abatement projects within the City of Appleton shall be performed under controlled conditions by an asbestos abatement contractor utilizing asbestos abatement workers who are bonded, insured, trained and currently licensed by the Wisconsin DHS.

Notifications to the DNR are required for asbestos abatement projects involving the removal of more than 260 linear feet or 160 square feet of asbestos-containing material and must be submitted ten (10) working days prior to the start of removal.

All asbestos abatement work shall be completed by the asbestos abatement contractor and notice of work shall be submitted to the City of Appleton Director of Parks, Recreation and Facilities Management 15 days prior to the commencement of the abatement project.

E. Outside Contractors

All outside service contractors will be notified of the presence of asbestos-containing materials prior to beginning work activities. When contractors are required to work in areas where asbestos is present or there is a possibility of disrupting asbestos-containing materials, the City of Appleton Director of Parks, Recreation and Facilities Management will provide:

- Notification of the known locations and types of asbestos present (or suspected to be present) in the area where the contractor will work.
- Information on the City of Appleton asbestos labeling and identification system.

ASBESTOS INVENTORY

Facility	Location of ACM or PACM	Type of Material	Quantity of ACM or PACM	Was the Material Sampled?	Who Sampled?	Date	Removed or Encapsulattion?	Company	Date	ACM, PACM or Non-ACM?
Fire Station #1	Outdoors	Siding Sample	20-25%	Yes	B/C Tom Litscher	8/23/1991				Chrysotile Asbestos and Portland Cement
Fire Station #1	Garage & Maint.	Fittings (HVAC)								
Fire Station #1	Stairwell Landings									
Fire Station #1	Flooring (1st Fl)									Tiled over in first floor hallway
Fire Station #4	Basement & Rig Rm.	Insulation (HVAC)								
Fire Station #4	Kitchen	Floor Tile								
Fire Station #4	Bedroom	Floor Tile								
Fire Station #4	Locker Room	Floor Tile								
Einstein Park	Shelter	Gray Board Panel		Yes	AAES, Inc.	2002	Encapsulated			Gray Board Ceiling Panel
Park Shelters	Timberform	Gray Board Panel		No						These types of shelters may have ceiling panels. Staff is instructed to not drill or cut into gray panels.
Reid Clubhouse	Basement	Insulation (Elbows and Pipe)					Encapsulation	EnviroNet	6/1/1992	ACM (130 linear feet/27 elbows and tees)
Reid Clubhouse	Attic	Insulation (Elbows and Pipe)					Encapsulation	EnviroNet	6/1/1992	ACM (205 linear feet/30 elbows and tees)
MSB	Interior	1800' Piping								Estimates by Steven Kees
MSB	Interior	1200' Piping								Estimates by Steven Kees
MSB	Cold Storage Bldg.	(Noted as potential locations for asbestos, but not confirmed)								
MSB	Mackville Landfill	(Noted as potential locations for asbestos, but not confirmed)								
NE Asphalt	Tile Flooring									
Wastewater	Ozonator Room	Insulation					Encapsulation	?	9/19/1989	Encapsulated with cold tar epoxy per Robinson/Hetzel
Wastewater	D Building – 1st Floor	Flooring	?							

CITY OF APPLETON PERSONNEL POLICY	TITLE: **BLOODBORNE PATHOGENS**	
ISSUE DATE: June 1, 1993	LAST UPDATE: July 22, 2003 February 2, 2004 October 2004 (pg. 15-16; pgs. 31-62) June 2005 June 2006 June 2007 October 2009 October 2014 February 2019	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 59
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I. PURPOSE

The purpose of this exposure control plan is to eliminate and/or minimize our employees' exposure to blood or certain other body fluids and to comply with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030. This is based on DSPS Bloodborne Pathogens standard, 32.15 and 32.50.

II. POLICY

It is the policy of the City of Appleton to follow the Federal and State mandated Bloodborne Pathogens Policy. 29 CFR 1910.1030 and DSPS32.15 and 32.50. Violations of this policy will be subject to disciplinary action, up to and including discharge.

III. DISCUSSION (taken from 29 CFR 1910.1030, unless otherwise indicated)

The policy defines specifically how the City will administer and follow the policy.

IV. DEFINITIONS

A. Bloodborne Pathogens – pathogenic microorganisms that are present in human blood and cause disease in humans.

B. Bulk Blood and Body Fluids – drippable or pourable quantities or items saturated with whole blood or blood components, blood specimens, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, amniotic fluid, peritoneal dialysate, pericardial fluid, pleural fluid and other body fluids visibly contaminated with blood. (s. NR 500.03 (22), Wis. Admin. Code)

C. Engineering Controls – controls (i.e. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

D. Exposure Incident – a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

E. Human Tissue – tissue removed from human beings. Human tissue does not include hair or nails, but does include teeth. (s. NR 500.03(106), Wis. Admin. Code)

F. Infectious Body Fluids – semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where is it is difficult or impossible to differentiate between body fluids.

G. Infectious Waste – solid waste that contains pathogens with sufficient virulence and in sufficient quantity that exposure of a susceptible human or animal to the solid waste could cause the human or animal to contract an infectious disease.
(§ 287.07(7)(c)1.c Wis. Stats.)

H. Infectious Waste Generator – a person or group of persons under the same corporate ownership and located on the same property who produces infectious waste. (s. NOR 500.03(111), Wis. Admin. Code)

I. Occupational Exposure – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

J. Personal Protective Equipment – specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

K. Putrescible Waste – solid waste which contains organic matter capable of being decomposed by microorganisms and of such a character and proportion as to be capable of supporting a vector population or attracting or providing food for birds. (s. NR 500.03(185), Wis. Admin. Code)

L. Regulated Waste – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps and pathological and microbiological wastes containing blood or other potentially infectious materials.

M. Sharps – medical equipment or clinical laboratory articles that may cause punctures or cuts. Sharps include, but are not limited to, contaminated, unused and disinfected items listed in s. NR 526.05(1)(a). (s. NR 500.03(209), Wis. Admin. Code)

N. Universal Precautions – an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infections for HIV, HBV and other bloodborne pathogens.

O. Work Place Controls – controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e. prohibiting recapping of needles by a two-handed technique).

P. ACRONYMS

1. AIDS – Acquired Immune Deficiency Syndrome
2. OSHA – Occupational Safety and Health Association
3. DWD – Department of Workforce Development (formerly DILHR)
4. BBD – Bloodborne diseases
5. BBP – Bloodborne Pathogens
6. CDC – Center for Disease Control and Prevention
7. DNR – Department of Natural Resources
8. HBIG – Hepatitis B Immune Globulin
9. PPE – Personal Protective Equipment
10. NIOSH – National Institute for Occupational Safety and Health
11. HBV – Hepatitis B Virus
12. HCV – Hepatitis C Virus
13. HIV – Human Immune Deficiency Virus
14. DSPS – Department of Safety and Professional Services

V. PROCEDURES

SECTION I

A. Exposure Determination: DSPS and OSHA require employers to perform an exposure determination to determine which employees may incur occupational exposure to blood or

other potentially infectious materials. The exposure determination is based on the definition of occupational exposure – "any employee who has occupational exposure to blood or other potentially infectious material" – absent the use of protective clothing and equipment. This definition does not cover "good Samaritan" acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee – but we as an employer will offer follow-up procedures in such cases. The following employee classifications are all individuals who will incur occupational exposure regardless of frequency.

1. Class I Employees

   These employees shall receive the Bloodborne Pathogen training annually and be offered the pre-exposure vaccine:

a.	Sworn Police Officers/ Community Service Officers	Officers using defense and arrest tactics
b.	Fire Fighters	Extricating injured individuals Blind search in fire Acting as First Responders
c.	Registered Nurses	Finger Stick
d.	Lifeguards	First Aid/Rescue

2. Class II Employees

   Listing of job classifications in which some employees have occupational exposure; these employees shall receive the Bloodborne Pathogen training during New Employee Orientation and be offered post-exposure vaccine. Also, some departments may choose to train annually and/or provide pre-exposure vaccine.

   a. Public Works (Parking Maintenance)

·	Supervisor	Clean up in ramps
·	Technician	Clean up in ramps
·	Custodian	Clean up in ramps

   b. Library

·	Library Maintenance Workers	Cleans Library & public bathrooms
·	Group Supervisor	Cleans Library & public bathrooms

   c. Valley Transit

·	Utility Person	Cleans bathrooms & buses
·	Transit Operations Sup., Maintenance Sup., Assistant General Mgr.	Responds to accident scenes
·	Mechanic	Acts as utility person in the evening

d. Health Department

·	Clerical Staff	Assists at immunization clinics
·	Sanitarian	Assists at immunization clinics

e. Parks and Recreation

·	Recreation Staff	Provides first aid
·	Park Caretaker	Cleans up spills at various park facilities and cleans public bathrooms

g. Wastewater

- Liquids Operators
- Solids Operators
- Utility Workers
- Lab Personnel
- Maintenance Specialists

h. Municipal Garage

- Sewer Crew
- Construction/Maintenance Personnel

i. Facilities Management

- Facilities Manager
- Carpenter/Painter

- Facilities Control Technician
- HVAC Technician/Pipefitter
- Master Electrician
- Plumber
- Facilities Specialist

3. Class III Employees

All other City employees, not listed under Class I and Class II, fall under this category. These employees shall receive the Bloodborne Pathogens training during New Employee Orientation and will be offered post exposure vaccine.

SECTION II

A. Implementation Schedule and Methodology: DSPS and OSHA also require that this plan include a schedule and method of implementation for the various requirements for this standard. The following complies with this requirement:

1. Compliance Methods – Universal precautions will be observed at all City facilities in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. All first aid cabinets will have "Universal Precautions" posted on front of the cabinet.

2. Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at City facilities and in the field where occupational exposure remains after institution of these controls. Personal protective equipment shall also be utilized.

   a. Sharps containers
   b. Biohazard bags and labels
   c. Forceps to pick up broken glass (Police)
   d. Bio-safety kit at pools
   e. Liquid treatment system (isolizer crystals)
   f. Bodily fluid spill kits (located in each City facility)
   g. Safe resuscitation devices
   h. Retractable lancets
   i. Retractable syringes
   j. Safe needle devices

3. The above controls will be examined on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

DEPARTMENT	HOW OFTEN	PERSON RESPONSIBLE
a. Health	Monthly	Nursing Supervisor

b. Police	Monthly	Operations Coordinator
c. Parks Recreation and Facilities Management	Depending on season - once a week	Operations Manager Program Supervisor
d. Fire	Daily	Battalion Chief/ Training Officer
e. Library	Monthly	Business Manager
f. City Hall	Monthly	HR Generalist
g. Wastewater	Monthly	WW Operations Supervisor
h. Water Plant	Monthly	Water Operations Supervisor
i. Municipal Garage	Monthly	DPW Safety Coordinator
j. Parking Division	Monthly	Parking Utility Manager
k. Valley Transit	Monthly	Maintenance Supervisor

4. Hand washing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. DSPS and OSHA require that these facilities be readily accessible after incurring exposure.

    a. Most City employees who might be exposed to body fluids are in the field. They will be issued protective equipment along with a hand sanitizer and instructions on the proper use.

    b. Since most employees listed under this policy are in the field, they will be instructed and will then be responsible for properly removing protective gloves, washing their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

    c. Employees who incur exposure to their skin or mucous membranes shall be instructed and will be responsible for washing or flushing with water as soon as feasible following contact.

5. Needles (Health and Police Department) – Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken.

    a. Nursing staff continues to evaluate and implement new safety devices. The Vital Care Safety Lancet was reviewed in August of 2001 and is now in stock. The Haemolance product was reviewed and the Futura Safe-T-Lance will be substituted for that product due to better safety design. This was done in March of 2002. The B&D safety needle was reviewed, supplier shared safety concerns, product will be researched. Vanishing Point Syringes and Needle Pro

Needles continue to be in stock and one or the other is used by staff for all injections June, 2006, no new products submitted for review.

b. Nursing staff met 5/26/01 to review Vanish Point Syringe use. New devices will be evaluated at least annually if available.

Nursing staff reviewed new Portix syringe with Needle-Pro safety device for TB testing. Supply for use. 7-2007

c. The City will maintain a Sharps injury log in the Human Resources Department.

d. See Exhibit VIII for Accident Report Form

6. Containers for Reusable Sharps – the City of Appleton personnel do not utilize reusable sharps.

7. Work Area Restrictions – In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, on shelves, in cabinets or on counter tops and bench tops where blood or other potentially infectious materials are present.

a. All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

b. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

8. Specimens – Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport or shipping.

a. The container for storage, transport or shipping shall be color coded in accordance with the requirements of **DSPS** and the OSHA standard.

b. Any specimen, which could puncture the primary container, will be placed within a secondary container, which is puncture resistant.

c. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

9. Contaminated Equipment – The following individuals are responsible for ensuring that equipment, which has been contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless decontamination is not feasible.

a. Water – Water Operations Supervisor

b. Fire – Training/Safety Officer

c. Police – CSO Operations Coordinator

d. Health – No equipment

e. PRFM Pools – No equipment

f. DPW – Safety Coordinator

g. Wastewater – Wastewater Operations Supervisor

10. Personal Protective Equipment

a. Personal Protective Equipment Provision – Each City facility is responsible for ensuring that the following provisions are met. All personal protective equipment used at City facilities and in the field will be provided without cost to employees. Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time, which the protective equipment will be used.

City Facility	Individuals using PPE	Individuals Responsible for Ensuring Equipment is available
CLASS I EMPLOYEES		
· Pools	Lifeguards	Recreation Program Supervisor
· Fire	Firefighters	Battalion Chief/Training Off.
· Health	Nurses	Nurses and Environmental Supervisor
· Police	Officers	Operations Coordinator
CLASS II EMPLOYEES		
· Other City Facilities:		
· City Hall	First Aid/Bodily Spill Kit	HR Generalist
· Municipal Garage	First Aid/Bodily Spill Kit	DPW Safety Coordinator
· Park/Rec.	First Aid/Bodily	Operations Supervisor

	Spill Kit	Recreation Program Supv.
· Library	First Aid/Bodily Spill Kit	Business Manager
· Water	First Aid/Bodily Spill Kit	Water Operations Supervisor
·		
· Wastewater	First Aid/Bodily Spill Kit	Wastewater Operations Supervisor
· Valley Transit	First Aid/Bodily Spill Kit	Maintenance Sup.

b. Personal Protective Equipment Use – Because the City has many of its employees in the field, the individual employee is responsible for using the appropriate personal protective equipment. There are instances when, under rare and extraordinary circumstances, the employee temporarily and briefly declines to use personal protective equipment. This transpires when it is the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

c. Personal Protective Equipment Accessibility – The individual responsible for ordering safety/health supplies for each City facility shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site and issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

d. Personal Protective Equipment Cleaning, Laundering and Disposal – All personal protective equipment will be cleaned, laundered or disposed of by the City at no cost to the employees. All repairs and replacements will be made by the City at no cost to the employees.

· All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. When reusable personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, and decontamination. Each City facility will adhere to this statement.

e. Gloves – Gloves shall be worn where it is reasonably anticipated that employees will have contact with blood, other potentially infectious materials, mucous membranes and non-intact skin and when handling or touching contaminated items or surfaces.

- Disposable gloves used at City facilities are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

f. Eye and Face Protection – Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin length face shields, are required to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

- Situations in which this may occur are police officers and firefighters when they act as first responders to injury accident scenes where blood and other potentially infectious materials are present.

- This type of situation is usually not anticipated at other City facilities, but each facility is provided with a "bodily fluid" disposal kit. The kit contains eye and face protection.

- Firefighters may also face possible contamination in extricating individuals from wreckage, but they are in full protective gear at a rescue scene.

g. Additionally protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations. The following situations require that such protective clothing be utilized.

- Pools – lifeguards when administering first aid.
- Police – when investigating a scene where there is a large amount of body fluid present.

11. Housekeeping – The following City property will be cleaned and decontaminated according to the following schedule:

Area	Schedule	Person Responsible
· Fire – Extrication equipment	Cleaned after accident	Company Officer
· Health Dept. – Clinic Day	Immediately upon completion of clinic (monthly)	Public Health Nurse
· City Pools – Where accident or injury occurs	Immediately after incident	Manager on duty
· Squad cars	Immediately after incident	Contracted cleaning service
· Booking Room – Police	After incident	Contracted cleaning service
· All other City facilities	After incident	Contracted cleaning service
		Contracted Cleaning Service: Ultimate Cleaning contact Kurt VanVoorhis 920-205-5104 or 920-380-7041

12. Decontamination will be accomplished by utilizing the following materials:
    - Liquid Treatment System
    - Professional germicide
    - Bleach solution

    a. All contaminated work surfaces will be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface has possibly become contaminated since the last cleaning. It is recommended that stainless steel or non-porous surfaces be utilized.

    b. All bins, pails, cans and similar receptacles shall be inspected and decontaminated on a regular basis. This means every time one of the above is used, it will be inspected and decontaminated by the individual doing the clean up.

    c. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps.

    d. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed (the City does not use reusable sharps).

SECTION III - REGULATED WASTE DISPOSAL

A. Disposable Sharps

1. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on the sides and bottom and labeled or color-coded.

2. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found (Health Department and various City restrooms).

3. The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill. Maintenance staff and/or the contracted cleaning service will monitor the need to empty the containers in public restrooms.

4. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

5. The container shall be placed in a secondary container if leakage of the primary container is possible. The secondary container shall be closable, constructed to contain all contents and prevent leakage during handling, storage and transport or shipping. The secondary container shall be labeled or color-coded to identify its contents.

6. Reusable containers shall not be opened, emptied or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

B. Other Regulated Waste

1. Other regulated waste shall be placed in containers that are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

2. The waste container must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

3. Disposal of all regulated waste shall be in accordance with applicable United States, state and local regulations (the DNR is the controlling agency in Wisconsin). Specific handling and storage procedures are outlined specifically in the City Medical Infectious Waste Handling Policy with LRI.

LRI
Medical Waste Disposal
P.O. Box 12027

Green Bay, WI 54307
Telephone: 920-490-1954
Fax: 920-592-1161

LRI or any other carrier contracted by the City will provide written documentation that:

a. They follow all rules regarding regulating waste in accordance with applicable laws

b. They will notify the City immediately if they lose or change their status.

C. Laundry Procedures

1. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked biohazard labeled bags at the location where it was used. To transport, follow regulated waste control procedures listed under section IV below. Such laundry will not be sorted or rinsed in the area of use.

2. The City of Appleton will contract with Gunderson Cleaners, 200 West Wisconsin Avenue, to handle the contaminated laundry (this facility only).

3. The Fire Department may utilize laundry facilities on site (Station #1 and Station #6). ALL previous handling and storage requirements will be followed.

4. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.

Please note: If a City facility ships contaminated laundry off-site to a second facility that does not utilize universal precautions in the handling of all laundry, contaminated laundry must be placed in bags or containers that are labeled or color coded in accordance with paragraph (g).

(g) Communication of hazards to employees – Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship blood or other potentially infectious materials.

SECTION IV - REGULATED/INFECTIOUS WASTE HANDLING & STORAGE POLICY

A. Medical Waste Rules

1. In efforts to comply with Chapter NR526, Wisconsin Administrative Code, (Solid and Hazardous Waste Management), this policy addresses the rules applicable to the services of the City of Appleton.

2. The City will make every effort to clean up bulk blood and body fluid spills and reasonable efforts to recover liquid treatment system materials.

3. The following departments will respond to areas identified as their response areas as follows:

   a. Incidents in parking ramps, park settings, and City owned buildings will be the responsibility of the department of jurisdiction (e.g. parking ramps are the responsibility of the Department of Public Works (DPW); Parks are the responsibility of the Parks, Recreation and Facilities Management Department (PRFM); City buildings and associated property are the responsibility of the Parks, Recreation and Facilities Management Department, etc.)

   b. Incidents involving public safety response will be handled as follows:

      · Incidents within owner occupied or rental properties will be the responsibility of the victim, guardian, or owner of the property. Questions from property owners should be referred to the Health Department. Owners may want to contact ServePro (832-1110). They are available 24 hours a day.

      · Incidents on public property, in the situation of a spill that cannot be contained with a single kit and an incident that the Fire Department would not normally respond to, the Police Department may request assistance from DPW. During the hours of 7:00 a.m. to 3:00 p.m. call the Operations Division at 832-5580. During off-hours, call dispatch; reference DPW emergency call list, Operations Division. (See exhibit II)

   c. Incidents involving hazardous materials where the Fire Department is responding will be the responsibility of the Fire Department.

SECTION V – INFECTIOUS WASTE MANAGEMENT

A. A solid waste that is included in any of the following categories is presumed to be infectious waste:

   1. Contaminated sharps which are both infectious and may easily cause punctures or cuts in the skin, including but not limited to, hypodermic needles, syringes with needles attached, scalpel blades, lancets, broken glass vials, broken rigid plastic vials and laboratory slides.

   2. Unused or disinfected sharps which are being discarded, including hypodermic needles, scalpel blades, lancets and syringes with needles attached.

   3. Bulk blood, body fluids, and tissue from humans.

B. A solid waste that is included in any of the following categories is presumed to be noninfectious waste, but should be placed in containers, such as a plastic bag, prior to disposal to contain the waste.

1. Items soiled but not saturated with blood or body fluids from humans included in the definition of "bulk blood and body fluids".

2. Items soiled with human urine, vomit or stool.

3. Blood/body fluid that have been chemically treated with Liquid Treatment System.

SECTION VI - SOURCE SEPARATION

A. No employee may mix infectious waste in the same bag or waste receptacle with solid waste that is not infectious waste unless mixing the wastes is necessary to protect the health or safety of clients, employees or other persons.

B. No employee may separate infectious waste from solid waste that is not infectious waste.

C. No employee may remove solid waste or infectious waste that has been placed in a bag or waste container labeled with the biohazard symbol or fail to manage the waste as infectious waste from the time of generation until the waste has been treated.

D. No employee may transport solid waste and infectious waste on the same cart or vehicle unless the wastes are in separate and identifiable bags or waste containers.

SECTION VII - CONTAINMENT

A. No employee may transport infectious waste from the generation site unless the person puts the waste in a container which protects waste handlers and other persons from exposure to the infectious waste and the person meets all of the following requirements:

1. Sharps shall be contained in rigid, puncture-resistant, labeled containers, such as metal or rigid plastic, designed to prevent the loss of contents and labeled with a visible biohazard emblem.

2. Infectious waste other than sharps shall be contained according to all of the following:

a. Infectious waste other than sharps shall be placed in a single plastic bag that meets or exceeds 165 grams resistance by the ASTM method D1709-91 and is tear resistant using methods ATSM method D19222-89 or, if necessary, a double bag that meets the same standards, or a rigid reusable container.

b. The bag or rigid reusable container shall be securely sealed to prevent leakage or expulsion of the contents under normal handling.

c. Any bag containing infectious waste shall be placed in a rigid container, such as a corrugated cardboard container, a covered reusable container or a cart. The rigid container shall be labeled with a visible biohazard emblem and the

word "biohazard". Bulk containers shall be small enough to be handled by a single person.

d. All reusable containers shall be disinfected after being emptied.

3. No employee may open a secured container of infectious waste that is ready for transportation, unless repackaging is necessary to prevent spills or leakage.

SECTION VIII -HANDLING

A. All containers shall be handled and transported to prevent the loss or spilling of the contents.

B. If the infectious waste is putrescible waste or if nuisance conditions have developed, see Section IX, A –6.

C. All infectious waste shall be loaded and unloaded by hand or by a safe mechanical method which does not damage containers or spill their contents.

D. No infectious waste may be compacted.

SECTION IX – STORAGE AND TRANSFER

A. Since the City of Appleton meets the exemption under NR 526.09(2)(b), the minimum requirements for storing infectious waste will be met.

1. The storage area shall be kept clean and be impermeable to liquids. Carpeted areas or wooden floors may not be used in storage areas.

2. The storage area shall be designated for infectious waste and may contain only infectious wastes and their containers. The storage area may be an area designated within a room.

3. The storage area shall be in an enclosed building, container or vehicle so that the infectious waste is not exposed to weather.

4. The main storage area for the City of Appleton is an area designated within the sixth floor locked Health Department archives. Access to this area is limited to authorized Health Department Employees.

5. Until infectious waste is transported to the Health Department, or picked up by Contractor listed in III.B.3, it shall be segregated for proper disposal and contained in a locked, enclosed area, (e.g. a labeled locker).

6. If the infectious waste is putrescible waste, or if nuisance conditions have developed, place biohazard bagged waste in designated refrigerator at Fire Station #1 in the basement. Make sure the refrigerator is plugged in and working.

Contact the Health Department during their next regularly scheduled hours (832-6429). The department supervisor or designee will have the contact phone number.

7. The City of Appleton Health Department shall relinquish the infectious waste only to a licensed infectious waste transporter as necessary. The operator shall provide the City of Appleton with a copy of the infectious waste materials.

8. See Exhibit II that describes the departmental procedures relating to clean up.

SECTION X – TRANSPORTING AND SHIPPING

A. Since the City of Appleton meets the exemption under HR 526.10(2)(b) the minimum requirements for storing infectious waste will be met.

1. The infectious waste shall be contained and handled as noted prior in the policy and transported per department policy to the City of Appleton's main storage area at City Center. Contact the Health Department for access.

2. The portion of the vehicle where the infectious waste is contained shall be completely enclosed to prevent littering, spillage or leakage. The enclosed portion shall be leak-resistant, if necessary, considering the type of waste and its moisture content. Roll off boxes or dumpsters may not be used to transport infectious waste.

3. The vehicle shall be maintained in good repair and cleaned as frequently as necessary to prevent nuisances.

4. If the infectious waste is putrescible waste or if nuisance conditions have developed, contact the contracted infectious waste transporter for immediate pickup.

SECTION XI – TREATMENT METHODS

A. No employee may dispose of infectious waste in a solid waste disposal facility unless the infectious waste has undergone treatment in accordance with this policy. The treatment method shall effectively render the waste non-infectious. The treatment method shall be chosen by considering the properties of the waste being treated and the degree of microbial contamination.

B. The City of Appleton will chemically treat a bulk blood/body fluid spill resulting from a public safety incident with a Liquid Treatment System. This treatment is chosen based on the manufacturers recommended use of the product. It is also chosen based on the following factors: easy and fast clean up, absorbs, solidified, defoams, biodegradable and non-hazardous.

References

Chapter NR 500, Wisconsin Administrative Code (General Solid Waste Management Requirements), Register, October, 1994

Chapter NR 526, Wisconsin Administrative Code (Medical Waste Management), Register, October, 1994

SECTION XII – HEPATITIS B VACCINATION

A. The Human Resources Department, 100 North Appleton Street, will manage the Hepatitis B vaccination program.

1. The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure. The Employee Education and Training is outlined in Section XVI.

2. The vaccine will not be offered if the employee has previously received the complete Hepatitis B vaccination series, unless antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

3. Participation in a pre-screening program shall not be a prerequisite for receiving the Hepatitis B vaccination.

4. If the employee initially declines the Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available.

5. If a routine booster dose of the Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

6. All employees who decline the Hepatitis B vaccination that's offered, will sign the "Hepatitis B Vaccine Declination Form" (Exhibit III) that relate to Hepatitis B.

7. The copy of the consent and/or declination will be sent to Human Resources for filing.

SECTION XIII – POST EXPOSURE EVALUATION AND FOLLOW UP

A. What is an exposure incident? An exposure incident is specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. An exposure incident occurs when there is specific exchange of blood or other body fluids through broken skin or mucous membranes, blood splashing into the employees mouth or eyes, to name a few.

B. When do you report exposure incidents? *Employees should immediately report exposure incidents.* This allows for timely medical evaluation and follow-up by a health care professional, as well as for timely testing of the source individual's blood for Human Immune Deficiency Virus and Hepatitis B virus. The incident must be reported to the employee's immediate supervisor who in turn will investigate and complete the "Exposure to Blood or Body Fluids" packet.

1. Before the medical evaluation and documentation is done, the supervisor should make sure that the exposed employee has removed garments contaminated by blood or other infectious material as soon as feasible. This may even include a shower to completely clean the body. (Each major department will develop their individual guidelines regarding waste disposal). See section III.

3. The supervisor will then direct the employee to a health care professional.

4. The employee should go to the same health facility as the source.

NOTE: If you go to an emergency room for a post exposure incident, you must call Thedacare at Work or Affinity Occupational Health for an appointment with a nurse within 48 hours of the exposure.

C. Health Care Providers

1. Thedacare at Work, 8:00 a.m. – 4:30 p.m., Monday – Friday, 2009 S. Memorial Drive 380-4999

2. Appleton Medical Center Emergency Room (after hours), 1818 North Meade Street, 738-6300, 24 hours a day

3. Affinity - Occupational Health Systems of Wisconsin – 1186 Appleton Road, Menasha, WI 54952 7:30 a.m. to 4:30 p.m., Monday – Friday

4. St. Elizabeth Emergency Room (after hours), 1506 South Oneida, 24 hours a day

If the source of the exposure is known, post exposure follow up should be provided by the same health system.

D. Information provided to the health care professional

1. The employee takes documents included in the gray Post Exposure packet.

2. A copy of the Appleton Investigation Report is available in the supervisor's packet and/or available on the intranet and should immediately be directed to the City's Worker's Compensation Administrator in the Human Resources Department. The report should be sealed and marked "CONFIDENTIAL".

3. The Hepatitis B Vaccination dates are available in the S:common/HepB/Dept.folders.

E Confidential medical evaluation and follow up

1. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

   a. Documentation of the route of exposure and the circumstances under which the exposure incident occurred (Bloodborne Pathogen Exposure Report)

   b. Identification and documentation of the source individual, unless it can be established that identification is not feasible or prohibited by state or local law.

      WISCONSIN LAW – See Wis. Stats. Sec 146.82(2)(a)2.a.

c. The source individual's blood must be tested as soon as feasible and after consent is obtained in order to determine Human Immune Deficiency Virus and Hepatitis B Virus infectivity. If consent is not obtained, the health care professional shall inform the exposed employee.

NOTE: If the source is known to be infectious for Human Immune Deficiency Virus and/or Hepatitis B Virus, testing need not be repeated to determine the known infectivity.

d. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

F. Collection and testing of exposed employee's blood

1. Collection and testing of the exposed employee's blood for HBV, HCV and HIV serological status must be obtained as soon as possible after the exposure incident. The medical professional must follow these guidelines:

a. Consent of the exposed employee to draw and test blood.

b. If the exposed employee consents to baseline blood collection, but does not consent to Human Immune Deficiency Virus serologic testing, the exposed employee's blood sample must be preserved for at least 90 days. If, within 90 days of the exposure incident the employee agrees to have the baseline sample tested, such testing shall be conducted as soon as feasible.

G. Post exposure evaluation. All employees who incur an exposure incident will be offered post-exposure evaluation and follow up in accordance with the OSHA standard. All post-exposure follow up will be performed by Thedacare at Work or Occupational Health Services. In addition, individuals may also be referred to the AIDS Resource Center of Wisconsin project for additional information and counseling, 120 North Morrison, Appleton, WI 54911. Telephone: 733-2068.

1. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

2. The Worker's Compensation Claims Administrator has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy.

H. Health care professional's written opinion

1. The health care provider (Thedacare at Work or Affinity Occupational Health) shall provide the Worker's Compensation Claims Administrator with a copy of the evaluating health care professional's written opinion within 15 days of the completion

of the evaluation (these records must be kept separate from other medical records and must be kept for the duration of employment plus 30 years).

2. The health care professional's written opinion for the Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee if the employee has received such vaccination.

3. The health care professional's written opinion for post exposure evaluation and follow-up must be limited to the following:

   a. It informs the employer that the employee has been informed of the evaluation.

   b. It indicates the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

   c. All other findings or diagnoses must remain confidential and will not be included in the report.

SECTION XIV

A. Post Exposure Protocol for Employees

1. After a possible occupational exposure to blood or other potentially infectious material, you are likely to be upset, concerned and confused. These feelings are natural and it is important that you are absolutely certain about what treatment options are available.

2. This summary provides you with important information pertaining to options that are available to you following an occupational exposure. You are encouraged to carefully review this information with the supervisor investigating the exposure, as well as with any medical personnel who may be providing treatment. See Exhibit V Bloodborne Pathogen Exposure Procedure for clarification.

B. First Priority

1. Your first priority following an occupational exposure is to clean the exposure site with either alcohol gel or the disinfecting wipes that have been given to you. You should complete a thorough washing of the exposure site as soon as possible with soap and water or eye flush.

C. Notify a Supervisor

1. Following a possible exposure, immediately contact a supervisor. The supervisor will assist you with obtaining medical care, completing a First Report of Injury and an exposure report.

2. The supervisor may be asked to assist the occupational health services in contacting the source individual and obtaining consent to have a blood sample drawn for testing.

If the source case is hospitalized, the occupational health services will assist in the source contact. The City will cover the cost of testing if necessary. If the source individual refuses then:

a. The supervisor will need to insure that there is medical documentation that there is an exposure; and

b. If the source refuses, complete an affidavit; contact the Assistant City Attorney to obtain a judicial order to obtain a sample.

D. Medical Follow up

1. All exposures to blood or other potentially infectious materials require medical follow up.

a. Follow up with the occupational health provider should take place the next scheduled business day at Thedacare at Work or Affinity Occupational Health.

b. Follow up care should be sought at the ER/Hospital where source individual is treated.

E. Did You Receive a Hepatitis B Vaccination?

1. If you received the Hepatitis B vaccination series and a follow-up Hepatitis Titer test indicated a sufficient level of Titer; you will have greatly reduced the probability of contracting Hepatitis B from the exposure. Even though you may have had the Hepatitis series, you should speak to medical personnel about the benefits of receiving a Hepatitis booster following an exposure.

2. The Human Resources Department maintains these records. The file path is J:common/HepB/Dept. Folder.

F. If You Did Not Receive a Hepatitis B Vaccination

1. If you did not receive the Hepatitis B vaccination series, then you will need to speak to the examining physician about the benefits and risks associated with receiving a shot known as HBIG (Hepatitis B Immune Globulin). This vaccine is made from blood products and is designed to provide you with immediate protection to Hepatitis and a variety of other communicable diseases. It will not provide you with any permanent immunity or immunity to the HIV virus. It will then be recommended that you begin the Hepatitis B series vaccination.

G. Treatment Options

1. It is important that you understand that the most important response following any exposure is to immediately clean the exposure sites. Treatment for the exposure is the following:

a. If you are receiving emergency medical care, the exposure site will be thoroughly cleaned

b. The physician will evaluate the probability that an exposure actually occurred, as well as discuss the risk factors of the source person

c. The physician will discuss treatment options and follow-up procedures

d. The physician should also talk to you about what precautions you may need to consider before the results of the tests are available

2. A lab technician will draw a blood sample that will be tested for HIV, HCV and HBV and Hepatitis. This serves as a base line for future testing and is not an indication of whether an actual exposure occurred.

a. You may also wish to seek further counseling at the AIDS Resource Center of Wisconsin, 120 North Morrison, Appleton, 733-2068.

H. Follow-up Procedures

1. Within 10 days of the possible occupational exposure you will receive a phone call from Thedacare at Work or Affinity Occupational Health Systems to schedule an appointment to discuss your test results. Don't be alarmed, medical care providers are not allowed to provide you with the test results over the telephone. Everyone must schedule an appointment. If you are not contacted, please call the Affinity Occupational Health 730-5330 or Thedacare at Work 380-4999.

2. The test results of the source individual can only be released to the exposed individual. However, please keep in mind that these test results must be kept confidential as determined by State law.

3. You will need to schedule two additional follow-up appointments with Thedacare at Work or Affinity Occupational Health Services to have your blood tested to determine if further treatment is needed. The first appointment will need to be scheduled 6 months after the exposure, the second 12 months after the exposure (by law the City cannot intervene – the employee has to follow-up on this). You will be notified in writing. If you refuse additional follow-up testing/procedures, Occupational Heath will require you to sign a declination form.

I. Problems/Concerns

1. If you are not contacted within 10 days, or have a concern about the care provided, contact the Human Resources Department at 832-6458.

2. If you have any concerns about the quality of care provided contact the Director of Occupational Health at 730-5330 or Thedacare at Work380-4999.

SECTION XV - EMPLOYEE EDUCATION AND TRAINING

A. The Human Resources Department, with the assistance of a Health Department registered nurse, shall ensure that training is provided. Training will be mandatory for all personnel who are listed under the section entitled "Exposure Determination".

1. Once all personnel have been trained and new personnel are hired, department heads or supervisors must inform the City Safety Coordinator that additional training is needed. This must be within ten working days of initial assignment.

2. Training will be provided on an annual basis.

3. The training will be tailored to the education and language of the employees, and offered during working hours.

4. Nurses will be trainers in the use of safer needle device.

5. The training will be interactive and cover the following:

   a. A copy of the standard and explanation of its contents.

   b. A discussion of the epidemiology and symptoms of bloodborne pathogens.

   c. An explanation of the modes of transmission of bloodborne pathogens.

   d. An explanation of the City of Appleton Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy.

   e. The recognition of tasks that may involve exposure.

   f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, new technologies, work practices and personal protective equipment (PPE).

   g. Information on types, use, location, removal, handling, decontamination, and disposal of PPEs.

   h. An explanation of the basis of selection of PPEs.

   i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.

   j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

   k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.

l. Information on the evaluation and follow-up required after an employee exposure incident.

m. An explanation of the signs, labels, and color coding systems.

n. An opportunity for interactive questions and answers with the person conducting the training session.

o. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training as it relates to the workplace.

p. Additional training shall be provided to employees when there are changes of tasks or procedures affecting the employees' occupational exposure. Department heads or supervisors must inform the Safety Health Coordinator when this happens.

q. All other City employees will receive, from the department head or supervisor, information on the existence of the work plan and availability of personal protective equipment and work practice controls.

r. Documentation for training of employees in Class I is mandatory. All other City employees will receive training from their department head or supervisor (see Exhibit VI).

B. Record keeping

1. The HR Generalist is responsible for maintaining records as indicated below. These records will be kept with the confidential medical file.

2. Rules pertaining to exposure record keeping: Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.1020. These records shall be kept confidential and will not be disclosed or reported without the employee's written consent to any person within or outside the workplace except as may be required by law. Records must be maintained for at least the duration of employment plus thirty years. The records shall include the following:

a. The name and social security number of the employee.

b. A copy of the employee's HBV vaccination status indicating the dates of vaccination.

c. A copy of all results of examinations, medical testing and follow-up procedures.

d. A copy of the information provided to the health care professional including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

C. Training Records

1. The HR Generalist is responsible for maintaining the training records.

2. Records will be kept in the Human Resources Department.

3. Training records shall be maintained for three years from the date of training. The following information shall be documented on the training log (Exhibit VI):

   a. The dates of the training sessions.

   b. An outline describing the material presented.

   c. The names and qualifications of persons conducting the training.

   d. The names and job titles of all persons attending the training sessions.

4. Training

   a. Class I Employees - yearly
   b. All employees other than Class I will receive training initially upon hire through the New Employee Orientation Program
   c. Additional training may be offered by individual departments

SECTION XVI

A. Availability

1. All employee records shall be made available to the employee in accordance with 29 CFR 1910.1020.

2. All employee records shall be made available to the Department of Workplace Development and OSHA upon request.

B. Transfer of Records

1. If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

SECTION XVII

A. Evaluation and Review

1. The Human Resources Department along with the Appleton Health Department's Public Health Nurse, is responsible for annually reviewing this program and its effectiveness, and for updating this program as needed.

B. Dates

1. All provisions required by this standard will be implemented by November 13, 1993.

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF CITY OF APPLETON BLOODBORNE PATHOGENS POLICY

I,_____, acknowledge the receipt of a copy of the City of Appleton's Bloodborne Pathogens policy and training.

I agree to follow the City of Appleton's rules and procedures as outlined in this policy.

I understand I will not be penalized for reporting conduct that I believe is forbidden by this policy.

I understand that should I have future questions, I may contact my supervisor, the Human Resources Department or the City Attorney's Office.

Employee Name printed: _____Dept_____

Employee Signature:_____Date_____

INFECTIOUS WASTE CLEAN-UP AND HANDLING PROCEDURE
FOR
FACILITIES MANAGEMENT
AND
CONTRACT CLEANING PERSONNEL

Facilities Management is responsible for coordination of proper clean-up and disposal of bodily fluid spills within the following City facilities: City Hall, Parks and Recreation, Police Department, Fire Stations, Valley Transit, Transit Center, Water Distribution, Water Filtration, Wastewater Plant, Municipal Service Building, parks, trails, and pavillions. The Facilities Manager is the primary contact for the City. If not available, the Director of Facilities & Construction should be notified, and they will contact the proper personnel.

Arrangements have been made with the contract cleaning service to perform the actual biohazard clean up. Therefore, if you are unable to contact anyone from Facilities Management, a contact person from that company has been listed on the call-in list.

CONTACT: Kurt Van Voorhis, Ultimate Cleaning at 920-205-5104

Facilities Management personnel will follow the guidelines given in the City of Appleton Bloodborne Pathogen Policy. Contract cleaning personnel will adhere to their company policy.

PROCEDURE

1. All facilities will have small spill kits available for use. Gross exposure equipment will be available at the Wastewater Plant (located in the first aid room in S building) and the Police Department (located in the lower level supply room). Should a gross exposure event be reported to another facility, you will need to obtain the appropriate equipment prior to going to the site.

2. Assess the affected area as soon as you arrive at the scene. Block off the area using barricade tape, floor signs or marked buckets.

3. Use the appropriate Personal Protective Equipment.

4. Spray the affected area with germicidal solution provided in kits. For larger areas, spray bottles of pre-mixes phenolic disinfectant are provided in the gross exposure supplies. A 2% solution of bleach may also be used to disinfect an area, if it is hard surface that will not be stained by the bleach. (Do not use bleach on carpet!) Undiluted bleach will be available in the Wastewater First Aid room and in the Police Department supply room.

5. Use LTS (liquid treatment system) materials to absorb any blood or bodily fluids. Once absorbed, pick up the saturated material using a small scoops or plastic dustpan for larger amounts. Place material in garbage bags and seal. If body parts are present, place materials in red biohazard bags.

6. Once all fluids, saturated powder, and other waste has been placed in bags, spray the affected area once again with disinfectant spray. The area must remain saturated with solution for a minimum of ten minutes in order to disinfect the spill.

7. Disposable equipment should be placed in biohazard bags. Use larger bags for larger pieces of equipment. Any re-useable equipment used in the procedure (plastic dustpans, brooms and brushes) must be sprayed with disinfectant solution and allowed to air dry. If it is felt that equipment is too contaminated to re-use, dispose of in large bio bags.

8. Return to the spill area and wipe up excess disinfectant solution using disposable cloths. Place the cloths in the red bags. Each bag containing the biohazard waste must be tied and placed within another red bag. Place the double-bagged waste into a red biohazard bucket. Remove gloves and any other personal protective equipment into the bucket(s) and seal completely. Remember to use proper procedure for removal of PPE so you are not re-contaminating yourself and other surfaces.

9. Place the biohazard bucket in the custodial supply closet.

10. Notify the Facilities Manager or appropriate management personnel that the spill has been contained and a pick-up is necessary.

11. The supervisor will handle waste according to the regulated waste disposal policy. If material is determined not to be putrescible, then it may be brought to the City Hall disposal site (6th floor Health archives). If you do not have keys to this area, you can contact Ultimate Cleaning at 920-205-5104 to gain access. If material is putrescible, it is put into the refrigerated area at Fire Station #1. The Health Department must be notified about the event as soon as possible.

Exhibit II

PARKS, RECREATION AND FACILITIES MANAGEMENT DEPARTMENT

REGULATED/INFECTIOUS WASTE HANDLING AND STORAGE GUIDELINES

This will serve as a step by step guide for the disposal of such materials and the use of Biohazard bags.

1. A Biohazard bag or a bag labeled with the Biohazard emblem, should **ONLY** be used for the disposal of BLOOD and other regulated body fluid (anything except urine, stool or vomit) saturated materials that are **DRIPPABLE, POURABLE or SQUEEZEABLE.**

2. If the use of a biohazard bag is necessary, complete the following steps:

   a. Place material in a sealed, labeled Biohazard bag or ziploc bag
   b. Notify your supervisor of the situation
   c. Notify the Operations Manager of Parks that a pick up is needed.
   d. The Operations Manager will notify the Health Department and arrange for transport to Fire. (832-6429)
   e. Place the biohazard in a second ziploc bag, and place it in a cardboard box, sealed and labeled with a biohazard sticker. (This must be done in order to transport.)

   NOTE: The box will be picked up by park maintenance staff and transported to the Health Department, located on the 6th floor of City Hall. Someone will meet the transporter at the door. The container must be transported in a fully enclosed vehicle (i.e.: **NOT** the back of a pick up truck.).

   If the infectious waste is putrescible waste, or if nuisance conditions have developed, place biohazard bagged waste in designated refrigerator at Fire Station #1. Make sure the refrigerator is plugged in and working. Contact the Health Department during their next regularly scheduled hours (832-6429). The department supervisor or designee will have the contact phone number.

   f. If this situation occurs during weekend hours of operation, follow the necessary steps to contain the materials. Place the container in a **LOCKED** cabinet. Notify the necessary individuals Monday morning to arrange for its disposal.

The following materials **DO NOT** apply to this procedure. These items should be placed in a ziploc bag and disposed of in the regular trash:

   a. Blood saturated materials that are **NOT** drippable, pourable or squeezable. (Example: bloody gauze, gloves)
   b. All feces, vomitus and urine materials.

      NOTE: If any of these materials also contain blood and are drippable, pourable or squeezable, they are to be disposed of using a biohazard bag and following those disposal procedures.

   c. Feminine hygiene products may be disposed of in a ziploc bag (pads) and thrown in the regular trash, or flushed (tampons).

If you are unable to determine which steps to follow, please contact your supervisor for further instructions.

Exhibit II

INFECTIOUS WASTE CLEAN UP AND HANDLING PROCEDURE
FOR
DPW – OPERATIONS DIVISION

I. Purpose

A. To provide safe direction for Public Works employees for the clean up of blood spills and the subsequent handling of generated infectious and non-infectious waste.

II. Policy Statement

A. Public Works employees will follow the guidelines in the City Bloodborne Pathogen policy. This policy includes the Regulated/Infectious Waste Handling and Storage Policy, which identifies department incident response areas. This states that Public Works will respond to a blood spills larger than "2 feet x 2 feet", when the Police Department cannot contain the spill or when the Fire Department will not be called for hazardous materials containment during public safety incidents response.

III. Procedure

A. Identified and trained Public Works employees will respond to Police request for assistance with blood/body fluid spill clean up.
B. Employee will use all personal protective equipment available (latex or nitrile gloves, rubber work gloves, face shield or mask and eye protection, protective outer ware, and rubber work boots).
C. Spray affected area with germicidal spray solution or specified bleach mixture to disinfect the area. Allow specified "kill time" for solution to work before adding crystal coagulant.
D. Liquid Treatment Crystals will be used to solidify the blood spill. These crystals will also be used on snow and ice with reasonable efforts to cover liquid materials.
E. In situations where the spill has dried, a disinfecting solution will be applied on the spill prior to use of the Liquid Treatment System.
F. Sweep or shovel the crystals into red biohazard bag.
G. Transport as directed in the Regulated/Infectious Waste Handling and Storage Policy.
H. If proper disposal requires the use of a red biohazard bag and materials are putrescible, the bags may be temporarily stored in the designated refrigerator area at Fire Station #1. If the material is not putrescible and it is during normal business hours, employees or supervisors may contact City Health Department at 832-6429 for drop off and disposal. I. Decontaminate all reusable equipment with disinfecting spray solution and let air-dry. This includes reusable work gloves and boots.
J. Dispose of any non-reusable equipment per policy.
K. As locations allow and as a final precaution, employees should make time to thoroughly wash hands or use hand sanitizer if a sink or wash station is not readily available.

Exhibit II

BIOHAZARD CLEAN UP PROCEDURE POLICY

<u>If DPW is called to assist Police Department</u>

Red: Biohazard bag
Black: Household garbage bag

** All responding employees must have been offered the HEP B vaccination

1. Check your materials list. Load all necessary clean up equipment needed into an available pickup truck.

2. Upon arrival at the scene, survey the accident site and notify the officer in charge that you are there to clean up the biohazard spill.

3. a. Place red bags in red containers if necessary (when body parts are present, or the clean up materials are drippable, squeezable or pourable, place all collected materials in the red bags).

   b. Liquids contained with LTS (liquid treatment system) materials not containing body parts or not drippable, squeezable or pourable can be placed in black garbage bags.

4. Put on all necessary PPE (personal protective equipment). Rubber boots, disposable body suit (keep the hood up always during the clean up procedure), wear latex gloves under the heavy protective outer gloves and use the full-face shield.

5. Spray entire contaminated area with disinfecting spray solution.

6. Spread crystals on treated surfaces (spread very lightly).

7. Clean up

   a. Place all body parts in the red bag inside the red container.

   b. Use plastic shovel and broom to sweep up the spill contained with LTS crystals. Place in the red bag.

   c. When you disinfect and spread crystals over a contaminated area where there are no body parts and no body fluids that are drippable, squeezable or pourable, then place all collected materials into a regular garbage bag and dispose of in a garbage truck when you return to MSB.

8. Re-spray contaminated area after completing clean up procedures. Leave to air dry.

9. Spray all containers and let air-dry (broom, broom handles, shovels, boots, gloves, red containers and container's handle, etc.). Remember to leave your latex gloves on during the disinfecting procedures. As you disinfect a piece of equipment, place it on the truck's tailgate so it is out of your way and you know that this piece has been cleaned and disinfected.

A. Remember, you must disinfect everything you have touched (it is important to remember this before you get into the truck and leave the scene.)

B. As you disinfect your equipment, place the tools on the tailgate of the truck so you do not confuse what you have cleaned and not cleaned.

C. After completing the clean up procedures and your disposable body suit is clean, place them into a garbage bag with your latex gloves. When you get back to the city garage throw the black garbage bag into a refuse truck.

D. If body parts are on your disposable suit, or the suit contains drippable, pourable, or squeezable materials, then these items will be placed into a red biohazard bag along with all clean up materials and latex gloves.

E. If proper disposal requires the use of a red biohazard bags and materials are putrescible, the bags may be temporarily stored in the designated refrigerator area at Fire Station #1. If the material is not putrescible and it is during normal business hours, employees or supervisors may contact City Health Department at 832-6429 for drop off and disposal.

F. As locations allow for a final precaution, employees should make time to thoroughly wash hands or use hand sanitizer if a sink or wash station is not readily available.

Items needed for a biohazard clean up:

Latex-free or nitrile gloves
Boots, Rubber gloves
Crystals to be placed on spill areas
Biohazard red pails
Black garbage bags
Safety vest
Disposable suits
Full-face shield
Plastic broom, shovels
Biohazard red bags with tie clasps
Flash light during dark hours
Disinfectant spray product

Infectious/Non-Infectious Waste Clean-up and Handling Procedures
For
DPW Parking Division

I. Purpose:

To provide safe direction for Parking employees for the clean-up of blood spills and the subsequent handling of generated infectious and non- infectious waste.

II. Policy Statement:

Parking employees will follow the guidelines in the City Blood borne Pathogen Policy. This policy includes the regulated/infectious waste handling and storage policy. This states that public works will respond to a blood spill larger than "2 foot x 2 foot", when the Police Department cannot contain the spill or when the Fire Department will not be called for hazardous material containment during public safety incidents response.

III. Procedure:

1. Retrieve waste clean-up cart.
2. Assess the affected area. Block off the area using barricade tape, floor signs, and cones.
3. Use the appropriate PPE (personal protective equipment).
    a) Latex free or nitrile gloves.
    b) Rubber gloves.
    c) Face shield.
    d) Eye protection.
    e) Rubber boots.
    f) Protective outer wear such as disposable pants, sleeves, aprons or suits.
4. Spray the affected area with germicidal solution (MegaQuat) or a 2% solution of bleach may be used to disinfect the area and allow for specified kill time before starting cleanup.
5. Use LTS (liquid treatment system) material (Devour) to absorb any blood or body fluid (feces, vomitus, and urine materials).
6. Once all fluids, saturated powder and other waste has been placed in trash bag, spray the affected area once again with disinfectant spray (MegaQuat). The area must remain saturated with solution for a minimum of ten minutes or specified product time in order to disinfect the spill.

- NOTE: A biohazard bag should **ONLY** be used for the disposal of blood and other regulated body fluid (except: urine, stool, vomit) or saturated materials that are drippable, pourable, or squeezable.
- For areas within parking ramps with limited access and clean-ups larger than a 2'X2' area, arrangements have been made with : Ultimate Cleaning

Contact:
Kurt Van Voorhis
920-205-5104 or
920-380-7041

7. Any reusable equipment used in clean-up must be sprayed with disinfectant and allowed to air dry. As you disinfect a piece of equipment, place it in a separate location so you do not confuse what you have cleaned and not cleaned.
8. After the area is completely cleaned, remove any barricades used.
9. Remove PPE in proper way to ensure you are not touching any of the contaminated surfaces. Discard into an appropriate container.

10. Replace waste removal cart in proper location. Restock waste cart of any materials that were used if necessary.
11. As locations allow as a final precaution, employees should make time to thoroughly wash hands or use hand sanitizer if a sink is not readily available.
12. If proper disposal requires the use of a red biohazard bags and materials are putrescible, the bags may be temporarily stored in the designated refrigerator area at Fire Station #1. If the material is putrescible and it is during normal business hours, employees or supervisors may contact City Health Department at 832-6429 for drop off or to receive directions for disposal.
13. Materials collected that do not require the use of red biohazard bags may be double bagged, tied shut, and placed in regular trash for disposal.

Exhibit II

APPLETON POLICE DEPARTMENT
Operations Bureau Directive

RE: Body Fluid Spill Cleanup **(Tissue materials need to be handled by DPW or contracted cleaning service)**

City of Appleton employees will make very effort to clean up bulk blood and body fluid spills. We will use reasonable efforts to recover the (LTS) liquid treatment system materials. The LTS materials can be disposed of through normal trash disposal per policy guidelines.

- Incidents in parking ramps, park settings, and City-owned buildings will be the responsibility of the department of jurisdiction (e.g. Parking Ramps are the responsibility of DPW, parks are the responsibility of the Parks and Recreation Dept., City buildings and associated property are the responsibility of Facilities Management, etc).

- Incidents involving public safety response will be handled as follows:

  * Incidents involving police actions that result in body fluid/materials being cleaned from private property will be at the discretion of APD to call "a contracted service" or provide the property owner with information to do so. Current contract is with Servpro of Appleton. 24/7 call (920) 832-1110 or CJ Snyder cell (414) 507-7258.
  * Body fluid spills within private, owner occupied or rental properties will typically be the responsibility of the victim, guardian, or owner of the property. Questions from property owners should be referred to the Health Department. They have a list of qualified cleaning services.
  * Incidents involving the police station (e.g. suspect apprehension), outside of private residences such as on driveways, sidewalks and other hard surfaces will be the responsibility of the Police Department. Officers would be expected to use their issued LTS to absorb the body fluid spill.
  * If a Police Department employee distributes LTS, we are responsible for the material pick up. An on-duty CSO can be asked to respond. The CSO vehicle will have a small shovel and trash containers for picking up the material. If the CSO is not available, the officer should check with their supervisor for the appropriate action.
  * Once the LTS crystals have been used on body fluids, the spill is no longer considered infectious material. The absorbed material can then be collected, using appropriate protective and environmental controls and disposed of in a sealed garbage bag in a closed dumpster.
  * In the situation of a spill larger than 2 feet x 2 feet, a supervisor may request assistance from DPW's Operations Division. The CSO vehicle will also have additional LTS materials available. As noted above **"tissue materials need to be handled by DPW".**

- Incident involving traffic accidents where the Fire Department has responded for hazardous automobile fluid spills, will be the responsibility of the Fire Department for cleanup of spill containment materials.

- Storage and Transfer – If necessary, transport infectious waste to the biohazard refrigerator at Fire Station #1. The materials (clothing, debris, etc.) shall be segregated for proper disposal and contained in a locked, enclosed area (e.g. a labeled locker). If possible, the supervisor should try to contact a representative of the Health Department for guidance.

- When officers use their individual LTS supply and seek replacement materials, the district supervisor will take note of the type of incident so the level of department response to body fluid spills can be administratively monitored.

Valley Transit – Bio-Hazard Clean-up Procedures

Service Persons within Valley Transit are responsible for proper clean-up and disposal of bodily fluids or spills upon the Valley Transit buses.

Procedure:

1. Use the appropriate PPE (i.e. gloves, rubber boots, full face shield, disposable body suit)
2. Spray the affected area with germicidal solution (2% bleach). May also use LTS materials (liquid treatment system) or crystals to absorb any blood or bodily fluids. Once absorbed pick up the material using small scoops or plastic dust pan, place materials in garbage bag and seal. Discard in an appropriate container. *If body parts are present, place materials in red bio-hazard bags.*
3. Once the area is initially cleaned, spray once again with germicidal solution and allow to the spray to remain for ten minutes in order to disinfect.
4. Disposable equipment should be placed in bio-hazard bags. Any reusable equipment used in the above clean-up (dust pans, brooms, brushes) must be sprayed with disinfectant solution and allowed to air dry. If it is felt that the equipment is too contaminated to re-use, dispose of in large bio-hazard bags.
5. After the area is completely cleaned, remove PPE in proper way to ensure you are not touching any of the contaminated surfaces. Discard into an appropriate container
6. Notify your supervisor of the incident and the need to dispose of the bio-hazard bags. A supervisor will transport the bio-hazard bags to the refrigerator at Fire Station #1.

Note: The Transit center and Valley Transit offices are handled by Ultimate cleaning (920-205-5104)

(Please refer to page 29 of the city policy)

INFECTIOUS WASTE CLEAN-UP AND HANDLING PROCEDURE FOR THE APPLETON PUBLIC LIBRARY

Operations staff are responsible for proper clean-up and disposal of bodily fluid spills within the library. The Business Manager is the primary contact if there are any issues, coordination needs, or to place a request with Ultimate Cleaning as necessary. If not available, the Assistant Director then Director should be notified.

CONTACT: Kurt Van Voorhis, Ultimate Cleaning at 920-205-5104 (when operations staff are unavailable)
Operations library staff will follow the guidelines as acknowledged by signing the City of Appleton Bloodborne Pathogen Policy.

If an employee comes into contact or becomes exposed to any blood or bodily fluids, IMMEDIATELY clean/disinfect the exposure site and then notify your supervisor to initiate the post-exposure process.

PROCEDURE:

1. Assess the affected area as soon as you arrive at the scene. Block off the area using barricade tape, floor signs, and/or cones.
2. Use the appropriate Personal Protective Equipment
3. Spray the affected area with germicidal solution or crystals to absorb any blood or bodily fluids. A 2% solution of bleach may be used to disinfect a hard surface area that will not be stained by the bleach (do not use bleach on carpet!).
4. Use LTS (liquid treatment system) materials to absorb any blood or bodily fluids. Once absorbed, pick up the saturated material using a small scoop or plastic dustpan. Place material in garbage bags and seal. Place all materials in the red biohazard bags.
5. Once all fluids, saturated powder, and other waste has been placed in bags, spray the affected area once again with disinfectant spray. The area must remain saturated with solution for a minimum of ten minutes in order to disinfect the spill.
6. Disposable equipment should be placed in biohazard bags. Any re-useable equipment used in the process (plastic dustpan, brooms, brushes, etc.) must be sprayed with disinfectant solution and allowed to air dry. If it is felt the equipment is too contaminated to re-use, dispose of in large bio bags.
7. Return to the spill area and wipe up excess disinfectant solution using disposable cloths. Place the cloths in the red bags. Each bag containing the biohazard waste must be tied and placed within another red bag. Place the double-bagged waste into a red biohazard bucket. Remove gloves and any other personal protective equipment into the bucket and seal completely. Remember to use proper procedure for removal of PPE so you are not re-contaminating yourself and other surfaces.
8. Place the biohazard bucket in a locked custodial supply closet until it can be delivered to the drop off location at City Hall.
9. Notify the Business Manager that a cleanup has been contained.

Exhibit III

CITY OF APPLETON
100 NORTH APPLETON STREET
APPLETON, WI 54911-4799

HEPATITIS B VACCINATION PROGRAM

Informed Consent

1. I understand that _____ have been identified as being at higher risk for the Hepatitis B infection due to potential exposure during provision of such hand-on procedures as _____.

2. I understand that it is recommended that all personnel whose jobs involve participation in tasks or activities with exposure to blood or other bodily fluids, to which universal precautions apply, be vaccinated with the Hepatitis B vaccine.

3. Recombivax HB* (Hepatitis B Vaccine Recombiant MSD) is a non-infectious sub-unit vaccine derived from Hepatitis B surface antigen (HbsAg) produced in yeast cells. A portion of the Hepatitis B virus gene is cloned into yeast and the vaccine for Hepatitis B is produced from cultures of the recombinant yeast strain. This vaccine is prepared from recombinant yeast cultures and is free of association with human blood or blood products.

   *Registered trademark Merck and Company, 1986

4. I understand that a high percentage of healthy individuals who receive two doses of vaccine and a booster achieve levels of surface antibody (anti-HBs) protection against Hepatitis B. Full immunization requires three doses of vaccine over a six-month period, although some persons may not develop immunity even after three doses.

   There is no evidence that the vaccine has ever caused the Hepatitis B infection. However, persons who begin the vaccine series while in the incubation period of Hepatitis B may go on to develop clinical Hepatitis in spite of immunization. The duration of immunity is unknown at present, and the need for a booster dose is not yet defined.

5. The Hepatitis B vaccine will not prevent Hepatitis caused by other agents, such as Hepatitis A virus, Hepatitis C virus, Non-A Non-B Hepatitis viruses, or any other virus known to infect the liver.

6. The incidence of side effects is very low. No serious adverse reactions to the vaccine have been reported during the course of clinical trials. A few persons may experience soreness, redness, swelling and the nodule formation at the injection site. Low grade fever, weakness, headache, nausea, diarrhea, joint pain and respiratory infection has also been reported. As with any vaccine, there is the possibility that more extensive use could reveal more serious side effects not observed in the clinical trials.

7. I have read the above statements about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits/risks of the Hepatitis B vaccination. I understand that I must have three doses of vaccine to confirm immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine.

8. I understand that it is the responsibility of the employee to schedule injection of all three doses with the coordinator.

   a) 1st injection
   b) 2nd injection (1 month after 1st injection)
   c) 3rd injection (6 months after 1st injection)

   All injections will be given in the deltoid muscle (arm)

9. It is the employee's decision to choose whether or not they will participate in this vaccination program.

   Please sign this form indicating your decision at to the level of participation you wish in this program.

   _____ I have already received vaccination against Hepatitis B
   1.(Month)_____(Day)____(Year)_____
   2. (Month)_____(Day)____(Year)_____
   3.(Month)_____(Day)_____(Year)_____

   Provider_____

   _____ I will have my personal physician administer the vaccine of my choice, at my own expense and will provide the Human Resources Department with documentation of same.

   _____ I request vaccination against Hepatitis B using Recombivax HB to be administered by the provider supplied by the City of Appleton.

   _____ I request blood titer to be drawn and analyzed for anti-HB prior to making my decision using a provider supplied by the City of Appleton.

_____	_____	_____
Name (please print)	Signature (Parent or Guardian if minor)	Date
_____	_____	_____
Witness (please print)	Signature	Date

Exhibit III

CITY OF APPLETON
100 NORTH APPLETON STREET
APPLETON, WI 54911-4799

HEPATITIS B VACCINE DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccine at no charge to me.

_____ _____
Signature Date
(Parent or guardian if minor)

_____ _____
Witness Date

WISCONSIN DIVISION OF PUBLIC HEALTH
Department of Health and Family Services

Disease Fact Sheet Series

Hepatitis B

What is hepatitis B?

Hepatitis B (formerly known as serum hepatitis) is a liver disease caused by the hepatitis B virus (HBV). The disease is fairly common; about 50 acute cases and 600 chronic/unspecified cases are reported in Wisconsin each year.

Who is most likely to get hepatitis B?

- Injection drug users
- Healthcare workers
- Men who have sex with men
- Heterosexuals with multiple partners
- Hemodialysis patients
- Sexual/household contacts of infected people
- Infants born to infected mothers
- Infants/children of immigrants from HBV-endemic countries

How is the virus spread?

HBV is spread by contact with blood, serum, semen, vaginal fluids and, rarely, saliva. Direct contact with infected body fluids; usually by needle stick injury, sharing needles, or sexual contact, is necessary for spread. HBV is not spread by casual contact or by respiratory droplets.

What are the signs and symptoms of hepatitis B?

The signs and symptoms of hepatitis B include fatigue, poor appetite, nausea, vomiting, abdominal discomfort and sometimes joint pain or rash. Later, urine may become dark and jaundice (a yellowing of the skin and whites of the eyes) may appear. Many people do not have typical signs and symptoms of hepatitis; only 10% of children and 30-50% of adults develop jaundice.

When do symptoms appear?

Symptoms usually appear 2-3 months after exposure (range: 1½-6 months).

How long can a person spread the virus?

HBV is present in blood and other body fluids several weeks before symptoms appear and usually persists for about 3 months. However, the likelihood of complete recovery with elimination of the virus from the body depends on the age when infection occurs.

Chronic infection occurs in 80-90% of infants infected during the first year of life, in 30-50% of children infected between 1-4 years of age and in 5-10% of people infected after 6 years of age. People with chronic hepatitis B may infect others and 15-25% may die prematurely of either cirrhosis or liver cancer.

What is the treatment for hepatitis B?

Hepatitis B infected persons should be evaluated by their doctor for liver disease. There are no medications available for recently acquired (acute) HBV infection. Hepatitis B vaccine is available for the prevention of HBV infection. There are antiviral drugs available for the treatment of chronic HBV infection. Currently five drugs are used for the treatment of persons with chronic hepatitis B. These drugs include adefovir dipivoxil, interferon alfa-2b, pegylated interferon alfa 2-a, lamivudine and entecavir. Additional anti-virals are under development.

What precautions should a person with acute or chronic hepatitis B take?

The person should follow standard hygienic practices to protect close contacts from blood and other body fluids. The infected person must not share razors, toothbrushes, needles, or any other object that may have become contaminated with blood. Use of latex condoms during sexual activity may reduce transmission of HBV among homosexuals and heterosexuals. The infected person must not donate blood and should inform dental and medical care providers so that proper precautions can be followed.

How can hepatitis B be prevented?

Hepatitis B can be prevented either before or right after exposure to the virus. To prevent disease before exposure, hepatitis B vaccine is recommended for all infants and children <19 years of age, people in high risk occupations (e.g., healthcare workers) and people with a high risk behavior (e.g., injection drug use or multiple sexual partners). Susceptible sexual and household contacts of people with chronic hepatitis B should also be immunized and the sexual partners should be tested for immunity after they complete the 3-dose series.

To prevent disease after exposure, hepatitis B immune globulin (HBIG) is given along with hepatitis B vaccine.

- Infants of infected mothers. Because these infants are exposed to the virus during labor and delivery, all pregnant women should be screened for hepatitis B prenatally. Infants of women who test positive should receive HBIG and the first dose of hepatitis B vaccine within 12 hours of birth. The infant should receive the remaining doses of hepatitis B vaccine at 1-2 months and 6 months of age.
- Sex partners of a person with acute hepatitis B should be given HBIG within 2 weeks of the last sexual contact.
- Household contacts of a person with acute hepatitis B do not need HBIG unless they have had a blood exposure to the case within the past 2 weeks. Questions about preventing hepatitis B after other types of exposures should be directed to your physician or local health department.

DEVELOPED BY THE DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNICABLE DISEASE
COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION.
PPH 42055 (Rev. 12/05)

Hepatitis C

What is hepatitis C?
Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease.

How is the virus spread?
HCV is spread primarily by exposure to human blood from an infected person. It can also be spread sexually or perinatally from an infected mother to her infant. Blood products, organs, tissues, semen and vaginal secretions from an infected person are sources for potential HCV infection transmission. HCV is not spread by casual contact such as hugging, sneezing, coughing or sharing food. However, sharing razors or toothbrushes with an infected person could spread HCV.

Who should be tested for hepatitis C?

- Persons who ever injected illegal drugs, including those who injected once or a few times many years ago.
- Persons who were treated for clotting problems with a blood product made before 1987.
- Persons who were notified that they received blood from a donor who later tested positive for hepatitis C.
- Persons who received a blood transfusion or solid organ transplant before July 1992.
- Long-term hemodialysis patients.
- Persons who have signs or symptoms of liver disease (e.g., abnormal liver enzyme tests).
- Healthcare workers and others (e.g., family members) after significant exposures (e.g., needle sticks or splashes to the eye) while caring for or assisting an HCV-infected person.
- Children born to HCV-positive women.
- Sexual partners of HCV infected persons, although the risk of transmission is low.

What are the signs and symptoms of HCV infection?
Most (90%) HCV infections are not symptomatic. A few individuals experience elevated (seven times the normal range) or fluctuating levels of the liver enzyme alanine aminotransferase, loss of appetite, fatigue, nausea and vomiting, vague abdominal pain and jaundice. Of persons infected with HCV, 15% may develop cirrhosis over a period of 20 to 30 years, and 5% may die from the consequences of long term infection (liver cancer or cirrhosis).

How soon do signs or symptoms occur?
Persons with acute illness usually develop symptoms 6-7 weeks after exposure. Hepatitis C antibody (anti-HCV) can be found in 7 out of 10 persons when symptoms begin and in about 9 out of 10 persons within 3 months after symptoms begin.

When and for how long is a person able to transmit HCV?
Some persons carry the virus in their blood and may remain contagious for years. A chronic carrier state may develop in as many as 75-85% of infected persons.

Are there treatments for hepatitis C?
The FDA has approved three drugs to treat HCV infection. Patients are advised to consult their medical providers about treatment options. Immune globulin (IG) is **not** effective for post-exposure prophylaxis of hepatitis C.

- more -

Are there sensitive and specific tests for diagnosing hepatitis C?
There are several blood tests that can be done to diagnose HCV infection. The enzyme immunoassay (EIA) is usually done first. The recombinant immunoblot assay (RIBA) is a supplemental test used to confirm a positive EIA test. Both the EIA and the RIBA detect anti-HCV in serum or plasma. Anti-HCV does not tell whether the infection is new (acute), chronic (long-term) or is no longer present.

The presence or absence of virus (HCV RNA) in the blood is detected with qualitative reverse transcriptase polymerase chain reaction test (RT-PCR). PCR and other tests to directly detect virus are not yet licensed but are widely used in clinical practice. A single positive PCR test indicates infection with HCV. A single negative PCR test does not prove that a person is not infected. Virus may be present in the blood and not found by PCR. Also, a person infected in the past who has recovered may have a negative test. When hepatitis C is suspected and the PCR is negative, the PCR should be repeated 6 months later.

How can the spread of HCV be prevented?
Persons who are infected with HCV should take the following precautions to prevent transmitting hepatitis C:

- Do not donate blood, body organs, semen (sperm), ova, or other tissue.
- Do not share toothbrushes, razors or other sharp personal care articles.
- Cover cuts and open sores.
- Do not share needles or works with others and use only clean needles and works. Staff in a public health department can provide information on how to obtain clean needles, e.g., through needle exchange or a local pharmacy, and how to enter a drug treatment program.
- The rate of transmission of HCV between regular sexual partners is low. Partners who want to lower the chance of transmitting HCV should use latex condoms.

Persons having sex with multiple partners should use a latex condom correctly every time to prevent the transmission of sexually transmitted diseases to susceptible partners.

DEVELOPED BY THE DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNICABLE DISEASE
COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION
PPH 42056 (Rev. 05/04)

HIV Infection

What is HIV infection?
HIV infection is a communicable disease caused by the human immunodeficiency virus (HIV) which damages the body's immune system, the system that fights infections. Without the immune system's protection, the body is defenseless against serious and potentially life-threatening diseases which can lead to the development of Acquired Immune Deficiency Syndrome (AIDS), the later stage of HIV infection.

How is HIV transmitted?
HIV is transmitted through contact with infected body fluids such as blood, semen, vaginal secretions, and breast milk. It is spread by sexual contact with an infected person, and by sharing needles and/or syringes (primarily for drug injection) with someone who is infected. Very rarely, HIV is transmitted through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breastfeeding after birth.

HIV is not transmitted by mosquitoes or through casual contact such as shaking hands, social kissing and hugging, coughing, sneezing, swimming in a pool; by sharing bathrooms, eating utensils, food, office equipment or furniture; or from drinking from a water fountain. However, sharing razors or toothbrushes with an infected person could spread HIV.

How can a person learn if they have HIV infection?
The only way for a person to learn if they have HIV infection is through testing of blood or other body fluids such as oral fluids or urine. Tests most commonly used to diagnose HIV infection detect HIV antibodies produced by the body to fight HIV. Most people develop detectable antibodies within 3 months after infection. In rare cases, it can take up to 6 months. Persons can be tested by their physicians or at clinics specializing in sexually transmitted diseases, family planning services, and agencies providing publicly funded HIV counseling and testing services.

What are the signs and symptoms of HIV infection?
Some individuals experience an acute phase of HIV infection with short-term (one to two weeks) flu-like symptoms (fever, head, malaise, enlarged lymph nodes in the neck or groin) within one or two months after becoming infected. Most individuals do not have any symptoms for many years. Over time, however, the body's immune system weakens and a person may become vulnerable to other viruses and infections including certain pneumonias; several forms of cancer; nervous system damage; and extreme weight loss. A very small number of persons with HIV infection remain symptom-free even though they are able to transmit the virus to others.

Who should be tested for HIV?

- Men who had unprotected sex (sex without a condom) with another man.
- Persons who shared needles for injecting drugs, tattooing, or body piercing.
- Persons who had several sex partners.
- Persons who had any sexually transmitted disease (STD), e.g. gonorrhea, herpes, chlamydia, venereal warts, or any other STD.
- Persons who received a blood transfusion or blood product between 1978 and mid-1985.
- Persons who had unprotected sex with any of the persons described above.
- Persons who had unprotected sex with a person infected with HIV.
- All pregnant women as well as infants born to HIV-infected mothers.
- Persons who were significantly exposed to another person's blood or other body fluids (e.g., someone's blood coming in contact with open lesions on another person's hand).

- more -

For how long can an infected person carry HIV?
Persons infected with HIV remain contagious for their entire life--even after an HIV test no longer detects the virus in a person who previously tested positive.

Are there treatments for HIV infection?
There several effective HIV antiviral medications. Early treatment with antiviral and other related medications can slow the progression of HIV disease and the development of AIDS. Persons with HIV infection usually take a combination of two or more HIV drugs to prevent disease progression. Because there is no medication that rids HIV from the body, most infected persons will need to take HIV medications their entire lives. HIV-infected pregnant women who take HIV medications can decrease the risk of transmitting HIV to a fetus/newborn infant during pregnancy or delivery.

How can the spread of HIV be prevented?
The only sure way to avoid becoming infected or infecting others with HIV is to not have sex and to not share needles; however

- Persons who are sexually active should:
    - Limit the number of sexual partners and avoid sex with people whose sexual history is unknown.
    - Always use condoms when having sex (vaginal, oral, or anal). A dental dam (a sheet of latex) or a male condom cut open can be used for oral sex on a woman.
    - Avoid the use of alcohol and other drugs that might cloud thinking and lead to high-risk behavior.
- Persons who inject drugs should:
    - Not share needles or injection drug equipment with others.
    - Use only clean needles and works.
    - Enter a treatment program.

Staff in a local health department can provide information on how to obtain clean needles (e.g., through needle exchange or a local pharmacy) and how to enter a drug treatment program.

Pregnant women who are infected with HIV can reduce the risk of transmitting HIV to their unborn child when they take special HIV medications.

DEVELOPED BY THE DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNICABLE DISEASE
COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION
PPH 42059 04/06

UNIFORM NEEDLESTICK AND SHARP OBJECT INJURY REPORT

EXPOSURE PREVENTION EPINet™ FOR WINDOWS® INFORMATION NETWORK

Last Name _____ First Name _____

1. Injury ID: *for office use only* S

1a. Facility ID: *for office use only* _____

2. Date of Injury: ☐☐ month ☐☐ day ☐☐☐☐ year

2a. Time of Injury: ☐☐ : ☐☐ ○ am ○ pm

3. Department where injury occurred: _____

4. Home Department: _____

4a. Filled out by: _____

5) Job Category: (check one)

- ○ 1 M.D. *(attending/staff)*; specify specialty: _____
- ○ 2 M.D. *(intern/resident/fellow)*; specify specialty: _____
- ○ 3 medical student
- ○ 4 nurse: specify: → ○ 1 RN ○ 2 LPN ○ 3 NP ○ 4 CRNA ○ 5 midwife
- ○ 5 nursing student
- ○ 18 CNA/HHA
- ○ 6 respiratory therapist
- ○ 7 surgery attendant
- ○ 8 other attendant
- ○ 9 phlebotomist/venipuncture/I.V. team
- ○ 10 clinical laboratory worker
- ○ 11 technologist *(non-lab)*
- ○ 12 dentist
- ○ 13 dental hygienist
- ○ 14 housekeeper
- ○ 19 laundry worker
- ○ 20 security
- ○ 16 paramedic
- ○ 17 other student
- ○ 15 other, describe: _____

6) Where did the injury occur: (check one)

- ○ 1 patient room
- ○ 2 outside patient room *(hallway, nurses' station, etc.)*
- ○ 3 emergency department
- ○ 4 intensive/critical care unit: specify type: _____
- ○ 5 operating room
- ○ 6 outpatient clinic/office
- ○ 7 blood bank
- ○ 8 venipuncture center
- ○ 9 dialysis facility *(hemodialysis and peritoneal dialysis)*
- ○ 10 procedure room *(x-ray, EMG, etc.)*
- ○ 11 clinical laboratories
- ○ 12 autopsy/pathology
- ○ 13 service/utility area *(laundry, central supply, loading dock, etc.)*
- ○ 16 labor and delivery room
- ○ 17 homecare
- ○ 14 other, describe: _____

7) Was the source patient identifiable?: (check one)

○ 1 yes ○ 2 no ○ 3 unknown ○ 4 not applicable

8) Was the injured worker the original user of the sharp item: (check one)

○ 1 yes ○ 2 no ○ 3 unknown ○ 4 not applicable

9) The sharp item was: (check one)

- ○ 1 contaminated *(known exposure to patient or contaminated equipment)* → was there visible blood on the device? ○ 1 yes ○ 2 no
- ○ 2 uncontaminated *(no known exposure to patient or contaminated equipment)*
- ○ 3 unknown

10) For what purpose was the sharp item originally used?: (check one)

- ○ 1 unknown/not applicable
- ○ 2 injection, intramuscular/subcutaneous, or other injection through the skin (syringe)
- ○ 3 heparin or saline flush (syringe)
- ○ 4 other injection into (or aspiration from) I.V. injection site or I.V. port (syringe)
- ○ 5 to connect I.V. line (intermittent I.V./piggyback / I.V. infusion/other I.V. line connection)
- ○ 6 to start I.V. or set up heparin lock (I.V. catheter or winged set – type needle)
- ○ 16 to place an arterial / central line
- ○ 7 to draw a venous blood sample
- ○ 8 to draw an arterial blood sample
- → *if used to draw blood was it a:* ○ direct stick ○ draw from a line
- ○ 9 to obtain a body fluid or tissue sample (urine/CSF/amniotic fluid/other fluid, biopsy)
- ○ 10 fingerstick/heel stick
- ○ 11 suturing
- ○ 12 cutting
- ○ 17 drilling
- ○ 13 electrocautery
- ○ 14 to contain a specimen or pharmaceutical (glass items)
- ○ 15 other, describe: _____

11) Did the injury occur: (check one)

- ○ 1 before use of item (item broke or slipped, assembling device, etc.)
- ○ 2 during use of item (item slipped, patient jarred item, etc.)
- ○ 15 restraining patient
- ○ 3 between steps of a multi-step procedure (between incremental injections, passing instruments, etc.)
- ○ 4 disassembling device or equipment
- ○ 5 in preparation for reuse of reusable instrument (sorting, disinfecting, sterilizing, etc.)
- ○ 6 while recapping a used needle
- ○ 7 withdrawing a needle from rubber or other resistant material (rubber stopper, I.V. port, etc.)
- ○ 16 device left on floor, table, bed or other inappropriate place
- ○ 8 other after use, before disposal (in transit to trash, cleaning, sorting, etc.)
- ○ 9 from item left on or near disposal container
- ○ 10 while putting the item into the disposal container
- ○ 11 after disposal, stuck by item protruding from opening of disposal container
- ○ 12 item pierced side of disposal container
- ○ 13 after disposal, item protruded from trash bag or inappropriate waste container
- ○ 14 other, describe: _____

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12) What type of device caused the injury?:
(refer to list of items on attached page) _____
If item is "other", then please describe:
_____

12a) Brand / Manufacturer of product: (e.g. ABC Medical Company) _____

12b) Model (e.g. ABC No-Stick Syringe): _____

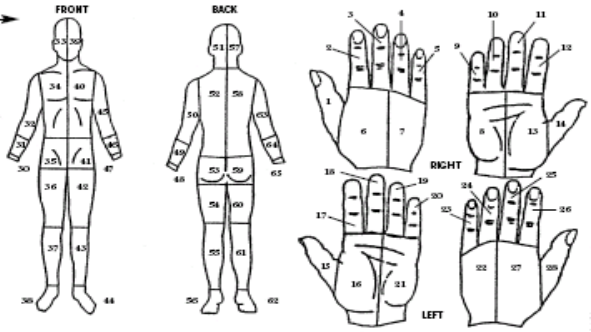
13) If the item causing the injury was a needle, or sharp medical device, was it a "safety design" with a shielded, recessed, retractable or blunted needle blade?

○ 1 yes ○ 2 no/not applicable

13a) Was protective mechanism activated?
○ 1 yes, fully ○ 2 yes, partially ○ 3 no

13b) Did exposure incident happen:
○ 1 before activation ○ 2 during activation ○ 3 after activation

14) MARK THE LOCATION OF THE INJURY: →



15) Was the injury:
○ 1 superficial (little or no bleeding)
○ 2 moderate (skin punctured, some bleeding)
○ 3 severe (deep stick/cut, or profuse bleeding)

16) If the injury was to the hands, did the sharp item penetrate: (check one)
○ 1 single pair gloves
○ 2 double pair gloves
○ 3 no gloves

17) Was the injured worker: (check one)
○ 1 right handed
○ 2 left handed

18) Describe the circumstances leading to this injury: *(please note if a device malfunction was involved)*
_____
_____
_____
_____

19) For injured employee: If the sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?

○ yes ○ no

Explain: _____

20) For injured employee: Do you have an opinion that any other engineering administrative or work practice could have prevented the injury?

○ yes ○ no

Explain: _____

FOR OFFICE USE ONLY:

			lab charges (Hb, HCV, HIV, other) – Employee
			– Source
			Treatment/prophylaxis (HBIG, Hb vaccine, tetanus, other) – Employee
			– Source
			Service charges (Emerg. Dept., Empl. Health, other)
			Other costs (Workers' Comp., surgery, other)
			Total (round to nearest dollar)

In this incident OSHA reportable?
- Medial treatment (HBIG, Hepatitis vaccine, gamma globulin, AZT, etc.; not first aid, not tetanus)
- Restricted/lost work time; job transfer
- Illness / death

○ Yes ○ No

If yes, enter:

			days away from work
			days restricted work activity

Does this incident meet the FDA medical device reporting criteria?
(yes if a device defect caused serious injury necessitating medical or surgical intervention, or death occurred within 10 work days of incident.)
○ Yes ○ No
If yes, refer to EPINET manual for FDA reporting protocol.

EPINet™ FOR WINDOWS®

NEEDLE (for suture needle see "surgical instruments")
Item Codes

- ○ 1 disposable syringe
  - ○ a Insulin
  - ○ b Tuberculin
  - ○ c 24/25 gage needle
  - ○ d 23 gage needle
  - ○ e 22 gage needle
  - ○ f 21 gage needle
  - ○ g 20 gage needle
  - ○ h "other"
- ○ 2 prefilled cartridge syringe (includes Tubex™* / Carpuject™* – type syringes)
- ○ 3 blood gas syringe (ABG)
- ○ 4 syringe, other type
- ○ 5 needle on I.V. line (includes piggybacks and I.V. line connectors)
- ○ 6 winged steel needle I.V. set (includes winged set – type devices)
- ○ 7 I.V. catheter (stylet)
- ○ 8 vacuum tube blood collection holder/needle (includes VACUTAINER™* – type devices)
- ○ 9 spinal or epidural needle
- ○ 10 unattached hypodermic needle
- ○ 11 arterial catheter introducer needle
- ○ 12 central line catheter introducer needle
- ○ 13 drum catheter needle
- ○ 14 other vascular catheter needle (cardiac, etc.)
- ○ 15 other non-vascular catheter needle (ophthalmology, etc.)
- ○ 28 needle, not sure what kind
- ○ 29 other needle (please describe device on the report form)

SURGICAL INSTRUMENT OR OTHER SHARP ITEM (for glass items see "glass")
Item Codes

- ○ 30 lancet (finger or heel sticks)
- ○ 31 suture needle
- ○ 32 scalpel, reusable (scalpel, disposable: code as 45)
- ○ 33 razor
- ○ 34 pipette (plastic)
- ○ 35 scissors
- ○ 36 electrocautery device
- ○ 37 bone cutter
- ○ 38 bone chip
- ○ 39 towel chip
- ○ 40 microtome blade
- ○ 41 trocar
- ○ 42 vacuum tube (plastic)
- ○ 43 specimen/test tube (plastic)
- ○ 44 fingernails/teeth
- ○ 45 scalpel, disposable
- ○ 46 retractors, skin/bone hooks
- ○ 47 staples/steel sutures
- ○ 48 wire (suture/fixation/guide wire)
- ○ 49 pin (fixation/guide pin)
- ○ 50 drill bit/bur
- ○ 51 pickups/forceps/hemostats/clamps
- ○ 58 sharp item, not sure what kind
- ○ 59 other sharp item (please describe item on the report form)

GLASS
Item Codes

- ○ 60 medication ampule
- ○ 61 medication vial (small volume with rubber stopper)
- ○ 62 medication/I.V. bottle (large volume)
- ○ 63 pipette (glass)
- ○ 64 vacuum tube (glass)
- ○ 65 specimen/test tube (glass)
- ○ 66 capillary tube
- ○ 67 glass slide
- ○ 78 glass item, not sure what kind
- ○ 79 other glass item (please describe item on the report form)

* Tubex™ is a trademark of Wyeth Ayerst; Carpuject™ is a trademark of Sanofi Winthrop; Butterfly™ is a trademark of Abbott Laboratories; VACUTAINER™ is a trademark of Becton Dickinson. Identification of these product categories does not imply involvement or endorsement of these specific brands.

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Packet date:

Ex

BLOODBORNE PATHOGEN EXPOSURE PACKET

Exposure Incident

Clean/

Notify Supervisor

Supervisor: Initiate Post-Exposure Process using gray Post-Exposure envelope:

1. Give employee Bloodborne Pathogen Employee Information Sheet
2. Give employee Determination Of Exposure To Blood/Body Fluids form for physician to complete
3. Complete City of Appleton Accident Investigation report

completed forms under #2 & #3 nt to Human Resources visor within 48-hours visors should forward Accident report to the Support stant)

Employee: City Employees should receive follow-up care at the same system as the exposed source:

1. Give physician

If source refuses testing, notify the Assistant City Attorney to initiate the Affidavit process

Exhibit VI

TRAINING LOG FOR COMPLIANCE WITH OSHA/COMMERCE REQUIRED WORKER EDUCATION AND TRAINING FOR HIV AND HEPATITIS B

Date of Training Session: _____

Location of Training Session: _____

Length of Session: _____

Name of Trainer(s): _____

Qualifications of Trainer(s): _____

_____

_____

_____

_____

Content Covered:

Training and information to ensure employee knowledge of such issues as the mode of transportation, signs and symptoms, medical surveillance and therapy, and site-specific protocols including purpose and proper use of controls shall be provided to all current employees and to new workers upon hiring. Training will be provided on an annual basis.

Workers shall be trained to recognize and report to the city health nurse, any client with symptoms suggestive of infectious TB and instructed on post exposure protocols to be followed in the event of an exposure incident.

Exhibit VII

SIGN-IN SHEET

SUBJECT BEING REVIEWED:_____

DATE:_____ LOCATION:_____

INSTRUCTOR:_____

Print Name	Signature	Department

Date: _____ Incident #: _____

EXHIBIT VIII

THIS REPORT MUST BE SENT TO HR AND DIRECTOR WITHIN 48 HOURS. FAX TO 832-5845

Date:_____ **Incident #:**_____

Date/Time Faxed to HR:_____ Date/Time Faxed to Dept. Director:_____

CITY OF APPLETON INVESTIGATION REPORT

This incident report is to be completed by a Supervisor and submitted to the Human Resources Director within 48 hours of the incident. If the employee is unable to complete his/her account of the incident, the supervisor is to provide the information, in addition to the analysis of the incident. An employee account is required.

GENERAL INFORMATION:

Name:			Date of Birth		Social Security
Home Address		City	State	Zip	Home Telephone Number
Date and Time of Incident	Date Incident Was Reported		Department and Job Title		Length of Time on Current Job
Specific Location of Incident (Dept., Street, Road):			Date of Hire		
Witness(s): 1:		2:			
Photographs Taken by:					

Did the employee lose time from work due to the incident? ☐ **Yes** ☐ **No** **Last day worked:**

Did the employee receive treatment? ☐ **Yes** ☐ **No**

Facility Name:_____ **Doctor:**_____

INJURY INCIDENT

When Injury/Illness occurs on the job, Supervisors will:

1. Determine the extent and nature of the injury/illness. See that proper first aid is applied to prevent shock, bleeding, etc. Activate EMS (911), if necessary.
2. Accompany the employee to a doctor if the employee is unable to drive.
3. If not an emergency, send a return to work form with the employee.
4. Complete an Injury Investigation Report. In case of fatality or serious injury notify Human Resources Department immediately.
5. Determine the cause of Incident and correct the hazard to prevent recurrence.
6. Replenish the first aid supply after use.
7. Advise Human Resources Dept. when an employee returns to work. Request a doctor's release before permitting return. Be sure the employee is capable of resuming his/her work.

Type of Injury:		☐E. Acupuncture		Type of Incident:	
☐A. Bruise		☐F. Burns		☐A. Caught between	☐F. Struck against
☐B. Strain/Sprain		☐G. Foreign Body		☐B. Struck by	☐G. Slip, trip, fall
☐C. Puncture/Cut-include needle manufacturer: _____		☐H. Disoriented		☐C. Ingested/Inhaled/Inhaled	☐H. Strain, overexertion
		☐I. Infection		☐D. Sting/bite	☐I. Lifting, pulling, etc.
☐D. Fracture		☐J. Other:		☐E. Burns	☐J. Other:
Part of body injured:				Severity of Incident:	
☐Arm	☐Finger	☐Internal	☐Shoulder	☐First aid only	☐Restricted Duty
☐Back	☐Foot	☐Knee	☐Toe	☐Medical Treatment	☐Fatality
☐Elbow	☐Hand	☐Leg	☐Other:	☐Lost Time	
☐Eye(s)	☐Head	☐Mouth			

EMPLOYEE'S ACCOUNT

Describe the Incident/ Include details:

Where did this occur:

When did this occur:

What were you doing just prior to the incident:

How did this incident occur:

Can the employee and/or supervisor suggest any changes to procedure or improvements to equipment that, if made, might make it less likely for a similar incident to occur in the future?

Unsafe Practice

- ☐ Operating without authority
- ☐ Failure to warn or secure
- ☐ Operating at an improper speed
- ☐ Making safety devices inoperable
- ☐ Using defective equipment
- ☐ Using equipment improperly
- ☐ Alcohol/Drugs Suspected
- ☐ Overexertion
- ☐ Stress/Fatigue/Attitude
- ☐ Inadequate training
- ☐ Failure to use PPE properly
- ☐ Improper loading or placement
- ☐ Improper lifting
- ☐ Improper position
- ☐ Servicing equipment in motion
- ☐ Inattention
- ☐ Horseplay
- ☐ Failure to comply with rules or procedures
- ☐ Other:

Unsafe Condition

- ☐ Inadequate guards or protection
- ☐ Defective equipment tools or material
- ☐ Congestion
- ☐ Inadequate warning
- ☐ Fire/Explosion hazards
- ☐ Poor housekeeping
- ☐ Inadequate ventilation
- ☐ Excessive noise
- ☐ Inadequate lighting
- ☐ Assault/Horseplay
- ☐ Weather
- ☐ Other:

The above statement is true and correct to the best of my knowledge.

Signature: _____ _____ Date:_____ Time: _____

SUPERVISOR ANALYSIS

1. Supervisor summary of the incident:

2. What can be done to prevent this type of accident in the future?

3. Were you at the accident scene: ☐ before ☐ while occurring or ☐ after the incident?

4. Describe corrective action recommended or state why corrective action is not warranted?

5. Unsafe Practice

- ☐ Operating without authority
- ☐ Failure to warn or secure
- ☐ Operating at an improper speed
- ☐ Making safety devices inoperable
- ☐ Using defective equipment
- ☐ Using equipment improperly
- ☐ Alcohol/Drugs Suspected
- ☐ Overexertion
- ☐ Stress/Fatigue/Attitude
- ☐ Inadequate training
- ☐ Failure to use personal protective equipment properly
- ☐ Improper loading or placement
- ☐ Improper lifting
- ☐ Improper position
- ☐ Servicing equipment in motion
- ☐ Inattention
- ☐ Horseplay
- ☐ Failure to comply with rules or procedures
- ☐ Other:

6. Unsafe Condition

- ☐ Inadequate guards or protection
- ☐ Defective equipment tools or material
- ☐ Congestion
- ☐ Inadequate warning
- ☐ Fire/Explosion hazards
- ☐ Poor housekeeping
- ☐ Inadequate ventilation
- ☐ Excessive noise
- ☐ Inadequate lighting
- ☐ Assault/Horseplay
- ☐ Weather
- ☐ Other:

SUPERVISOR'S SIGNATURE:_____DATE:

REVIEWED BY DIRECTOR'S SIGNATURE:_____DATE:

WITNESS REPORTING FORM

Name: Date:

Address: Time: AM/PM

Phone: Interviewer:

City Employee: ☐ Yes ☐ No

Were you at the accident scene:
- ☐ Before accident occurred
- ☐ While accident was occurring
- ☐ After accident occurred

Who was involved in the accident?

Were did the accident happen?

When did the accident happen?

How did the accident happen?

Describe in detail the events that occurred before the accident as you remember them:

In your own words, what were the major contributing factors, which caused the accident?

(Use back for diagram if necessary.)

CITY OF APPLETON PERSONNEL POLICY	TITLE: **Confined Space Entry** **29 CFR 1910.146** **COMM 32.28**	
ISSUE DATE: January 1, 1990	LAST UPDATE: October 9, 2002 July 17, 2003 July 2009 May 2014 June 2015 May 2016 July 2020	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: Employees who enter confined spaces	TOTAL PAGES: 12
Reviewed by Legal Services Date: August 4, 2003 October 9, 2008 May 12, 2014 April 7, 2020	Committee Approval Date: November 24, 2003 July 14, 2009 July 21, 2014 June 10, 2020	Council Approval Date: November 24, 2003 August 5, 2009 August 6, 2014 June 2020 (informationally)

I. PURPOSE

To provide guidelines to all employees who are involved with entering confined spaces and to identify and train employees required to enter confined spaces in accordance with the Department of Safety and Professional Services (DSPS) (SPS 332.28 & 332.29)) and the Occupational Safety and Health Administration (OSHA 29CFR 1910.146).

II. POLICY

To provide a safe work environment for City employees who enter confined spaces. Violations of this policy will result in disciplinary action, up to and including discharge.

III. DISCUSSION

The policy defines specifically how employees will safely enter confined spaces.

IV. DEFINITIONS

A. Air sampling – Measuring and evaluating the amount of toxic material in the air a worker is exposed to. Samples shall be taken continuously in the breathing zone of the worker.

B. Alternate Entry Confined Space – One in which:
   1. The only hazard is actual or potential hazardous atmosphere.
   2. Continued ventilation and air monitoring is sufficient to ensure the space is safe for entry.

C. Asphyxiants – Certain gases, vapors and fumes that may cause interruption of breathing, unconsciousness and death from oxygen deficiency or toxicity.

D. Atmosphere – Refers to the gases, vapors, mists, fumes and dusts within a confined space.

E. Attendant – A trained individual stationed outside of the confined space that performs all attendant duties.

F. Authorized Entrant – A trained employee who is authorized by the employer to enter a confined space.
G. Contaminant – Any organic or inorganic substance, dust, fume, mist, vapor or gas, the presence of which can be harmful or hazardous to human beings.
H. Confined Space – A confined space that is large enough and so configured that an employee can bodily enter, has limited or restricted means for entry or egress and is not designed for continuous employee occupancy.
I. Entry Permit/Permit Checklist – A permit required for entry into a confined space that documents steps that must be followed.
J. Entry Supervisor – the person (such as the employer, foreman, or lead person) responsible for determining if acceptable entry conditions are present at a permit space where entry is planned, for authorizing entry and overseeing entry operations, and for terminating entry if conditions dictate.
K. Immediately Dangerous to Life or Health (IDLH) – Any condition that poses an immediate threat to life or a delayed threat to life, or that would cause irreversible adverse health effects or that would interfere with an individual's ability to escape unaided from a confined space.
L. Lower Explosive Limit (LEL) - The lowest concentration of a gas or vapor expressed in percent by volume in air that burns or explodes if an ignition source is present at room temperature.
M. Oxygen Deficiency - An atmosphere which contains less than 19.5% oxygen by volume.
N. Procedure sheet – A detailed description of the space and the steps/procedures or modifications that need to be taken to make an entry safe.
O. SCBA - Self contained breathing apparatus

V. PROCEDURES

A. Classification of confined spaces (See Exhibit II for a listing of City's confined spaces. The classification of confined spaces are made under the guidance of Appendix A/OSHA 29CFR 1910.146.)

1. Non-permit Space
   a. A Non-permit space is a confined space with an atmosphere within the limits specified below, or a Permit Required Space that only contains an atmospheric hazard, that can be changed – through continuous ventilation and monitoring – to meet the following criteria.
      - Oxygen content of at least 19.5% or more, but not more than 23.5%.
      - A hydrogen sulfide content of less than 10 parts per million (PPM) or a carbon monoxide content of less than 35ppm.
      - A combustible gas content less than 10% of the lower explosive level (LEL).
      - An exposure level for any hazardous substance determined to be present, which is at or below the Threshold Limit Value (TLV).

2. Permit Required Space
   a. A Permit Required space is a confined space that has one or more of the following characteristics:
      - Contains, or has the potential to contain, a hazardous atmosphere.
      - Contains a material that has the potential for engulfment of an authorized entrant.
      - Has an internal configuration that could cause an authorized entrant to be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a small cross-section.
      - Contains any serious safety or health hazards.

3. Reclassified Confined Space
   a. A confined space may be reclassified from a Permit space to a Non-permit space under the following conditions:
      - If the confined space poses no atmospheric hazard and if all hazards within the space are eliminated without entry into the space, the Permit space may be reclassified as Non-permit for as long as the non-atmospheric hazards remain eliminated.
      - explosive atmospheres, such entry shall follow the Permit requirements. If testing and inspection during that entry demonstrates that the hazards within the Permit space have been eliminated, the space may be reclassified.
      - Exhibit III must be completed for a reclassification and the steps listed on this designation must be followed.

B. Entry Procedures – Permit Required

1. The confined space entry permit must be completed before approval can be given to enter a permit required confined space.
2. A procedure sheet shall be at the work site for the duration of the job.
3. The permit checklist shall be kept at the work site for the duration of the job. If circumstances dictate an interruption in the work (the entrant within the confined space leaves the confined space) the permit must be re-evaluated and a new checklist completed.
4. The atmosphere within the authorized entrant's immediate area shall be continuously monitored for oxygen, combustible gas, potential toxic air contaminants and any other hazardous substance which the employer has reason to believe may be present in the confined space. An alarm only type gas monitor may be used. Meters shall be calibrated per manufacturer's recommendations. Meters shall be "bump" tested prior to metering the atmosphere. Testing shall be conducted by a trained individual only.
5. A written record of the pre-entry test results shall be made and kept at the work site for the duration of the job. See Exhibits I and/or II.
6. A monitoring probe shall be lowered slow enough to detect stratification of atmosphere contamination at all levels.
7. The authorized individuals sign the permit based upon the results of the pre-entry testing that all hazards have been eliminated.
8. Affected employees shall be able to review the testing results.
9. Call Rescue Service (Appleton Fire Dept.) with a 48-hour notice (recommended). (Contact Fire Shift Commander at 832-5815)
10. When dangerous air contamination is attributable to flammable and/or explosive substances, lighting and electrical equipment shall be Class I, Division I rated per national electrical code and no ignition sources shall be introduced into the area.
11. Entry is prohibited for 10% or greater LEL atmosphere.
12. While in the confined space, if the air quality falls outside of the limits specified on pages 2 and 3, the authorized entrant shall exit the confined space.
13. Ventilation may not be used in lieu of monitoring devices. An employee may not enter the space until forced ventilation has eliminated any hazardous atmosphere.
14. No employee may enter a confined space without an attendant stationed at the entrance of the permit required confined space.
15. If the attendant must leave his/her post, the entrant must immediately exit the confined space.
16. A flagman who is directing traffic may not serve as the attendant. The attendant must remain outside the confined space for the duration of entry operations.

17. While in the confined space, an authorized entrant shall have voice or other means of communication with the attendant.
18. An authorized entrant entering vertically into the confined space shall wear a full body harness secured to a retrieval line.
19. Entrants must obtain and use the proper PPE, tools and emergency rescue equipment.
20. An authorized entrant who makes a horizontal movement into a confined space such as a sewer, or who descends in such a manner that renders a mechanical retrieval device useless for a rescue attempt, shall:
    a. Consult the operational plan with rescue services prior to rendering the mechanical retrieval useless.
    b. Wear a self-contained positive pressure breathing apparatus (SCBA) or type C airline respirator.
    c. Wear a full body harness.
21. Smoking is prohibited for the attendant and the entrant.

C. Entry Procedures – Non-Permit

1. The confined space checklist (Exhibit I) must be completed before entering a non-permit required confined space.
2. A written copy of operating and rescue procedures, as required by this policy shall be at the work site for the duration of the job.
3. The permit checklist shall be kept at the work site for the duration of the job. If circumstances dictate an interruption in the work (the entrant(s) within the confined space leaves the confined space) the permit must be re-evaluated and a new checklist completed.
4. For reclassified spaces based on the elimination of atmospheric hazards, the atmosphere within the authorized entrant's immediate area shall be continuously monitored for oxygen, combustible gas, potential toxic air contaminants and any other hazardous substance which the employer has reason to believe may be present in the confined space. An alarm only type gas monitor may be used. Meters shall be calibrated per manufacturer's recommendations. Meters shall be "bump" tested prior to metering the atmosphere. Testing shall be conducted by a trained individual only.
5. A written record of the pre-entry test results shall be made and kept at the work site for the duration of the job. See Exhibits I and/or II.
6. If entry is made from above, and the potential for atmospheric stratification exists, a monitoring probe shall be lowered slow enough to detect stratification of atmosphere contamination at all levels.
7. The authorized individuals will certify in writing based upon the results of the pre-entry testing that all hazards have been eliminated.
8. Affected employees shall be able to review the testing results.
9. When dangerous air contamination is attributable to flammable and/or explosive substances, lighting and electrical equipment shall be Class I, Division I rated per national electrical code and no ignition sources shall be introduced into the area.
10. Entry is prohibited for 10% or greater LEL atmosphere.
11. While in the confined space, if the air quality falls outside of the limits specified on pages 2 and 3, the authorized entrant shall exit the confined space.
12. Ventilation may not be used in lieu of monitoring devices. An employee may not enter the space until forced ventilation has eliminated any hazardous atmosphere.
13. Smoking is prohibited in or near a confined space.

D. Duties of Departmental Safety Coordinator or Confined Space Entry Supervisor

1. Notify Rescue Service 48 hours prior to entry.

2. Conduct/coordinate hazard assessments.
3. Review for completeness and sign the entry permit.
4. Maintain completed entry permits, calibration records and other testing requirements under the confined space entry law.
5. Coordinate posting of appropriate danger/caution signs by each confined space.
6. Supervise the selection and use of respirators in conjunction with the City's Respiratory Protection Policy.
7. Conduct/Supervise employee training and submit sign-in sheets to H.R.
8. Conduct annual evaluation of the overall program to determine its continued effectiveness.
9. Ensure all assigned personnel are knowledgeable of all aspects of the confined space entry program.
10. Ensure that employees comply with all elements of the confined space entry program.
11. Ensure appropriate PPE and equipment is properly utilized and maintained and inspected annually.

E. Duties of Authorized Entrants

1. Know the hazards that may be faced during entry, including information on the mode, signs or symptoms, and consequences of exposure.
2. Receive training relating to confined space entry prior to any entry.
3. Know how to properly use all equipment.
4. Communicate with attendant as necessary to enable the attendant to monitor your status.
5. Alert the attendant whenever there are warning signs or symptoms of exposure to a dangerous situation or a prohibited condition.
6. Exit the confined space when the following arises:
   a. An order to evacuate is given by the attendant or the entry supervisor.
   b. When a prohibited condition or dangerous situation arises.
   c. When the evacuation alarm is activated.

F. Duties of Attendant

1. Receive training relating to confined space entry.
2. Know the hazards that may be faced during entry, including information on the mode, signs or symptoms, and consequences of exposure.
3. Continuously monitor entrant in the confined space.
4. Remain outside the confined space during entry operations until relieved by another attendant.
5. Communicate with authorized individuals as necessary to monitor their status and to alert of the need to evacuate the confined space.
6. Do not enter confined space to perform a rescue. Summon rescue and other emergency services as soon as it is determined that an entrant(s) may need assistance to escape.
7. Monitor activities inside and outside the space to determine if it is safe for authorized entrant to remain in the space and order the authorized entrant to evacuate the space immediately under the following conditions:
   a. If you detect a prohibited condition.
   b. If you detect the behavioral effects of hazard exposure in an authorized entrant.
   c. If you detect a situation outside the space that could endanger the authorized entrant.
   d. If you cannot effectively and safely perform all the duties required.
8. Warn unauthorized personnel to stay away from the confined space.
9. Advise unauthorized personnel that they must exit the confined space immediately if they have entered the confined space.

10. Inform the authorized entrant(s) and the supervisor, if applicable, if unauthorized person(s) have entered the confined space.
11. Perform non-entry rescue as specified by the City's rescue procedure; as in hoisting entrant from vertical confined space.
12. Perform no duties that might interfere with the primary duty to monitor and protect the authorized entrant(s).

G. Responsibilities relating to Outside Contractors working on City projects

1. The City as the "host" employer must:
   a. Inform the contractor of permit-required confined space designation and that entry is only allowed with a permit space program.
   b. Apprise the contractor of hazards, elements of the space, our experience in the space and reasons for space being identified as a permit space.
   c. Coordinate entry, when both City employees and contractor personnel will be working in or near permit spaces.

H. Training

1. All personnel involved in confined space entry shall receive training on a yearly basis to recognize, understand and control the hazards found in confined spaces.
2. The department safety coordinator, supervisor or authorized individual will provide each employee with a copy of the written Confined Space Entry Policy and the Respirator Policy.
3. Each department/division that falls under confined space entry requirements must coordinate First Aid and CPR training for all authorized entrants and attendants.
4. Training records will be sent to the H.R. Generalist.
5. Training and testing shall be provided yearly to each affected employee and shall establish proficiency in all areas.
   - Before the employee is first assigned to confined spaces.
   - Before there is a change in duties.
   - Whenever there is a change in confined space operatives that presents a hazard in which an employee has not been previously trained.
6. Training and ability to demonstrate employee proficiency in the duties described in this policy and when new or revised procedures are implemented.
7. The trainer will certify that the employee meets the City's requirements at the end of the training session.

I. Record Keeping

1. Each department/division involved in confined space entry and the Human Resource Department will maintain the following records:
   a. Documents for inspection, repair and calibration results of all monitoring equipment must be retained at least five years by the department.
   b. The Human Resource Department will maintain CPR and First Aid training documents.
   c. The departments must retain documents for inspection and maintenance of all retrieval systems, ropes, harnesses and other entry equipment for at least five years.
   d. Fit Testing records that are required yearly will be maintained in the Human Resource Department for a period of five years.

e. Entry permits must be maintained by individual departments/ divisions for no less than one year.
f. SCBA equipment – Each department/division will follow the City's Respirator Policy and will maintain their individual records.

2. Medical Evaluation
   a. All employees who enter confined spaces will complete a medical questionnaire to be reviewed by the City occupational health provider. The occupational health provider will determine if clearance can be granted or if a medical exam will be necessary. The Human Resources Department will maintain clearance records from the occupational health provider. These records will be retained for the worker's employment plus five years.

J. Rescue

1. The attendant shall call 911 for rescue service (Fire Department) on a two-way radio or cellular phone.
2. The attendant shall perform rescue only if he/she can remove the disabled worker via his/her lifeline. The attendant may not enter the confined space.
3. If the rescue cannot be performed via the lifeline the following will take place:
   a. The attendant shall notify the supervisor.
   b. The attendant will continue to monitor the activities inside and outside the confined space.
   c. When the Fire Department arrives, fire department personnel will determine if it is safe to conduct a rescue operation.
   d. All rescue workers shall follow all Appleton Fire Department confined space policies and standard operating guidelines (SOG).
   e. When dangerous air contamination is attributable to flammable and/or explosive substances, lighting and electrical equipment shall be Class I, Division I rated per national electrical code and no ignition sources shall be introduced into the area.

K. Requirements for Rescuers (Appleton Fire Fighters)

1. The City will ensure that each member of the rescue service (Appleton Fire Fighters) be provided with, and are trained to use properly, the personal protective and rescue equipment necessary for making rescues from confined spaces.
2. Rescue team members will be trained to perform their assigned rescue duties. Each member must also receive the training required of authorized entrants (CPR and First Aid). Fire will maintain their records.
3. Rescue team members will practice making permit space rescues at least once every twelve months using simulated rescue operations.
4. The City shall inform the rescue service of the hazards that they may confront when called on to perform a rescue.
5. The City will provide the rescue service with access to all permit spaces from which rescue may be necessary so that the rescue service can develop appropriate rescue plans and practice rescue operations.
6. Based on hazard(s) and time requirements for Rescuer(s) to make entry, the Rescue Team will be on site or positioned in such a location that response would meet the necessary response time.

RECORDINGS
EVERY 5 MINUTES

O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____
O2	_____	LEL	_____	CO	_____	H2S	_____	TIME	_____

Exhibit I

UTILITIES DEPARTMENT
CONFINED SPACE ENTRY CHECKLIST
FOR PERMIT AND NON-PERMIT ENTRIES

Revised: 05-16-16

Location: _____ Date: _____ Time: _____

Description of work: _____

Check one after referring to Confined Space Procedure Sheet

☐ Permit ☐ Non-Permit ☐Re-classified to Non-Permit Space

	02	H2S	LEL	CO	OTHER
Initial Readings:					
Readings During Entry:					

	YES	NO	N/A
1. Do you have a CSE Procedure Sheet that documents the hazards in the space?			
2. Has the gas monitor been bump tested and has the space been tested and found safe for entry?			
3. Has the space been adequately ventilated?			
4. Have all machinery, pumps, etc., associated with the space been locked out?			
5. Have all chemical and / or pressurized lines which can open into the confined space been shut off and locked out?			
6. Does the employee entering the confined space have the proper PPE (refer to the PPE Roster)?			
7. Does the worker have all of the proper tools for the work to be performed?			
8. Has the worker been fitted with a safety harness and life line? (Permit Required)			
9. Has adequate and safe lighting been provided?			
10. Has one attendant been assigned to watch the worker and has he/she been told what to do if the worker in the confined space encounters difficulties? (Permit Required)			
11. Have employees involved been instructed on the safe method of doing this job?			
12. Has the rescue service (AFD) been notified prior to entry? Call 832-5810, ask for on-duty Shift Commander or Special Operations Battalion Chief. (Permit Required)			

If you have answered "no" to any of the previous questions, stop work and contact your supervisor.

Equipment Needed:

	Hard Hat *		**Gas Monitor** *		Barricades		Protective Clothing
	Safety Harness		Fire Extinguisher		Gloves		Life Line
	Hearing Protection		Goggles		Respirator		
	SCBA or SAR		Safety Glasses	___	Other (Specify)		

*Mandatory equipment for all entries

I have inspected and verified each requirement on this permit and to the best of my knowledge state that this work can be done safely and in compliance with the rules of the City of Appleton.

_____ _____ _____

Entrant/Date Attendant/Date Supervisor/Date

_____

Entrant/Date

Supervisor Approval (Required before entry) **Date**

EXHIBIT II

City of Appleton

Confined Space Entry

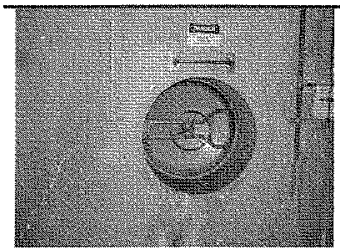
Identification of Confined Space	Access to	Level Designation
All new construction of manholes shall be considered non-permit until such time that the system is placed in use, or there is evidence of any type of contaminants.	Top	Non-permit
Sanitary and Storm manholes with any type of contaminant is considered Permit. Required (e.g. sludge, water, sewage)	Top	Permit
Horizontal in any sewer pipe.	Top	Permit

Revised: 10/2008

CITY OF APPLETON
Park and Recreation Department

Confined Space Entry Locations
On any Full Permit Entries The Appleton Fire Department must be notified 48 hours in advance of entry
832-5810 Shift Commander

Park and Recreation Service Building	Sump Pump Pit East	Full Permit
	Sump Pit North	Full Permit
City Park	Water Fountain Vault	Non Permit
	Top Of Fountain Light Access	Non Permit
Erb Pool	Surge Pit	Full Permit
	Sump Pump Pit	Full Permit
	Main Pump Pit	Non Permit
	Filter Tank	Non Permit
Highview Park	Plumbing Chase	Non Permit
Kiwanis Park	Plumbing Chase	Alternate Entry
Mead Pool	Manhole #1	Full Permit
	Backwash Tanks	Full Permit
	Surge Pit	Full Permit
	Main Water Turn On Pit	Full Permit
Pierce Pavilion	Under Stage Access	Non Permit



(2) Pretreatment Basins

Complex:	City of Appleton - Water Treatment Facility
Spaces in Inventory:	(2) Pretreatment Basins
Type/Description:	Pretreatment Basins – basins provide for PAC and $KMnO_4$ detention time Refer to Water Treatment Operations Manual, Chapter 1, Pretreatment Contact Basins and Softener Inlet Channels
Asset Codes:	• WT-005-PB-0001 • WT-005-PB-0002
Access:	Vertical and Horizontal
Regulatory Hazards:	1. Vertical Entry – Water Hazard 2. Hydrated Lime Dust – PRV on lime silos 3. Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.
Completed by:	Chris Shaw/Mark Kessler on 03-01-09
Reclassification Requirements:	1910.146 1. Lower inlet gallery access doors opened 2. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 3. Requires confined space checklist and air monitoring 1919.147 1. LOTO softener agitation pump inlet and outlet valves (closed) 2. LOTO MWW and CWW discharge valves leading to pretreatment basin (closed) 3. LOTO inlet valve leading to splitter box which discharges to pretreatment basin (closed) 4. LOTO pretreatment basin agitation pump suction and discharge valves (closed) 5. LOTO isolation valve between north and south softener inlet channels, (closed) 6. LOTO hydrated lime silo off-loading valves (2) (closed) AWTF Safety Recommendations 1. Ventilator use 2. Two workers in communication with each other 3. See your supervisor for additional safety instructions 4. Portable lighting w/GFCI protection due to limited space lighting 5. Note: channel agitation piping is fastened to channel floor

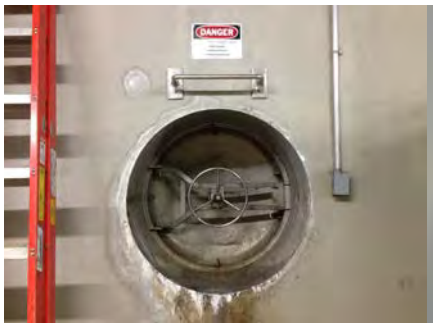
City of Appleton

- Sanitary Districts
- AppleHillsParcels
- Summer
- Scarlet Oak
- Midway
- Marshall Heights
- Lawe
- Kiwanis
- Glacier Ridge
- Everett
- Clearwater Creek
- Catherine
- Briarcliff
- Apple Creek
- Lime Slurry Forcemain
- Lift Station
- Lift Station Force Main

Date: 8/12/2015

N W E S

Apple Hills III
Glacier Ridge
Clearwater Creek
Apple Creek
Marshall Heights
Kiwanis
Summer
Everett
Lawe
Catherine
Briarcliff
Scarlet Oak
Midway
Wastewater Treatment Plant
Water Filtration Plant



Location:

(2) Pretreatment Basins

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(2) Pretreatment Basins	
Descriptions:	Pretreatment Basins – basins provide for PAC and $KMnO_4$ detention time Refer to Water Treatment Operations Manual, Chapter 1, Pretreatment Contact Basins and Softener Inlet Channels	
Asset Codes:		• WT-005-PB-0001 • WT-005-PB-0002
Access:	Vertical/Horizontal	
Hazards:		1. Vertical Entry – Water Hazard 2. Hydrated Lime Dust – PRV on lime silos 3. Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw/John George on 04-28-14	
Reclassification Requirements:	1910.146 1919.147	1. Lower inlet gallery access doors opened 2. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 3. Requires confined space checklist and air monitoring 1. LOTO softener agitation pump inlet and outlet valves (closed) 2. LOTO MWW and CWW discharge valves leading to pretreatment basin (closed) 3. LOTO inlet valve leading to splitter box which discharges to pretreatment basin (closed) 4. LOTO pretreatment basin agitation pump suction and discharge valves (closed) 5. LOTO isolation valve SG-309between north and south softener inlet channels, (closed) 6. LOTO hydrated lime silo off-loading valves (2) (closed) 7. LOTO PAC silo off-loading valve (closed) 8. LOTO PAC feeder feeding pretreatment (closed) 9. LOTO raw water bypass valve (closed)
AWTF Safety		1. Ventilator use

Requirements:		2. Two workers in communication with each other 3. See your supervisor for additional safety instructions 4. Portable lighting w/GFCI protection due to limited space lighting Note: channel agitation piping is fastened to channel floor

Water Plant: Prospect Avenue

Filter Backwash Reservoir

Complex*:*	City of Appleton - Walnut and Prospect Street Backwash Reservoir
Spaces in Inventory:	(1) 2 MG Backwash Reservoir
Type/Description:	Abandon Filter Backwash Reservoir for Water Filters at the abandon 337 West Water Street Appleton Water Plant
Asset Codes:	• Not applicable
Access:	Vertical
Regulatory Hazards:	1. Fall Hazard 2. Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Non-Permit Required Confined Space
Completed by:	Chris Shaw/Mark Kessler on 03-02-09
Requirements:	1910.146 1. Checklist required to be filled out prior to entry. 2. Requires continuous four gas air monitoring while in the space 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 1910.23 1. Tripod and fall retrieval system required due to vertical depth of tank. 2. Barricading around opening is required. AWTF Safety Recommendations 1. Ventilator use 2. Two workers in communication with each other 3. Portable lighting w/GFCI protection due to limited space lighting 4. See your supervisor for additional safety instructions

(2) Softener Inlet Channels

Complex:	City of Appleton - Water Treatment Facility
Spaces in Inventory:	(2) Softener Inlet Channels
Type/Description:	Softener Inlet Channels allow pretreated water from pretreatment basins to enter the softeners. Refer to Water Treatment Operations Manual, Chapter 1, Pretreatment Contact Basins and Softener Inlet Channels
Asset Codes:	• Asset codes do not currently exist
Access:	Vertical
Regulatory Hazards:	1. Vertical Entry – Water Hazard 2. Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.
Completed by:	Chris Shaw/Mark Kessler on 03-01-09
Reclassification Requirements:	1910.146 1. Tank dewatered and lower inlet gallery access doors opened 2. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 3. Requires confined space checklist and air monitoring 1910.147 1. LOTO softener agitation pump inlet and outlet valves (closed) 2. LOTO MWW and CWW discharge valves leading to pretreatment basin (closed) 3. LOTO inlet valve leading to splitter box which discharges to pretreatment basin (closed) 4. LOTO pretreatment basin agitation pump suction and discharge valves (closed) 5. LOTO isolation valve between north and south softener inlet channels, (closed) 6. LOTO hydrated lime silo off-loading valves (2) (closed) AWTF Safety Recommendations 1. Ventilator use and temporary lighting w/GFCI protection 2. Two workers in communication with each one another 3. See your supervisor for additional safety instructions 4. Note: channel agitation piping is fastened to channel floor.

Reclassification Requirements:	1910.146 1. Requires confined space checklist and air monitoring 2. Softener gallery level access doors opened 1910.147 1. LOTO inlet valve (closed) 2. LOTO lime feeder (disconnect off) 3. LOTO polymer feed pump discharge valve to tank (closed) 4. LOTO ferric sulfate pump discharge valve to tank (closed) 5. LOTO mixer and scraper drives (disconnect off) 1910.23 1. Barricade around opening of sludge hopper 2. Fall protection required for vertical entry into secondary mix zone 3. Scaffolding required to work over baffle in primary mix zone WTF Safety Recommendations 1. Two workers in communication with each other 2. See your supervisor for additional safety instructions

Location:

(4) Water Softener Basins

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(4) Softener Tanks	
Descriptions:	Softening Tanks Softening tanks allow for mixing and a detention time for raw lake water with polymer, hydrated lime ($Ca(OH)_2$), and ferric sulfate ($Fe_2(SO_4)_3$). Refer to Water Treatment Operations Manual, Chapter 2, Softeners and Softener Effluent Channels	
Asset Codes:		• WT-153-0001 • WT-153-0002 • WT-153-0003 • WT-153-0004
Access:	Vertical/Horizontal	
Hazards:		1. Chemical – ferric sulfate, hydrated lime, and polymer 2. Mechanical - mixer and scraper drives 3. Water Hazard - inlet valve, outlet valve, engulfment 4. Fall hazards - including entering secondary mixing zone, sludge sumps/hoppers 5. Employee work – employee work activities could cause hazard (e.g., atmospheric due to welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw/John George on 04-28-14	
Reclassification Requirements:	1910.146 1910.147 1910.23	1. Requires confined space checklist and air monitoring 2. Softener gallery level access doors opened 1. LOTO inlet valve (closed) 2. LOTO lime feeder (disconnect off) 3. LOTO polymer feed pump discharge valve to tank (closed) 4. LOTO ferric sulfate pump discharge valve to tank (closed) 5. LOTO mixer (disconnect off) 6. LOTO scraper drive (disconnect off) 7. LOTO (closed) effluent launderer slide gate valves (2) 8. LOTO 10” softener drain valve to sludge pit (south) 9. LOTO 4” utility water valve (closed) 10. LOTO 6” sludge blow-down discharge valve 1. Barricade around openings of sludge sumps/hoppers (2) 2. Fall protection required for vertical entry into secondary mix zone

		3. Scaffolding required to work over baffle in primary mix zone
AWTF Safety Requirements:		1. Two workers in communication with each other 2. See your supervisor for additional safety instructions 3. Portable lighting w/GFCI protection due to limited space lighting Note: channel agitation piping is fastened to channel floor

Softener Sludge Sump Pit Interconnect Work Plan
May 13, 2015

PURPOSE

The purpose of this work plan is to facilitate the installation of an interconnect between the north and south Softener Sludge Sumps (SSSs). This work includes coring through the existing 24-inch thick reinforced concrete wall that currently separates the north SSS#1 (services Softener #1 and #2) from the south SSP#2 (services Softener #3 and #4).

Coring work will be performed by Staab. Appleton Water Treatment Facility operations staff will be responsible for drawing down the sump pits, locking out pertinent pumps and values (described on page 2) to provide safe entry during work activities.

AWTF relief operator and maintenance staff personnel are expected to start their shift two hours earlier (6:00 am) on Wednesday May 13, 2015 to begin necessary preparations for coring work. The on-duty operator should increase softener blow-off frequencies to decrease the sludge blanket in each of the softeners in anticipation of the 1.5 hour timeline that it is expected for Staab to complete this work. A sludge bypass line will be installed connecting Softener #2 blow-off discharge piping to the south sludge pit to minimize disruption of lime softening processes.

The expected timeline for Staab to complete the work is described as follows:

6:00am-8:00 am: AWTF staff will connect sludge bypass line from Softener #3 blow-off piping to the SSS #1 (north). This will facilitate uninterrupted lime softening operation during much of the coring work. Drain SSS#2 then lock-out pumps and valves as described on the following page 2.

8am-9:00 am: Staab entry into SSS #2 to set-up their coring equipment.

9am -10:00 am: Staab to core through wall to a 20-inch depth. Coring will proceed to a depth of approximately 20-inches of concrete wall penetration. Once this depth is reached, AWTF will be asked to valve off Softener #2 and Softer #3 blow-off valves to isolate softener sludge discharge into SSS #1. Once SSS #1 is drained, AWTF staff will isolate the remaining valves and lock-out pumps as described on page 2. Staab will then complete remaining of core into SSS#1.

10am-10:30 am: Staab to remove coring equipment, core, and clean-up debris associated with the coring work. Once this is compete, AWTF staff to remove bypass piping and return all valves and pumps to normal service.

** A confined space entry / checklist will be reviewed and signed off prior to allowing entry. Staab will then be allowed to setup their coring equipment inside the north softener sludge pit.

Lock-Out / Tag-Out Procedure

1. **<u>6:00 am – 8:00 am</u>**
   South Softeners #3 (On-Line) and #4 (Currently Off-line)

   - Lock-out softener #3 basin sludge pump P2759 (**Active Softener)**
   - Lock-out SSS#2 drainage pump (P-2750) after draining pit.
   - Lock-Out and Tag-Out the associated valves/pumps:
     - Close softener sludge blow-off pit valve (V-404)
     - Close MWW/CEB waste valve (V-2672)
     - Close CWW waste valve (V-2615)
     - Lock-out and/or tag the following drain valves (normally closed): pretreatment contact basin drainage valves, softener effluent drain valves, recarbonation basin drain valves, and contactor basin drain valves.

   <u>Draining & Cleaning:</u> Dewater the sludge sump with sump pump P-2750. Open the hinged access door. The door swings in and will not open unless the sludge sump is drained.

2. **<u>9:00-10:00 am</u>**
   North Softeners #1 (Currently Off-line) and #2 (On-Line)
   Upon reaching approx. 20-inch coring depth penetration from SSS #2 into SSS#1 Pit

   - Lock-out Softener #2 basin sludge pump P2701 (**Active Softener)**
   - Lock-out SSS#1 drainage pump (P-2710) after draining pit.
   - Lock-Out and Tag-Out the Associated Valves/Pumps
     - Close Softener Sludge Blow-Off Pump Intake Valve (V-2713).
     - Close Softener Sludge Blow-Off Pit Valve (V-364).
     - Open interconnect MWW/CWW interconnection basin gate (SG-2611) then lock-out MWW/CEB waste pump and close the associated downstream valve (V-2872) nearest SSS#2
     - Close CWW Waste Valve (V-2616).
     - Membrane CIP Waste. Lock-out CIP waste pump (P-2231).
     - East Gallery Sump. Lock-Out Sump Pump AFTER draining down pit.
     - Lock-out and/or tag the following drain valves (normally closed): pretreatment contact basin drainage valves, softener effluent drain valves, recarbonation basin drain valves, and contactor basin drain valves.

   <u>Draining & Cleaning:</u> Dewater the sludge sump with sump pump P-2710. Open the hinged access door. The door swings in and will not open unless the sludge sump is drained.

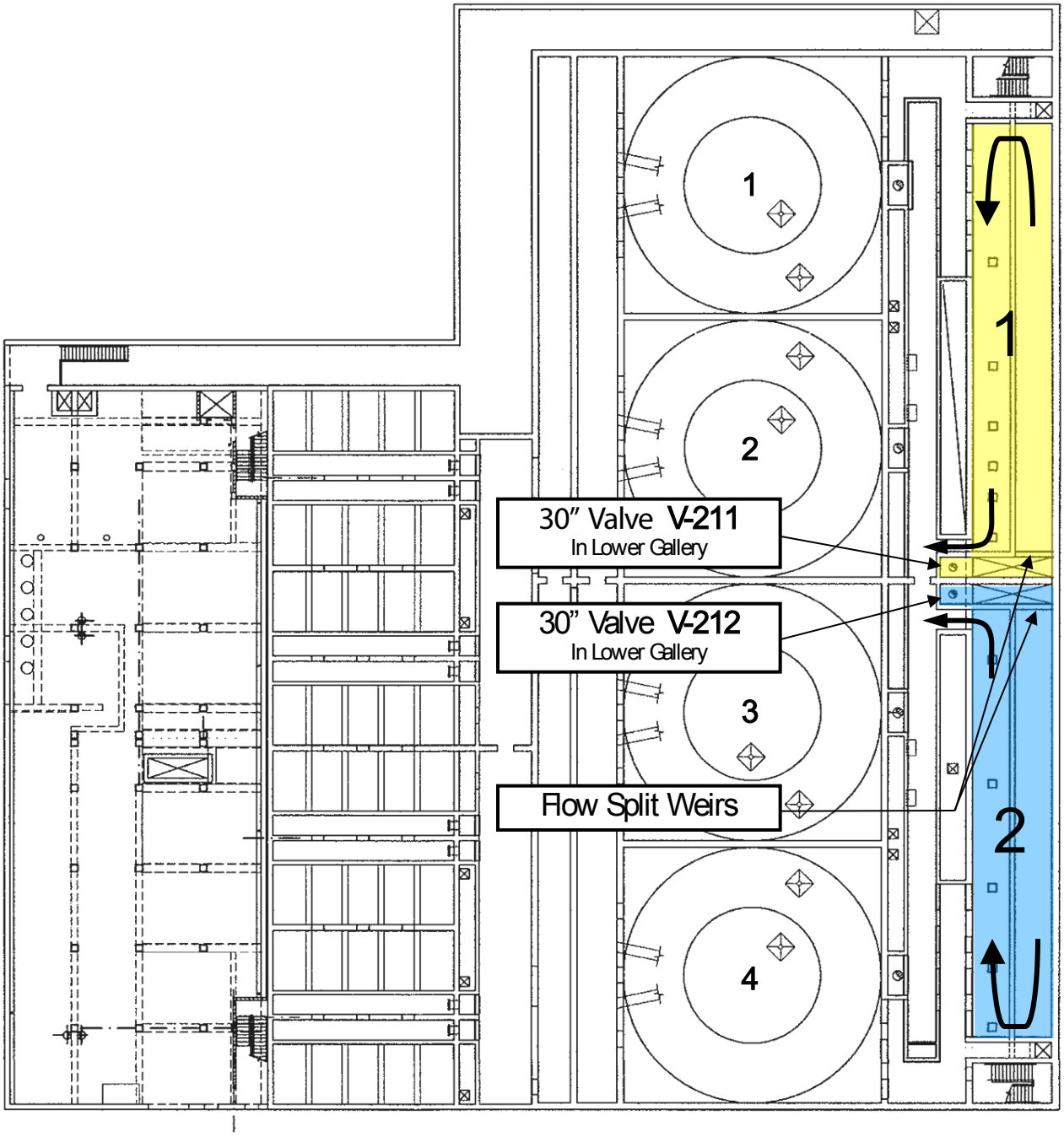


FIGURE 1-2

PRETREATMENT BASINS

ID: PPT\2006\MCM WI\AWP-O&M.PPT DJV:jmk

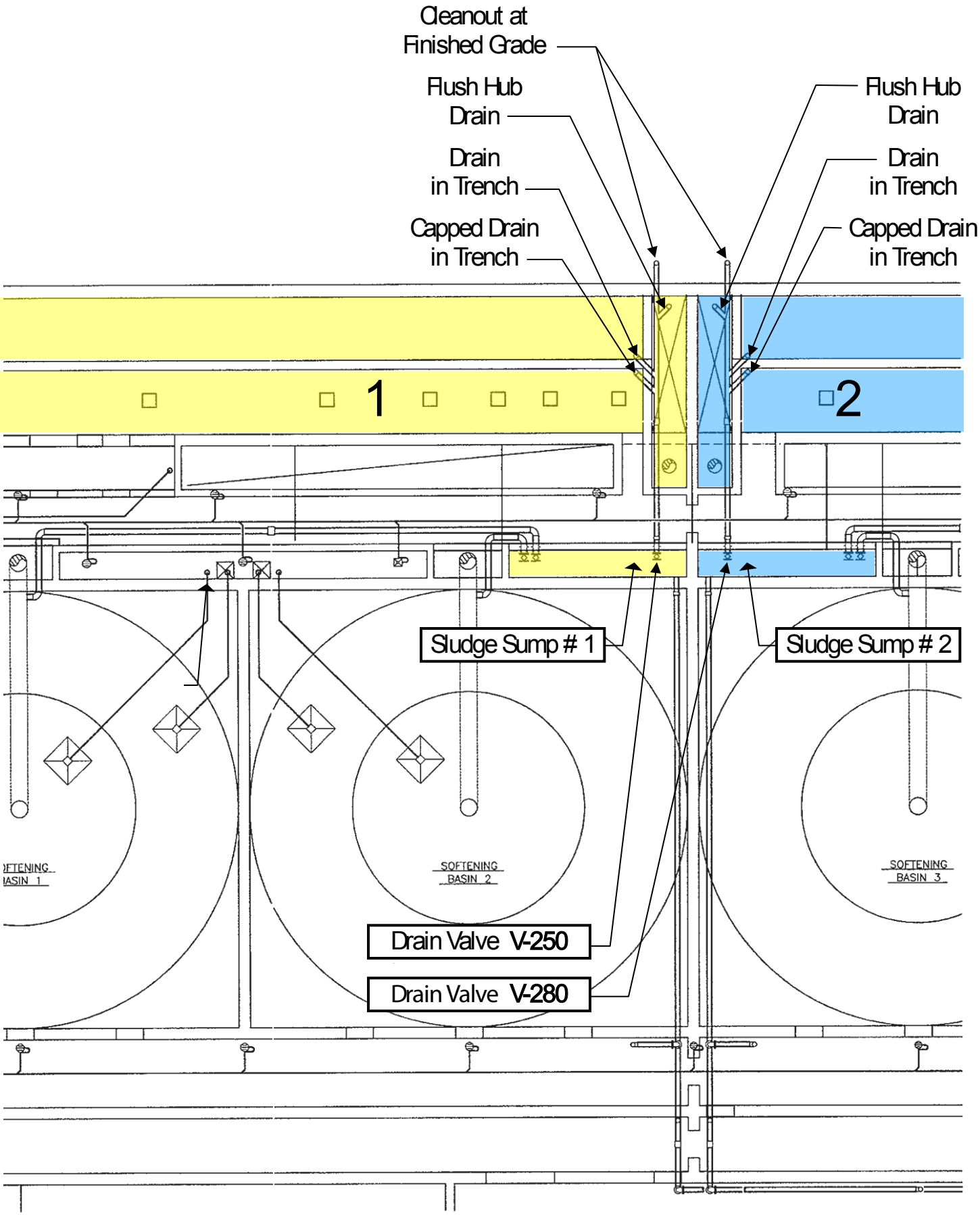


FIGURE 1-6

PRETREATMENT DRAIN SYSTEM

ID: PPT\2006\MCM WI\AWP-O&M.PPT DJV:jmk

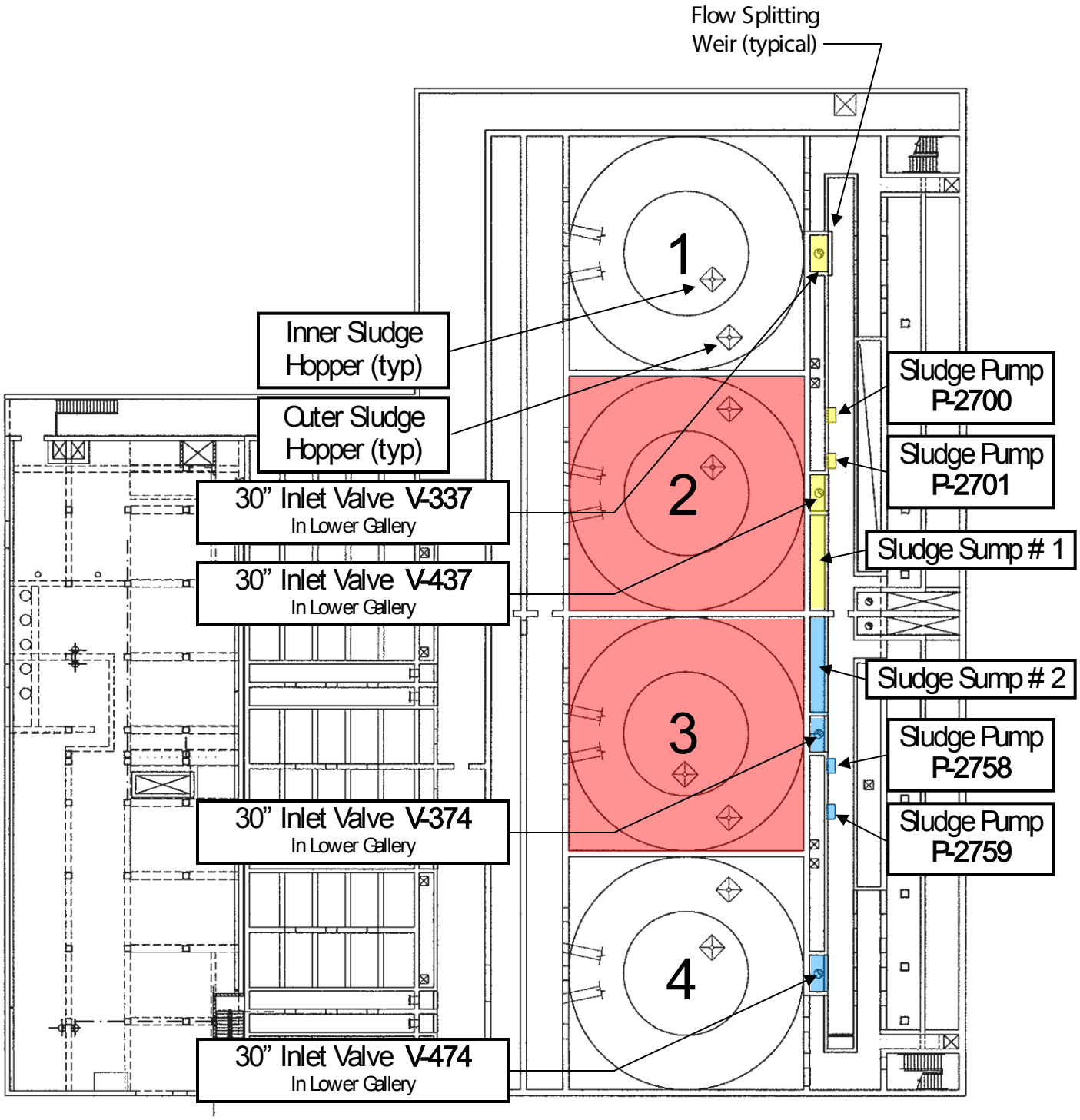


FIGURE 2-2

SOFTENERS

ID: PPT\2006\MCM WI\AWP-O&M.PPT DJV:jmk

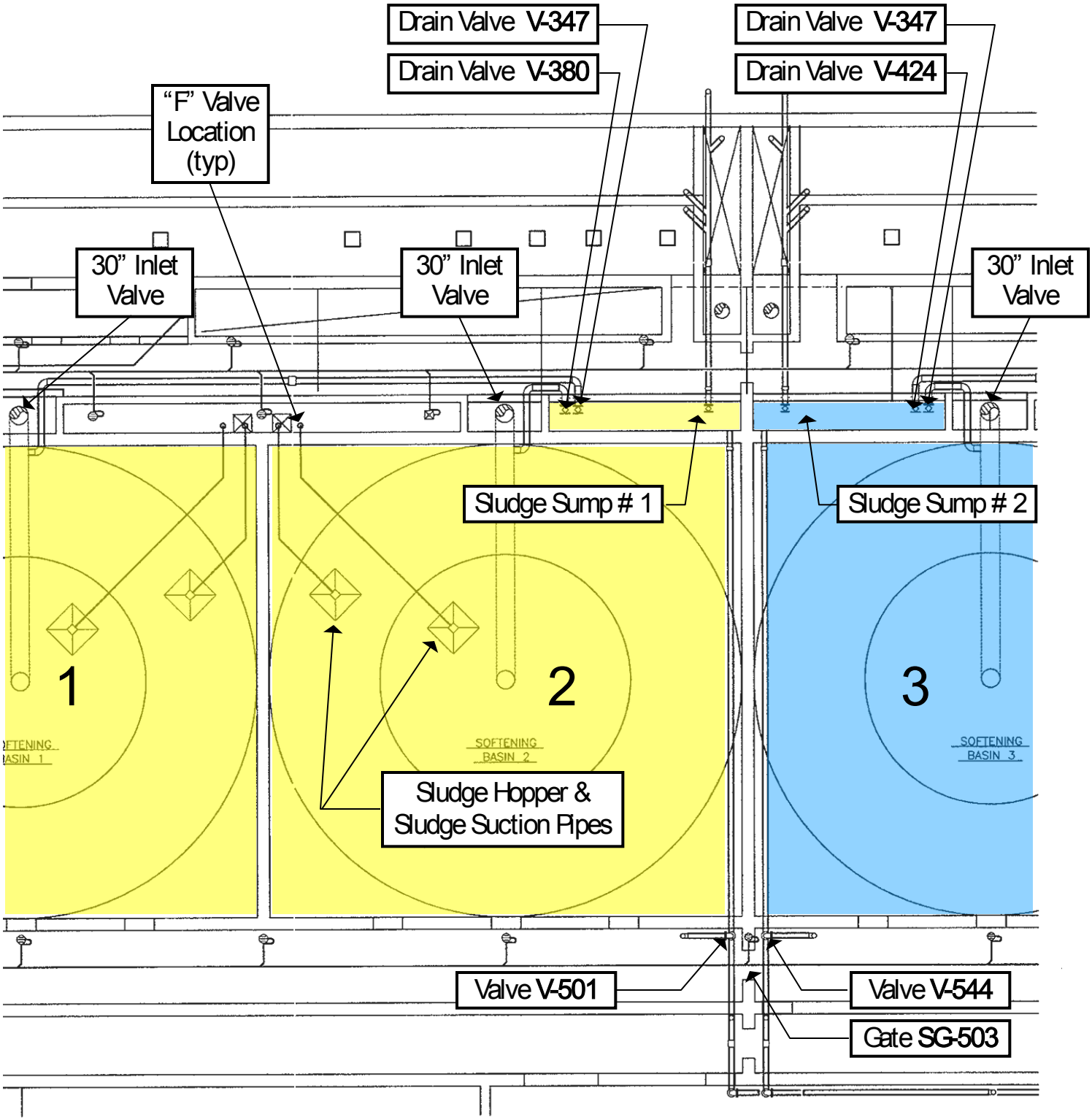


FIGURE 2-6

SOFTENER DRAIN SYSTEM

ID: PPT\2006\MCM WI\AWP-O&M.PPT DJV:jmk

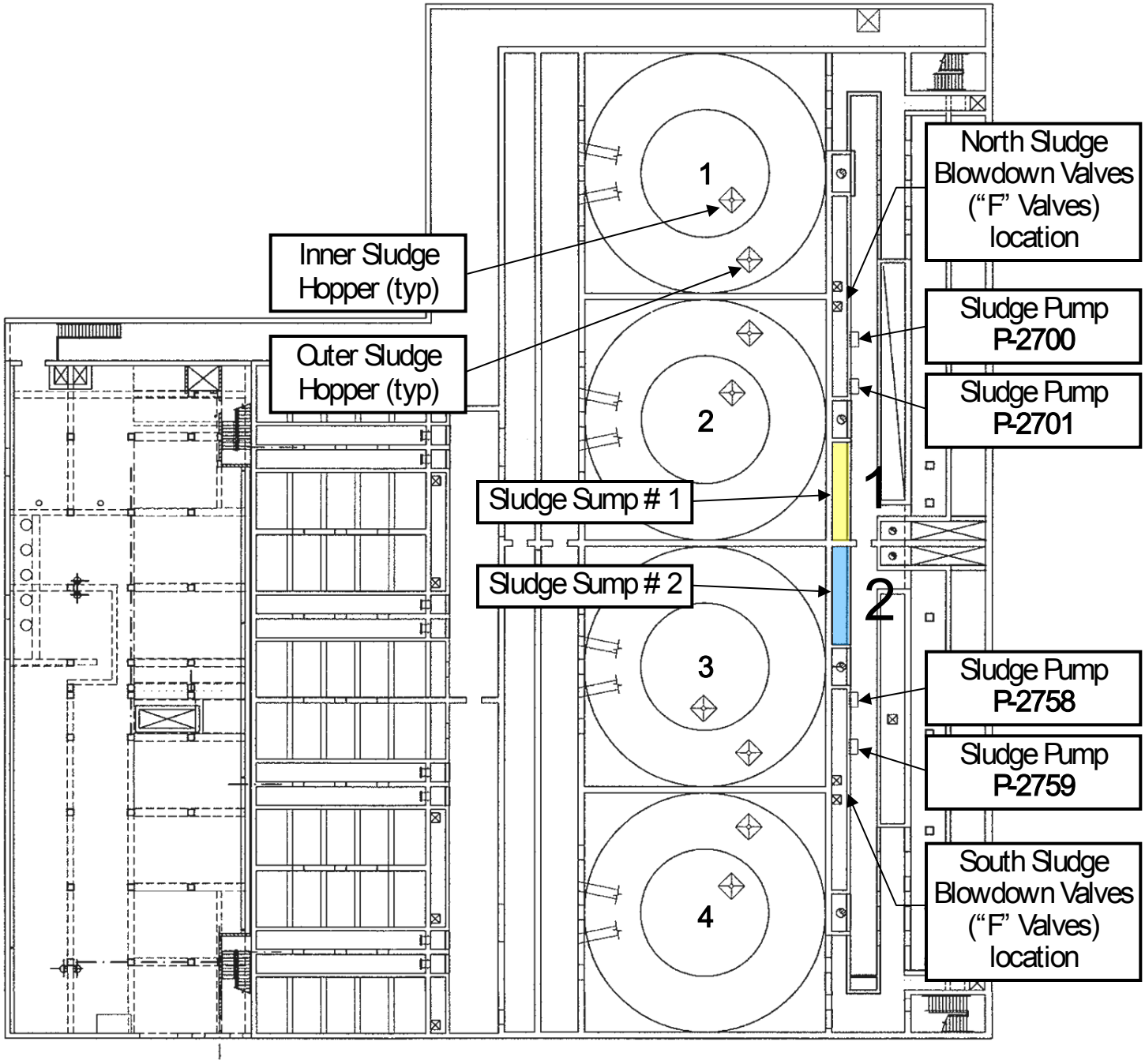


FIGURE 3-1

SLUDGE SUMP SYSTEM

ID: PPT\2006\MCM WI\AWP-O&M.PPT DJV:jmk

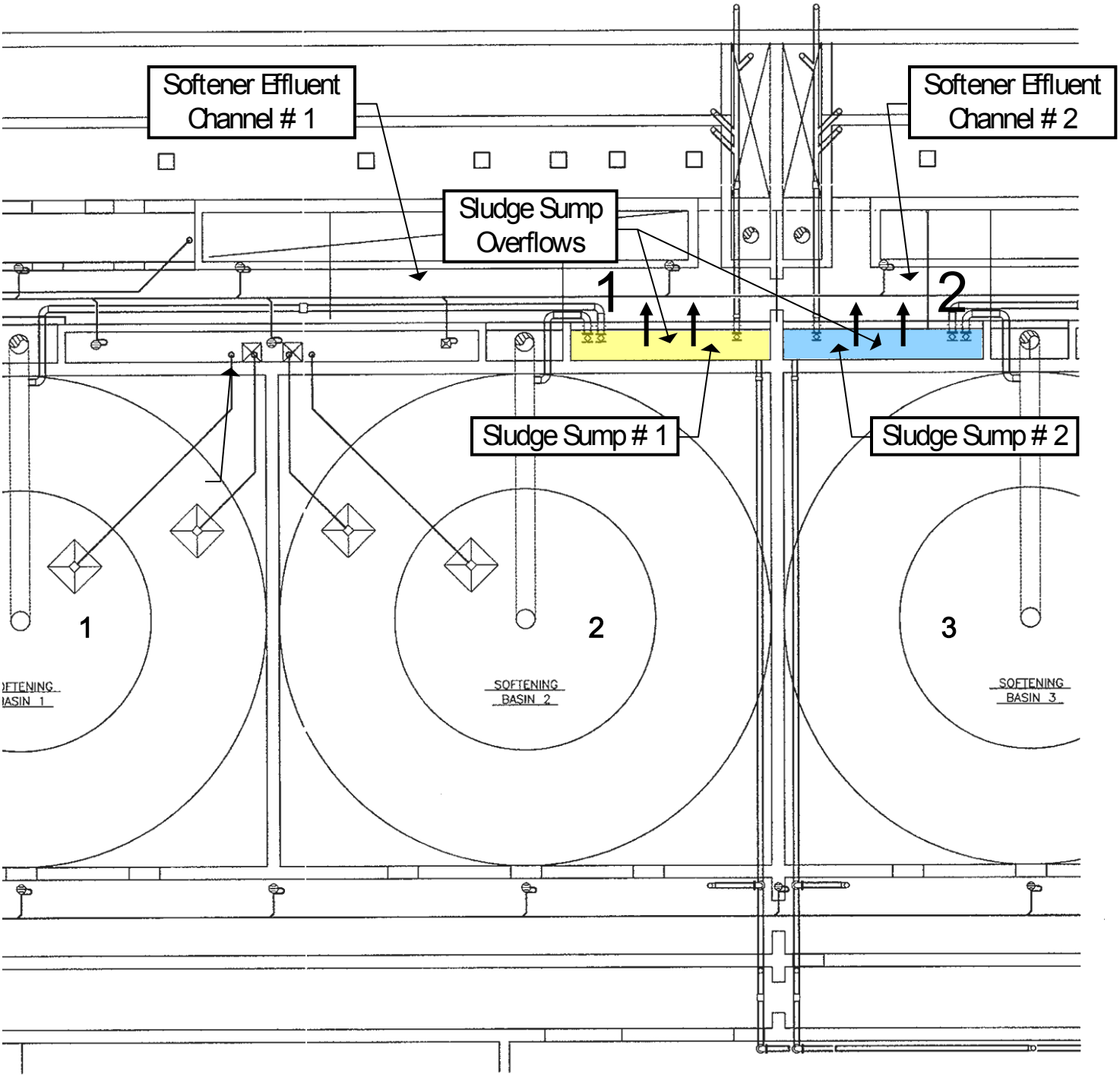


FIGURE 3-3

SLUDGE SUMP OVERFLOWS

ID: PPT\2006\MCM WI\AWP-O&M.PPT DJV:jmk

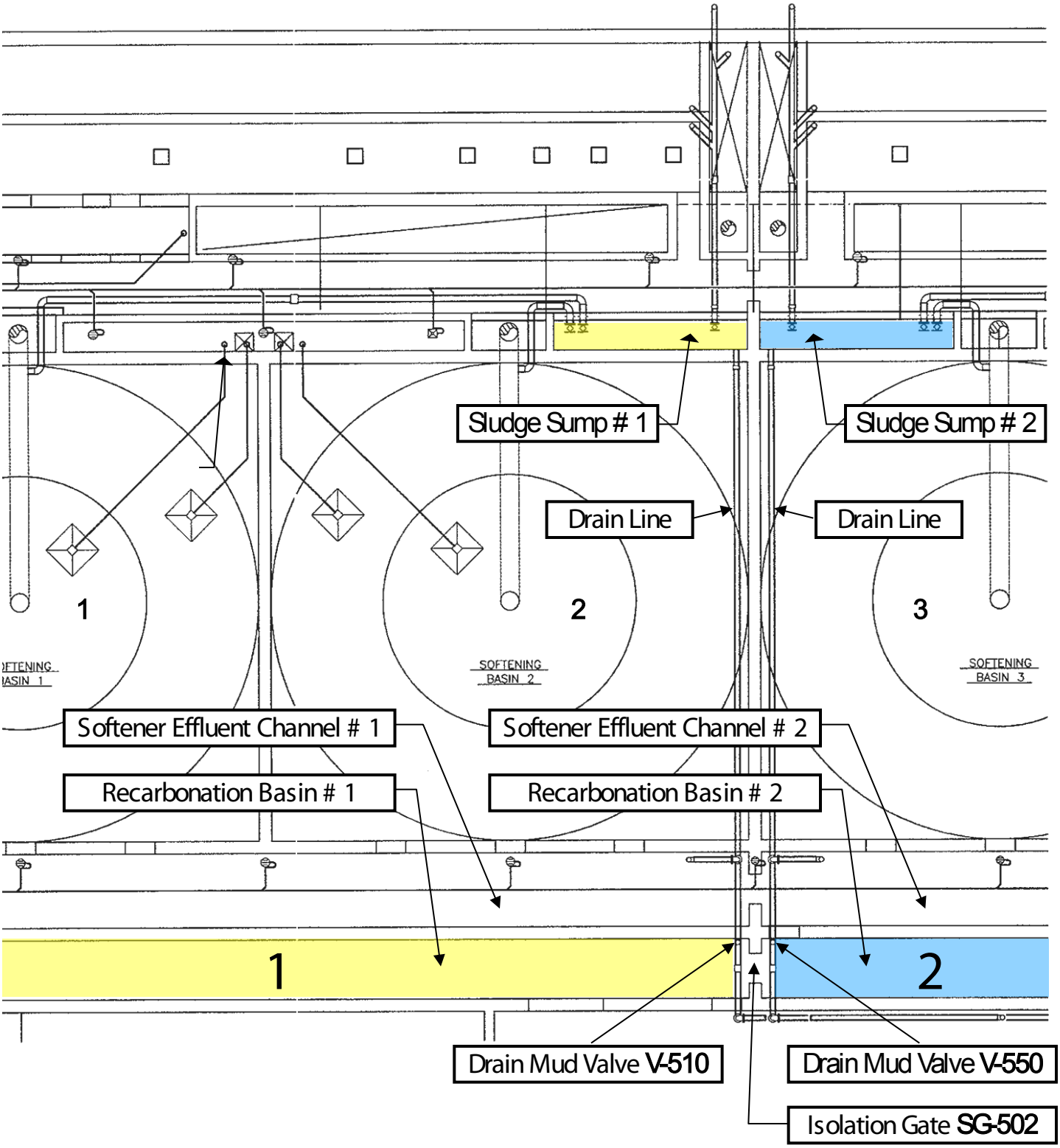


FIGURE 4-3

RECARBONATION BASIN DRAINING

ID: PPT\2006\MCM WI\AWP-O&M.PPT DJV:jmk

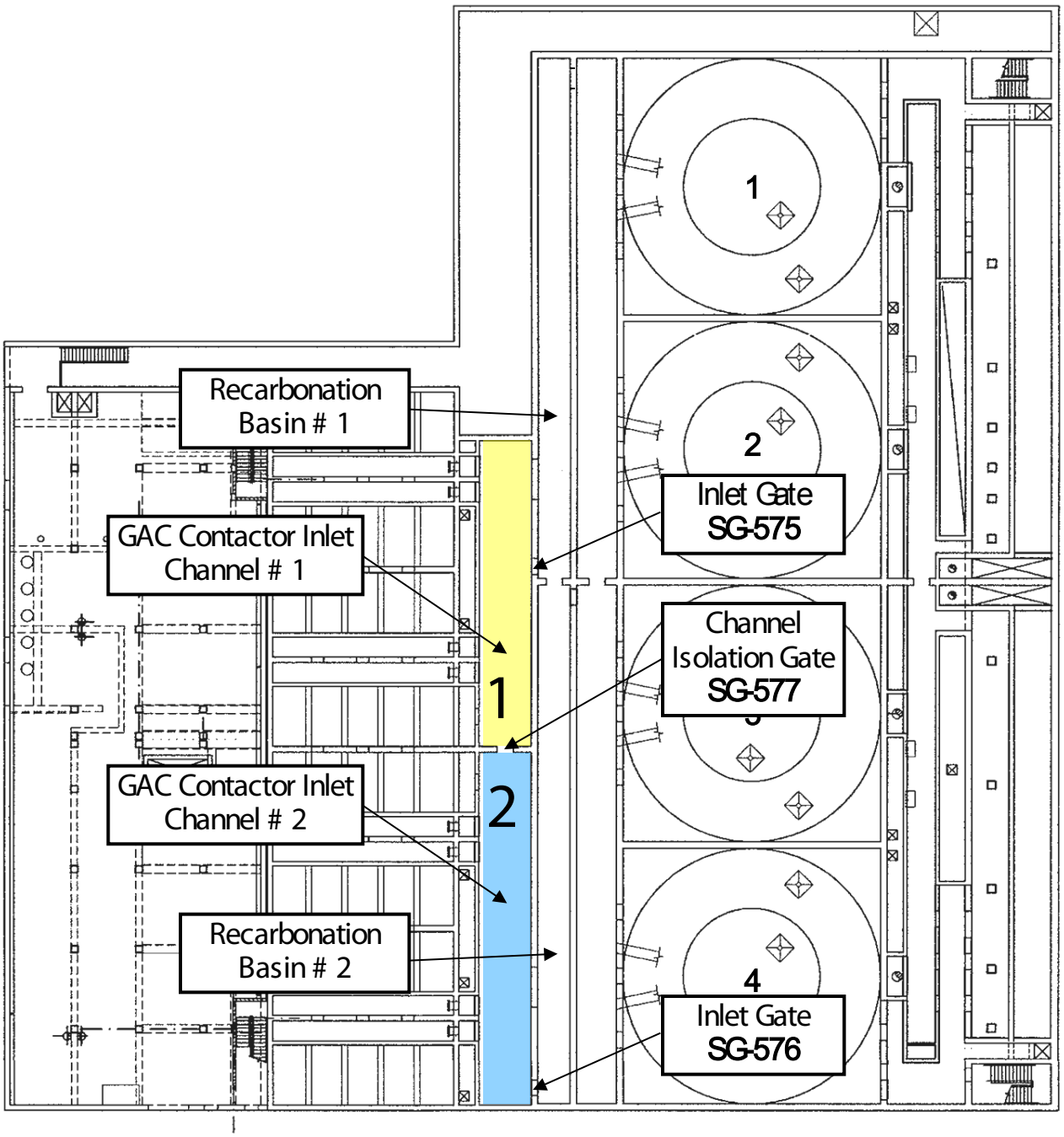


FIGURE 4-4

GAC CONTACTOR INLET CHANNELS

ID: PPT\2006\MCM WI\AWP-O&M.PPT DJV:jmk

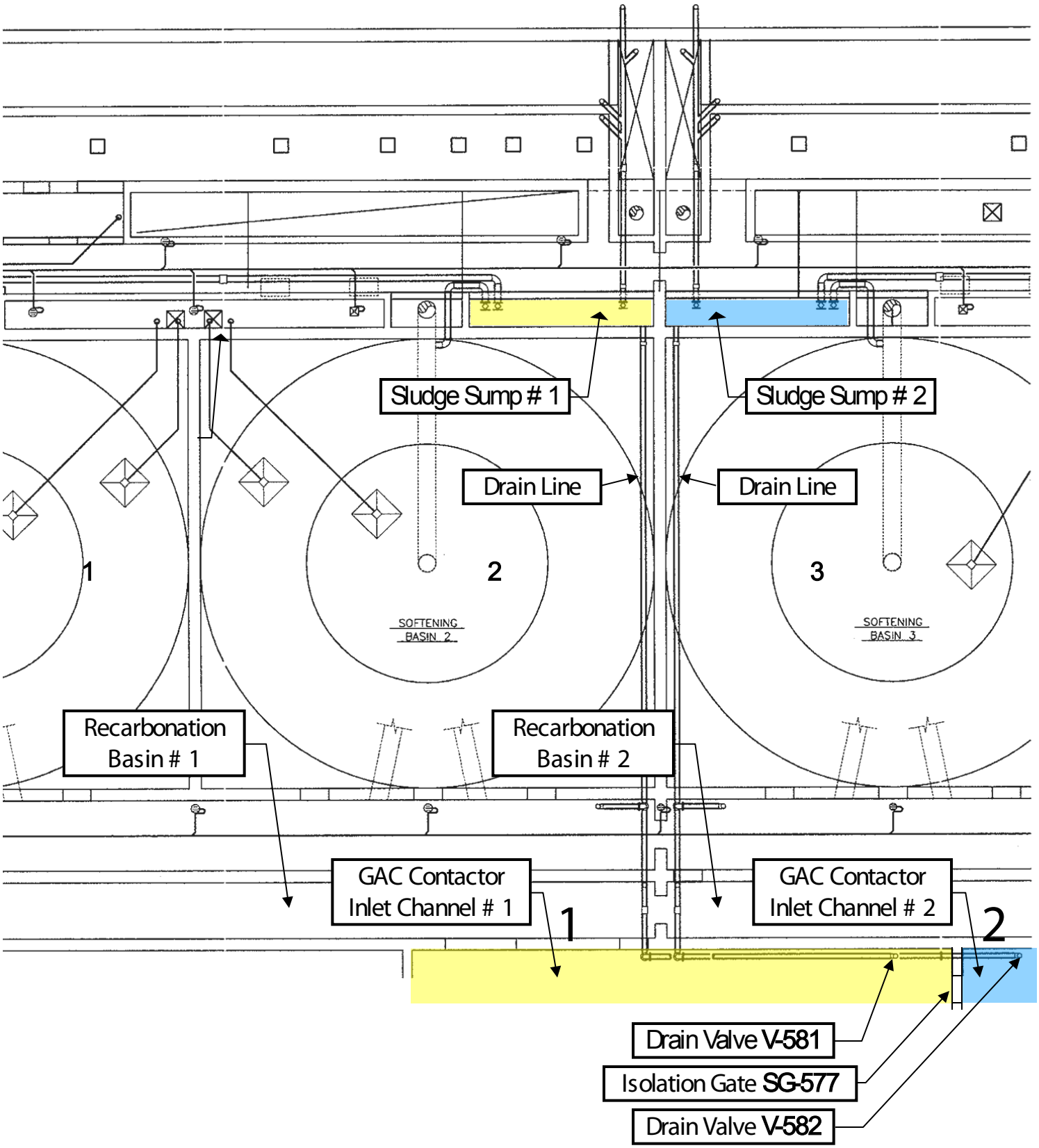


FIGURE 4-5

GAC CONTACTOR INLET CHANNEL DRAINING

ID: PPT\2006\MCM WI\AWP-O&M.PPT DJV:jmk

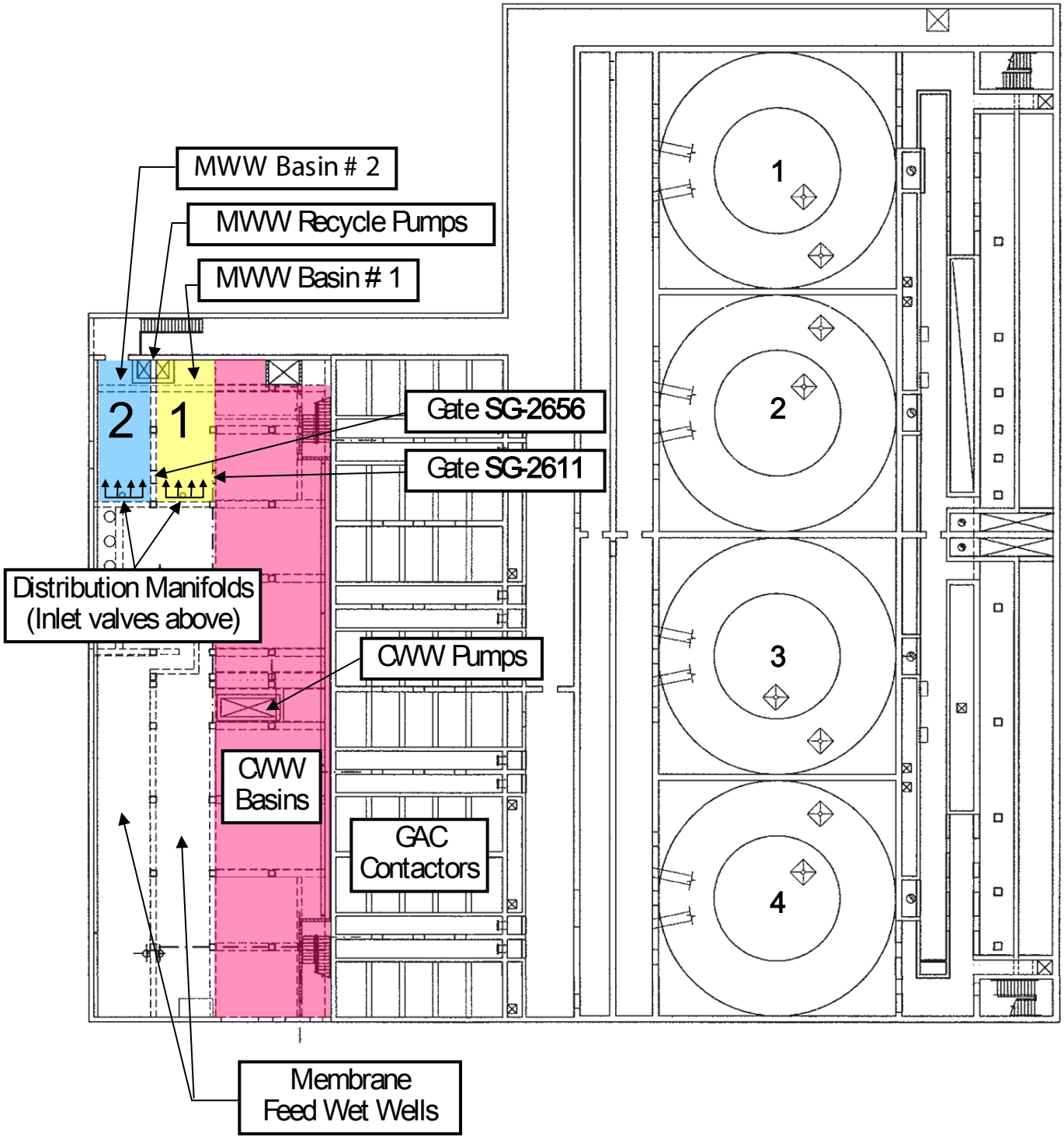


FIGURE 7-1

MWW / CWW SYSTEM

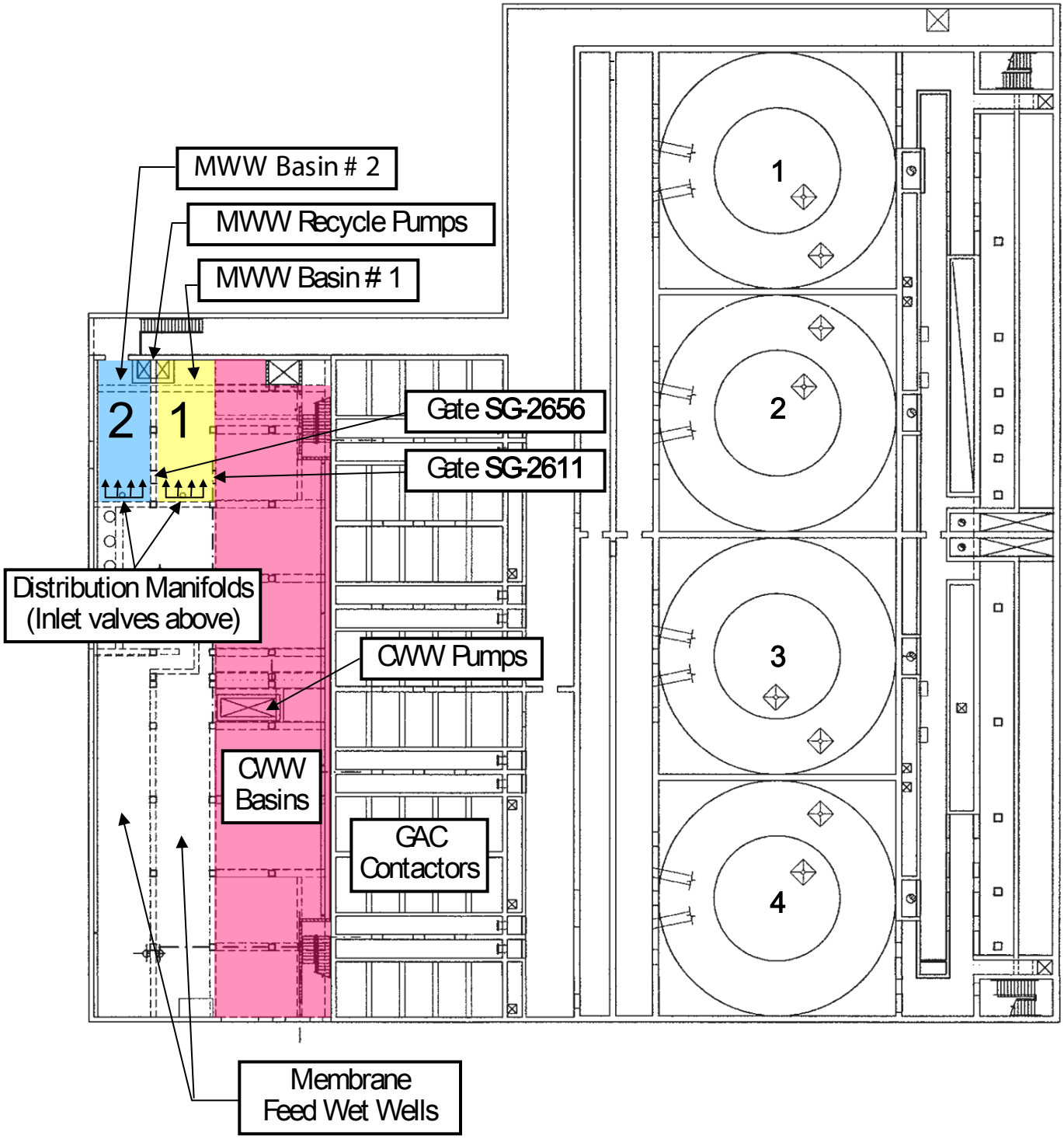


FIGURE 9-4

MWW / CWW SYSTEM

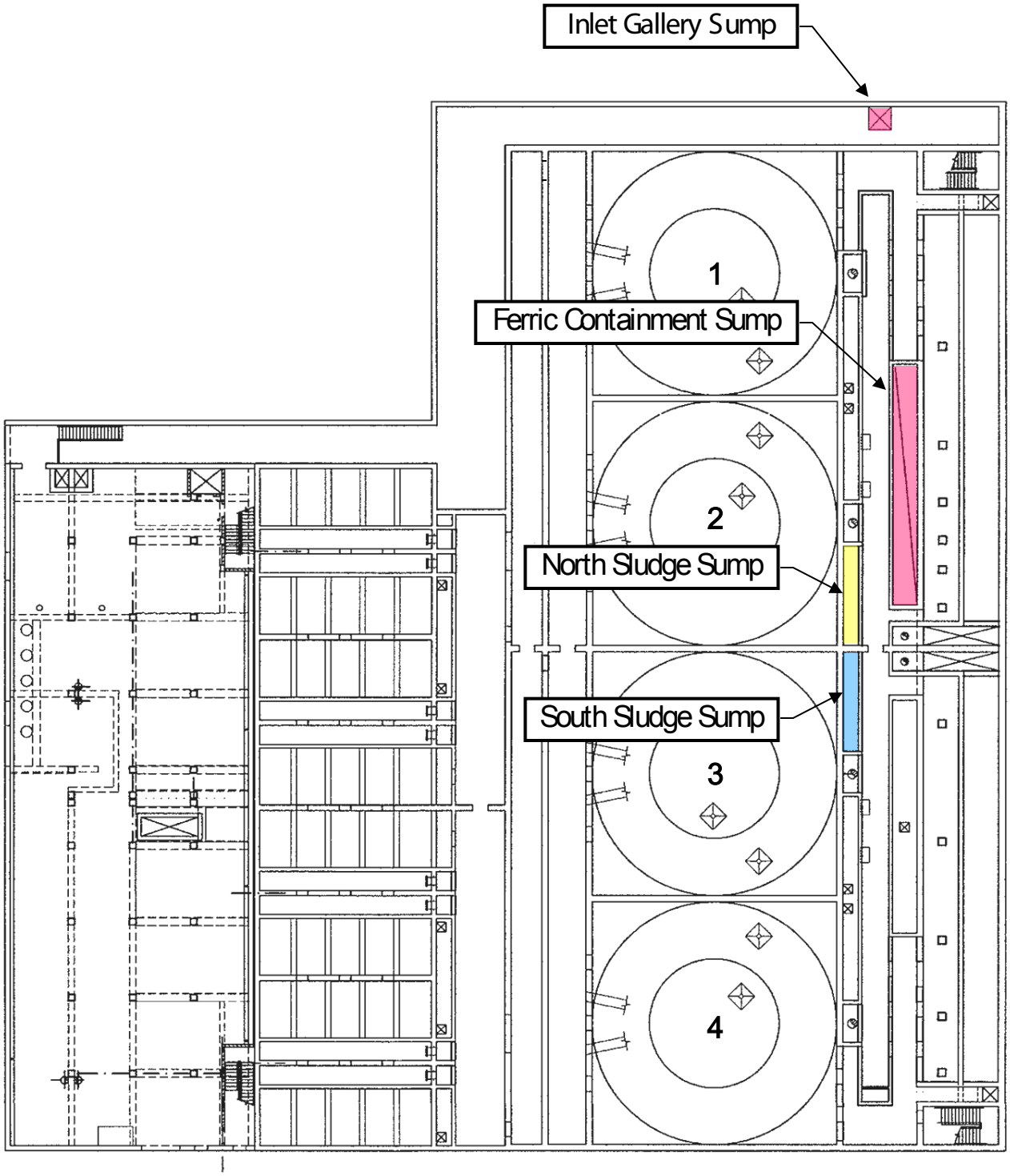
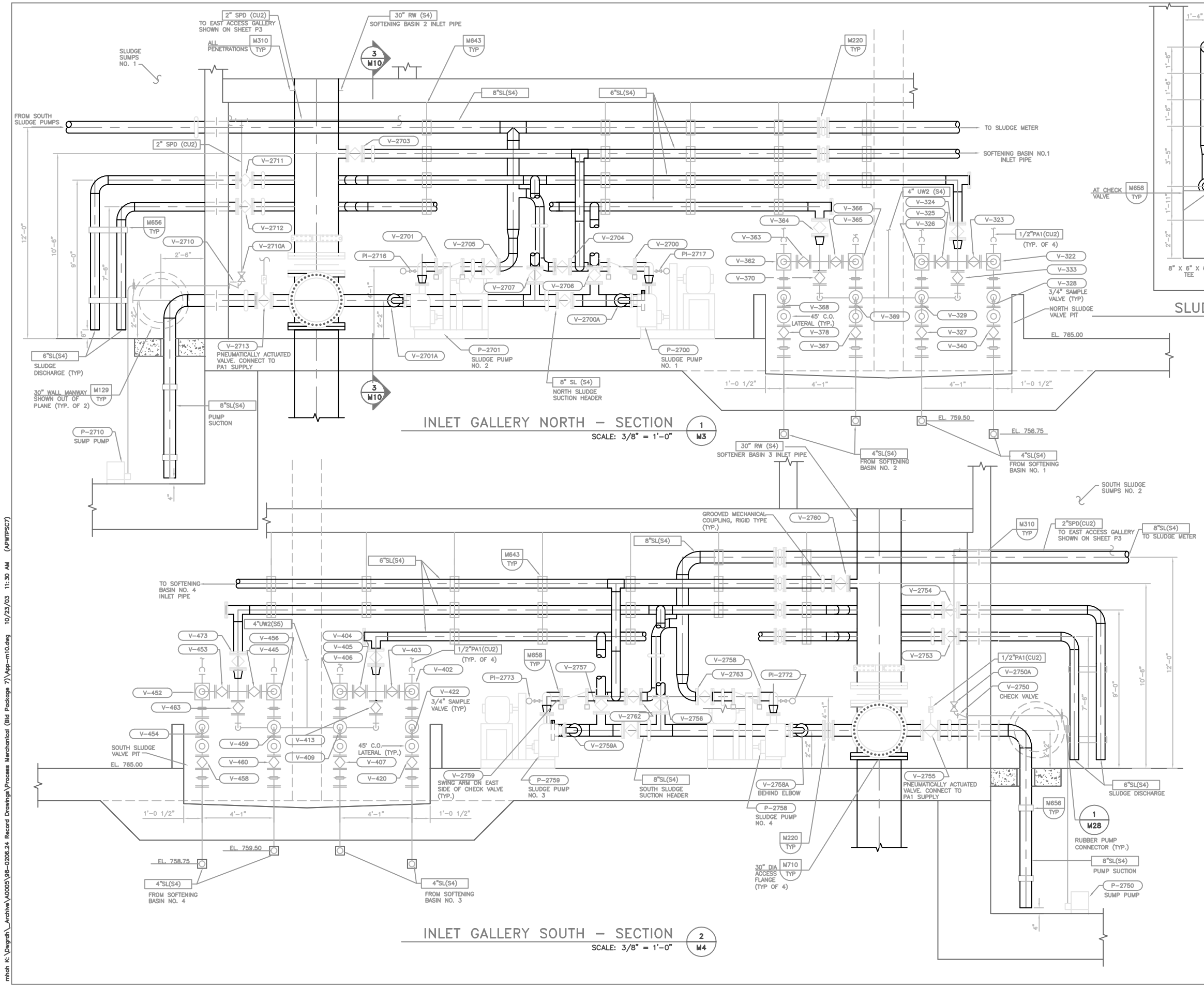


FIGURE 13-2

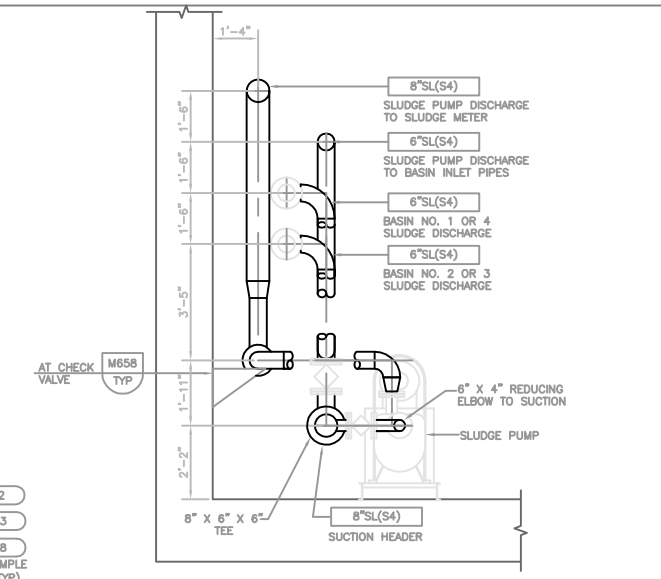
CHEMICAL SPILL CONTAINMENT

ID: PPT\2006\MCM WI\AWP-O&M.PPT DJV:jmk



INLET GALLERY NORTH – SECTION (1 / M3)
SCALE: 3/8" = 1'-0"

INLET GALLERY SOUTH – SECTION (2 / M4)
SCALE: 3/8" = 1'-0"



SLUDGE PUMP – SECTION (3 / M10)
SCALE: 3/8" = 1'-0"

NO.	DATE	REVISION
1	8/26/99	RELEASED FOR BID PACKAGE NO.7
2	11/01/02	RECORD DRAWING

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DESIGNED MRM
DRAWN DMS
CHECKED TRT

WATER TREATMENT FACILITY – APPLETON, WI.
INLET GALLERY SECTIONS

SCALE: 3/16" = 1'-0"
DATE: FEB 1999
PROJECT NO. 105-98206-06
SHEET NO. M10
FILE NO. CAD

RECORD DRAWINGS
DRAFTED BY: MRH 11/01/02
CHECKED: DJV 10/20/03

mhoh K:\Dwgrsh_Archive\A0005\98-0206.24 Record Drawings\Process Mechanical (Bid Package 7)\app-m10.dwg 10/23/03 11:30 AM (APWTPSC7)

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(1) Gas Storage	
Type/Descriptions:	In the anaerobic digestion process organic material is converted to methane and carbon dioxide. Gas is collected, piped, stored and then consumed in waste gas boilers or flares. The #1 Gas Storage Tank holds produced gas at a pressure of 10” WC. The tank has a dual membrane with the lower membrane interfacing between the gas environment of the tank and the upper air filled bladder that forms the tank roof. The inner membrane fluctuates in elevation depending on gas being stored or consumed.	
Asset Codes:	• M-101-BGB-6000 - General • M-101-DST-0001- Sludge Storage Tank cover • M-101-GMP-0001 - Gas Storage Membrane Blower 1 • M-101-GMB-0002 - Gas Storage Membrane Blower 1 • M 101-SGI-0001 - Model 5300 Gas Monitor • M 101-SGV-0001 - PRV/VRV Assemblies • M 101-SI-3601- Sludge Storage Tank Level Indicator	
Access:	Vertical/Horizontal	
Hazards:	• Water Hazard – Engulfment • Sewage Gases – Atmospheric • Methane Gas – Explosive Hydrocarbon • Fall Hazard – Tank Configuration • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 04-01-19	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, ventilator, air monitoring, an authorized attendant present 2. Requires rescue service and retrieval system including full body harness, man rated tripod, and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space

	1919.147	4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if any alarm condition exists then the entrant must not enter or exit the space. 5. Requires nitrogen purging of digester gas or some other safety approved plan that eliminates digester gas explosion hazard. 6. This space cannot be reclassified 1. Inlet gas valve must be closed and locked out WW Safety Recommendation – • After successful gas removal, tank should be emptied and hosed prior to entry • Ventilation with an explosion proof blower should remain operational for the duration of the entry regardless of atmospheric air monitoring levels • Provide explosion proof lighting

Location:

Water Softener Basins (4)

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	Water Softener Basins (4)	
Description:	Softener Basins: Provide mixing and detention time of pretreated raw lake water with polymer, hydrated lime ($Ca(OH)_2$), and ferric sulfate ($Fe_2(SO_4)_3$) to precipitate $CaCO_3$, MgOH, and removal of TOC, turbidity, and algae. Refer to Water Treatment Operations Manual, Chapter 2, Softeners and Softener Effluent Channels for additional information.	
Asset Codes:	WT-153-0001, WT-153-0002, WT-153-0003, WT-153-0004	
Access:	Vertical/Horizontal	
Hazards:	1. Chemical – ferric sulfate, hydrated lime, and polymer 2. Mechanical – rotor/mixer and scraper drives 3. Water - inlet valve, outlet slide gates, utility flush water, engulfment 4. Fall - including entering secondary mixing zone, sludge sumps/hoppers 5. Employee work – could cause hazard (e.g., atmospheric due to welding)	
Classification:	Permit-Required – Potential reclassification to Non-Permit with Supervisor approval based on implementation of reclassification requirements below.	
Completed by:	Chris Shaw/John George on 05-14-14; revised by Tim Elchlepp/Joe Myers 12-20-18	
Reclassification Requirements:	1910.146	1. Requires confined space checklist and air monitoring 2. Softener gallery level access doors opened
	1910.147	1. LOTO inlet valve (closed) 2. LOTO lime hose (cam-lock plug installed) 3. LOTO polymer feed pump discharge valve to basin (closed) 4. LOTO ferric sulfate pump discharge valve to basin (closed) 5. LOTO rotor/mixer (disconnect off) 6. LOTO scraper drive (disconnect off) 7. LOTO effluent launderer slide gates (2) (closed) 8. LOTO 10” softener drain valve to sludge pit (closed) 9. LOTO 4” utility water valve (closed) 10. LOTO 6” sludge blow-down discharge valve (closed)
	1910.23	1. Barricade around openings of sludge sumps/hoppers (2) 2. Fall protection required for vertical entry into secondary mix zone 3. Scaffolding required to work over baffle in primary mix zone
AWTF Safety Requirements:		1. Two workers in communication with each other 2. See your supervisor for additional safety instructions 3. Portable lighting w/GFCI protection due to limited space lighting

Kiwanis Park Lift Station

Dry Well (Pump Building)

Complex:	City of Appleton - Wastewater Treatment Facility Lift Station
Spaces in Inventory:	(I) Dry Well that houses stairwell and the two lift station pumps
Type/Description:	Dry well houses two Aurora Pumps and vertical drive shaft to motors on first floor. Dry well is meant for human occupancy, does have engineered forced ventilation, and entry and egress is not limited.
Asset Codes:	• Z-110-BGB-6000
Access:	Vertical via Stairwell and Landing Platforms
Regulatory Hazards:	1. Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Non-Permit-Required
Completed by:	Chris Shaw on 03-25-09
Safety Notes:	1910.146 1. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 2. Requires confined space checklist and air monitoring 1910.147 1. LOTO is required if maintenance is to be performed on the pumps or piping. AWTF Safety Recommendations 1. See your supervisor for additional safety instructions

Kiwanis Park Lift Station

Wet Well (Upper Access)

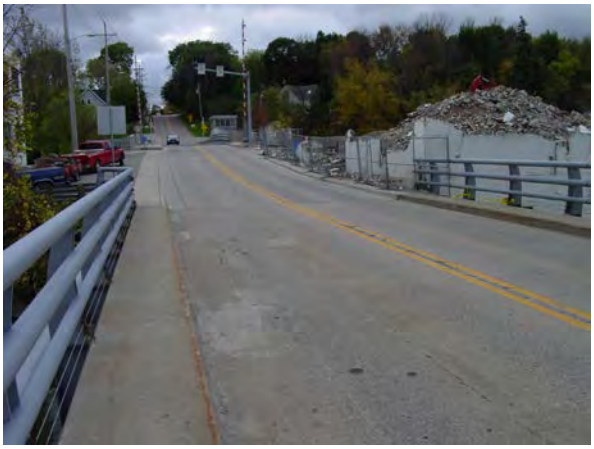
Complex:	City of Appleton - Wastewater Treatment Facility Lift Station
Spaces in Inventory:	(I) Wet Well – Upper Access that houses stairwell and platforms that overlook the lift station wet well.
Type/Description:	Wet well – Upper Access overlooks grated wet well. Room is engineered with forced air ventilation, lighting, and stairwells and landing platform. This procedure sheet is not meant for wet well entry (below lower grating).
Asset Codes:	• Z-110-BGB-6000
Access:	Vertical via Stairwell and Landing Platforms
Regulatory Hazards:	1. Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Non-Permit-Required
Completed by:	Chris Shaw on 03-25-09
Safety Notes:	1910.146 1. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 2. Requires confined space checklist and air monitoring AWTF Safety Recommendations 1. See your supervisor for additional safety instructions

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(2) Membrane Feed Wet Well	
Type/Descriptions:	Wet wells and associated channels accept Filter Effluent (CFE) for pumping by Membrane Feed Pumps to the ultraviolet light process. Refer to O&M Manual Chapter 8 and Record Drawings M18-M27.	
Asset Codes:		WT 011 MFW 0001 WT 011MFW 0002
Access:	Vertical	
Hazards:	1. 2. 3.	Fall hazard – wet well configuration Engulfment Employee work – employee work activities could cause hazard (e.g., atmospheric due to welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Joe Myers on 26 February 2018	
Reclassification Requirements:		
	1910.146	1. Wet well dewatered and access hatchways opened. 2. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 3. Requires confined space checklist and air monitoring
	1910.147	1. Close, lockout Membrane Feed Wet Well interconnection sluice gate SG800. 2. Close, lockout Contactor Effluent Control Valves for related Filters. For Wet Well #1 (Contactors #5-8): V-702, V-727, V-752, and V-777. For Wet Well #2 (Contactors #1-4): V-602, V-627, V-652, and V-677. 3. Close, lockout Booster Water suction header valves. For Wet Well #1: south suction valve. For Wet Well #2: north suction valve. 4. Dewater Wet Well with related Membrane Feed Pump(s).

		5. To prevent backflow through idle Membrane Feed Pumps, manually close and lockout associated discharge valves. For Wet Well #1: V-805A, V-807A, and V-809A. For Wet Well #2: V-855A and V-857A. 6. Close, lockout Membrane Feed Pump Discharge Surge Valve (V-803 for Wet Well #1, V-853 for Wet Well #2). 7. OPTION FOR EQUIPMENT PROTECTION: Lockout affected idle Membrane Feed Pumps at the circuit breaker located in the MCC room.
	1910.23	Fall protection required for vertical entry into tank – use of UCL man rated hoist.
		AWTF Safety Recommendations 1. Ventilator use and temporary lighting w/GFCI protection 2. Two workers in communication with each one another 3. See your supervisor for additional safety instructions

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(6) Primary Clarifiers	
Type/Descriptions:	Tanks serve as the primary treatment process of wastewater treatment plant. Settable solids are removed as sludge while supernatant is removed as primary effluent. Refer to Volume I of the Wastewater Treatment Operations and Maintenance Manual for further information	
Asset Codes:		C-101-WWT-0001 C-102-WWT-0002 C-103-WWT-0003 C-104-WWT-0004 C-105-WWT-0005 C-105-WWT-0006
Access:	Vertical	
Hazards:		Water Hazard – Engulfment Mechanical Hazard – Rotating Rake Fall Hazard – Tank Entry Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw on 06-26-18	
Reclassification Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1919.147	1. LOTO rake at MCC 2. LOTO manual inlet valve at splitter box 3. LOTO inlet valve disconnect in D basement
	1910.23	1. Fall protection required for vertical entry into tank – use of UCL man rated hoist. WW Safety Recommendation - Two workers in communication with each other. See your supervisor for additional safety

	instructions



Bridge Tender Draw Pit

(Lawe Street)

Complex:	City of Appleton – Lawe Street Bridge Tender Building	
Spaces in Inventory:	Drawbridge Sump Pits	
Type/Descriptions:	There are sump pumps in the bottom of the pits on the north and south side of the bridge that are checked in the spring for summer operations, and decommissioned in the winter to prevent freeze damage. There is a Facilities Preventive Maintenance work order in the system to initiate actions.	
Asset Codes:	N/A	
Access:	Vertical via permanent ladder	
Hazards:	Fall Hazard – Harness required when using the ladder Drowning – Catastrophic failure of the pit walls would result in water from the river flooding the pit	
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Bohne on 09-24-12	
Reclassification Requirements:	1910.146	-Requires CSE checklist to be filled out before entry. -Requires continuous four gas air monitoring while in space. -Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1910.23	Fall Protection requires proper use of ladder harness when descending and ascending the ladder. Requires confined space checklist (non-permit) with supervisor signature, air monitoring, and an authorized attendant present. Additional safety requirements from supervisor include giving notice to the supervisor prior to entrance.

(4) King Make-Up Air Units

Complex:	City of Appleton – Municipal Services Building	
Spaces in Inventory:	Four (4) King Make-Up Air Units	
Type/Descriptions:	The make-up air units provide additional fresh outside air (heated in the winter) to the garage. The units are suspended from the roof deck and contain fans and heaters. Technicians must crawl into the unit to perform maintenance. Preventive maintenance requirements demand entry on a quarterly basis.	
Asset Codes:	SS 158AHU0001 SS 158AHU0002 SS 158AHU0003 SS 158AHU0004	
Access:	Vertical and Horizontal	
Hazards:	Fall Hazard – scissor lift required Mechanical – belt-driven fans with exposed sheaves Natural Gas – gas lines and pilot lights are contained in the units.	
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Bohne on 12-12-11	
Reclassification Requirements:	1910.146	-Requires CSE checklist to be filled out before entry. -Turn off gas to unit prior to entrance. -Requires continuous four gas air monitoring while in space. -Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1919.147	Lock-out Tag-out required for fan motor.
	1910.23	Fall Protection (scissor lift) requires proper use of the scissor lift as prescribed in the City policy. Requires confined space checklist (non-permit) with supervisor signature, air monitoring, and an authorized attendant present. Additional safety requirements from supervisor include giving notice to the supervisor prior to entrance.

Entry Procedures – Non-Permit

1. The confined space checklist (Exhibit I) must be completed before entering a non-permit required confined space.

2. A written copy of operating and rescue procedures, as required by this policy shall be at the work site for the duration of the job.

3. The permit checklist shall be kept at the work site for the duration of the job. If circumstances dictate an interruption in the work (the entrant(s) within the confined space leaves the confined space) the permit must be re-evaluated and a new checklist completed.

4. The atmosphere within the authorized entrant's immediate area shall be continuously monitored for oxygen, combustible gas, potential toxic air contaminants and any other hazardous substance which the employer has reason to believe may be present in the confined space. An alarm only type gas monitor may be used. Meters shall be calibrated per manufacturer's recommendations. Meters shall be "bump" tested prior to metering the atmosphere. Testing shall be conducted by a trained individual only.

5. A written record of the pre-entry test results shall be made and kept at the work site for the duration of the job. See Exhibits I and/or II.

6. A monitoring probe shall be lowered slow enough to detect stratification of atmosphere contamination at all levels.

7. The authorized individuals will certify in writing based upon the results of the pre-entry testing that all hazards have been eliminated.

8. Affected employees shall be able to review the testing results.

9. When dangerous air contamination is attributable to flammable and/or explosive substances, lighting and electrical equipment shall be Class I, Division I rated per national electrical code and no ignition sources shall be introduced into the area.

10. Entry is prohibited for 10% or greater LEL atmosphere.

11. While in the confined space, if the air quality falls outside of the limits specified on pages 2 and 3, the authorized entrant shall exit the confined space.

12. Ventilation may not be used in lieu of monitoring devices. An employee may not enter the space until forced ventilation has eliminated any hazardous atmosphere.

13. Smoking is prohibited in or near a confined space.

Bridge Tender Draw Pit

(Olde Oneida St)

Complex:	City of Appleton – Olde Oneida Bridge Tender Building	
Spaces in Inventory:	Drawbridge Sump Pit	
Type/Descriptions:	There is a sump pump in the bottom of the pit that is installed in the spring for summer operations, and removed in the winter to prevent freeze damage. There is a Facilities Preventive Maintenance work order in the system to initiate actions.	
Asset Codes:	N/A	
Access:	Vertical via permanent ladder	
Hazards:	Fall Hazard – Harness required when using the ladder Drowning – Catastrophic failure of the pit walls would result in water from the river flooding the pit	
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Bohne on 09-24-12	
Reclassification Requirements:	1910.146	-Requires CSE checklist to be filled out before entry. -Requires continuous four gas air monitoring while in space. -Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1910.23	Fall Protection requires proper use of ladder harness when descending and ascending the ladder. Requires confined space checklist (non-permit) with supervisor signature, air monitoring, and an authorized attendant present. Additional safety requirements from supervisor include giving notice to the supervisor prior to entrance.

(2) Bulk Sodium Hypochlorite Tanks

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(2) Sodium Hypochlorite Bulk Tanks	
Descriptions:	Sodium Hypochlorite Bulk Tanks contain a 12.0% concentration of sodium hypochlorite (i.e., industrial grade bleach). The chemical is primarily used as a disinfectant for treating final effluent during the disinfection season. Filling the tanks occurs from the chemical off load station. Protected water is subsequently added to the tanks to create the 6% solution that is used in the disinfection process. Tanks are equipped with outlet piping and isolation valves, and venting to the plant exterior. Each tank has a volume of 8,850 gallons.	
Asset Codes:		• L-106-CST-0001 • L-106-CST-0002
Access:	Vertical	
Hazards:		1. Atmospheric Chlorine Gas - Elemental chlorine gas can be created if a mixture with an acid occurs. 2. Chemical – sodium hypochlorite solution is a strong oxidizer 3. Engulfment Hazard – engulfment from liquid content in tank 4. Fall hazards – vertical 5. Employee work – employee work activities could cause hazard (e.g., atmospheric due to)
Classification:	Permit-Required – No Entry Allowed by AWWTP Staff	
Completed by:	Chris Shaw on 03-22-16	
CFR 40 Requirements:	1910.146	**Tank Entry is Not Allowed for AWWTP Staff** 1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires constant ventilation 3. Requires rescue service and retrieval system including a lifeline 4. Requires all other equipment and procedures that are necessary to perform a permit required confined space 5. Requires air monitoring and an atmosphere that is in an acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space 6. Requires air monitoring for atmospheric chlorine gas. If an alarm condition exists (i.e., > 1.0 ppm) then the entrant must

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		exit the space. 7. Reclassification of this space is not allowable
	1910.147	1. Tank inlet valves for water and sodium hypochlorite must be closed and locked out. 2. Tank outlet to process must be closed and locked out.
	AWWTP Safety	1. Portable lighting w/GFCI protection due to limited space lighting 2. Tank must be emptied and washed down and pumped out prior to entry 3. See your supervisor for additional safety instructions

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H Building Sump Pit

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(1) Lower Level Sump	
Type/Descriptions:	Sump Pit – Lower level sump accepts floor drain waste from upper, intermediate and lower floor drains. Sump pump discharges to Combined ML Channel.	
Asset Codes:	• H-001-SPP-0001 • H-001-SPP-0002	
Access:	Vertical	
Hazards:	• Water Hazard – Engulfment (if pit has accumulated waste) • Sewage Gases – Potential Atmospheric Hazard • Fall Hazard – Tank Configuration • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 07-17-18	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrieval system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended.
	1919.147	1 Sump pumps #1 and #2 must be locked out WW Safety Recommendation – • Tank should be emptied and washed down • Check with your supervisor for additional instructions

(2) Lime Slurry Thickener Tanks (LSTTs)

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(2) Lime Slurry Thickener Tanks (LSTT)	
Type/Descriptions:	Tanks serve as the holding and thickening tanks for water treatment residuals (aka lime slurry) if process is chosen. The tanks can also be used for filtrate storage and equalization. Tanks were formally referred to as "decant tanks" in the 1994 Volume I of the Wastewater Treatment Operations and Maintenance Manual.	
Asset Codes:	T-201-OST-0001 T-202-OST-0002	
Access:	Vertical or Horizontal	
Hazards:	Water Hazard – Engulfment Mechanical Hazard – Rotating Rake Fall Hazard – Vertical Tank Entry, Conical Tank Floor Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw on 03-13-12	
Reclassification Requirements:	1910.146 1919.147 1910.23	1. Requires confined space checklist to be filled out prior to entry with supervisor authorization. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range. 4. LOTO rake at T building MCC 5. LOTO inlet valve in T building basement 6. Rinse tank and empty before entry 7. Fall protection required for vertical entry into tank. The use of UCL man rated hoist is required. A ladder may be used in conjunction with hoist as long as the UCL system is not compromised (entrant should not create slack in lifeline). 8. Horizontal entry can be made through access hatches on south side of tanks. WW Safety Recommendation - Two workers in communication with each other. See your supervisor for additional safety instructions.

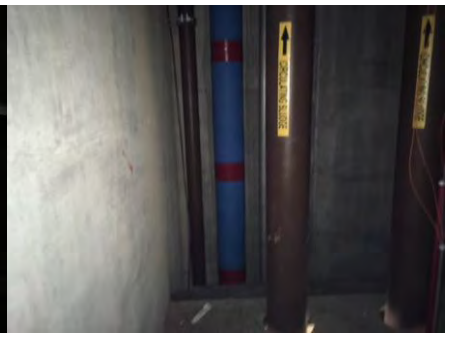
(2) Anaerobic Digesters

Complex:	City of Appleton – Wastewater Treatment Plant
Spaces in Inventory:	(2) 2.2 MG Anaerobic Digesters – Manhole access (outside face ground level access E.L. 722.0 MSL and inside face L2 base of digester level access E.L. 700.0 MSL) in personnel space of primary digesters. Other access is the top manways (E.L. 811 MSL)
Type/Descriptions:	(2) Anaerobic Digesters – Primary anaerobic digesters convert wastes pumped from the sludge blend tank (combined primary sludge, thickened waste activated sludge, scum, and receiving station wastes) to water, methane, and carbon dioxide in the absence of oxygen. Prior to entry, sludge is preheated through dedicated heat exchangers located in the MK tunnel and in the lower HEX near the base of each anaerobic digester in ("K" Building - L2). This HEX insures maintained sludge temperatures at 95°F. Sludge is discharged through the sludge overflow box atop each digester where it is directed to secondary digestion (i.e., blending and storage) for further processing. Sludge mixing is accomplished by circulation and/or the gas mix system. Refer to Volume II of the Wastewater Treatment Operations and Maintenance Manual for further information.
Asset Codes:	• K-100-DST-0001 • K-200-DST-0002
Access:	Vertical
Hazards:	• Sludge Hazard – Engulfment • Sewage Gases - Atmospheric • Fall Hazard – Tank Configuration • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit Required Confined Space
Completed by:	Chris Stempa on 01-30-12
Requirements:	1910.146 — 1. Requires confined space checklist (permit) with supervisor signature, air monitoring, an authorized attendant present, and ventilator 2. Requires rescue service and retrieval system including full body harness, man rated tripod, and lifeline

		3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if any alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended.
	1919.147	1. Digester feed pump must be locked out 2. Digester circulation pump must be locked out 3. Sludge valves in K-001 that discharge to the lower, mid, and upper discharge points must be locked out 4. Gas mix compressor needs to be locked out 5. Common LSG outlet valve must be locked out
	1910.23	1. Fall protection must be worn if working at greater than 6 feet or from a ladder at an elevation of 20 feet. WW Safety Recommendation – • Tank should be emptied and washed down • Ventilate space prior to entry (required) • Provide explosion proof lighting

(2) Digested Sludge Wells

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(2) Digested Sludge Wells	
Type/Descriptions:	(2) Digested sludge wells accept digested sludge from the secondary digester transfer pumps in M-001. Digested sludge is transferred from these wells to the Belt Filter Presses (BFP) via the BFP Feed Pumps in V-008. The two wells can operate independently or in parallel based on valving and controls. The two wells have an isolation slide gate between the shared tank wall.	
Asset Codes:	• V-700-OST-0001 • V-700-OST-0002	
Access:	Vertical	
Hazards:	• Water Hazard – engulfment from tank sludge or emergency overflow could produce discharge into wells from other tank emergency overflows • Sewage Gases – atmospheric: CH_4, CO, H_2S, or O_2 Deficient • Fall Hazard – tank configuration • Employee Work – employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 06-08-09	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrevial system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended.
	1919.147	1. Inlet valve to wet well needs to be locked out 2. Transfer pump to wet well needs to be locked out WW Safety Recommendation – • Tank should be emptied and washed down prior to entry • Ventillate space prior to entry • Provide explosion proof lighting



Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	Digester Tower Vertical Pipe Chases • Primary Digester #1 Pipe Chase • Primary Digester #2 Pipe Chase	
Type/Descriptions:	The purpose of the Vertical Pipe Chase is to allow access to the piping and valves that are functions of primary digestion (e.g., circulating sludge, digested sludge, circulating gas, low suction gas, RFE, protected water and filtrate. This procedure sheet does not provide information of the Horizontal Pipe Chase for the Primary Digesters. The Horizontal Pipe Chase has a separate procedure sheet that identifies hazards unique to that space. Refer to Brown and Caldwell mechanical and structural drawings for further information.	
Asset Codes:		K-500-BGB-6000
Access:	Vertical	
Hazards:	Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding, cutting, maintaining piping, and valves) Fall Hazard – Vertical Pipe Chase is a continuation of Horizontal Pipe Chase. Vertical Pipe Chase spans 110 feet vertically which creates a fall hazard.	
Classification:	Non Permit Confined Space	
Completed by:	Chris Shaw on 03-16-18	
Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Exit space and notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1910.23	1. Pipe chase entry requires that fall protection be utilized in the event that an employee is within 4 feet of a fall hazard.
		AWWTP Safety Recommendations 1. See your supervisor for additional safety instructions. 2. Provide portable lighting as chase is not lighted. 3. Two workers in communication with each other.

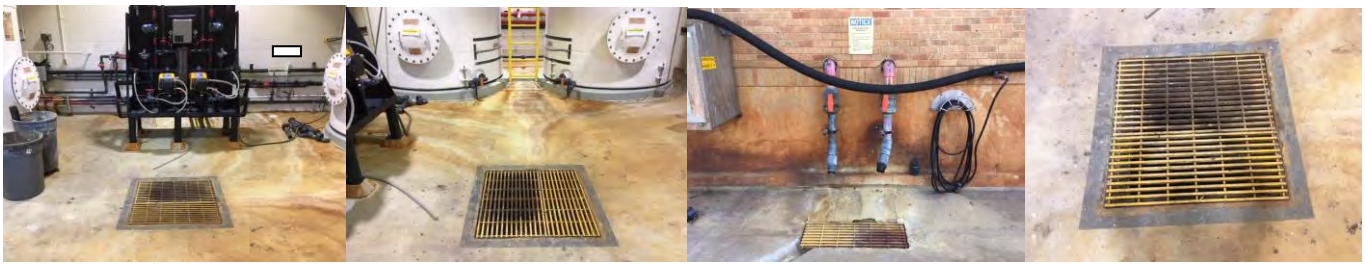
(2) Secondary Digesters

Note: Also referred to as Blending and Storaage Tanks

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(2) Secondary Digesters	
Type/Descriptions:	(2) Secondary Digesters accept primary digested sludge from the egg shaped digesters, transferable sludge, and filtrate from K, M, and T building transfer pumps and piping. Sludge is transferred from these tanks via the secondary digester transfer pumps. Each tank also houses a sludge mixing system that is accomplished with the blend pump and a multiple discharge header. The tanks have continuous supply of air with permanently installed explosion proof ventillators. Tank entry is accomplished through side access doors on either side of the tank where the and the lower cylinder and conical floor meet.	
Asset Codes:	• M-101-ST-0001 • M-101-ST-0002	
Access:	Vertical or Horizontal (horizontal acess is not recommended because of height)	
Hazards:	• Water Hazard – from tank sludge and other liquid flows. Hazard also exists from blending pumps or flow equalization from tank valving that could cause engulfment • Sewage Gases – atmospheric: CH_4, CO, H_2S, or O_2 deficient • Fall Hazard – tank configuration (vertical entry only) • Employee Work – employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw on 06-08-09	
Reclassification Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, and air monitoring 2. Requires all other equipment and procedures that are necessary to perform a non-permit required confined space entry 3. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 4. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1919.147	1. Sludge inlet valve to tank needs to be locked out 2. Blending pump discharge valve to the tank needs to be locked out 3. Blending pump transfer valve needs to locked out WW Safety Recommendations – • Tank sludge should be transferred from tank • Tank should be washed down from the exterior prior to entry • Permanent tank ventillator should remain operational • Tank should be entered horizontally • Explosion proof lighting should be utilized • Two employees working together

Lawe Street Lift Station Wet Well

Complex:	City of Appleton – Wastewater Treatment Plant Lift Station	
Spaces in Inventory:	(1) Wet Well – Lower Access (below upper deck)	
Type/Descriptions:	Wet Well – Lower access contains sewage, pump suction piping, and control floats. Well has bar screen for debris and Flygt mixer that minimizes solids settling.This installation has permanent ventillation and lighting.	
Asset Codes:	• Z-106-BGB-6000	
Access:	Vertical	
Hazards:	• Water Hazard – Engulfment • Sewage Gases - Atmospheric • Fall Hazard – Tank Configuration • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 07-03-09	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrevial system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended.
	1919.147	1 Flygt wet well mixer must be locked out WW Safety Recommendation – • If possible well should be isolated • Tank should be emptied and washed down • Additionally ventillate space prior to entry • Check with your supervisor for additional instructions



Complex:	City of Appleton – Wastewater Treatment Facility	
Spaces in Inventory:	Iron Salt Chemical Containment Pit	
Descriptions:	The membrane covered concrete containment pit is located under the Iron Salt Chemical Room in Blower Building 2 (F-2). The containment pit receives drainage from the floor drain inside the room and from the drain in the chemical containment area outside. Two of the 5000 gallon bulk storage tanks contain 38% ferric chloride and the other two tanks contain spent pickle liquor or ferrous sulfate (typically 6-7% iron content). The containment pit has adequate capacity to contain the total liquid volume from all four 5,000 gallon bulk storage tanks. The containment pit also receives flow from wash-down operations, spillage during off-loading of deliveries, rain water, and potential spillage from tank rupture. A portable submersible pump is operated as necessary to remove liquid from the sump. The sump pump discharges to the five sided structure which flows to the east interceptor sewer. For further information refer to 1994 Appleton Wastewater Treatment Plant Operations Manual, Section 7, Chemical Phosphorus Removal and as-built drawings M439-F and M443-F.	
Asset Codes:		• F2-121-CDP-0001
Access:	Vertical	
Hazards:		1. Atmospheric Hydrogen Gas – Ferric or ferrous acids can react with metals to release flammable hydrogen gas. 2. Chemical – ferric chloride and ferrous sulfate 3. Engulfment Hazard – engulfment from liquid content in tank 4. Fall hazards – vertical
Classification:	Permit-Required Confined Space	
Completed by:	Chris Shaw on 08-15-18	
CFR 40 Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present. 2. Requires ventilation via an explosion proof blower. 3. Personal respirator must worn at all times. 4. Eye protection (goggles required) must be worn at all times. 5. Other PPE includes rubber boots, rubber gloves, and chemical resistant suit. Litmus paper should be used to indicate whether or not an acid environment exists. 6. Requires on site rescue service and retrieval system including full body harness, man rated tripod, and lifeline. 7. Requires all other equipment and procedures that are necessary to perform a permit required confined space.

		8. Requires air monitoring and an atmosphere that is in an acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if an alarm condition exists then the entrant must exit the space. 9. Reclassification of this space is not recommended.
	1910.147	1. Bulk tank drain valves must be closed and locked out. 2. Outside secondary containment drain must be plugged.
	1910.32-1910.38	1. Acid cartridge respirator or SCBA must be donned in order to work in sump. 2. PPE Requirements listed in the AWWTP PPE Roster must be utilized. All appropriate PPE must be donned prior to entry.
	1910.23	1. Fall protection is required. The use of a ladder is not allowed due to potential damage to protective membrane lining containment pit. Use of the man rated tripod and winch should be used for entry. AWWTP Safety Recommendations - 1. Portable lighting w/GFCI protection due to limited space lighting. 2. Chemical Room containment pit washed down and pumped out prior to entry. 3. See your supervisor for additional safety instructions.

Final Distribution Chamber

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	Final Effluent Channels	
Type/Descriptions:	Effluent is collected from final clarifiers in launderers and conveyed via the Final Distribution Chamber. The Final Distribution Chamber allows access to all six Secondary Clarifiers. The chamber and channels are covered below grade as well as open to atmosphere.	
Asset Codes:	• G-107-WWT-0007	
Access:	Vertical	
Hazards:	• Water Hazard – Engulfment • Sewage Gases - Atmospheric • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 08-25-09	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrieval system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Requires constant communication between entrant and attendant.
	1919.147	1 All six final clarifiers outlet valves would need to be locked out in order to keep final effluent from entering the chamber. This cannot be accomplished without diversion pumping or having a working capacity in one or more of the final clarifiers. WW Safety Recommendation –

	1. Constant FE pumping with Effluent Pumps will bring Effluent Chamber liquid level down 2. Ventilator should be used during entries 3. Check with your supervisor for additional instructions 4. Reclassification of this space is not recommended.

(6) Final Clarifiers

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(6) Final Clarifiers	
Type/Descriptions:	Tanks serve as the secondary treatment process settling tanks. Microlife is returned to the aeration tanks as RAS and effluent is collected in launderers and exits tank to final effluent channel. Refer to Volume I of the Wastewater Treatment Operations and Maintenance Manual for further information	
Asset Codes:		G-101-WWT-0001 G-102-WWT-0002 G-103-WWT-0003 G-104-WWT-0004 G-105-WWT-0005 G-106-WWT-0006
Access:	Vertical	
Hazards:		Water Hazard – Engulfment Mechanical Hazard – Rotating Rake Fall Hazard – Tank Entry Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw on 05-12-09	
Reclassification Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1919.147	1. LOTO rake at MCC 2. LOTO inlet valve at parshall flume and in MCC 3. LOTO tank effluent valve in MCC
	1910.23	1. Fall protection required for vertical entry into tank. The use of UCL man rated hoist is required. A ladder may be used in conjunction with hoist as long as the UCL system is not comprimized (entrant should not create slack in lifeline). WW Safety Recommendation - Two workers in communication with each other. See your supervisor for additional safety instructions

Washwater Sump Pit

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(1) Sludge Storage Building Washwater Sump Pit	
Type/Descriptions:	Washwater is collected from the sludge storage building drive thru in east and west troughs. The troughs are connected to a center manhole with open grating. This driveway manhole is piped to the washwater sump pit where pumps convey the washwater to the MH 08 (leads to headworks).	
Asset Codes:	• V2-103-SPP-0003 (Pump Asset) • V2-103-SPP-0004 (Pump Asset)	
Access:	Vertical	
Hazards:	• Water Hazard – Engulfment • Sewage Gases - Atmospheric • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 08-25-09	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrieval system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Requires constant communication between entrant and attendant.
	1910.147	1. Lock out pumps prior to servicing.

	WW Safety Recommendation – 2. Clean pit and dewater using a portable pump. 3. Ventilator should be used during entries 4. Check with your supervisor for additional instructions 5. Reclassification of this space is not recommended.

(3) Aeration Tanks

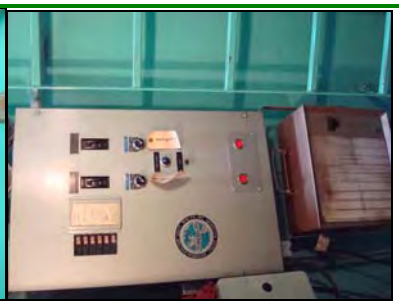
Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(3) Aeration Tanks (3) Inlet Channels to Aeration Tanks	
Type/Descriptions:	Tanks and channels serve as mix point for RAS from Pass #1 of aeration tank to mix with primary effluent in Inlet Channels to Aeration Tanks. RAS and PE combined are referred to as mixed liquor. The mixed liquor is aerated in aeration tanks to allow for respiration and detention time for the uptake of BOD. Refer to Volume I of the Wastewater Treatment Operations and Maintenance Manual for further information	
Asset Codes:		E-101-WWT-0001 E-102-WWT-0002 E-103-WWT-0003
Access:	Vertical	
Hazards:		Water Hazard – Engulfment Fall Hazard – Tank Entry Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw on 05-12-09	
Reclassification Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1919.147	1. LOTO influent valve at parshall flume or to inlet valve of pass which work is to be performed.
	1910.23	1. Fall protection required for vertical entry into tank. The use of the UCL man rated hoist is required. A ladder may be used in conjunction with hoist as long as the UCL system is not comprimized (entrant should not create slack in lifeline). WW Safety Recommendation - Two workers in communication with each other. See your supervisor for additional safety instructions - Tank effluent slide gates may need to be installed depending on mixed liquor channel elevation.

(3) Aeration Tanks

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(3) Aeration Tanks (3) Inlet Channels to Aeration Tanks	
Type/Descriptions:	Tanks and channels serve as mix point for RAS from Pass #1 of aeration tank to mix with primary effluent in Inlet Channels to Aeration Tanks. RAS and PE combined are referred to as mixed liquor. The mixed liquor is aerated in aeration tanks to allow for respiration and detention time for the uptake of BOD. Refer to Volume I of the Wastewater Treatment Operations and Maintenance Manual for further information	
Asset Codes:		E-101-WWT-0001 E-102-WWT-0002 E-103-WWT-0003
Access:	Vertical	
Hazards:		Water Hazard – Engulfment Fall Hazard – Tank Entry Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw on 05-12-09	
Reclassification Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1919.147	1. LOTO influent valve at parshall flume or to inlet valve of pass which work is to be performed.
	1910.23	1. Fall protection required for vertical entry into tank. The use of the UCL man rated hoist is required. A ladder may be used in conjunction with hoist as long as the UCL system is not comprimized (entrant should not create slack in lifeline). • WW Safety Recommendation 1. Two workers in communication with each other. See your supervisor for additional safety instructions 2. - Tank effluent slide gates may need to be installed depending on mixed liquor channel elevation.

(2) BFP Polymer Tanks

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(2) Bulk Polymer Storage Tanks	
Type/Descriptions:	(2) BFP Bulk Polymer Storage Tanks – • Tanks store neat polymer prior to batching and aging. • This polymer is a floculant that improves sludge dewatering on BFPs. • The tanks have an automatic sequencing process during filling. The tank inlet valves open to ensure that the tanks will not be over-filled. • Polymer is transferred from these tanks and mixed with water at one of two polymer make down units. After the make down unit, the polymer is aged and fed to on-line BFPs.	
Asset Codes:	• V-201-PST-0001 • V-201-PST-0002	
Access:	Vertical	
Hazards:	• Chemical Hazard – engulfment from tank contents or tank overflow could produce engulfment hazard. • Atmospheric: Polymer vapor, O_2 Deficient, etc. • Fall Hazard – tank configuration • Employee Work – employee work activities could cause hazard (e.g., atmospheric, due to employee plastic welding)	
Classification:	Permit Required Confined Space – No Entry Permitted	
Completed by:	Chris Shaw on 07-06-09	
Requirements:	1910.146	1. **No Entry Permitted** 2. Reclassification of this space is not currently recommended. WW Safety Recommendation – • Tank should be emptied and washed down prior to any work • Ventillate space • Provide explosion proof lighting • Contact your supervisor for futher instruction



Briarcliff Lift Station

Dry Well – (Controls)

Complex*:*	City of Appleton - Wastewater Treatment Facility Lift Station
Spaces in Inventory:	(I) Dry Well – Access that houses lift station controls and air compressors. Station conveys sewage to elevated collecter sewer.
Type/Description:	Dry well – Room is engineered with forced air ventilation, lighting, ships ladder, landing platform. This procedure sheet is not meant for wet well entry.
Asset Codes:	• Z-107-BGB-6000
Access:	Vertical via Ships Ladder and Landing Platforms
Regulatory Hazard	1. Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Non-Permit-Required
Completed by:	Chris Shaw on 05-14-09
Safety Notes:	1910.146 1. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 2. Requires confined space checklist and air monitoring AWTF Safety Recommendations 1. See your supervisor for additional safety instructions

Location:

Chlorine Contact Tanks (CCT)

Complex:	City of Appleton – Wastewater Treatment Facility	
Spaces in Inventory:	(2) Chlorine Contact Tanks, #1 and #2 CCT. #2 CCT has north and south separation.	
Type/Descriptions:	Disinfection process is accomplished in the chlorine contact tanks. Sodium hypochlorite and final effluent are mixed using with the aid of air whip diffusers. The tank baffling provides a 40:1 length to width ratio that achieves proper contact and mix. Chlorine Contact Tank #1 also achieves dechlorination with the addition of sodium bisulite. For additional information refer to the Operations and Maintenance Manual.	
Asset Codes:		J-102-WWT-0001 (#1 Circular Tank) J-103-WWT-0001 (#2 North Tank J-103-WWT-0002 South (#2 South Tank)
Access:	Vertical	
Hazards:		Water Hazard – Engulfment Chemical Hazard – Sodium Hypochlorite or Sodium Bisulfite Fall Hazard – Due to depth of tanks Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw 05-05-09	
Reclassification Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range
	1919.147	1. LOTO sodium bisulfite system for CCT #2 2. LOTO close inlet and outlet valves. 3. LOTO close inlet valve to RFE Pumping Header from CCT #1 (located in lower level of H bldg. basement) for CCT #1
	1910.23	1. Fall protection from man-rated UCL hoist must be used to enter the tank. A ladder can be used but only in conjunction with the UCL hoist.
		WW Safety Recommendations 1. Two workers in communication with one another 2. Review tank drawings and understand RFE and CCT systems prior to entry.

	3. Contact your supervisor for additional safety information.

(3) DAF Polymer Tanks

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(3) Bulk Polymer Storage Tanks	
Type/Descriptions:	(3) DAF Bulk Polymer Storage Tanks – • Tanks store neat polymer prior to batching and aging. • This polymer is a floculant that improves sludge thickening at the DAF units. • Polymer is transferred from these tanks and mixed with water at one of two polymer batch tanks. After mixing the polymer solution is aged and fed to an on-line DAF.	
Asset Codes:	• V-102-PST-0001 • V-102-PST-0002 • L-102-PST-0003	
Access:	Vertical	
Hazards:	• Chemical Hazard – engulfment from tank contents or tank overflow could produce engulfment hazard. • Atmospheric: Polymer vapor, O_2 Deficient, etc. • Fall Hazard – tank configuration • Employee Work – employee work activities could cause hazard (e.g., atmospheric, due to employee plastic welding)	
Classification:	Permit Required Confined Space – No Entry Permitted	
Completed by:	Chris Shaw on 07-06-09	
Requirements:	1910.146	1. **No Entry Permitted** 2. Reclassification of this space is not currently recommended. WW Safety Recommendation – • Tank should be emptied and washed down prior to any work • Ventillate space • Provide explosion proof lighting • Contact your supervisor for futher instruction

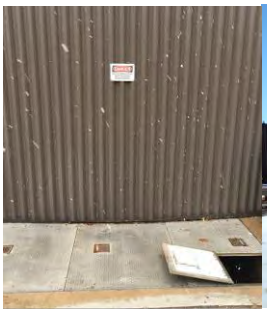
Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(2) Dissolved Air Floatation Tanks	
Type/Descriptions:	(2) Dissolved Air Flotation Tanks which receive waste activated sludge (WAS) from the return activated sludge (RAS) line. The WAS consists of excess microorganisms from the activated sludge process. Tanks introduce dissolved air and a polymer which allows for liquids solids separation by floating solids into a blanket of solids. A chain and sprocket gear system move flights which scrape solids into a sludge hopper and onto the thickened sludge well. Subnatant evacuates the rear of the tanks and flows to the head of aeration.	
Asset Codes:	• L-101-TRT-0002 • L-101-TRT-0003	
Access:	Vertical	
Hazards:	• Water Hazard – from WAS flow into tank. Subnatant also can enter the tank from a bypass • Sewage Gases – potential atmospheric: CH_4, CO, H_2S, or O_2 deficient • Fall Hazard – tank entry via ladder • Employee Work – employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw on 01-16-19	
Reclassification Requirements:	1910.146 1910.147	1. Requires confined space checklist (permit) with supervisor signature, and continuous air monitoring 2. Requires all other equipment and procedures that are necessary to perform a non-permit required confined space entry 3. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 4. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 5. Tank sludge must be transferred from tank 6. Tank must be washed down from the exterior prior to entry 7. WAS inlet valve to tank needs to be locked out 8. Flight system must be locked out WW Safety Recommendations – Two employees in communication with each other

AWWTP

Location:

Horizontal Pipe Chases for Primary Digesters

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(2) Horizontal Pipe Chases • Primary Digester #1 Pipe Chase • Primary Digester #2 Pipe Chase	
Type/Descriptions:	The purpose of the Horizontal Pipe Chase is to allow access to the piping and valves that are functions of primary digestion (e.g., circulating sludge, digested sludge, circulating gas, low suction gas, RFE, protected water and methane sensors). This procedure sheet does not provide information of the Vertical Pipe Chase for the Primary Digesters. The Vertical Pipe Chase has a separate procedure sheet that identifies hazards unique to that space. Refer to Brown and Caldwell Drawings M-608 and M609 for further information.	
Asset Codes:		K-500-BGB-6000
Access:	Vertical	
Hazards:	Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding, cutting, maintaining piping, and valves) Fall Hazard – Vertical Pipe Chase is a continuation of Horizontal Pipe Chase. Vertical Pipe Chase spans 110 feet vertically which creates a fall hazard.	
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw on 05-20-09	
Reclassification Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1910.23	1. Barricade around opening of vertical pipe chase if worker is within four feet of vertical chase or fall protection required for work within 4 feet of vertical chase.
		AWWTP Safety Recommendations 1. See your supervisor for additional safety instructions. 2. Provide portable lighting as chase is not lighted. 3. Two workers in communication with each other.



Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(1) Filtrate Storage Tank (2) Manway Vaults for Horizontal Access	
Type/Descriptions:	The Filtrate Storage Tank is flow equalization tank for Belt Filter Press (BFP) Filtrate. The tank is a cylindrical concrete tank that is 70 feet in diameter. At the base of the cylinder is 8.25-foot cone for sludge collection and pumping. Filtrate exits the tank where it is modulated and metered. While filtrate is not solids laden, the solids will accumulate over time and produce sludge. The sludge is pumped via 500 gpm progressive cavity pump to either of the secondary digesters or to drain. The tank also accepts overflows from the Raw Sludge Blend Tank and both Primary Digesters. Tank entry is accomplished through side access doors on either side of the tank where the lower cylinder and conical floor meet.	
Asset Codes:	• M-102-ST-0001	
Access:	Vertical or Horizontal (vertical access is not recommended because of height)	
Hazards:	• Water Hazard – from tank sludge and filtrate flow into the tank. Hazard also exists from emergency overflows from the Raw Sludge Blend Tank and the Primary Digester Selector Tube Boxes (2). • Sewage Gases – atmospheric: CH_4, CO, H_2S, or O_2 deficient • Fall Hazard – tank configuration (vertical entry not recommended) • Employee Work – employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit-Required – Reclassification is not allowed	
Completed by:	Chris Shaw on 12-02-19	
	1910.146	1. Requires confined space checklist (permit) with supervisor signature, and air monitoring 2. Requires all other equipment and procedures that are necessary to perform a permit required confined space entry 3. Requires AFD rescue services be available or on site 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space 5. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 6. CSE ventilator needs to be operating during entries

1919.147	7. Filtrate inlet valves to tank needs to be locked out WW Safety Recommendations – • Tank sludge should be transferred from tank • Tank should be washed (to the extent possible) from the exterior prior to entry • Tank should be entered horizontally from manways • Explosion proof lighting should be utilized

Location:

Horizontal Pipe Chases for Primary Digesters

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(2) Horizontal Pipe Chases • Primary Digester #1 Pipe Chase • Primary Digester #2 Pipe Chase	
Type/Descriptions:	The purpose of the Horizontal Pipe Chase is to allow access to the piping and valves that are functions of primary digestion (e.g., circulating sludge, digested sludge, circulating gas, low suction gas, RFE, protected water and methane sensors). This procedure sheet does not provide information of the Vertical Pipe Chase for the Primary Digesters. The Vertical Pipe Chase has a separate procedure sheet that identifies hazards unique to that space. Refer to Brown and Caldwell Drawings M-608 and M609 for further information.	
Asset Codes:		K-500-BGB-6000
Access:	Vertical	
Hazards:	Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding, cutting, maintaining piping, and valves) Fall Hazard – Vertical Pipe Chase is a continuation of Horizontal Pipe Chase. Vertical Pipe Chase spans 110 feet vertically which creates a fall hazard.	
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw on 05-20-09	
Reclassification Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1910.23	1. Barricade around opening of vertical pipe chase if worker is within four feet of vertical chase or fall protection required for work within 4 feet of vertical chase.
		AWWTP Safety Recommendations 1. See your supervisor for additional safety instructions. 2. Provide portable lighting as chase is not lighted. 3. Two workers in communication with each other.

No Photo Available

Kiwanis Park Lift Station Wet Well

Complex:	City of Appleton – Wastewater Treatment Plant Lift Station	
Spaces in Inventory:	(1) Wet Well – Lower Access (below flume and grating)	
Type/Descriptions:	(I) Wet Well – Lower access contains sewage and suction piping for lift station pumps. Wet well has sloped walls that lead to a sump. This tank design is to minimize settling and direct sewage to suction bells of lift station pumps.	
Asset Codes:	• Z-101-BGB-0001	
Access:	Vertical	
Hazards:	• Water Hazard – Engulfment • Sewage Gases - Atmospheric • Fall Hazard – Tank Configuration • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 05-16-09	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrevial system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended.
	1919.147	1. Inlet valve to lift station needs to be locked out 2. Pump suction valves need to be locked out WW Safety Recommendation – • Tank should be emptied and washed down • Ventillate space prior to entry • Provide explosion proof lighting

Lawe Street Lift Station Wet Well

Complex:	City of Appleton – Wastewater Treatment Plant Lift Station	
Spaces in Inventory:	(1) Wet Well – Lower Access (below upper deck)	
Type/Descriptions:	Wet Well – Lower access contains sewage, pump suction piping, and control floats. Well has bar screen for debris and Flygt mixer that minimizes solids settling.This installation has permanent ventillation and lighting.	
Asset Codes:	• Z-106-BGB-6000	
Access:	Vertical	
Hazards:	• Water Hazard – Engulfment • Sewage Gases - Atmospheric • Fall Hazard – Tank Configuration • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 07-03-09	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrevial system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended.
	1919.147	1 Flygt wet well mixer must be locked out WW Safety Recommendation – • If possible well should be isolated • Tank should be emptied and washed down • Additionally ventillate space prior to entry • Check with your supervisor for additional instructions

Midway Lift Station Wet Well

Complex:	City of Appleton – Wastewater Treatment Plant Lift Station	
Spaces in Inventory:	(1) Lift Station Wet Well	
Type/Descriptions:	Wet Well – manhole access contains atmospheric gases, sewage, pump, suction piping, and control floats.	
Asset Codes:	• Z-111-BGB-6000	
Access:	Vertical Entry Only	
Hazards:	• Water Hazard – Engulfment • Sewage Gases - Atmospheric • Fall Hazard – Tank Configuration • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 05-08-12	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrevial system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended.
	1919.147	1. Pumps need to be locked out to perform service. WW Safety Recommendation – • If possible well should be isolated • Tank should be emptied and washed down • Additionally ventilate space prior to entry • Check with your supervisor for additional instructions

(6) Primary Clarifiers

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(6) Primary Clarifiers	
Type/Descriptions:	Tanks serve as the primary treatment process of wastewater treatment plant. Settable solids are removed as sludge while supernatant is removed as primary effluent. Refer to Volume I of the Wastewater Treatment Operations and Maintenance Manual for further information	
Asset Codes:		C-101-WWT-0001 C-102-WWT-0002 C-103-WWT-0003 C-104-WWT-0004 C-105-WWT-0005 C-105-WWT-0006
Access:	Vertical	
Hazards:		Water Hazard – Engulfment Mechanical Hazard – Rotating Rake Fall Hazard – Tank Entry Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw on 04-09-09	
Reclassification Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires Continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1919.147	1. LOTO rake at MCC 2. LOTO inlet valve at splitter box
	1910.23	1. Fall protection required for vertical entry into tank – use of UCL man rated hoist.
		WW Safety Recommendation - Two workers in communication with each other. See your supervisor for additional safety instructions

Photo will be inserted…

Primary Influent Channel

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(2) Primary Influent Channels	
Type/Descriptions:	Primary Influent Channels convey wastewater from parshall flumes to primary clarifiers. Influent channels terminate at two (2) splitter boxes (i.e.,1-4 and 5-6 Splitter Boxes). Channels have rubber sock diffused air system for aerating channels.	
Asset Codes:	• C-107-WWT-0001	
Access:	Vertical	
Hazards:	• Water Hazard – Engulfment • Sewage Gases - Atmospheric • Fall Hazard – Tank Configuration • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 07-08-09	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present, and ventillation 2. Requires rescue service and retrieval system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended.
	1919.147	1 Inlet valve and splitter box valves need to be locked out in order to isolate the channel. Diversion pumping may need to be planned in order to keep the channel off-line. WW Safety Recommendation – • Channel should be emptied and washed down • Check with your supervisor for additional instructions

Valve Vault – Receiving Station Containment Area

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(1) Valve Vault for Receiving Station Containment Area	
Type/Descriptions:	Valve Vault – Houses isolation valve for containment area. When valve is closed the receiving station off-loading area provides containment. When valve is open the receiving station off-loading area is used for discharging hauled wastes to east interceptor.	
Asset Codes:	• L-440-PTI-0001	
Access:	Vertical	
Hazards:	• Water Hazard – Engulfment • Sewage Gases - Atmospheric • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 08.31-09	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrevial system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is currently not recommended. WW Safety Recommendation – • Vault should be dewatered • Ventillate space prior to entry • Check with your supervisor for additional instructions

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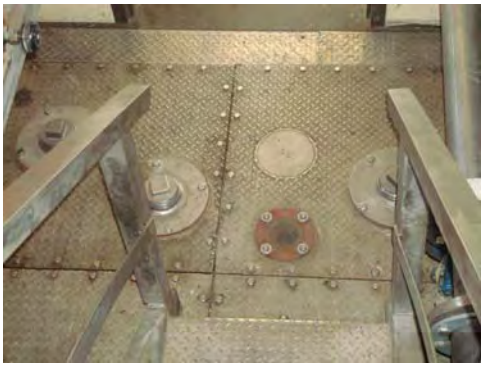
Scarlet Oak Lift Station
Wet Well

Complex:	City of Appleton – Wastewater Treatment Plant Lift Station	
Spaces in Inventory:	(1) Wet Well –	
Type/Descriptions:	(I) Wet Well – Lower access contains sewage and suction piping for lift station pumps. Wet well has sloped walls that lead to a sump. This tank design is to minimize settling and direct sewage to suction bells of lift station pumps.	
Asset Codes:	• Z-109-BGB-0001	
Access:	Vertical	
Hazards:	• Water Hazard – Engulfment • Sewage Gases - Atmospheric • Fall Hazard – Tank Configuration • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 05-04-16	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrevial system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended.
	1919.147	1. Inlet valve to lift station needs to be locked out 2. Pump suction valves need to be locked out WW Safety Recommendation – • Wet well should be emptied and washed down • Inlet line can be plugged for a short time to hold wastewater from entering the well during an entry • Ventillate space prior to entry • Provide explosion proof lighting



(2) Digester Selector Tube Boxes

Complex:	City of Appleton – Wastewater Treatment Plant Lift Station	
Spaces in Inventory:	(2) Selector Tube Boxes (below diamond plate access at elevation 808.5) in personnel space of primary digesters.	
Type/Descriptions:	(2) Selector Tube Boxes – Sludge discharge point of primary digesters. Selector tubes are used for two purposes in the digestion treatment process. First purpose is to select operating sludge elevation in the primary digesters. Second purpose is to select the sludge draw off point (i.e., ¼, ½, or ¾ draw off). The tank design is equiped with a blower that ventilates the space when it is in service. Refer to Volume II of the Wastewater Treatment Operations and Maintenance Manual for further information.	
Asset Codes:	• K-100-DST-0001 • K-100-DST-0002	
Access:	Vertical	
Hazards:	• Sludge Hazard – Engulfment • Sewage Gases - Atmospheric • Fall Hazard – Tank Configuration • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 06-01-09	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, an authorized attendant present, and ventilator 2. Requires rescue service and retrieval system including full body harness, man rated tripod, and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if any alarm condition exists then the entrant must exit the space.

	1919.147	5. Reclassification of this space is not recommended. 1. Digester feed pump must be locked out 2. Sludge valves in K-001 that discharge to the lower, mid, and upper discharge points must be locked out 3. Gas mix compressor needs to be locked out WW Safety Recommendation – • Tank should be emptied and washed down • Ventillate space prior to entry (required) • Provide explosion proof lighting

Arbutus Park Stormwater Lift Station Wet Well

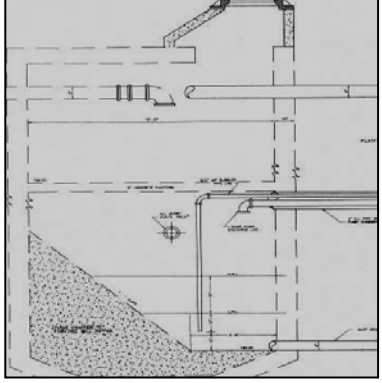
Complex:	City of Appleton – Arbutus Park Stormwater Lift Station	
Spaces in Inventory:	Stormwater Wet Well	
Type/Descriptions:	Arbutus Park has an isolated stormwater system consisting of three catch basins located in the south half of the park connected to a wet well in which two submersible pumps are installed. The pumps discharge through individual force mains to a manhole (F-145) part way up the slope that rises from the floor of the park to Packard Street.	
Asset Codes:	• Z-104-BGB-6000 (wastewater maintenance management system)	
Access:	Vertical	
Hazards:	• Water Hazard – Engulfment • Fall Hazard – Access to wet well • Organic Decomposition - Atmospheric gases • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 05-26-16	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrieval system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Requires constant communication between entrant and attendant.
	1910.147	1. Pumps would need to be locked/tagged if maintenance is to occur on pumps or discharge piping.
	1910.23	1. Barricading required around open access door to wet well.

	WW Safety Recommendation – 1. Ventilator should be used during entries 2. Check with your supervisor for additional instructions 3. Reclassification of this space is not recommended.

Summer Street Lift Station

Dry Well – (Controls)

Complex*:*	City of Appleton - Wastewater Treatment Facility Lift Station
Spaces in Inventory:	(I) Dry Well – Access that houses lift station controls and pumps. Station conveys sewage through a force main.
Type/Description:	Dry well – Room is engineered with forced air ventilation, lighting, ships ladder, landing platform. This procedure sheet is not meant for wet well entry.
Asset Codes:	• Z-102-BGB-6000
Access:	Vertical via Ships Ladder and Landing Platforms
Regulatory Hazard	1. Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Non-Permit-Required
Completed by:	Chris Shaw on 05-14-09
Safety Notes:	1910.146 1. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 2. Requires confined space checklist and air monitoring AWTF Safety Recommendations 1. See your supervisor for additional safety instructions



Summer Street Lift Station Wet Well

Complex:	City of Appleton –Wastewater treatment Plant Lift Station	
Spaces in Inventory:	(1) Lift Station Wet Well	
Descriptions:	Wet Well – manhole access contains atmospheric gases, sewage, pump, suction piping, and control floats.	
Asset Codes:	• Z-102-BGB-6000	
Access:	Vertical Entry Only	
Hazards:		1. Water Hazard - Engulfment 2. Sewage Gases - Atmospheric 3. Fall Hazard – Vertical Entry, Wet Well Configuration 4. Employee Work – Employee work activities could cause hazard (e.g. atmospheric due to employee welding). 5. Traffic –City traffic control procedures must be adhered to while working in the street
Classification:	Permit-Required	
Completed by:	Chris Stempa 12-18-15	
Requirements:	1910.146 1919.147	1. Requires confined space checklist (permit) with supervisor. 2. Requires rescue service and retrieval system including man rated tripod and lifeline. 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space. 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended. 6. Lock out pumps prior to performing service.
		WW Safety Recommendation- • Rescue services are required and available through the Appleton Fire Department. • Additionally ventilate space prior to entry. • Provide explosion proof lighting. • If possible isolate wet well influent flow. • See your supervisor for additional safety instructions

Houdini Plaza Water Fountain Underground Vault

Complex:	City of Appleton Parks, Recreation & Facilities Management- Houdini Plaza	
Spaces in Inventory:	Houdini Plaza Fountain Underground Vault	
Type/Descriptions:	Plumbing and electrical space for fountain lighting controls, pumps, and plumbing.	
Asset Codes:		
Access:	Vertical vault	
Hazards:		1. Employee Work- Atmospheric Changes 2. Chemicals: -Calcium hypochlorite in sealed container. -Hydrochloric acid (muriatic acid) in sealed container.
	Permit Required	
Completed by:	Cameron Green 10/11/18	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature. 2. Requires authorized attendant. Attendant can be facility seasonal employee, as long as seasonal employee has received City of Appleton confined space attendant training. 3. Requires pre and continuous air monitoring. 4. Requires fall protection harness, rescue service, and retrieval system including man rated tripod and lifeline. 5. Purge and ventilation set-up. Houdini Plaza Fountain underground vault has an exhaust fan that operates 24/7 during fountain operations. 6. LOTO when required on plumbing, electrical, and chemical feeding systems. 7. Requires constant communication between entrant and attendant. Safety recommendations: Notify AFD when fountain is turned on for season in April. Due to amount of weekly maintenance during seasonal operation, AFD <u>not</u> required to be notified to be on site.

Sludge
Wet Wells
(2)

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(2) Sludge Wet Wells – • #1 North Sludge Wet Well • #2 South Sludge Wet Well	
Descriptions:	Sludge Wet Wells - Provide tankage for pump discharge to the Appleton Wastewater Treatment Plant. Incoming streams include: softener sludge (blowdowns), MWW/CEB waste, membrane CIP waste, East Access Gallery sump discharge, and discharge from multiple tank drains. Refer to Water Treatment Operations Manual, Chapter 3, Sludge Wet Wells and Sludge Pumping	
Asset Codes:	Sludge Pumps	• WT-006-RSP-0001 • WT-006-RSP-0002 • WT-006-RSP-0003 • WT-006-RSP-0004
Access:	Vertical/Horizontal	
Hazards:		1. Water Hazard • Wastestream discharges: softener sludge, MWW/CEB, and CWW • Drain discharges: softener, softener inlet, contactor, recarbonation basin, and pretreatment basin • *North Only – Membrane CIP and East Access Gallery Sump discharge 2. Horizontal Fall Hazard – Access requires decent off cat walk via a ladder. 3. Vertical Entry – Not recommended other than for entrant retrevial
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw 05-08-15	
Reclassification Requirements:	1910.147	1. Create a work plan that identifies all lockout/tagout procedures and attach to this procedure sheet. 2. General LOTO should address these wastestreams: • CEB/MWW • CWW • CIP and East Access Gallery Sump • Softener Sludge (blowdowns) 3. Upper vertical access plate opened and opening area barricaded

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	1910.146	Ventilator use and appropriate lighting for work to be performed Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range
AWTF Safety Requirements:		1. Requires confined space checklist, procedure sheet and air monitoring 2. See your supervisor for additional safety instructions 3. Portable lighting w/GFCI protection due to limited space lighting 4. Two employees with the ability to communicate 5. Man-rated tripod set up over top access door 6. Entrant must wear a full body harness 7. See your supervisor for additional safety instructions

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Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(2) Chemical Containment Pits for Bulk Chemical Systems • #1 Acid Containment Pit (Ammonia, Citric Acid, and Hydrofluorsilicic Acid • #2 Base Containment Pit (Sodium Hypochlorite and Sodium Hydroxide)	
Descriptions:	Chemical Containment Pits – Located in the Chemical Room, the 2 containment pits provide containment throughout the room for the bulk chemical systems within the room. The pits lead to separate acid and base sumps where pumps serve to remove any materials collected. A separate CSE Procedure Sheet exists for the Chemical Sumps (equipped with pumps). Refer to Section 13.5 Chemical Room of the Water Treatment Plant Operations Manual for further information.	
Asset Codes:	Ammonia Caustic Soda Phosphate Sodium Hypochlorite Citric Acid	• WT-142-AMS-6000 • WT-142-CSS-6000 • WT-142-PHS-6000 • WT-142-SHS-6000 • WT-142-CAS-6000
Access:	Vertical	
Hazards:		1. Chemical Hazard • Sumps can hold concentrated or diluted forms of sodium hypochlorite, sodium hydroxide, ammonia, hydrofluorsilicic acid, citric acid, and polyphosphate. • Sump Containment #1 is containment for sodium hydroxide and sodium hypochlorite systems • Sump Containment #2 is containment for ammonia, citric acid, and fluoride systems. 2. Horizontal Fall Hazard – Access requires decent via portable ladder and tripod with fall protection winch.
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw 10-04-19	

Reclassification Requirements:	1910.146 1910.147 1910.23	1. Any liquid must be removed via the sump pump. Containment pit can then be washed from above and pumped dry prior to entry. 2. Create a work plan that identifies the necessary lockout tagout requirements. Upper vertical access grate opened, and opening area barricaded. 3. Fall protection provided with a full body harness and tripod. 4. Appropriate ventilator and lighting for work to be performed. 5. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range (and exit space).
AWTF Safety Recommend-ations		6. Requires confined space checklist, procedure sheet and air monitoring 7. Entrant must wear a full body harness 8. GFCI protection lighting 9. Two employees with the ability to communicate 10. See your supervisor for additional safety instructions

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(2) Chemical Sump Wells – • #1 North Sludge Wet Well • #2 South Sludge Wet Well	
Descriptions:	Chemical Sump Wells – Located in the Chemical Room, the 2 sumps provide containment and pumping capability from 5 individual bulk chemical containment pits. The two sumps separate the bulk containment pits to discharge into either the acid (citric acid, ammonia (albeit a weak base), hydrofluorsilicic acid) or alkali (sodium hydroxide and sodium hypochlorite) sump. Refer to Section 13.5 Chemical Room of the Water Treatment Plant Operations Manual for further information.	
Asset Codes:	Spill Containment Pumps	• WT-142-SCP-0001 • WT-142-SCP-0002
Access:	Vertical	
Hazards:		1. Chemical Hazard • Sumps can hold concentrated or diluted forms of sodium hypochlorite, sodium hydroxide, ammonia, hydrofluorsilicic acid, citric acid, and polyphosphate. • Sump Pit #1 is containment for sodium hydroxide and sodium hypochlorite • Sump Pit #2 is containment for ammonia, citric acid, and fluoride. 2. Horizontal Fall Hazard – Access requires decent via portable ladder and tripod with fall protection winch.
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw 10-03-19	
Reclassification Requirements:	1910.147 1910.23	1. Create a work plan that identifies the necessary lockout tagout requirements. These will include at a minimum locking out the upstream chemical containment isolation valves. 2. Upper vertical access grate opened, and opening area barricaded. 3. Fall protection provided with a full body harness and

	1910.146	tripod. 4. Any liquid must be removed via the transfer pump. Sump can then be washed from above and pumped dry prior to entry. 5. Appropriate ventilator and lighting for work to be performed. 6. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range (and exit space).
AWTF Safety Recommendations		1. Requires confined space checklist, procedure sheet and air monitoring 2. Entrant must wear a full body harness 3. Man-rated tripod set up over tank access grate opening. 4. GFCI protection lighting 5. Two employees with the ability to communicate 6. See your supervisor for additional safety instructions

Location:

North and South Clear Wells

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	North and South Clear Wells	
Type/Descriptions:	Serves as wet well for high service pumps, contactor backwash pumps, and membrane backwash pumps. Provide storage volume as a buffer between the plant process flow rates and distribution system flow rates. Refer to Water Treatment Operations Manual, Chapter 10, CT Basins & Clear Wells	
Asset Codes:		WT-012-CWT-0001 WT-012-CWT-0002
Access:	Vertical	
Hazards:		Water Hazard – Engulfment Chemical Hazard – aqua ammonia Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw/Mark Kessler on 08-25-09	
Reclassification Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires Continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range
	1919.147	1. LOTO aqua ammonia system 2. LOTO close train permeate isolation valve. There is a 1 inch diameter hole in the weir wall. The CT basin must also be emptied to drain the clear well. 3. LOTO close clear well fill valve 2426 from south high service discharge manifold. (Continued on page 2) 4. LOTO close constant head box sluice gate. Both Isolation Gates must NEVER be close simultaneously as this will

		pressurize the contactor backwash constant head box. 5. LOTO close valve 2411 clear well circulation valve. 6. Drain basin to elevation 764 (minimum pump submergence) using high service pumps. Complete draining with a portable sump pump. 7. LOTO high service pumps, membrane backwash pump, and contactor backwash pump. 8. LOTO discharge valves on both membrane backwash filter supply housings.

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Location:

North and South Contact Time Basins

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(2) Chlorine Contact Time (CT) Basins	
Type/Descriptions:	The purpose of the CT basins is to allow contact time for free chlorine to disinfect the finished water prior to pumping into the City Distribution system. Addition of aqua ammonia at the outlet of the CT basin forms a chloramine residual. Refer to Water Treatment Operations Manual, Chapter 10, CT Basins & Clear Wells	
Asset Codes:		WT-012-CCT-0001 and WT-012-CCT-0002
Access:	Vertical	
Hazards:		Water Hazard – engulfment Chemical Hazard – aqua ammonia Fall Hazard – vertical entry Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw/Mark Kessler on 03-31-09	
Reclassification Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires Continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range
	1919.147	1. LOTO aqua ammonia system 2. There is a 1 inch diameter hole in the weir wall. The clear well must also be emptied to drain the CT basin. Complete draining with a sump pump. 3. Refer to and comply with reclassification requirements of North and South Clear Wells CSE procedure sheet.
	1910.23	1. Fall protection required for vertical entry into CT basin

Location:

Contactor Room 152

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(8) GAC Contactors	
Type/Descriptions:	The Granular Activated Carbon Contactors are 22 feet deep and use to filter the re-carbonation water before membrane treatment. The inlet channel of the contactor does not have any media in it. The filter bed area of the contactor currently has 8 feet depth of media. Refer to Water Treatment Operations Manual, Chapter 5, GAC Contactors	
Asset Codes:		WT-152-GAC-0001 thru 0008
Access:	Vertical	
Hazards:		Water Hazard – inlet valve, contactor overflow Engulfment – GAC filter media/Plant overflow system Fall Hazard – vertical entry Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required	
Completed by:	Chris Shaw/Mark Kessler on 03-12-09	
Requirements Prior to Entry:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires Continuous four gas air monitoring while in space. 3. Attendant 4. Retrieval system 5. Notify rescue service 6. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range
	1919.147	1. LOTO influent Valve, effluent valve, air scour valve, backwash supply valve, and wash water outlet valve
	1910.23	• Fall protection required for vertical entry into contactor

Air Release Valve Manholes

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(9) Air Release Valve (ARV) Manholes • Located throughout the City of Appleton following WTR force main route – (e.g., Telulah, Kernan, Calumet and Manitowoc Road)	
Descriptions:	Water Treatment Residuals (WTR) are conveyed via the AWTF sludge pumps to the Appleton Wastewater Treatment Plant (AWWTP) via a force main. The 4.2 mile force main is constructed of 8"PVC and under pressures from 0 – 45 psi. There are 9 ARV manholes which each have a ductile iron tee that transitions into an isolation valve and the ARV. ARVs are designed to exhaust internal pipe air to atmosphere. These valves are located at pipeline highpoints which would be prone to physically trapping air.	
Asset Codes:		• Yet to be determined
Access:	Vertical	
Hazards:		1. Water Hazard • Manholes can be partially full of water as a result of ground water infiltration • WTR are a combination softener blow-offs, Merrick bypass and flush water, lime room floor drains, softener, softener inlet, contactor, re-carbonation basin, and pretreatment basin drains as well as membrane CIP and East Access Gallery sump discharges 2. Vertical Entry – Access requires decent into the manhole 3. Traffic – is a serious potential hazard. City traffic control procedures must be adhered to while working in the street
Classification:	Permit-Required	
Completed by:	Chris Shaw 09-15-15	
Requirements:	1910.147 1910.146	• Work plan identifying all lockout/tagout procedures • LOTO should address if ARV isolation valve or forcemain work is to be accomplished • Manhole opened and opening area barricaded • Ventilator use and appropriate lighting for work to be performed • Requires confined space checklist, this procedure sheet and air monitoring

		• Portable lighting w/GFCI protection due to limited space lighting • Two employees with the ability to communicate (i.e., assigned entrant and attendant) • Man-rated tripod set up over manhole • Entrant must wear a full body harness and life line
AWTF Safety Requirements:		1. Rescue services are required and available through the Appleton Fire Department 2. See your supervisor for additional safety instructions 3. Manholes must be void of excess water prior to entering

H: \Safety\Confined Space Entry\2009 Revised\AWTF Procedure Sheets\Procedure Sheet WTR Forecemain

Location:

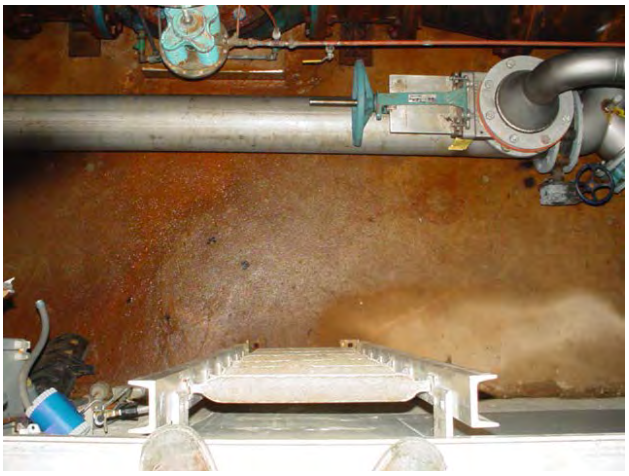
Filter Gallery - Room 152

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	**8 Dual Media Filters**	
Type/Descriptions:	The Dual Media Filters are 22 feet deep and have 4 feet of granular activated carbon on top 1 foot of filter sand. These filters are also equipped with a gullet that does not contain media. The dual media filters are used to filter post softened water prior to ultraviolet light disinfection. The filters were previously referred to as Carbon Contactors and were a preliminary treatment process prior to ultrafiltration. Refer to Appleton Water Treatment Operations Manual, Chapter 5 for more information regarding this process.	
Asset Codes:		WT-152-GAC-0001 WT-152-GAC-0002 WT-152-GAC-0003 WT-152-GAC-0004 WT-152-GAC-0005 WT-152-GAC-0006 WT-152-GAC-0007 WT-152-GAC-0008
Access:	Vertical	
Hazards:		Water Hazard – inlet valve, filter overflow Engulfment – GAC filter media/plant overflow system/backwash Fall Hazard – vertical entry Employee Work – employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw 09-12-17	
Requirements for Reclassification Include:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range
	1919.147	1. LOTO influent Valve, effluent valve, air scour valve, backwash supply valve, and wash water outlet valve 2. Lower access plate removed to mitigate plant overflow potential 3. LOTO filter to waste valve
	1910.23	1. Fall protection required for vertical entry into filter
Departmental Safety		1. Two employees with direct communication capabilities

		2. Contact your supervisor for additional safety instructions 3. Entrant must exit the space if the filter high level alarm is activated

Lindbergh
Valve Vault

Complex:	City of Appleton – Water Treatment Satellite Facility	
Spaces in Inventory:	(1) Valve Vault located at the Lindbergh Booster Pump	
Descriptions:	• The purpose of the Lindbergh Station Valve Vault is to allow access to the control valve and other pumping system components. • Refer to print for Lindbergh Booster Pump Station	
Asset Codes:		• WT-450-WST-0003
Access:	Vertical	
Hazards:		1. Vertical Entry – Requires access via a fixed ladder.
Classification:	Non-Permit-Required	
Completed by:	Chris Shaw 06-07-16	
Requirements:	1910.146	• Requires approved confined space checklist, this procedure sheet, and air monitoring
AWTF Safety Requirements:		1. Communication with your supervisor prior to entry 2. See your supervisor for any additional safety instructions



Location:

Matthias Tower Vault

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	Matthias Tower Vault	
Type/Descriptions:	The purpose of the Matthias Tower Vault is to allow access to the control valve and pumping system. Refer to print for Matthias Tower	
Asset Codes:		WT-450-WST-0002
Access:	Vertical	
Hazards:		Atmosphere could be oxygen deficient due to iron oxidation. Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw/Mark Kessler on 05-07-09	
Reclassification Requirements:	1910.146	1. Ventilation required 2. Requires confined space checklist to be filled out before entry. 3. Requires continuous four gas air monitoring while in space. 4. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range WTF Safety Recommendations 1. See your supervisor for additional safety instructions

Location:

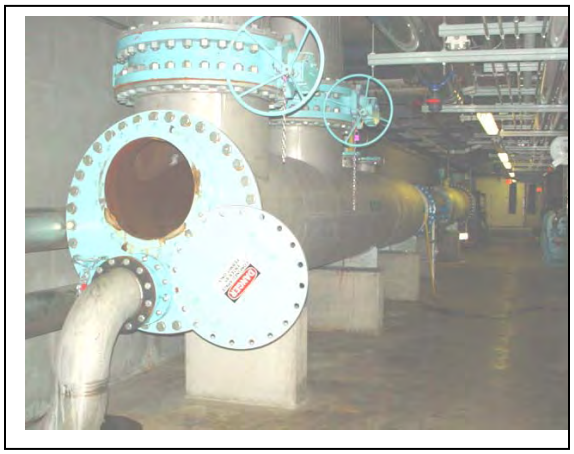
North Ground Storage Reservoir

Complex:	City of Appleton – Water Distribution Storage Facility	
Spaces in Inventory:	One Storage Tank – 7121 North Ballard Road, Appleton	
Type/Descriptions:	The North Storage Reservoir is a 3.1 million gallon above-grade cylindrical water storage vessel of steel construction located in the North Pressure Zone. The vessel receives water from the Main Pressure Zone. Transfer pumps at the complex convey stored water to the North Elevated Tower and Pressure Zone. The vessel is about 104 feet in diameter with an overflow elevation of 914.3 feet USGS. Refer to the June 2007, Water System Master Plan for additional information.	
Asset Codes:		WT-451-WR-0004
Access:	Horizontal - Access entry above grade	
Hazards:		Water Hazard – Engulfment Fall Hazard – Elevation Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Joe Myers on 08-17-12	
Requirements:	CFR 1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range
	CFR 1910.133	1. Requires PPE as identified by the AWTF PPE Roster
	CFR 1910.23	1. Fall protection equipment must be utilized to access tank roof.
	CFR 1910.147	1. Tank must be drained. 2. LOTO two inlet/outlet valves prior to entry.
	AWTF Safety Recommendations	1. AWTF Employees will not enter the interior of the tank without an additional employee monitoring for safety. 2. Calcium Hypochlorite for disinfection will not be added to standing water. 3. See the Water Operations Supervisor for additional safety information and instructions.

Location:

Oneida Tower Vault

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	Oneida Tower Vault	
Type/Descriptions:	The purpose of the Oneida Tower Vault is to allow access to the control valve and telemetry system. Refer to print for Oneida Tower	
Asset Codes:		WT-450-WST-0005
Access:	Vertical	
Hazards:		Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Non-Permit	
Completed by:	Chris Shaw/Mark Kessler on 05-07-09	
Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range WTF Safety Recommendations 1. See your supervisor for additional safety instructions



Location:

Primary Raw Water Pipe

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(1) Primary Raw Water Pipe	
Type/Descriptions:	The purpose of the 42 inch Primary Raw Water Pipe is to convey water from the low lift pumps at the Raw Water Lake Station to the Water Treatment Facility plant processes.	
Asset Codes:		WT-004-BGB-6000 – General East Access Gallery
Access:	Vertical or Horizontal	
Hazards:		• Atmosphere could be oxygen deficient due to pipe diameter, length and lack of ventilation • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification to Non-Permit not allowed	
Completed by:	Chris Shaw 12-28-09	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires ventilation 3. Requires rescue service and retrieval system including a lifeline 4. Requires all other equipment and procedures that are necessary to perform a permit required confined space 5. Requires air monitoring and an atmosphere that is in an acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space 6. Reclassification of this space is not recommended
	1910.147	1 Pipe section to be worked on must have inlet and outlet valves locked out to isolate 2 Channel agitation valving to raw water pipe must also be locked out WW Safety Recommendation – • Piping should be emptied and washed down • Check with your supervisor for additional instructions

Location:

(2) Recarbonation Basins

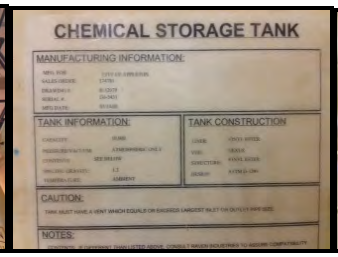
Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(2) Recarbonation Basins	
Type/Descriptions:	The recarbonation basin provides for stabilization of precipitation potential of post softened water prior to the Granular Activated Carbon (GAC) Contactors. Carbon dioxide (CO_2) is injected via a submerged diffuser and carbonic acid is generated. This mild acid lowers the softener effluent pH. Orthophosphate is also introduced to reduce solids generation. For additional information refer to Water Treatment Operations Manual, Chapter 4, Recarbonation Basins & GAC Contactor Inlet Channels.	
Asset Codes:		WT-005-RB-0001 WT-005-RB-0001
Access:	Vertical or Horizontal	
Hazards:		1. Vertical Entry – Water Hazard 2. Atmospheric Hazard – Carbon Dioxide or Polyphosphate exposure. 3. Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Permit Requirements:	Permit Required Confined Space will require that the entrant don an SCBA or SAR. This requirement is due to the lack of air monitoring for carbon dioxide while in the basin. All other PRCS procedures must be utilized. Rescue services and an attendant must be at the work site prior to entry.	
Completed by:	Chris Shaw/Mark Kessler on 09-16-09	
Reclassification Requirements:	1910.146	1. Tank dewatered and lower Contactor Gallery access doors opened 2. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 3. Requires confined space checklist and air monitoring
	1910.147	1. Blind flange CO_2 discharge valveleading to recarbonation basin 2. LOTO phosphate feed system valves (closed) 3. LOTO recarbonation basin agitation pump P-517 or P-543 suction and discharge valves (closed) 4. LOTO inlet SG-504 or SG-541 to recarbonation basin (closed) 5. LOTO outlet SG-575 or SG-576 to recarbonation basin

	1910.23	(closed) Note: These are Left hand turn. 6. LOTO isolation SG-502 between north and south recarbonation basins, (closed) 1. Fall protection required for vertical entry into tank – use of UCL man rated hoist. AWTF Safety Recommendations 1. Ventilator use and temporary lighting w/GFCI protection 2. Two workers in communication with each one another 3. See your supervisor for additional safety instructions 4. Note: channel agitation piping is fastened to channel floor.

Location:

Ridgeway Tower Vault

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	Ridgeway Tower Vault	
Type/Descriptions:	The purpose of the Ridgeway Tower Vault is to allow access to the control valve and telemetry system. Refer to print for Ridgeway Tower	
Asset Codes:		WT-450-WST-0001
Access:	Vertical	
Hazards:		Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Non-Permit	
Completed by:	Chris Shaw/Mark Kessler on 05-20-09	
Requirements:	1910.146	1. Requires confined space checklist to be filled out before entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range WTF Safety Recommendations 1. See your supervisor for additional safety instructions



(3) Bulk Sodium Hypochlorite Tanks

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(3) Sodium Hypochlorite Bulk Tanks	
Descriptions:	Sodium Hypochlorite Bulk Tanks contain a 12.0% concentration of sodium hypochlorite (i.e., industrial grade bleach). The chemical is primarily used as a disinfectant in the production of drinking water. The chemical is used for membrane cleaning activities including clean in places (CIPs) and chemically enhanced backwashes (CEBs). Other uses are chlorinating prior to membranes and chlorinating GAC backwash water. Each tank has a 10,000 gallon capacity with ladder access to a manway on top of the tank. Filling the tanks occurs from the chemical off load station. Utility water can be added to the tanks to create the 6% solution that is used in the disinfection and cleaning processes. Tanks are equipped with outlet piping and isolation valves, ultrasonic level indicators, and venting to the plant exterior. Liquid overflow outlets are water trapped to contain chemical gasses. For further information refer to Water Treatment Operations Manual, Chapter 12, Chemical Systems, VIII. Sodium Hypochlorite (SH)	
Asset Codes:		• WT-142-SHT-0001 • WT-142-SHT-0002 • WT-142-SHT-0003
Access:	Vertical	
Hazards:		1. Atmospheric Chlorine Gas - Elemental chlorine gas can be created if a mixture with an acid occurs. 2. Chemical – sodium hypochlorite solution is a strong oxidizer 3. Engulfment Hazard – engulfment from liquid content in tank 4. Fall hazards – vertical 5. Employee work – employee work activities could cause hazard (e.g., atmospheric due to)
Classification:	Permit-Required – No Entry Allowed	
Completed by:	Chris Shaw on 03-13-15	
CFR 40 Requirements:	1910.146	**Tank Entry is Not Allowed for AWTF Staff** 1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires ventilation 3. Requires rescue service and retrieval system including a lifeline 4. Requires all other equipment and procedures that are necessary to perform a permit required confined space 5. Requires air monitoring and an atmosphere that is in an acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space

		6. Requires air monitoring for atmospheric chlorine gas. If an alarm condition exists (i.e., > 1.0 ppm) then the entrant must exit the space. 7. Reclassification of this space is not allowable
	1910.147	1. Tank inlet valves for water and sodium hypochlorite must be closed and locked out. 2. Tank outlet to process must be closed and locked out.
	AWTF Safety	1. Portable lighting w/GFCI protection due to limited space lighting 2. Tank should be emptied and washed down and pumped out prior to entry 3. See your supervisor for additional safety instructions

CITY OF APPLETON
Park and Recreation Department

Confined Space Entry Locations
****On any Permit Required Entries The Appleton Fire Department must be notified 48 hours in advance of entry****
832-5810 Shift Commander

Park and Recreation Service Building	Sump Pump Pit East	Permit Required
	Sump Pit North	Permit Required
City Park	Water Fountain Vault	Permit Required Reclassification With Supervisor Approval
	Top of Fountain Crawl Space	Permit Required
Erb Pool	Surge Tank	Permit Required
	Sump Pump Pit	Permit Required
	Main Pump Pit	Non Permit
	Filter Tank	Non Permit
Highview Park	Plumbing Chase	Non Permit
Kiwanis Park	Plumbing Chase	Non Permit
Mead Pool	Manhole #1	Permit Required
	Backwash Tanks	Permit Required
	Surge Tank	Permit Required
	Main Water Turn On Pit	Permit Required
Pierce Pavilion	Under Stage Access	Permit Required Reclassification With Supervisor Approval

City Park Water Fountain

Top of fountain Crawl Space

Complex:	City of Appleton Park and Recreation Department-City Park	
Spaces in Inventory:	Top of Fountain Crawl Space	
Type/Descriptions:	Shallow plumbing space for water spray feature.	
Asset Codes:		
Access:	Shallow vertical pit	
Hazards:		Sewage Gases- Atmospheric Employee Work- Tight quarters Retrieval Encumbrance Moving horizontally
Classification:	Permit Required Confined Space	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146	1. Requires permit 2. Attendant 3. Pre and Continuous Air Monitoring 4. Purge and Ventilation Set-up 5. Appropriate PPE
	1910.23	Retrieval System (Tripod, Harness, Life Line,Winch)
	1919.147	LOTO: Electrical Safety Recommendations: Two workers in communication with each other. AFD **required** to be notified to be on site. See supervisor for addition instructions.

City Park Water Fountain

Underground Pump Vault

Complex:	City of Appleton Park and Recreation Department-City Park	
Spaces in Inventory:	City Park Water Fountain Underground Pump Vault	
Type/Descriptions:	Plumbing space for fountain pumps and plumbing.	
Asset Codes:		
Access:	Vertical vault	
Hazards:		1. Sewage Gases-Atmospheric 2. Employee Work- Atmospheric Changes 3. Chemicals: -Calcium hypochlorite in sealed container. -Hydrochloric acid (muriatic acid) in sealed container.
Classification:	Permit Required	
Completed by:	Cameron Green 10/11/18	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature. 2. Requires authorized attendant. Attendant can be facility seasonal employee, as long as seasonal employee has received City of Appleton confined space attendant training. 3. Requires pre and continuous air monitoring. 4. Requires fall protection harness, rescue service, and retrieval system including man rated tripod and lifeline. 5. Purge and ventilation set-up. City Park Fountain underground pump vault has an exhaust fan that operates 24/7 during fountain operations. 6. LOTO when required on plumbing, electrical, and chemical feeding systems. 7. Requires constant communication between entrant and attendant. Safety recommendations: Notify AFD when fountain is turned on for season in Apirl. Due to amount of weekly maintenance during seasonal operation, AFD <u>not</u> required to be notified for entry.

Erb Pool Main Filter Tank

Complex:	City of Appleton Park and Recreation Department-Erb Park Swimming Facility	
Spaces in Inventory:	Large Swimming Pool Filter Tank	
Type/Descriptions:	Vertical tank that holds the large pools filter elements.	
Asset Codes:		
Access:	Shallow Vertical Pit	
Hazards:		No Known Hazards
Classification:	Non Permit	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146	Pre and Continuous Air Monitoring
	1919.147	LOTO: Electrical and Water inlet Valve.

Erb Pool Main Pump Pit

Complex:	City of Appleton Park and Recreation Department-Erb Park Swimming Facility	
Spaces in Inventory:	Swimming Pool Main Pump Pit	
Type/Descriptions:	Shallow pit that holds the main pool pump and motor.	
Asset Codes:		
Access:	Shallow Vertical Pit	
Hazards:		No Known Hazards
Classification:	Non Permit	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146	Pre and Continuous Air Monitoring LOTO: Electrical and Water Inlet Valve This is a very shallow vertical pit. An entrant could stand out Of the space easily if an alarm would sound.

Erb Pool Sump Pump Drain Pit

Complex:	City of Appleton Park and Recreation Department-Erb Park Swimming Facility	
Spaces in Inventory:	Swimming Pool Sump Pump Drain Pit	
Type/Descriptions:	Deep vertical pit that the swimming pool tank can be drained to. A pump then carries the water to the storm sewer.	
Asset Codes:		
Access:	Vertical Tank	
Hazards:		Water Hazard- Engulfment (When pool is filled with water May-September). Fall Hazard- Employee Entrance Sewage Gases- Atmospheric
Classification:	Permit Required Confined Space	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146	1. Requires permit. 2. Attendant 3. Pre and Continuous Air Monitoring 4. Purge and Ventilation Set-up. 5. Appropriate PPE.
	1910.23	Retrieval System (Tripod, Harness, Life Line, Winch)
	1919.147	LOTO: Electrical and Water Inlet Valve
		Safety Recommendations: Two workers in communication with each other. AFD **not required** to be notified to be on site.

Erb Pool Surge Tank

Complex:	City of Appleton Park and Recreation Department-Erb Park Swimming Facility	
Spaces in Inventory:	Swimming Pool Surge Tank	
Type/Descriptions:	25,000 gallon tank holds swimming pool over flow water	
Asset Codes:		
Access:	Vertical Tank	
Hazards:		Water Hazard- Engulfment (When pool is filled with water May-September). Sewage Gases- Atmospheric
Classification:	Permit Required- reclassification to non-permit with supervisor Approval following reclassification requirements listed below	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146	1. Pre and Continuous Air Monitoring 2. Purge and Ventilation Set-up.
	1910.23	Fall protection harness on.
		Safety Recommendations: Two workers in communication with each other See supervisor for additional instructions. AFD **not required** to be notified to be on site.

Erb Pool Equipment Building
Surge Tank- Competition Pool

Complex:	City of Appleton Parks, Recreation & Facilities Management- Erb Pool	
Spaces in Inventory:	Erb Pool Equipment Building Competition Pool Surge Tank	
Type/Descriptions:	9,949 gallon underground concrete tank that holds competition pool over flow water.	
Asset Codes:		
Access:	Vertical access	
Hazards:		1. Water Hazard- Engulfment (only when pool is filled with water May-September). 2. Sewage Gases- Atmospheric 3. Fall Hazard- Employee Entrance
Classification:	Non-permit	
Completed by:	Cameron Green 10/11/18	
Requirements:	1910.146	1. Requires following non-permit entry procedures. 2. Requires pre and continuous air monitoring. 3. Requires fall protection harness and retrieval system including man rated tripod and lifeline. Note: Entry only conducted during off season for tank inspection and cleaning. Safety recommendations: AFD does <u>not</u> have to be notified.

Erb Pool Equipment
Building Surge Tank- Slide

Complex:	City of Appleton Parks, Recreation & Facilities Management- Erb Pool	
Spaces in Inventory:	Erb Pool Equipment Building Slide Surge Tank	
Type/Descriptions:	5,865 gallon underground concrete tank that holds slide over flow water.	
Asset Codes:		
Access:	Vertical access	
Hazards:		1. Water Hazard- Engulfment (only when pool is filled with water May-September). 2. Sewage Gases- Atmospheric 3. Fall Hazard- Employee Entrance
Classification:	Non-Permit	
Completed by:	Cameron Green 10/11/18	
Requirements:	1910.146	1. Requires following non-permit entry procedures. 2. Requires pre and continuous air monitoring. 3. Requires fall protection harness and retrieval system including man rated tripod and lifeline. Note: Entry only conducted during off season for tank inspection and cleaning. Safety recommendations: AFD does <u>not</u> have to be notified.

Erb Pool Equipment Building
Surge Tank- Leisure Pool

Complex:	City of Appleton Parks, Recreation & Facilities Management- Erb Pool	
Spaces in Inventory:	Erb Pool Equipment Building Leisure Pool Surge Tank	
Type/Descriptions:	6,382 gallon underground concrete tank that holds leisure pool over flow water.	
Asset Codes:		
Access:	Vertical access	
Hazards:		1. Water Hazard- Engulfment (only when pool is filled with water May-September). 2. Sewage Gases- Atmospheric 3. Fall Hazard- Employee Entrance
Classification:	Non-permit	
Completed by:	Cameron Green 10/11/18	
Requirements:	1910.146	1. Requires following non-permit entry procedures. 2. Requires pre and continuous air monitoring. 3. Requires fall protection harness and retrieval system including man rated tripod and lifeline. Note: Entry only conducted during off season for tank inspection and cleaning. Safety recommendations: AFD does <u>not</u> have to be notified.

Highview Park Plumbing Chase

Complex:	City of Appleton Park and Recreation Department- Highview Park	
Spaces in Inventory:	Highview Pavilion Plumbing Chase	
Type/Descriptions:	Horizontal space that holds the buildings plumbing lines	
Asset Codes:		
Access:	Horizontal vault	
Hazards:		No Know Hazards
Classification:	Non-Permit	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146 1919.147	1. Pre and Continuous Air Monitoring LOTO: Electrical Safety Recommendations: Two workers in communication with each other. Permit required if conducting electrical or hot work.

Kiwanis Park Plumbing Chase

Complex:	City of Appleton Park and Recreation Department-Kiwanis Park	
Spaces in Inventory:	Kiwanis Park Pavilion Plumbing Chase	
Type/Descriptions:	Horizontal space that holds the buildings plumbing lines	
Asset Codes:		
Access:	Horizontal vault	
Hazards:		No Known Hazards
Classification:	Non-Permit	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146	1. Pre and Continuous Air Monitoring.
	1919.147	LOTO: Electrical Safety Recommendations: Two workers in communication with each other. Permit required if conducting electrical or hot work.

Mead Pool Backwash Tanks

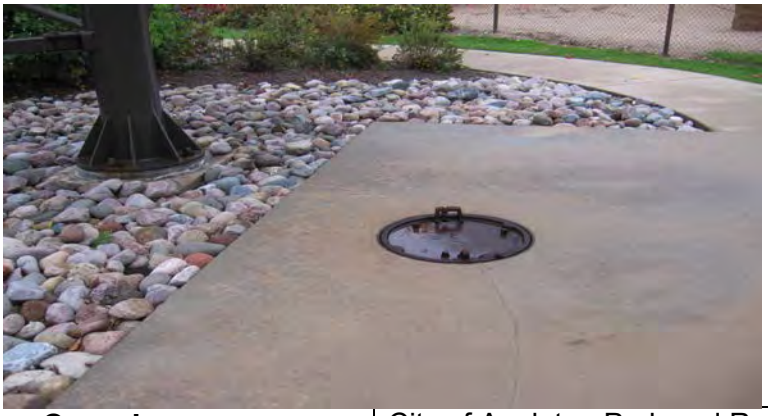
Complex:	City of Appleton Park and Recreation Department-Mead Park Swimming Facility	
Spaces in Inventory:	2-Swimming Pool Backwash Tanks	
Type/Descriptions:	2- 5000 gallon tanks that hold backwash water while cleaning the sand filters	
Asset Codes:		
Access:	Vertical Tank	
Hazards:		Water Hazard- Engulfment (When pool is filled with water May-September). Fall Hazard- Employee Entrance Sewage Gases- Atmospheric
Classification:	Permit Required Confined Space	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146	1. Requires permit. 2. Attendant 3. Pre and Continuous Air Monitoring 4. Purge and Ventilation Set-up. 5. Appropriate PPE.
	1910.23	Retrieval System (Tripod, Harness, Life Line, Winch)
	1919.147	LOTO: Electrical and water intake valve. Safety Recommendations: Two workers in communication with each other AFD **not required** to be notified to be on site

Mead Pool Main Water Turn On

Complex:	City of Appleton Park and Recreation Department-Mead Park Swimming Facility	
Spaces in Inventory:	Swimming Pool Plumbing Vault	
Type/Descriptions:	Vertical vault that houses the drain backs and plumbing lines for the pool tank	
Asset Codes:		
Access:	Vertical vault	
Hazards:		Fall Hazard- Employee Entrance Sewage Gases- Atmospheric
Classification:	Permit Required Confined Space	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146 1910.23	1. Requires permit. 2. Attendant 3. Pre and Continuous Air Monitoring 4. Purge and Ventilation Set-up. 5. Appropriate PPE. Retrieval System (Tripod, Harness, Life Line, Winch) Safety Recommendations: Two workers in communication with each other AFD **not required** to be notified to be on site

Mead Pool Manhole #1

Complex:	City of Appleton Park and Recreation Department-Mead Park Swimming Facility	
Spaces in Inventory:	Swimming Pool Plumbing Vault	
Type/Descriptions:	Vertical vault that houses the drain backs and plumbing lines for the pool tank	
Asset Codes:		
Access:	Vertical vault	
Hazards:		Water Hazard- Engulfment (When pool is filled with water May-September). Fall Hazard- Employee Entrance Sewage Gases- Atmospheric Employee Work- Retrieval Encumbrance
Classification:	Permit Required Confined Space	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146	1. Requires permit. 2. Attendant 3. Pre and Continuous Air Monitoring 4. Purge and Ventilation Set-up. 5. Appropriate PPE.
	1910.23	Retrieval System (Tripod, Harness, Life Line, Winch)
	1919.147	LOTO: Electrical and Water Inlet Valves
		Safety Recommendations: Two workers in communication with each other. AFD **required** to be notified to be on site.



Mead Pool Surge Tank

Complex:	City of Appleton Park and Recreation Department-Mead Park Swimming Facility	
Spaces in Inventory:	Swimming Pool Surge Tank	
Type/Descriptions:	25,000 gallon tank holds swimming pool over flow water	
Asset Codes:		
Access:	Vertical Tank	
Hazards:		Water Hazard- Engulfment (When pool is filled with water May-September). Fall Hazard- Employee Entrance Sewage Gases- Atmospheric Employee work- Retrieval Encumbrance
Classification:	Permit Required Confined Space	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146	1. Requires permit. 2. Attendant 3. Pre and Continuous Air Monitoring 4. Purge and Ventilation Set-up. 5. Appropriate PPE.
	1910.23	Retrieval System (Tripod, Harness, Life Line, Winch) Safety Recommendations: Two workers in communication with each other. AFD **required** to be notified to be on site.

Location:

North Tower

Complex:	City of Appleton – Water Distribution Elevated Water Tower	
Spaces in Inventory:	1 Elevated Water Tower – 7121 North Ballard Road, Appleton	
Type/Descriptions:	The North Tower is a 500,000 gallon single pedestal spheroid water tower located on the North Pressure Zone. The steel tower receives water from the North Reservoir Booster Station or can be fed from the Ridgeway Zone through a Pressure Reducing Valve Station (i.e., pumping from low to high pressure) The tower purpose is to provide water storage and pressure for the North Pressure Zone. Overflow elevation is 1000 feet USGS. Refer to the June 2007, Water System Master Plan for additional information.	
Asset Codes:		WT-450-WST-0004 – Ridgeway Tower
Access:	Vertical Entry	
Hazards:		Water Hazard – Engulfment Fall Hazard - Elevation Employee Work – Employee work activities could cause hazard (e.g., atmospheric due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw 05-19-10	
Reclassification Requirements:	CFR 1910.146	1. Requires confined space checklist to be filled out prior to entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable ranges.
	CFR 1910.133	1. Requires PPE as required by the AWTF PPE Roster.
	CFR 1910.23	1. Fall protection equipment must be utilized to access the tank bowl.
	CFR 1910.147	1. Tower must be drained. 2. LOTO tower inlet valve prior to entry.

	AWTF Safety Recommendations:	1. AWTF Employees will not enter the bowl of the tank without an additional employee monitoring for safety. 2. Calcium Hypochlorite for disinfection will not be added to standing water. 3. See the Operations Supervisor for additional safety information.

J\Common\Water Plant\Safety\Confined Space\North Tower

Pierce Park Under Stage Access

Complex:	City of Appleton Park and Recreation Department-Pierce Park	
Spaces in Inventory:	Entry to a room under the stage at the pavilion	
Type/Descriptions:	Horizontal entry through a door to a room under the pierce pavilion stage	
Asset Codes:		
Access:	Horizontal Entry	
Hazards:		Sewage Gases- Atmospheric Entrant- Horizontal egress.
Classification:	Permit Required- reclassification potential to non-permit with supervisor Approval following reclassification requirements below	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146 1919.147	1. Pre and Continuous Air Monitoring. 2. Purge and Ventilation Set-up. LOTO: Electrical Safety Recommendations: Two workers in communication with each other. Permit required if conducting electrical or hot work. AFD not required to be notified to be on site.
		3.

Park Garage Sump Pits

North

Complex:	City of Appleton Park and Recreation Department-Garage	
Spaces in Inventory:	2 Sump Pits	
Type/Descriptions:	2 sump pits accept fluids from the loading dock and garage floor grates. This fluid is then pumped to the sanitary sewage system.	
Asset Codes:		
Access:	Vertical	
Hazards:		Water Hazard- Engulfment Sewage Gases- Atmospheric Fall Hazard- Man Hole Entry Employee Work- Atmospheric Changes
Classification:	Permit Required Confined Space	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146	1. Requires permit 2. Attendant 3. Pre and Continuous Air Monitoring 4. Purge and Ventilation Set-up. 5. Appropriate PPE.
	1910.23	Retrieval System(Tripod,Harness,Life Line,Winch)
	1910.147	LOTO: Electrical
		Safety Recommendations: Two workers in communication with each other. AFD **not required** to be notified to be on site.

Park Garage Sump Pits

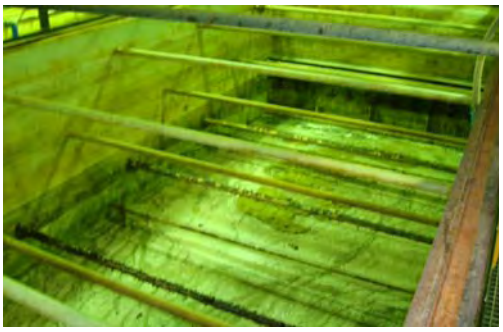
East

Complex:	City of Appleton Park and Recreation Department-Garage	
Spaces in Inventory:	2 Sump Pits	
Type/Descriptions:	2 sump pits accept fluids from the loading dock and garage floor grates. This fluid is then pumped to the sanitary sewage system.	
Asset Codes:		
Access:	Vertical	
Hazards:		Water Hazard- Engulfment Sewage Gases- Atmospheric Fall Hazard- Man Hole Entry Employee Work- Atmospheric Changes
Classification:	Permit Required Confined Space	
Completed by:	Tim McGuire 1/13/10	
Requirements:	1910.146	1. Requires permit 2. Attendant 3. Pre and Continuous Air Monitoring 4. Purge and Ventilation Set-up. 5. Appropriate PPE.
	1910.23	Retrieval System (Tripod,Harness,Life Line,Winch)
	1919.147	LOTO: Electrical
		Safety Recommendations: Two workers in communication with each other. AFD **not required** to be notified to be on site.

Lake Winnebago Raw Water Pump Station Intake Well

Complex:	City of Appleton – Raw Water Pump Station	
Spaces in Inventory:	(1) Shore Well (aka Traveling Screen Well or Intake Well)	
Type/Descriptions:	Intake well serves as the source location of lake water to suction flood the low lift raw water pumps. The raw water intake conveys raw water from the lake intake bells to the low lift raw water pumps.	
Asset Codes:		WT- 615-TRA-0001
Access:	Vertical	
Hazards:	1. 2. 3. 4. 5. 6.	Fall hazard – wet well depth/configuration Engulfment – raw water Chemical contamination - potassium permanganate addition Traveling Screen operation – rotating equipment/pinch points Employee work – employee work activities could cause hazard (e.g., atmospheric due to welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit are not recommended due to potential atmospheric hazards that could exist from organic compounds and their biodegradation.	
Completed by:	Chris Shaw 05-15-12	

Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service and retrieval system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended
	1910.147	1. Close, lock-out both pre and post well isolation valves. 2. Lock out traveling screen 3. Lockout $KMnO_4$ valve prior to addition to well 4. Dewater Wet Well 5. Shut down and lock-out raw water pumps.
	1910.23	1. Fall protection required for vertical entry into tank – use of UCL man rated hoist or approved man rated winch and tripod.
		AWTF Safety Recommendations 1. Ventilator use and temporary lighting w/GFCI protection 2. Two workers in communication with each one another 3. See your supervisor for additional safety instructions



(2) Receiving Station Tanks

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(2) Receiving Station Tanks	
Type/Descriptions:	(2) Receiving Station Tanks are converted Dissolved Air Flotation Tanks which receive waste materials from food processing plants via pumping trucks. Materials are transferred from the tanks to the raw sludge blending tank for homogenization and further treatment in the Primary Digestion.	
Asset Codes:	• L-101-RWT-0001 • L-101-RWT-0002	
Access:	Vertical	
Hazards:	• Water Hazard – from tank sludge and other liquid flows. • Sewage Gases – atmospheric: CH_4, CO, H_2S, or O_2 deficient • Fall Hazard – tank entry via ladder • Employee Work – employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Robert Kennedy and Chris Shaw on 02-15-10	
Reclassification Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, and continuous air monitoring 2. Requires all other equipment and procedures that are necessary to perform a non-permit required confined space entry 3. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 4. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1919.147	1. Flow inlet valve to tank needs to be locked out. WW Safety Recommendations – • Tank sludge should be transferred from tank • Tank should be washed down from the exterior prior to entry • Two employees in communication with each other

Location:

Ridgeway Tower

Complex:	City of Appleton – Water Distribution Elevated WaterTower	
Spaces in Inventory:	1 Elevated Water Tower – 18 Lilac Court, Appleton	
Type/Descriptions:	The Ridgeway Tower is a steel single pedestal spheroid water tower located on the Ridgeway Pressure Zone. The tower receives water from the Main Pressure Zone via the Lindbergh Booster Station or through a Pressure Reducing Valve Station from another pressure zone. The tower purpose is to provide water storage and pressure for the Ridgeway Zone. Overflow elevation is 951 feet USGS. Refer to the June 2007, Water System Master Plan for additional information.	
Asset Codes:		WT-450-WST-0001 – Ridgeway Tower
Access:	Vertical Entry	
Hazards:		Water Hazard – Engulfment Fall Hazard - Elevation Employee Work – Employee work activities could cause hazard (e.g., atmospheric due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw 05-19-10	
Reclassification Requirements:	CFR 1910.146	1. Requires confined space checklist to be filled out prior to entry. 2. Requires continuous four gas air monitoring while in space. 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable ranges.
	CFR 1910.133	1. Requires PPE as required by the AWTF PPE Roster.
	CFR 1910.23	1. Fall protection equipment must be utilized to access the tank bowl.
	CFR 1910.147	1. Tower must be drained. 2. LOTO tower inlet valve prior to entry.
	AWTF Safety	1. AWTF Employees will not enter the bowl of the

	Recommendations:	tank without an additional employee monitoring for safety. 2. Calcium Hypochlorite for disinfection will not be added to standing water. 3. See the Operations Supervisor for additional safety information.

J\Common\Water Plant\Safety\Confined Space\Ridgeway Tower

(2) Membrane Waste Washwater Tanks

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(2) Membrane Waste Washwater (MWW) Tanks	
Type/Descriptions:	MWW Tanks are capable of accepting a number of treatment waste streams. The current operational intent is to accept and separate CEB waste and discharge to the sludge sumps. Other wastes that can be introduced into the MWW Tanks include retentate, MWW, and CWW. The tanks are capable of being isolated from each other as well as being interconnected to the CWW Tank. Refer to O&M Manual Chapter 9, Section IV for additional information.	
Asset Codes:		WT 051-MRP-0001 WT 051-MRP-0002
Access:	Vertical or Horizontal	
Hazards:	1. 2. 3. 4.	Fall hazard – wet well configuration Engulfment Employee work – employee work activities could cause hazard (e.g., atmospheric due to welding) Dilute or spent mild concentrations of citric acid, caustic, or disinfectant from CEB operation.
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Shaw on March 23, 2014	
Reclassification Requirements:		
	1910.146	1. MWW Tank dewatered and access hatchways opened and barricaded. 2. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 3. Requires confined space checklist and air monitoring

	1910.147	1. Ensure CEB, MWW and Retentate operations are out of service or re-directed to other tankage. 2. Close, lock-out MWW Inlet Valve (V-2665 or V-2666) to Tank, Retentate Valve (V-2665A or V-2666A) to Tank and MWW interconnection sluice gate (SG-2656) 3. Close, and lock-out CWW interconnection sluice gate (SG-2611) 4. Dewater Tank and clean from exterior. 5. Shut down and lock-out associated MWW Recycle Pump (P-2663 or P-2659) and discharge valve (V-2663A or V-2659A) 6. Ventilator use and temporary lighting w/GFCI protection
	1910.23	Fall protection required for vertical entry into tank – use of UCL man rated hoist. Horizontal 30" Wall Manway access located at Basement Level.
		AWTF Safety Recommendations 1. Two workers in communication with each one another 2. See your supervisor for additional safety instructions

Sanitary Meter Pit

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(1) Sanitary Meter Pit	
Type/Descriptions:	Meter pit is used to meter sanitary waste from the Appleton Water Treatment Facility to Harrison Utilities.	
Asset Codes:	• Not a City of Appleton Asset	
Access:	Vertical	
Hazards:	• Sewage Gases – atmospheric: CH_4, CO, H_2S, or O_2 Deficient • Fall Hazard – pit configuration • Employee Work – employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 12-23-09; Revised by Joe Myers 7-17-19	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present 2. Requires rescue service (AFD) and retrieval system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended. 6. See Water Operations Supervisor for procedure to eliminate discharges to the pit. WW Safety Recommendation – • Pit should be emptied and washed (i.e., if necessary) prior to entry • Ventilate space prior to entry (required) • Provide explosion proof lighting

Location:

(2) Softener Effluent Channels

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(2) Softener Effluent Channels	
Type/Descriptions:	The Softener Effluent Channels receive water from the Softeners and deliver water to the Recarbonation Basins. The channels are mixed via channel agitation pumps and pipe diffusion. For additional information refer to Water Treatment Operations Manual, Chapter 2, Softeners and Softener Effluent Channels.	
Asset Codes:		WT-153-SFT-0001 WT-153-SFT-0002 WT-153-SFT-0003 WT-153-SFT-0004 Note: There is not a specific asset code for the channels, rather they are considered an extension of the softeners
Access:	Vertical	
Hazards:		1. Vertical Entry – Water Hazard 2. Atmospheric Hazard – Carbon Dioxide or Polyphosphate exposure. 3. Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Permit Requirements:	Permit Required Confined Space will require that the entrant don an SCBA or SAR. This requirement is due to the lack of air monitoring for carbon dioxide while in the basin. All other PRCS procedures must be utilized. Rescue services and an attendant must be at the work site prior to entry.	
Completed by:	Chris Shaw 05-03-10	
Reclassification Requirements:	1910.146	1. Tank dewatered and lower Recarbonation Basin access doors opened – Softener Effluent Channel outlet slide gate must be opened between the Softener Effluent Channel and the Recarbonation Basins SG 541 or SG 504 2. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 3. Requires confined space checklist and air monitoring
	1910.147	1. Blind flange CO_2 discharge valve leading to recarbonation basin 2. LOTO phosphate feed system valves (closed) 3. LOTO recarbonation basin agitation pump P-517 or P-543 suction and discharge valves (closed)

	1910.23	4. LOTO Softener effluent trough valves leading to Softener Effluent Channel 5. LOTO outlet SG-503 and SG-502 to isolate the channel. . 6. LOTO effluent slide gate of Recarbonation Basin SG 575 or SG 576 1. Fall protection required for vertical entry into tank – use of UCL man rated hoist. AWTF Safety Recommendations 1. Ventilator use and temporary lighting w/GFCI protection 2. Two workers in communication with each one another 3. See your supervisor for additional safety instructions 4. Note: channel agitation piping is fastened to channel floor.

Membrane Feed Wet Well

Complex:	City of Appleton – Water Treatment Facility	
Spaces in Inventory:	(2) Membrane Feed Wet Well	
Type/Descriptions:	Wet wells and associated channels accept Contactor Filter Effluent (CFE) for pumping by Membrane Feed Pumps to Membrane trains. Refer to O&M Manual Chapter 8 and Record Drawings M18-M27.	
Asset Codes:		WT 011 MFW 0001 WT 011MFW 0002
Access:	Vertical	
Hazards:	1. 2. 3.	Fall hazard – wet well configuration Engulfment Employee work – employee work activities could cause hazard (e.g., atmospheric due to welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Joe Myers on 7 July 2010	
Reclassification Requirements:		
	1910.146	1. Wet well dewatered and access hatchways opened. 2. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 3. Requires confined space checklist and air monitoring
	1910.147	1. Close, lock-out Membrane Feed Wet Well interconnection sluice gate SG800. 2. Close, lock-out Contactor Effluent Control Valves for related Contactors. For Wet Well #1 (Contactors #5-8): V-702, V-727, V-752, and V-777. For Wet Well #2 (Contactors #1-4): V-602, V-627, V-652, and V-677. 3. Close, lock-out Booster Water suction header valves. For Wet Well #1: south suction valve. For Wet Well #2: north suction valve.

		4. Dewater Wet Well with related Membrane Feed Pump(s). 5. Shut down and lock-out associated Membrane Feed Pumps. For Wet Well #1: P-805, P-807, and P-809. For Wet Well #2: P-855 and P-857. 6. Close, lock-out Membrane Feed Pump discharge valve (V-812 for Wet Well #1, V-813 for #2). 7. Close, lock-out Membrane Feed Pump Discharge Surge Valve (V-803 for Wet Well #1, V-853 for Wet Well #2). 8. Close, lock-out inlet valves for each of three Strainers fed by the Membrane Feed Pumps (V-0905A, V-0910-A, V-0915A for Wet Well #1; V-0960A, V-0965A, V-0995A for Wet Well #2).
	1910.23	Fall protection required for vertical entry into tank – use of UCL man rated hoist.
		AWTF Safety Recommendations 1. Ventilator use and temporary lighting w/GFCI protection 2. Two workers in communication with each one another 3. See your supervisor for additional safety instructions

Bar Screens

Complex:	City of Appleton – Wastewater Treatment Plant	
Spaces in Inventory:	(3) Bar Screens	
Type/Descriptions:	Preliminary Treatment Process in B building. Bar Screens remove coarse untreatable material from downstream treatment processes. Bar screen racks are mechanically cleaned with bucket rakes.	
Asset Codes:	• B-101-BS -0001 • B-101-BS-0002 • B-101-BS-0003	
Access:	Vertical	
Hazards:	• Water Hazard – Engulfment • Sewage Gases - Atmospheric • Fall Hazard – Tank Configuration • Employee Work – Employee work activities could cause hazard (e.g., atmospheric, due to employee welding)	
Classification:	Permit Required Confined Space	
Completed by:	Chris Shaw on 07-15-10	
Requirements:	1910.146	1. Requires confined space checklist (permit) with supervisor signature, air monitoring, and an authorized attendant present, and ventilation 2. Requires rescue service and retrieval system including man rated tripod and lifeline 3. Requires all other equipment and procedures that are necessary to perform a permit required confined space 4. Requires air monitoring in acceptable range for oxygen, methane, carbon monoxide and hydrogen sulfide – if alarm condition exists then the entrant must exit the space. 5. Reclassification of this space is not recommended.
	1919.147	1 Requires Inlet and outlet valves to be locked out. Requires Bar Screen Unit to be locked out. Monitoring is required of channel level that could breach into the channel. Drain in channel should remain open to dewater. WW Safety Recommendation – • Channel should be emptied and washed down • Explosion proof lighting should be provided • Fall block should be used to enter • Check with your supervisor for additional instructions

Water Plant: Matthias Tower

Complex:	City of Appleton – Water Distribution Elevated Water Tower
Spaces in Inventory:	1 Elevated Water Tower – 1825 S. Matthias Street, Appleton
Type/Description: **Asset Codes:**	The Matthias Tower is a 1,000,000 gallon hydropillar water tower located on the Main Pressure Zone. The steel tower receives water from the Water Plant. The tower purpose is to provide water storage and pressure for the main Pressure Zone. Overflow elevation is 914.3 feet USGS. Refer to the June 2007, Water System Master Plan for additional information. • Asset Codes: WT-450-WST-0002
Access:	Vertical
Regulatory Hazards:	1. Water Hazard – Engulfment 2. Fall Hazard - Elevation 3. Employee Work – Employee work activities could cause hazard (e.g., atmospheric due to employee welding)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.
Completed by:	Chris Shaw/Mike Suha on08-02-11
Reclassification Requirements:	1910.146 1. Requires confined space checklist to be filled out prior to entry. 2. Requires continuous four gas air monitoring while in the space 3. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 1910.33 1. Requires PPE as required by the AWTF PPE Roster. 1910.23 1. Fall protection equipment must be utilized to access the tank bowl. 1910.147 1. Tower must be drained 2. LOTO tower inlet valve prior to entry AWTF Safety 1. AWTF Employees will not enter tank without an additional employee monitoring for safety. 2. Calcium Hypochlorite for disinfection will not be added to standing water. 3. See the Operations Supervisor for additional safety information.

Location:

(2) Methane Boilers

Complex:	City of Appleton – Waste Water Treatment Plant	
Spaces in Inventory:	(2) Methane Boiler Units – • #5 & #6 – WWTP – T-Building	
Descriptions:	These two (2) methane boilers within T-Building of WWTP provide the heating of hot water to process and other mechanical equipment within the WWTP facility.	
Asset Codes:		N/A or unknown at this time
Access:	Horizontal	
Hazards:		1. Heat exhaustion within the confined space. 2. Exposure of silica dust as it is scraped and/or, vacuumed, and as it becomes airborne. 3. Small entry/opening. 4. Flammable Atmosphere (Natural Gas)
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Mike Dietzen on 06-30-15	
Reclassification Requirements:	1910.146 1919.147	1. Enter/exit safely through horizontal opening, ensuring no clothing/equipment catches or snags around opening 2. Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range 3. Requires confined space checklist and air monitoring 4. LOTO of local Electrical Panel 5. LOTO of local Gas feed 6. LOTO of local Methane feed 7. Shut-off all local water valves AFD **not required** to be notified to be on site
Safety Requirements:		1. Air monitoring prior to entry (use of pole to get meter tubing to far end of the space) and then every 15 minutes upon entry. 2. Personal respirator must worn at all times 3. Eye protection (goggles required) must be worn at all times 4. Two workers in communication with each other 5. See your supervisor for additional safety instructions

		6. Portable lighting w/GFCI protection required

H: \Safety\Confined Space Entry\2009 Revised\AWTF Procedure Sheets\Procedure Sheet Pretreatment Basins

WWTP-South Pump House

Exhaust Fan

Complex:	City of Appleton – WWTP (South Pump House in FG Tunnel)	
Spaces in Inventory:	Exhaust Fan	
Type/Descriptions:	There is an exhaust fan air handler unit in the bottom of the pit that is maintained periodically as part of the preventive maintenance program. Generally the HVAC service contractor performs the maintenance.	
Asset Codes:	BF001EFB0001	
Access:	Vertical via permanent ladder (11.5 feet deep)	
Hazards:	Fall Hazard	
Classification:	Permit-Required – Reclassification potential to Non-Permit with Supervisor approval following reclassification requirements below.	
Completed by:	Chris Bohne on 09-24-12	
Reclassification Requirements:	1910.146	-Requires CSE checklist to be filled out before entry. -Requires continuous four gas air monitoring while in space. -Notify supervisor of an atmosphere that falls out of the CSE Policy acceptable range.
	1910.23	Fall Protection requires proper use of ladder harness when descending and ascending the ladder. Requires confined space checklist (non-permit) with supervisor signature, air monitoring, and an authorized attendant present. Additional safety requirements from supervisor include giving notice to the supervisor prior to entrance.

CITY OF APPLETON PERSONNEL POLICY	TITLE: **DRUG FREE WORKPLACE ACT OF 1988**	
ISSUE DATE: 1988	LAST UPDATE: July 2003 January 2004 May 2005 May 2010 November 2012 September 2015 September 2019 February 2020	SECTION: Safety
POLICY SOURCE: Human Resources Department	POLICY AUDIENCE: All City Employees	TOTAL PAGES: 6
Reviewed by Legal Services Date: September 2000 March 23, 2004 December 21, 2005 May 2010 November 2015 April 2020	Committee Approval Date: December 14, 2000 April 14, 2004 January 11, 2006 July 28, 2010 December 7, 2015 June 10, 2020	Council Approval Date: December 20, 2000 April 21, 2004 January 18, 2006 August 4, 2010 December 16, 2015 June 2020 (informationally)

I. PURPOSE

The purpose of this policy is to help prevent accidents and injuries resulting from the use or misuse of alcohol or controlled substances by <u>any</u> City employees. This policy is intended to be consistent with and in compliance with the Drug Free Workplace Act of 1988.

II. POLICY

The City is committed to maintaining a drug free workplace for <u>all</u> employees. Employees are expected to report to work <u>free</u> from any substances that could inhibit their ability to perform their duties. The use of illegal drugs on or off duty is prohibited.

Failure to comply with this policy shall lead to disciplinary action up to and including discharge. A discharge for illegal drug use could impact eligibility for benefits under Unemployment Compensation.

III. DISCUSSION

This policy outlines the requirements mandated by the Drug Free Workplace Act of 1988.

IV. DEFINITIONS

Shall – is interpreted to mean required
Should – is interpreted to mean recommended but not required
MRO – Medical Review Officer
EAP – Employee Assistance Program

Controlled substances – includes, but is not limited to, marijuana and cannabis (CBD) oil (if it contains THC) extracted from marijuana plants

V. PROCEDURES

A. Reporting of Drug Convictions

As a condition of employment, all City employees shall abide by the Drug and Alcohol Free Workplace Policy and notify the City in writing (your immediate supervisor and the Human Resources Director) of any criminal drug statute conviction no later than five (5) days after such conviction.

B. Prevention and Rehabilitation

The goals of this policy are prevention and rehabilitation whenever possible, rather than discipline or termination. The City encourages employees who have an alcohol or other drug problem to seek help to deal with their problem. Help is available through the City's Employee Assistance Program. For more details on this program, contact the Human Resources Department.

C. Leave of Absence Prior to Testing

An employee shall be permitted to take a leave of absence for the purpose of undergoing treatment pursuant to an approved treatment program for alcoholism or drug use as verified by the City. The leave of absence must be requested prior to the commission of any act subject to disciplinary action and will be in compliance with City policies.

Employees requesting to return to work from a leave of absence for drug use or alcoholism treatment shall be required to submit to testing without prior notice pursuant to the recommendations made by the City's EAP provider.

A test result confirming the presence of any alcohol or controlled substance or a refusal to submit to any testing shall lead to disciplinary action up to and including discharge.

D. Prohibited Conduct for All City Employees

In conjunction with this policy, the City of Appleton prohibits all employees from engaging in the following conduct:

1. Reporting for duty or remaining on duty while under the influence of alcohol or a controlled substance.
2. Manufacturing, distributing, dispensing, possessing or using a controlled substance, alcohol or drug paraphernalia in the workplace.
3. Deliberately misusing this policy in regard to subordinates.
4. Providing false information in connection with a test, or falsifying test results through tampering, contamination, use of drug masking products, alteration or substitution.
5. Refusing to take a required drug/and or alcohol test.

E. Drug and Alcohol Testing for All City Employees

Testing will be conducted in the following situations:

Reasonable Suspicion – In cases in which an employee is acting in an abnormal manner or appears unfit to perform the employee's duties in a safe manner and a supervisor has reasonable suspicion to believe the employee is using or is under the influence of

alcohol or drugs, the employee shall be taken to a properly authorized testing facility for alcohol and drug testing. Reasonable suspicion means suspicion based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. These observations may include indications of the chronic and withdrawal effects of controlled substances.

- Once an employee has been removed from the job site, the supervisor is to contact the Director of Human Resources. If contact cannot be made at that time, the supervisor is to proceed through the next step of this procedure and make contact with the Human Resources Department as soon thereafter as possible.
- The supervisor is to then take the employee to the collection site for drug and alcohol testing. The supervisor is to wait at the collection site until the test is completed. (Collection sites: ThedaCare at Work, 2809 North Park Drive Lane, Appleton, M-F 7:30 a.m. – 4:30 p.m. or ThedaCare Regional Medical Center - Appleton)

  Type of Testing:
  Alcohol – All alcohol tests will be done with the use of the breath test.
  Drug – All drug tests will be conducted through a urine sample.

- If the alcohol test is conducted more than two (2) hours after the supervisor makes such reasonable suspicion determination, the supervisor will complete a report explaining the reason for the delay in conducting the drug or alcohol test.
- Once the drug and alcohol testing has been completed the supervisor is to make arrangements for the employee to be taken home. The employee will not be permitted to drive the employee's own car home at that time. The employee may have a family member or a friend (not an on-duty co-worker) pick the employee up or the supervisor may take the employee home.
- The employee will be advised not to report to work. The City will contact the employee once the test results are known (this normally takes 24 to 48 hours) and a decision has been made as to the employee's status.
- The results of the drug and alcohol testing will be sent directly to the Human Resources Department. When the results are obtained, the employee's supervisor and department head will meet with Human Resources to determine the appropriate course of action to be taken.
- Once the test has been completed and the employee has been taken home, the supervisor must complete an "Observed Behavior Reasonable Suspicion Record" (Exhibit 1). This document must be completed prior to receiving the test results and within 24 hours of the testing. A copy of the completed document must be sent to the Human Resources Department.

F. Prescription Drugs

1. Before performing work-related duties, employees must notify their supervisor in writing (Exhibit 2) if they are taking any legally prescribed medication, therapeutic drug, or any non-prescription drug which contains any measurable amount of alcohol or which carries a warning label that indicates the employee's mental functioning, motor skills or judgment may be adversely affected by the use of this medication. This notification (Exhibit 2) must be signed by the employee and the employee's physician

and is to be filed by the supervisor with the Human Resources Department. This notification may be shared with the City's occupational health provider.

2. A legally prescribed drug is one where the employee has a prescription or other written approval from a physician for the use of the drug in the course of medical treatment. The prescription must include the patient's name, the name of the substance, quantity/amount to be taken, and the period of authorization. The misuse or abuse of legal drugs while performing City business is prohibited by City policy.

G. Confidentiality of Records

1. The City respects the confidentiality and privacy rights of all its employees. Accordingly, the results of any test administered under this policy and the identity of any employee participating in the City's EAP or other assessment or treatment program will be communicated to the department director and supervisor but not to anyone else except as required by law. The City will release an employee's records as directed by the expressed written consent of the employee authorizing release to an identified person. The lab or testing agency will disclose information related to a drug or alcohol test of an individual to the City's Human Resource Department. The City may disclose this information to the employee or to the decision maker in a lawsuit, grievance or other proceeding by or on behalf of the individual which arises from any action taken in response to a drug or alcohol test; or as required by law, including court orders or subpoenas.
2. The Medical Review Officer (MRO) will not reveal individual test results to anyone, except the City of Appleton Human Resources Department, unless the MRO has been presented with a written authorization from the tested employee.
3. All records related to drug and alcohol tests of individual employees will be maintained in medical files separate from the employee's personnel file. These records will be stored in a locked cabinet and access will only be allowed to those City employees who have a legitimate need to review the records of a particular employee.

EXHIBIT 1

OBSERVED BEHAVIOR

REASONABLE SUSPICION RECORD

NAME:	DATE OBSERVED:

ADDRESS OF INCIDENT: Street City State Zip Code	TIME OBSERVED: FROM _____ a.m. p.m. TO _____ a.m. p.m.

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR §382.307 Reasonable Suspicion Testing, the employer shall require the driver to submit to a controlled substance or alcohol test if a supervisor or company official who is trained in accordance with §382.603 determines that reasonable suspicion exists.

Reasonable suspicion determined for: ☐ **Alcohol** ☐ **Drugs**

Mark items that apply and describe specifics

1. WALKING/BALANCE:

____Stumbling ____Staggering ____Falling ____Unable to Stand
____Swaying ____Unsteady ____Holding on ____Rigid
____Sagging at knees ____Feet wide apart

2. SPEECH:

____Shouting ____Whispering ____Slow ____Rambling
____Slurred ____Slobbering ____Incoherent

3. ACTIONS:

____Resisting communications ____Insulting ____Hostile ____Drowsy
____Fighting/insubordinate ____Profanity ____Threatening ____Erratic
____Hyperactive ____Crying ____Indifferent

4. EYES:

____Bloodshot ____Watery ____Dilated ____Glassy
____Droopy ____Closed ____Wearing Sunglasses

5. FACE:

____Flushed ____Pale ____Sweaty

6. APPEARANCE/CLOTHING:

____Disheveled ____Messy ____Dirty ____Partially dressed
____Having odor ____Stains on clothing

7. BREATH:

____Alcoholic odor ____Faint alcohol odor ____No alcohol odor ____Marijuana odor

8. MOVEMENTS:

____Fumbling ____Jerky ____Slow ____Nervous
____Hyperactive

9. EATING/CHEWING:

____Gum ____Candy ____Mints ____Tobacco
____Other

Other observations:_____

_____

Did employee admit to using drugs or alcohol? _____ Yes _____ No

When: _____ Substance: _____

How much: _____ Where taken: _____

WITNESSED BY:

Signature	Title	Preparation Date	Time
_____	_____	_____	_____a.m./p.m.
_____	_____	_____	_____a.m./p.m.

THE ALCOHOL TEST MUST BE ADMINISTERED WITHIN EIGHT HOURS FOLLOWING A REASONABLE SUSPICION DETERMINATION.

EXHIBIT 2

CITY OF APPLETON MEDICATION REPORTING FORM

Date: _____

Employee Name: _____ Department: _____

Drug Name	Dose	Anticipated Length/Period of Authorization

☐ _____Employee Name_____ is able to safely perform a safety sensitive function/job while taking the medication/dose noted above.

☐ _____Employee Name_____is <u>not</u> able to safely perform a safety sensitive function/job while taking the medication/dose noted above.

☐ I have discussed the nature of my work with my physician.

Employee Signature _____ Date _____

Physician Signature _____ Date _____
(the physician signature is not needed for over the counter medications)

This notification may be shared with the City's occupational health provider.

CITY OF APPLETON POLICY		TITLE: **DRUG FREE WORKPLACE ACT OF 1988 And 49 CFR Part 40**
ISSUE DATE: 1988	LAST UPDATE: July 2003 January 2004 May 2005 June 2009 May 2010 September 2015	SECTION: Safety
POLICY SOURCE: Human Resource Dept.	POLICY APPLICATION: All City employees who have a Commercial Drivers License	TOTAL PAGES: 10
Reviewed by Legal Services Date: November 13, 2000 March 23, 2004 June 24, 2009 May 2010 November 2015	Committee Approval Date: December 14, 2000 April 14, 2004 January 11, 2006 July 14, 2009 July 28, 2010 December 7, 2015	Council Approval Date: December 20, 2000 April 21, 2004 January 18, 2006 July 22, 2009 August 8, 2010 December 16, 2015

I. PURPOSE:

The purpose of this policy is to help prevent accidents and injuries resulting from the use or misuse of alcohol or use of controlled substances by <u>any</u> City employee. This policy is intended to be consistent with and in compliance with the Drug Free Workplace Act of 1988 and 49 CFR part 40.

II. POLICY:

The City is committed to maintaining a drug free workplace for <u>all</u> employees. Employees are expected to report to work <u>free</u> from any substances that could inhibit their ability to perform their duties. The use of illegal drugs on or off duty is prohibited.

Failure to comply with this policy shall lead to disciplinary action up to and including discharge. A discharge for illegal drug use could impact eligibility for benefits under Unemployment Compensation.

III. DISCUSSION:

This policy outlines the requirements mandated by the Drug Free Workplace Act of 1988 and the United States Department of Transportation regulations 49 CFR part 40 and deals strictly with commercial driver regulations.

IV. DEFINITIONS:

A. Safety Sensitive Position – includes all employees who regularly or occasionally operate a commercial motor vehicle, including mechanics and supervisors who are required to have a CDL.

B. Safety Sensitive Function – means any of the following on-duty functions:

1. All time waiting to be dispatched;
2. All time inspecting, servicing or conditioning any commercial motor vehicle;
3. All driving time, i.e. all time spent at the driving controls of a commercial motor vehicle in operation;
4. All time other than driving time, in or upon any commercial motor vehicle;
5. All time loading or unloading a vehicle, supervising or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded;
6. All time spent making reports and other activities in an accident scene in which the driver was involved;
7. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

C. Shall – is interpreted to mean required.

D. Should – is interpreted to mean recommend but not required.

E. BAT – Breath Alcohol Tester.

F. EBT – Evidential Breath Testing Device.

G. CDL – Commercial Driver's License.

H. SAP – Substance Abuse Professional.

I. FHWA – Federal Highway Administration

J. DER – Designated Employer Representative

K. EAP – Employee Assistance Program

L. DHHS – Department of Health and Human Services

V. PROCEDURES

A. <u>PROHIBITED CONDUCT FOR COMMERCIAL MOTOR VEHICLE OPERATORS</u>

As part of Federal Regulations (49 C F R part 40) of the Omnibus Transportation Testing Act of 1991, all employees who operate a commercial motor vehicle on a full time, casual, intermittent or occasional basis are prohibited from engaging in the following conduct:

1. Reporting for duty or remaining on duty requiring the performance of safety sensitive functions while having an alcohol concentration of 0.02 grams of alcohol in 210 liters of that person's breath or greater;

2. Being on duty or operating a commercial motor vehicle while possessing alcohol, or using alcohol while performing safety-sensitive functions.

   a. Note: Federal regulations include non-prescription and prescription medications containing alcohol in the substances banned from use or possession in the workplace. Therefore, employees should not report for duty while using or possessing prescription or non-prescription medication if such medication contains any measurable amount of alcohol.

3. Performing safety sensitive functions within four (4) hours after using alcohol or performing such duties under the influence of alcohol.

4. Using alcohol within eight (8) hours following an accident, if the employee was required to be tested, unless an earlier test results in a reading of less than 0.02 grams of alcohol in 210 liters of that person's breath.

5. Reporting for duty or remaining on duty requiring the performance of safety sensitive functions when using any controlled substance, unless the use is pursuant to the instructions of a physician who has advised the employee that the substance does not adversely affect the employee's ability to safely operate a commercial motor vehicle;

6. Reporting for duty, remaining on duty or performing a safety sensitive function if the employee tests positive for controlled substances.

7. Manufacturing, distributing, dispensing, possessing or using a controlled substance, alcohol or drug paraphernalia in the workplace.

8. Deliberately misusing this policy in regard to subordinates.

9. Refusing to submit to any alcohol or drug testing required by this policy.

10. Providing false information in connection with a test, or falsifying test results through tampering, contamination, use of drug masking products, alteration or substitution.

B. TESTING FOR CDL USERS

1. Testing will be conducted in the following situations for all employees who operate a commercial motor vehicle on a full time, casual, intermittent or occasional basis and anyone applying for a job driving a commercial motor vehicle.

   a. **Pre-employment** - Any individual not currently employed but who is applying for a position requiring a CDL shall be required to undergo drug and alcohol testing after a conditional offer of employment has been made.

   b. **Reasonable Suspicion** – In cases in which an employee is acting in an abnormal manner or appears unfit to perform his/her duties in a safe manner and a supervisor has reasonable suspicion to believe the employee is using or is under the influence of alcohol or drugs, the employee shall be taken to a properly authorized testing facility for alcohol and drug testing. Reasonable suspicion means suspicion based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. These observations may include indications of the chronic and withdrawal effects of controlled substances. Once the test has been completed and the employee has been taken home, the supervisor must complete an "Observed Behavior Reasonable Suspicion Record" (Exhibit #1). This document is to be completed in carbon form and can be obtained from the Human Resources Department. The "Observed Behavior Reasonable Suspicion Record" must be done prior to receiving the test results and within 24 hours of the testing.

   c. **Random Testing** - Random alcohol and drug testing will be conducted just before, during, or just after an employee's performance of safety sensitive duties. The employee will be randomly selected for testing from a "pool" of employees subject to testing. The testing dates and times are unannounced and will occur with unpredictable frequency throughout the year. Once the supervisor notifies the employee of his/her appointment time, the employee must

report to the medical site stipulated by the City at the specific time indicated. There can be no deviation once the employee has been notified.

In the event an employee tests positive for either alcohol or controlled substances, the employee will be subject to disciplinary action up to and including discharge.

d. **Post-Accident Testing** for a commercial motor vehicle accident - As soon as practicable following an accident involving a motor vehicle, the City of Appleton shall test the employee driver for alcohol and controlled substances in the following situations:

1) The accident involved the loss of human life; or

2) The employee receives a citation under state or local law for a moving traffic violation arising from an accident and if the accident involves either a bodily injury with immediate medical treatment away from the scene or disabling damage to any motor vehicle requiring towing.

The alcohol breath test must be administered as soon as possible, but no later than eight (8) hours following the accident and the drug test must be administered within thirty-two (32) hours of the accident. If the alcohol test is not administered within two (2) hours of the accident, the supervisor will complete a report explaining the reasons for the delay in conducting the test. If the alcohol test is not administered within eight (8) hours of the accident or if the drug test is not administered within thirty-two (32) hours of the accident, the supervisor will complete a report explaining why the test was not conducted. This report will be submitted with the accident investigation report to Human Resources.

An employee who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the City of Appleton to have refused to submit to testing.

f. **Return-to-Duty/Follow-Up Testing** -

1. The City of Appleton (DER) will ensure that, before an employee returns to duty requiring the performance of a safety-sensitive job function after engaging in conduct prohibited by Federal Regulations, the driver shall undergo a return-to-duty alcohol and/or controlled substance test with a result indicating an alcohol concentration of less than 0.02 and a verified negative result for controlled substance use. In any event, an employee will not be allowed to return to duty without first having been evaluated by a Substance Abuse Professional provided through the City of Appleton's Employee Assistance Program in order to determine the employee's fitness-for-duty. Such follow-up activity may be required if an employee has engaged in conduct prohibited by City policy as outlined under Prohibited Conduct (V. Procedures).

2. Following a determination that an employee is in need of assistance in resolving problems associated with alcohol misuse and/or use of controlled substances, the City of Appleton (DER) will ensure that the employee is subject to unannounced follow-up alcohol and/or controlled substance testing in consultation with a Substance Abuse Professional. Consequently, the employee will be given at least six (6) random tests during the twelve (12) month period after returning to duty with the possibility of follow-up testing for up to sixty (60) months after the employee returns to duty.

C. DRUG AND ALCOHOL TESTING PROCEDURES

1. The City will use a drug and alcohol collection site that meets the standards established in 49 CFR Part 40 and a laboratory that is certified by the U.S. Department of Health and Human Services (DHHS). All drug and alcohol testing will be conducted in conformance with the procedures and rules established by the federal Omnibus Transportation Employee Testing Act of 1991 including any revisions since the implementation of the law.

   a. **Alcohol Testing** – In accordance with 49 CFR Part 40, employees will be required to submit to breath testing using an approved evidential breath testing (EBT) device.

   b. **Results of Positive Test** –Except as explicitly modified by a labor agreement, any employee who tests positive for alcohol concentrations of 0.02 grams of alcohol in 210 liters of that person's breath or higher is subject to discipline, up to and including termination. (Taking someone else's medication is not a valid reason nor acceptable for a positive test). If a confirmation alcohol test measures 0.02 grams of alcohol in 210 liters of that person's breath or greater, the City of Appleton (DER) shall:

      1) Remove the employee from the safety-sensitive position.

      2) Before returning the employee to duty:

         a) Refer the employee to the City of Appleton EAP for an alcohol assessment and a determination of whether participation in a treatment program is necessary.

         b) Obtain a verification from a Substance Abuse Professional that the employee has complied with any required rehabilitation or treatment program; and

         c) Retest to verify that the employee's alcohol concentration is below 0.02 grams of alcohol in 210 liters of that person's breath.

      3) The employee will be subject to additional tests as recommended by the rehabilitation program or a minimum of six (6) random tests during the next year.

      4) If the confirmation test level is between 0.02 grams of alcohol in 210 liters of that person's breath and 0.039 grams of alcohol in 210 liters of that person's breath, the employee will be removed from the safety-sensitive position for a minimum of 24 hours following the administration of the test.

      5) In the event that an employee is required to comply with breath testing as a result of a law enforcement investigation, the employee must submit to the examination. The test will be considered enforceable for purposes of this policy, if the testing officer is a qualified BAT and the State of Wisconsin or a local law enforcement agency has certified the EBT that was used for the test.

2. **Testing for Controlled Substances** - For purpose of this policy and the Federal Regulations, the City of Appleton will utilize a five-panel drug screen consisting of the following drugs:

	Positive Levels are:
- Tetrahydrocannabinol (Marijuana)	15 ng./ml. in urine
- Cocaine	150 ng./ml. in urine
- Amphetamines	500 ng. /ml. in urine
- Opiates (including heroin)	300 ng. /ml. in urine
- Phencyclidine (PCP)	25 ng. /ml. in urine

a. In instances where there is reason to believe an employee is abusing a substance other than the five drugs listed above, the City reserves the right to test for additional drugs under the City's own authority using standard laboratory testing protocols.

b. Drug testing is conducted by analyzing an employee's urine specimen (through a certified testing lab). This procedure will include use of a split specimen testing procedure. Each urine specimen is subdivided into two bottles labeled as a “primary" and a "split" specimen. Both bottles will be sent to a certified lab. Only the "primary" specimen bottle is opened and used for the urinalysis. The split specimen bottle will remain sealed and is stored at the lab. If the analysis of the primary specimen confirms the presence of illegal, controlled substances, the employee has 72 hours to request the split specimen be retested at the same lab or be sent to another DHHS certified laboratory for analysis, at the employee's expense. An employee who fails to notify the Medical Review Officer (MRO) within 72 hours of receiving the results of the positive test of the employee's desire to have the split specimen tested shall be deemed to have waived the employee's right to seek testing of the split specimen.

3. **Preparation for Drug Testing** - The following procedures summarize the procedures established by the FHWA regulations implementing drug testing under the federal law. These procedures are subject to change in the event the FHWA or other government agency changes the regulations on drug and alcohol testing of employees in safety-sensitive positions.

a. When the employee enters the collection site, the employee will be required to provide positive identification (i.e. photo I.D. or employer identification).

b. The employee will be instructed to provide at least 45 ml of urine under the split sample method of collection. This will be done in a specifically designated "donor" bathroom.

c. If an employee is unable to provide at least 45 ml, they will be instructed to drink not more than 24 ounces of fluids during a period of up to two (2) hours. A fresh collection container will be used to collect the new sample.

d. If the employee is still unable to provide the required specimen, the test will be discontinued and the Human Resources Department notified. The employee must see the Medical Review Officer (MRO) as soon as possible for a medical evaluation to determine whether the employee's inability to provide a specimen is genuine or constitutes a refusal to submit to a drug test. If there is no medical reason, the test is then considered positive.

e. Once the sample is collected the collection site personnel shall divide the sample into a primary specimen (30-ml) and a split specimen (15-ml.)

f. If the test result of the primary specimen is positive, the employee may request within 72 hours of receiving the positive test result, that the Medical Review Officer (MRO) direct that the split specimen be tested in the same or a different DHHS-certified laboratory for presence of the drug(s) for which a positive result was obtained in the test of the primary specimen, at the employee’s expense.

g. An employee will be removed from the safety-sensitive position pending the result of the test of the split specimen.

h. If the result of the test of the split specimen fails to reconfirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen, the MRO shall cancel the test.

i. Employees will be required to complete and sign various forms used to document the testing and chain of custody process. Refusal to sign the test form(s) will be regarded as a refusal to take the test.

j. Refusal by an employee to complete and sign the test and chain of custody forms, to provide an adequate amount of urine/breath (to be decided on a case-by-case basis), failure to remain at the collection site until the collection process is complete, failure to immediately report to the collection site, failure to comply with direct observation or monitored collection process, tampering with or attempting to substitute or adulterate urine specimens, or otherwise failure to cooperate with the testing process in a way that prevents the completion of the test will be considered grounds for disciplinary action, up to and including termination.

In the event of conflicting results between the initial test and the confirmation test, the confirmation test results will determine the outcome of the test.

4. **Results of a Positive Test** – As with an alcohol misuse violation, the City of Appleton is required to act upon a positive drug test result in the following manner:

   a. Remove the employee from the safety-sensitive position. This removal will only take place after the employee has been allowed to meet or speak with a Medical Review Officer (MRO) in order to determine that the positive drug test did not result from the authorized use of a controlled substance;

   b. Refer the employee to the City of Appleton's EAP for assessment and subsequent compliance with recommended rehabilitation after a determination of a drug problem has been made;

   c. Employee must be evaluated by substance abuse professional or MRO and determined to be fit to return to work prior to their release of the employee;

   d. Employee must have a negative result on a return-to-duty drug test. Follow-up testing to monitor the employee's continued abstinence from drug use will be required if the employee is determined as needed rehabilitation.

D. CONFIDENTIALITY OF RECORDS

1. The City respects the confidentiality and privacy rights of all of its employees. Accordingly, the results of any test administered under this policy and the identity of any employee participating in the City's EAP or other assessment or treatment program will be communicated to the department director and supervisor but not to anyone else except as required by law. The City will release an employee's records as directed by the expressed written consent of the employee authorizing release to an identified person. The lab or testing agency will disclose information to the employee or to the decision maker in a lawsuit, grievance or other proceeding by or on behalf of the individual which arises from any action taken in response to a positive drug or alcohol test, or as required by law, including court orders or subpoenas.

2. The MRO will not reveal individual test results to anyone except the City of Appleton Human Resources Department, unless the MRO has been presented with a written authorization from the tested employee.

3. All records related to drug and alcohol tests of individual employees will be maintained in medical files separate from the employee's personnel file. These records will be stored in a locked cabinet and access will only be allowed to those City employees who have a legitimate need to review the records of a particular employee.

E. REPORTING OF CONVICTIONS

As a condition of employment, all City employees shall abide by the City's Drug and Alcohol Free Workplace Policy and notify the City (your immediate supervisor and the Human Resources Director) of any criminal drug statute conviction and driving while intoxicated violations no later than five (5) days after such conviction.

F. PREVENTION AND REHABILITATION

The goals of this policy are prevention and rehabilitation whenever possible, rather than discipline or termination. The City encourages employees who have an alcohol or other drug problem to seek help to deal with their problem. Help is available through the City's Employee Assistance Program. For more details on this program, contact the Human Resources Department.

G. LEAVE OF ABSENCE PRIOR TO TESTING

An employee shall be permitted to take a leave of absence for the purpose of undergoing treatment pursuant to an approved treatment program for alcoholism or drug use as verified by the City. The leave of absence must be requested prior to the commission of any act subject to disciplinary action, and will be in compliance with City policies.

Employees requesting to return to work from a leave of absence for drug use or alcoholism treatment shall be required to submit to three testings without prior notice on the following basis:

1. Two tests to occur within six months of the employee's return to employment.
2. One test to occur within six to twelve months after the employee's return to employment.

A positive test result or a refusal to submit to any of these three tests shall lead to disciplinary action up to and including discharge.

H. PRESCRIPTION DRUGS

1. Before performing work-related duties, employees must notify their supervisor in writing (Exhibit 2) if they are taking any legally prescribed medication, therapeutic drug, or any non-prescription drug which contains any measurable amount of alcohol or which carries a warning label that indicates the employee's mental functioning, motor skills or judgment may be adversely affected by the use of this medication. This notification (Exhibit 2) must be signed by the employee and his/her physician and is to be filed by the supervisor with the Human Resources Department. This notification may be shared with the City's occupational health provider.

2. A legally prescribed drug is one where the employee has a prescription or other written approval from a physician for the use of the drug in the course of medical treatment. The prescription must include the patient's name, the name of the substance, quantity/amount to be taken, and the period of authorization. The misuse or abuse of legal drugs while performing City business is prohibited by City policy.

EXHIBIT 1

OBSERVED BEHAVIOR

REASONABLE SUSPICION RECORD

NAME:	DATE OBSERVED:

ADDRESS OF INCIDENT: Street City State Zip Code	TIME OBSERVED: FROM _____ a.m. p.m. TO _____ a.m. p.m.

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR §382.307 Reasonable Suspicion Testing, the employer shall require the driver to submit to a controlled substance or alcohol test if a supervisor or company official who is trained in accordance with §382.603 determines that reasonable suspicion exists.

Reasonable suspicion determined for: ☐ **Alcohol** ☐ **Drugs**

Mark items that apply and describe specifics

1. WALKING/BALANCE:

____Stumbling ____Staggering ____Falling ____Unable to Stand
____Swaying ____Unsteady ____Holding on ____Rigid
____Sagging at knees ____Feet wide apart

2. SPEECH:

____Shouting ____Whispering ____Slow ____Rambling
____Slurred ____Slobbering ____Incoherent

3. ACTIONS:

____Resisting communications ____Insulting ____Hostile ____Drowsy
____Fighting/insubordinate ____Profanity ____Threatening ____Erratic
____Hyperactive ____Crying ____Indifferent

4. EYES:

____Bloodshot ____Watery ____Dilated ____Glassy
____Droopy ____Closed ____Wearing Sunglasses

5. FACE:

____Flushed ____Pale ____Sweaty

6. APPEARANCE/CLOTHING:

____Disheveled ____Messy ____Dirty ____Partially dressed
____Having odor ____Stains on clothing

7. BREATH:

____Alcoholic odor ____Faint alcohol odor ____No alcohol odor ____Marijuana odor

8. MOVEMENTS:

____Fumbling ____Jerky ____Slow ____Nervous
____Hyperactive

9. EATING/CHEWING:

____Gum ____Candy ____Mints ____Tobacco
____Other

Other observations:_____

_____

Did employee admit to using drugs or alcohol? _____ Yes _____ No

When: _____ Substance: _____

How much: _____ Where taken: _____

WITNESSED BY:

_____	_____	_____	_____a.m./p.m.
Signature	Title	Preparation Date	Time
_____	_____	_____	_____a.m./p.m.
Signature	Title	Preparation Date	Time

THE ALCOHOL TEST MUST BE ADMINISTERED WITHIN EIGHT HOURS FOLLOWING A REASONABLE SUSPICION DETERMINATION.

EXHIBIT 2

CITY OF APPLETON MEDICATION REPORTING FORM

Date: _____

Employee Name: _____ Department: _____

Drug Name	Dose	Anticipated Length/Period of Authorization

☐ _____Employee Name_____ is able to safely perform a safety sensitive function/job while taking the medication/dose noted above.

☐ _____Employee Name_____is not able to safely perform a safety sensitive function/job while taking the medication/dose noted above.

☐ I have discussed the nature of my work with my physician.

Employee Signature _____ Date _____

Physician Signature _____ Date _____
(the physician signature is not needed for over the counter medications)

This notification may be shared with the City's occupational health provider.

CITY OF APPLETON POLICY		TITLE: **DRUG FREE WORKPLACE ACT OF 1988 And 49 CFR Part 40 and Part 655**
ISSUE DATE: 1988	LAST UPDATE: July 2003 January 2004 May 2005 January 2007 2010 August 2013	SECTION: Safety
POLICY SOURCE: Human Resource Dept.	POLICY APPLICATION: Valley Transit Safety Sensitive & Non Safety Sensitive Employees	TOTAL PAGES: 15
Reviewed by Legal Services Date: November 13, 2000 March 23, 2004 August 29, 2013 November 2016	Committee Approval Date: December 14, 2000 April 14, 2004 March 22, 2006 February 28. 2007 May 23, 2011 September 9, 2013 December 12, 2016	Council Approval Date: December 20, 2000 April 21, 2004 April 5, 2006 March 7, 2007 June 1, 2011 September 18, 2013 December 21, 2016

I. PURPOSE:

The purpose of this policy is to assure worker fitness for duty and to protect our employees, passengers, and the public for the risks posed by the misuse of alcohol and use of prohibited drugs. This policy is also intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. The Federal Transit Administration (FTA) of the U.S. Department of Transportation (DOT) has published 49CFR Part 655, as amended, that mandate urine drug testing and breath alcohol testing for safety-sensitive positions and prohibits performance of safety-sensitive functions when there is a positive test. Every covered employee is required to submit to drug and alcohol testing administered in accordance with Part 655. The DOT has also published 49 CFR Part 40, as amended, which sets standards for the collection and testing of urine and breath specimens. In addition, the Federal government published 49 CFP Part 29, "The Drug-Free Workplace Act of 1988," which requires the establishment of drug-free workplace policies and the reporting of certain drug-related offenses to the FTA. This policy incorporates those requirements for safety sensitive employees and others when so noted. The inclusion of non-safety sensitive employees in this policy is not a requirement of FTA regulations, but part of Valley Transit's Drug and Alcohol Free Workplace Policy. Non-safety-sensitive employees will not be included in the random testing pool.

II. POLICY:

Valley Transit performs a vital public service to our community. To ensure that this service is delivered safely, we are dedicated to providing and maintaining a drug and alcohol free working environment. It is Valley Transit's policy to:

- Assure that employees have the ability to perform assigned duties in a safe, healthy, and productive manner;
- Create a workplace free from the adverse effects of drug and alcohol abuse or misuse;
- Prohibit the unlawful distribution, possession, or use of controlled substances.

Valley Transit cares about the health and well being of its employees. We urge anyone who believes that they are having an alcohol or chemical dependency problem to seek treatment before their job performance and employment are endangered.

Failure to comply with this policy shall lead to disciplinary action up to and including discharge. Upon a discharge for illegal drug use, eligibility for benefits under Unemployment Compensation could be impacted.

III. DISCUSSION:

This policy outlines the requirements mandated by the DOT & the FTA as outlined above.

IV. DEFINITIONS:

Safety Sensitive Positions
Bus Driver (Full-time, Part-time, and Stand-by)
Mechanic I
Mechanic II
Lead Mechanic
Driver-Dispatcher
Communications Technician
Service Person
Utility Person
Transit Operations Supervisor
Transit Maintenance Supervisor
Administrative Assistant
Contract Paratransit Drivers
Contract Paratransit Mechanics
Contract Paratransit Dispatchers
Contract Paratransit Supervisors
Assistant General Manager

Shall – is interpreted to mean required.
Should – is interpreted to mean recommend but not required.
BAT – Breath Alcohol Tester.
EBT – Evidential Breath Testing Device.
CDL – Commercial Driver's License.
SAP – Substance Abuse Professional.
DER – Designated Employer Representative

V. PROCEDURES

A. APPLICABILITY

This policy applies in general to all transit system employees: full-time, part-time, and contract employees, and contractors when they are on transit property or when performing transit-related business off property. Employees who perform safety-sensitive functions, or contractors performing safety-sensitive functions for Valley Transit will be subject to specific alcohol and drug testing as required by federal regulations. A safety-sensitive function is any duty related to the safe operation of mass transit service including the operation, dispatch, and maintenance of a revenue service vehicle (in or out of service), other employees who must hold a Commercial Drivers License to perform their job and certain security personnel. (A list of safety-sensitive positions are listed under definitions in Section IV.)

B. PROHIBITED SUBSTANCES

The DOT prohibited drugs – marijuana, cocaine, opiates (codeine, morphine and 6-acetylmorphine), amphetamines (which includes MDNA-Ecstasy), methamphetamines, and PCP are always illegal and employees are prohibited from consuming any of them at any time. *In addition, under the Drug-Free Workplace Act, the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in the workplace is prohibited at any time. Use of prescription drugs which may impair job performance or mental or motor function by an employee or any other person to whom this Policy applies while on City of Appleton / Valley Transit premises or in the course of conducting City of Appleton / Valley Transit business, including while subject to being on-call in a paid status, at lunch or on breaks, is strictly prohibited.* Employees covered by this policy can be tested for prohibited drugs anytime while on duty.

The appropriate use of legally prescribed drugs and non-prescription medication is not prohibited. However, the use of any substance which carries a warning label indicating that mental functioning, motor skills, or judgment will be adversely affected MUST be reported to a supervisor and a form filled out prior to performing safety-sensitive duties per Valley Transit Policy. It is the responsibility of employees to remove themselves from service if they are experiencing any adverse effects from medication. Legally prescribed drugs must include documentation of the patient's name, the substance name, the quantity to be taken, and the period of authorization. See the “Over the Counter and Prescription Drug” section at the end of this policy.

C. PROHIBITED CONDUCT

Employees who are using, manufacturing, dispensing, distributing drugs or who are in the possession of, or impaired by, alcohol or drugs when reporting for duty, while on duty, or when on Valley Transit's premises are a threat to the health, safety, and security of themselves, their fellow employees, passengers, and other members of the public. Therefore, employees must not report for work or continue working under these circumstances. Such behavior is absolutely prohibited.

Employees who are reasonably suspected of not being fit for duty due to drug or alcohol use shall be suspended from job duties without pay pending an investigation and verification of condition. Employees who fail to pass a drug or alcohol test shall be removed from duty and subject to disciplinary action, up to and including discharge. Employees who pass a drug or alcohol test will be paid for any lost time. A drug or alcohol test is considered positive if the individual is found to have a quantifiable presence or a prohibited substance in the body at or above the minimum thresholds defined in 49 CFR Part 40, as amended.

ALCOHOL USE: No safety-sensitive or non-safety-sensitive employee should report for duty or remain on duty when his/her ability to perform assigned safety-sensitive functions is adversely affected by alcohol or when his/her breath alcohol concentration is 0.02 grams of alcohol in 210 liters of that person's breath or greater per Valley Transit policy. No safety-sensitive or non-safety-sensitive employee will use alcohol while on duty, in uniform, while performing safety-sensitive functions, or just before or just after performing a safety-sensitive function. No safety-sensitive or non-safety-sensitive employee will use alcohol within four (4) hours of reporting for duty, while on call, or up to eight (8) hours following an accident when testing is required. Violation of these provisions is prohibited and punishable by disciplinary action up to and including discharge.

D. COMPLIANCE WITH TESTING

All safety-sensitive and non-safety-sensitive employees will be subject to urine drug testing and breath alcohol testing. Any safety-sensitive or non-safety-sensitive employee who refuses to comply with a request for testing shall be removed from duty and their employment terminated. Refusals under 49 CFR Part 40 include:

- Failure to appear in a timely fashion for a drug or alcohol test (except for pre-employment);
- failure to remain until the drug or alcohol testing process is complete;
- failure to provide a breath specimen for an alcohol test; failure to provide a urine specimen for a drug test;
- failure to provide a sufficient specimen with no medical explanation in a drug or alcohol test;
- failure to undergo a medical evaluation as required by the Medical Review Officer or supervisor;
- failure to cooperate with any part of the testing process;
- failure to permit monitoring or observation in the case of a directly observed or monitored drug test collection;
- failure to take a second drug test as directed by the collector or supervisor;
- refusal to sign the certification at Step 2 of the Alcohol Testing Form;
- leaving the scene of an accident without a valid reason before a drug and alcohol test has been conducted.
- In addition, the verification by the Medical Review Officer that an employee's drug test is adulterated or substituted is also considered refusal to test.

The following refusals to test are noted in the DOT Urine Specimen Collection Guidelines as additional behavior which constitutes a refusal to test: An employee admits to the collector that he or she adulterated or substituted their specimen.

- The employee fails to follow the observer's instructions to raise and lower their clothing and to turn around to permit the observer to determine if the employee has a prosthetic or other device that could be used to interfere with the collection process.

- The employee possesses or wears a prosthetic or other device that could be used to interfere with the collection process.

A refusal to test constitutes a violation of this policy and will be treated as a positive test result. Any employee who refuses to submit to any drug or alcohol test will be removed from safety sensitive work, provided educational materials, and referred to a substance abuse professional. *It is Valley Transit's policy that refusal to submit to any drug or alcohol test will also result in termination of employment*.

TESTING FOR SAFETY SENSITIVE EMPLOYEES

1. Testing will be conducted in the following situations for all safety sensitive employees and anyone applying for a job in a safety sensitive position.

   a. **Pre-employment** - Applicants for all safety-sensitive positions shall undergo urine drug testing after a conditional offer of employment has been made. Receipt by Valley Transit of satisfactory results is required prior to employment and failure to pass will disqualify an applicant. When a covered employee or applicant has previously failed or refused a pre-employment drug test administered under 655.41, the employee must provide Valley Transit proof of having successfully completed a referral, evaluation and treatment plan as described in Sec. 655.62. In addition, if a covered employee or applicant has not performed a safety-sensitive function for 90 consecutive calendar days regardless of the reason, and has not been in the random selection pool during that time, the employee will be required to take a pre-employment drug test with a verified negative result prior to performing a safety-sensitive function.

   b. **Reasonable Suspicion** – In cases in which an employee is acting in an abnormal manner or appears unfit to perform his/her duties in a safe manner and a supervisor has reasonable suspicion to believe the employee is using or is under the influence of alcohol or drugs, the employee shall be taken to a properly authorized testing facility for alcohol and drug testing. Reasonable suspicion means suspicion based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee. These observations may include indications of the chronic and withdrawal effects of controlled substances. Once the test has been completed and the employee has been taken home, the supervisor must complete an "Observed Behavior Reasonable Suspicion Record" (Exhibit #1). This document is to be completed in carbon form and can be obtained from the Human Resources Department. The "Observed Behavior Reasonable Suspicion Record" must be completed as soon as practical. Such referrals will be made by supervisory personnel who have been trained in accordance with 49 CFR Part 655.14(b)(2) to detect the signs and symptoms of drug and alcohol use.

c. **Random Testing** - Random alcohol testing will be conducted just before, during, or just after an employee's performance of safety sensitive duties. Random drug testing will be conducted any time an employee is on duty. The employee will be randomly selected for testing from a "pool" of employees subject to testing. The testing dates and times are unannounced and will occur with unpredictable frequency throughout the year.
Once notified of a required test, the employee must proceed directly to the testing site specified by the supervisor. There can be no delay or deviation.

The minimum and annual percentage rate for random drug and alcohol testing will be set by the Federal Transit Administration (FTA) and will be based on the annual cumulative total number of safety-sensitive employees in the "pool."

The selection of employees for random testing will be administered by the City's service provider using a scientifically valid method. This method will be a random number table of a computer-based random number generator matched with employees' I.D. number. Under this selection process, each employee will have an equal chance of being tested each time selections are made. As a result, some employees may be tested more than once a year, while other employees may not be tested at all.
In the event an employee tests positive for either alcohol or controlled substances, the employee will be subject to disciplinary action up to and including discharge.

d. **Post-Accident Testing** - Safety-sensitive employees are required by federal regulations to be tested if they are involved in an accident involving a Valley Transit vehicle (in or out of service and the service area) that results in:

- Fatality; (MANDATORY)
- Non-fatality;

Any time an individual requires immediate transportation to a medical treatment facility or one or more vehicles have disabling damage that requires a tow, unless the employer determines, using the best information available at the time of the decision, that the covered employee's performance can be completely discounted as a contributing factor to the accident.
The alcohol breath test must be administered as soon as possible, but not later than eight (8) hours following the accident and the drug test must be administered within thirty-two (32) hours of the accident. If the alcohol test is not administered within two (2) hours of the accident, the supervisor will complete a report explaining the reasons for the delay in conducting the test. If the alcohol test is not administered within eight (8) hours of the accident or the drug test is not administered within thirty-two (32) hours of the accident, the supervisor will complete a report explaining why the test was not administered.

An employee who is subject to post-accident testing will remain readily available for such testing or may be deemed by Valley Transit to have refused to submit to testing.
Any safety-sensitive employee who leaves the scene of the accident without justifiable explanation prior to submission to drug and alcohol testing will be considered to have refused the test and be subject to termination of their employment. Employees tested under this provision will include not only bus

operators, but also any other safety-sensitive employee whose performance could have contributed to the accident.
Non-safety-sensitive employees are subject to being tested following work-related vehicle accidents when drug or alcohol use may be involved.

e. **Return-to-Duty/Follow-Up Testing** - The City of Appleton/Valley Transit DER will ensure that, after being found to have engaged in conduct prohibited by Federal Regulations, the employee must complete a SAP mandated evaluation and/or treatment and shall undergo a return-to-duty alcohol and/or controlled substance test with a result indicating an alcohol concentration of less than 0.02 and verified negative result for controlled substance use.

The SAP will also make a recommendation for unannounced follow up alcohol and/or controlled substance testing. The duration and frequency of the tests will be determined by the SAP.

DRUG AND ALCOHOL TESTING PROCEDURES

All employees will be subject to testing prior to employment, for reasonable suspicion, and prior to return to duty after failing a test or upon the completion of substance abuse treatment. Those employees who perform safety-sensitive functions as defined in the attachment to this policy shall also be subject to testing on a random, unannounced basis and following an accident as defined in "Post Accident Testing".

A. CONFIDENTIALITY

Confidentiality is maintained throughout the drug/alcohol testing process. All positive test results are first forwarded to the City of Appleton's Medical Review Officer (MRO) for review. The MRO reviews the individual medical history and affords the employee an opportunity to offer any clarifying information that would explain the positive test. The MRO will notify the employee that he/she has seventy-two (72) hours in which to request a split sample analysis by a second laboratory. The MRO will not reveal individual test results to anyone except the Director of Human Resources for the City of Appleton and Valley Transit's General Manager, unless the MRO has been presented with a written authorization from the tested employee. Valley Transit will maintain results in the strictest of confidence in a medical file separate from the official personnel file. In cases where disciplinary action results from a positive test, such information is shared only with those in a supervisory capacity involved in that action, and with the union if the employee provides such authorization. Valley Transit will carry out this policy in a way that respects the dignity and confidentiality of those involved.

B. METHODOLOGY

Testing will be conducted in a manner to assure a high degree of accuracy and reliability by using the techniques, chain of custody procedures, equipment, and laboratory facilities that have been approved by the U.S. Department of Health and Human Services (DHHS) as called for in the regulations (49 CFR Part 40). Both alcohol and drug testing will be conducted in an environment that affords maximum privacy.

Testing for drugs will be conducted by urinalysis.

1) Initial Test: Initial testing will be performed on the primary sample using the EMIT Immunoassay technique. If the results are negative, no further testing will be required and a report will be provided to the Medical Review Officer (MRO). The MRO is responsible for evaluating, interpreting, and verifying laboratory test results and communicating them to the City of Appleton.

2) Confirmation Test: Whenever a positive result is obtained on the initial test, confirmation testing will be automatically performed using Gas Chromatography/Mass Spectrometry (GC/MS). Results of confirmation testing will be sent to the Medical Review Officer (MRO).

Validity Testing: The laboratory also may conduct validity testing to determine if the specimen has been adulterated, tampered with, or diluted. If the MRO reports a “negative-dilute” test result with creatinine levels greater than or equal to 2mg/dL but equal to or less than 5 mg/dL, the employee will be required to take a second test immediately under direct observation with no advance notice. If the MRO reports a “negative-dilute” test result with creatinine levels greater than 5 mg/dL, the employee will be required to take a second test immediately (not observed) with no advance notice.

Drug Testing Split Specimen: The urine specimen collected for FTA testing will be split and poured into two specimen bottles. This provides the employee or applicant with the option of having an analysis of the split sample performed at a second laboratory that meets the requirements of 49 CFR Part 40. The employee or applicant has 72 hours after being informed by the MRO of a verified positive, adulterated, or substituted test result to request a test of the split sample. All requests for split specimen analysis will be processed by the MRO.

It is Valley Transit’s policy that employees awaiting the result of a split specimen test following a verified positive, adulterated, or substituted test result may not perform safety sensitive duties pending the outcome of the split specimen test. The employee will be placed on an Administrative Unpaid Suspension pending the result of the split specimen test. Employees placed on an Administrative Suspension must be in a position to be easily contacted by Valley Transit once the result of the split specimen test is reported. Employees who cannot be easily contacted within a reasonable time period will be considered to have abandoned their job and are subject to termination. Valley Transit will seek payment or reimbursement for the cost of the split specimen from the employee, should the employee request testing of the split sample, unless the split specimen analysis fails to confirm the result of the primary specimen analysis.

2. Tests for alcohol concentration will be conducted using National Highway Traffic Safety Administration approved evidential breath testing devices operated by trained technicians. An employee who tests at 0.02 grams of alcohol in 210 liters of that person's breath or above will receive a confirmatory test no sooner than fifteen (15) minutes nor later than thirty (30) minutes after the completion of the initial test. A confirmed alcohol concentration of 0.02 or greater will be considered a positive alcohol test and a violation of this policy.

   An employee who tests positive for drugs and alcohol will be removed from safety-sensitive job duties for at least eight (8) hours, informed about educational and rehabilitation programs available, and evaluated by a Substance Abuse Professional (SAP). The SAP will evaluate each employee to determine what assistance, the employee needs in resolving problems associated with substance abuse. Assessment by an SAP does not protect an employee from disciplinary action or guarantee employment.

C. RESULTS OF A POSITIVE ALCOHOL OR DRUG TEST

Under FTA regulations, discipline for program violations are determined at the local level. In the event of a positive alcohol test or a positive drug test which is verified by the MRO, or a refusal the employee shall be removed from duty and subject to disciplinary action up to and including discharge without receipt of a prior warning letter as outlined in the current labor agreement.

D. NEGATIVE DILUTE TESTS

Dilute Specimens: A dilute specimen is a specimen with creatinine and specific gravity values that are lower than expected for human urine. If the test is reported as a **dilute positive**, the test should be treated as a verified positive test result.

If the results of a drug test as determined by the MRO is negative dilute, the following conditions will apply depending on the type of test:

- Pre-employment test – a second test will be performed and the results reported prior to the performance of a safety sensitive function.
- Random test – no second test is required, the results of the first test is the test date of record
- Post accident test – a second test is performed as soon as possible, but not later than 32 hours following the accident
- Reasonable suspicion – a second test is performed as soon as possible, but not later than 32 hours after the initial test
- Return to duty/follow-up – a second test is performed as soon as possible

In the event that a second test is required, the second test becomes the test of record. In the event that a second test is also negative dilute, a third test is not required. The second test is not observed or monitored unless it is a return to duty test, a mandatorily observed follow-up test, or unless there is another basis for observed collection.

E. CONFIDENTIALITY OF RECORDS

Valley Transit will strictly adhere to all standards of confidentiality and assure that testing records and results will be released only to those authorized by the FTA to receive such information. Those are:

- The employee, if requested in writing
- The National Transportation Safety Board, when investigating an accident
- The decision-maker in a lawsuit, grievance, or other proceeding initiated on behalf of the employee and arising from the result of a drug or alcohol test administered under FTA rules
- Subsequent employers, if requested in writing by the employee
- Other identified persons as requested in writing by the employee

F. REPORTING OF CONVICTIONS

1. As a condition of employment, all City employees shall abide by the Drug and Alcohol Free Workplace Policy and notify the City (your immediate supervisor and the Human Resources Director) of any criminal drug statute conviction no later than five (5) days after such conviction.

2. Employees who are required to a have Commercial Driver's License must report all driving while intoxicated violations.

G. PREVENTION AND REHABILITATION

Valley Transit supports employees who volunteer for treatment of alcohol or drug abuse. Alcoholism and drug dependency are treatable illnesses and can be successfully dealt with if identified in their early stages and referred to an appropriate source for treatment. Indications of alcohol and drug abuse include extreme changes in personality, problems with employer or other employees, interrupted or changing sleep patterns, attendance and late problems, concealment of social habits involving drugs and alcohol, and family problems. Continued alcohol and drug dependency can lead to deteriorating health.

Valley Transit encourages employees to seek treatment voluntarily and makes available the Employee Assistance Program. Any employee who comes forth and notifies the agency of alcohol or chemical abuse problems will be given the assistance extended to employees with any other illness. Sick leave, vacation leave, or leave of absence without pay may be granted for treatment and

rehabilitation as in other illnesses, and insurance coverage for treatment will be provided to the extent of individual coverage.

Employees are encouraged to contact Valley Transit or the City of Appleton Human Resources Department for help in understanding benefits and leave policies when participating in the EAP. Any decision to seek help through the EAP or privately will not interfere with an employee's continued employment or eligibility for promotional opportunities. CONFIDENTIALITY of information will be maintained at all times.

While Valley Transit is willing to assist employees with alcohol or chemical dependency problems, employees are expected to remember that safety is the Agency's first priority. Therefore, employees must not report for work or continue working if they are under the influence or impaired. Failure to observe the Prohibited Conduct rules established in this policy will result in disciplinary action up to and including discharge, (see Discipline section) regardless of whether or not an employee is participating in a treatment program. Such employees are expected to observe all other job performance standards and work rules, including attendance, required of all employees.

H. LEAVE OF ABSENCE PRIOR TO TESTING

An employee shall be permitted to take a leave of absence for the purpose of undergoing treatment pursuant to an approved program of alcoholism or drug use verified by the City. The leave of absence must be requested prior to being notified of a required drug or alcohol test and prior to the commission of any act subject to disciplinary action, and will be in compliance with City policies.

Employees requesting to return to work from a leave of absence for drug use or alcoholism will be required to submit to three tests without prior notice on the following basis:

1. Two tests to occur within six months of the employee's return to employment.
2. One test to occur within six to twelve months after the employee's return to employment.

A positive test result or a refusal to submit to any of these three tests will lead to immediate discharge. These tests will be performed under Valley Transit's authority, not the FTA's.

VI. EDUCATION AND TRAINING

It is the policy of Valley Transit that training and education programs will be made available to all agency employees. Supervisors, managers, and union officials will receive instruction on how to identify the signs of drug and/or alcohol use or impairment and what to do in such reasonable suspicion cases, however, only supervisory personnel trained in accordance with 49 CFR Part 655.14(b)(2) are qualified to make reasonable suspicion referrals. Valley Transit is responsible for administering the Drug and Alcohol Free Workplace Policy. Any questions about the policy or testing program may be addressed to the Operations Supervisor/Drug and Alcohol Program Manager (832-6100), General Manager (832-6100), or the City of Appleton's Human Resources Department (832-6455).

A. OVER THE COUNTER & PRESCRIPTION DRUGS

1. Employees have the responsibility to explain their job duties to their doctor and ensure that the use of prescribed medications will not pose a safety risk to themselves, other employees, or the general public. If there is a risk, the transit employee should discuss other treatment options. If no other options are available, the employee should not report to work, but obtain a note from the prescribing physician stating when it is safe to return to work.

   When selecting an over the counter medication, employees must read all warning labels. Employees must avoid selecting a medication that may cause drowsiness, affect mental functioning, affect motor skills or judgment, or produce any other side effect, while working, that would prohibit the employee from performing his/her job safely. If an employee is unsure which medication is safe to take while performing his/her job, he/she should consult their pharmacist or physician.

   It is the employees' responsibility to take all medications as prescribed.

   The employee must submit a Drug Notification Form to their supervisor before performing any safety-sensitive duty when taking any medication, prescription or non-prescription, which may affect their performance of such duty. Valley Transit's Medical Review Officer may review Drug Notification Forms. All Drug Notification Forms will be kept in the employees' confidential medical file.

   Employees who experience side effects or do not feel fit for duty must immediately notify the supervisor on duty and remove themselves from the performance of any safety sensitive function.

2. A legally prescribed drug is one where the employee has a prescription or other written approval from a physician for the use of the drug in the course of medical treatment. The prescription must include the patient's name, the name of the substance, quantity/amount to be taken, and the period of authorization. The misuse or abuse of legal drugs while performing City business is prohibited by City policy.

RECEIPT OF ACKNOWLEDGMENT AND UNDERSTANDING OF
"DRUG FREE WORKPLACE ACT OF 1988,
AND 49 CFR PART 40" POLICY
FOR
CITY OF APPLETON VALLEY TRANSIT EMPLOYEES

I acknowledge the receipt of a copy of the City of Appleton's "Drug Free Workplace Act of 1988 and 49 CFR Part 40" Policy. I have read and familiarized myself with the contents and understand my responsibility for adhering to this policy.

I agree to follow the City of Appleton's rules and procedures as outlined in this policy.

_____
Employee Name (Please Print)

_____
Department

_____
Employee Signature

_____
Date

EXHIBIT 1

OBSERVED BEHAVIOR

REASONABLE SUSPICION RECORD

NAME:	DATE
ADDRESS OF INCIDENT: Street City	**TIME OBSERVED:**

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR §382.307 Reasonable Suspicion Testing, the employer shall require the driver to submit to a controlled substance or alcohol test if a supervisor or company official who is trained in accordance with §382.603 determines that reasonable suspicion exists.

Reasonable suspicion determined for: ☐ **Alcohol** ☐ **Drugs**

Mark items that apply and describe specifics

1. WALKING/BALANCE:

____Stumbling ____Staggering ____Falling
____Unable to Stand
____Swaying ____Unsteady ____Holding on
____Rigid
____Sagging at knees ____Feet wide apart

2. SPEECH:

____Shouting ____Whispering ____Slow
____Rambling
____Slurred ____Slobbering ____Incoherent

3. ACTIONS:

____Resisting communications ____Insulting ____Hostile
____Drowsy
____Fighting/insubordinate ____Profanity ____Threatening
____Erratic
____Hyperactive ____Crying ____Indifferent

4. EYES:

____Bloodshot ____Watery ____Dilated
____Glassy
____Droopy ____Closed ____Wearing Sunglasses

5. FACE:

____Flushed ____Pale ____Sweaty

6. APPEARANCE/CLOTHING:

____Disheveled ____Messy ____Dirty
____Partially dressed
____Having odor ____Stains on clothing

7. BREATH:

____Alcoholic odor ____Faint alcohol odor ____No alcohol odor
____Marijuana odor

8. MOVEMENTS:

____Fumbling ____Jerky ____Slow
____Nervous
____Hyperactive

EXHIBIT 2

CITY OF APPLETON MEDICATION REPORTING FORM

Date: _____

Employee Name: _____ Department: _____

Drug Name	Dose	Anticipated Length/Period of Authorization

☐ _____ is able to safely perform a safety sensitive function/job while taking the medication/dose noted above.

☐ _____is not able to safely perform a safety sensitive function/job while taking the medication/dose noted above.

☐ I have discussed the nature of my work with my physician.

Employee Signature _____ Date _____

Physician Signature _____ Date _____
(the physician signature is not needed for over the counter medications)

*This notification may be shared with the City's occupational health provider.

CITY OF APPLETON POLICY	TITLE: **Ergonomics Policy/Program**	
ISSUE DATE: July 2001	LAST UPDATE: December 18, 2002 April 5, 2007 February 2011 April 2017	SECTION: Safety
POLICY SOURCE: Human Resources Department	POLICY APPLICATION: All City Employees	TOTAL PAGES: 4
Reviewed by Attorney's Office Date: June 2001 June 2011 May 2017	Committee Approval Date: June 26, 2001 August 22, 2011 July 26, 2017	Council Approval Date: July 18, 2001 September 17, 2011 August 2, 2017

I. PURPOSE

The purpose of this policy is to increase employee awareness of ergonomic issues and to proactively address the musculoskeletal disorders that employees may experience as a result of workplace conditions and job demands.

II. POLICY

The City is committed to providing a safe and healthy workplace free from recognized hazards or harmful conditions and to incorporate employee involvement in the prevention relating to safety and ergonomics in the workplace.

III. DISCUSSION

The City shall make every effort to increase ergonomic awareness and lessen the risk of injury due to design of equipment, tools or work motions.

IV. DEFINITIONS

A. Ergonomics: The science of fitting workplace conditions and job demands to the capabilities of the work force.
B. WMSD: Work Related Musculoskeletal Disorder.
C. Ergonomics Program: Systematic process for anticipating, identifying, analyzing and controlling WMSD hazards.
D. Process: Activities, procedures and practices set up to control WMSD hazards.
E. MSD: Musculoskeletal Disorders. These are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage, or spinal discs that are not typically the result of any instantaneous or acute event (such as a slip, trip, or fall) but reflect a more gradual or chronic development. Musculosketal disorders include those with several distinct features, such as carpal tunnel syndrome, as well as those defined primarily by the location of the pain, as with low back pain.
F. WMSD Management – The process of ensuring that employees with work related musculoskeletal disorders receive effective evaluation.
G. Symptoms Survey Form – the form used to perform an ergonomic assessment (Exhibit I).

V. PROCEDURES

A. Policy Responsibilities

1. Human Resources shall:
    a. Develop, evaluate and periodically review the policy and program.
    b. Coordinate training.
    c. Respond promptly to reported MSD problems.
    d. Perform and/or coordinate ergonomic evaluations as needed.
    e. Research new products in the field of ergonomics.
    f. Maintain records relating to the ergonomics program.
    g. Review all injury reports.
    h. Solicit employee input for possible solutions to ergonomic problems.
    i. Provide input for solutions to ergonomic problems.
    j. Check with the Facilities department to explore workstation structural changes when necessary.

2. Department Directors/Supervisors shall:
    a. Solicit employee input for possible solutions to ergonomic problems.
    b. Prohibit practices that discourage employees from participating in the policy/program, and making reports or recommendations.
    c. Report any problem areas to the H.R. Generalist
    d. Attend Ergonomics training and ensure employees attend scheduled training.

3. Department Safety Coordinator or Central Safety Committee Member shall:
    a. Review the Symptoms Survey form completed by their department employees.
    b. Report any problems to the H.R. Generalist.
    c. Address any potential ergonomic problems.
    d. Provide input for possible solutions to ergonomic problems.
    e. Implement and follow recommendations made by the H.R. Generalist or outside consultant.
    f. Attend applicable training involved with the ergonomics policy/program.

4. Employees shall:
    a. Complete a Symptoms Survey Form if requested
    b. Attend all applicable training involved with the ergonomics policy/program.
    c. Provide input for possible solutions to ergonomic problems.
    d. Assist with ergonomic evaluations as needed.
    e. Notify the Supervisor or H.R. Generalist of any problems related to ergonomics.
    f. Implement and follow the recommendations provided through the ergonomic assessment.

B. Program Responsibilities

1. Records Retention:

   a. Completed Symptoms Survey Forms shall be sent to the H.R. Generalist who will keep them on file.
   b. Accident/Injury records will be reviewed by the H.R. Generalist to note any trends in incidents or any possible cumulative trauma or musculoskeletal related injuries.

2. Symptoms Survey Analysis Form follow-up:

   a. Supervisors, department Safety Coordinators or H.R. Generalist should ask employees having WMSD concerns the following:

      - Are they experiencing signs or symptoms of MSDs?
      - Are they having difficulty performing the physical work activities of the job?
      - Can they describe which physical work activities they associate with the problem?
      - Have they observed employees performing the jobs in order to identify factors that need to be evaluated?
      - Have they evaluated those job factors to determine which ones are reasonably likely to be causing or contributing to the problem?
      - Have they controlled the cause of the problem?

C. Training

1. Initially upon hire, and periodically thereafter the H. R. Generalist will provide training to include what ergonomics is, what to watch for and steps to eliminate problem areas if they are found.

D. Program Evaluation

1. After implementing changes in tools, work areas or workstations, the H.R. Generalist will follow up on any changes to determine if the changes have improved the condition.

   a. Follow up shall include a verbal interview with person(s) performing the work task.
   b. Re-evaluation of the workstation, work area or tool.
   c. Observing the work being performed.

2. If it is determined that the changes have not improved the work situation then further evaluations shall be performed following the same process and/or obtaining outside ergonomic professional assistance.

Symptoms Survey: *Ergonomics* Program

Employee Name_____ Department_____

Supervisor_____ Date_____/_____/_____

Job Title_____

Hours worked/week_____ Time on THIS job:_____years_____months

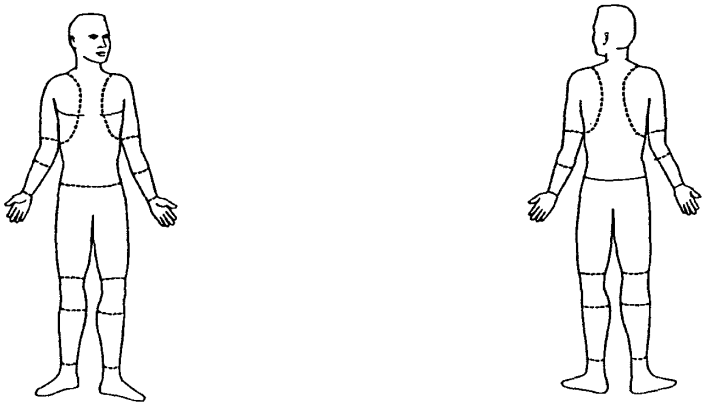
Other jobs you have done in the last year (for more than 2 weeks):

Job Title_____Time on this job:_____months_____weeks

Job Title_____Time on this job:_____months_____weeks
(If more than 2 jobs, include those you worked on the MOST)

Have you had any pain or discomfort during the last year?
_____YES _____NO (If NO, stop here)

If YES, carefully shade in the area of the drawing which bothers you the MOST.



Front Back

Check area:____Neck____Shoulder____Elbow/Forearm____Hand/Wrist____Fingers____Eyes

____Upper back____Low back____Thigh/Knee____Low leg____Ankle/Foot

*Fill out a separate page for each area that bothers you

---

1. Put a check by the word(s) that best describe your problem:

____Aching____Burning____Cramping____Dry____Loss of Color____Numbness(asleep)

____Pain____Stiffness____Swelling____Tingling____Weakness____Other –

F:\PERSON\WPWIN\Policies\Ergonomics Symptoms Survey.doc

EXHIBIT
tabbies
I

APPLETON PERSONNEL POLICIES	TITLE: **Emergency and Evacuation Procedures-City Hall**	
ISSUE DATE: July 1995	LAST UPDATE: February 2007 August 2012, July 2019	SECTION: Safety
POLICY SOURCE: Human Resources Department	POLICY AUDIENCE: All City Hall Employees & Volunteers	TOTAL PAGES: 6
Reviewed by Attorney's Office Date: December 2000 April 2007 October 2012, June 2019	Committee Approval Date: December 14, 2000 June 13, 2007 December 2012, August 2019	Council Approval Date: December 20, 2000 June 20, 2007 December 2012, August 2019

I PURPOSE

The purpose of this policy is to ensure that all City Hall employees and volunteers are properly trained, aware of procedures and have the Emergency Procedures Guide at individual work stations so they can safely respond to emergency situations

II POLICY

All City Hall employees and volunteers shall be properly trained in the event of a fire, tornado, bomb threat, hazardous leak or any other threatening disaster or situation. Violations of this policy will be subject to disciplinary action, up to and including discharge.

III DISCUSSION

The policy defines what procedures City Hall employees will follow relating to evacuation and emergency situations.

IV DEFINITIONS

A. Assembly Point: Specific point for each department outside the building where roll call is taken.
B. Command Post: Position from which commands relating to the evacuation are given.
C. Tornado Watch: Thunderstorms and the possibility of severe weather is in the area.
D. Tornado Warning: Tornado has been sighted or indicated by weather radar and it is time to seek shelter.
E. Primary Exit: The route that a department is assigned for evacuation.
F. Secondary Exit: An alternate route assigned for evacuation.
G. City Hall Emergency Procedures: A pamphlet that contains more detailed information relating to most types of emergency/evacuation procedures.

V PROCEDURES

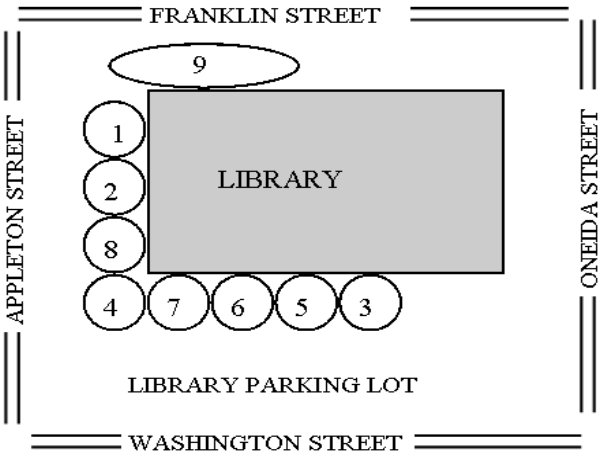
A. General Responsibilities

1. Fire Safety
   a. Know where fire extinguishers are located on your floor.
   b. Dial 911, which is the Appleton/County Emergency Dispatch to report a fire or any other emergency. (note: you do not need to dial "9" to reach an outside line when dialing 911)
   c. Respond and evacuate when all fire alarms sound.

2. Fire Extinguishers
   a. Remember the RACE procedure
      - **R**escue anyone in the immediate area.
      - **A**ctivate the Alarm (call 9-1-1).
      - **C**onfine the fire (close doors to prevent spread).
      - **E**xtinguish the fire (if safe use a fire extinguisher to extinguish).
   b. Remember the following simple instructions (PASS):
      - Pull the pin.
      - Aim the discharge nozzle.
      - Squeeze the operating handle that discharges the extinguisher contents.
      - Sweep the spray nozzle back and forth spraying at the base of the fire.

3. Evacuation
   a. During normal business hours Human Resources will call 911 and lock out the elevators for fifth and sixth floors if circumstances allow.
   b. All employees must:
      - Move calmly but quickly to the exit assigned to your area.
      - Do not use elevators for evacuation.
      - Report to department contact person once outside. Department locations are (see below):
      - Personnel located near the restrooms and conference rooms should quickly check these areas. If visitors are present please lead them to the proper evacuation route.

This chart will be revised to match the changes in the brochure



Department Identification

1 - Community & Economic Development
2 - Assessor
3 - Mayor and City Attorney
4 - Health
5 - Human Resources
6 - Finance
7 - Clerk
8 - Information Technology
9 - DPW

c. Department Head/designated person shall ensure that all employees:
   - Receive evacuation training as part of department's new employee orientation program (first week of employment).
   - Evacuate in a timely and orderly manner to all fire alarms.
   - Lock the department door, but not individual office doors. Keys should be made available at the Command Post for Police/Fire entry if needed.
   - Are accounted for at roll call.

d. Departmental Safety representative must:
   - Wear emergency vest on all evacuations.
   - Report employees present and absent to the command post.
   - Bring a flashlight for tornado evacuations.

4. Tornado Awareness/Severe Weather
   a. Information for all:
      - Human Resources will consult with the weather radar service at the Municipal Services Building for up-to-date information on weather changes.
      - An emergency radio located in Human Resources department is also equipped to receive weather alerts.
      - The decision to evacuate to the lower level (basement) will be made by the Mayor or the Director of Human Resources/designee.
      - Use the north stairwell to go to the lower level. City Hall employees will meet in the main hallway of the basement outside the elevators.

5. Telephone Threat
   a. Remain calm.
   b. Listen carefully. Be polite. Try to keep the caller talking so that you can gather more information.
   c. Write down as many details as you can remember. Check and write down the caller ID number that appears in the display window. Another option is to dial *69 before making any other calls on the phone. This will allow you to hear the number that originated the call.
   d. Do not discuss the threat with staff other than your supervisor or Department Director (if they are not available contact the Director or Deputy Director of Human Resources).
   e. The Department Director will notify the Director or Deputy Director of Human Resources.
   f. Once the Director or Deputy Director has assessed the situation, he/she will decide what steps to take.
   g. If evacuation is ordered, follow the **Employee Evacuation Procedure** outlined in this policy under section A.3.

6. Bomb Threat
   If you receive a written threat or suspicious parcel, or if you find a suspicious object on the premises:
   a. Keep others from handling it or going near it. The object may be dangerous. In addition, preservation is important as evidence for law enforcement. Do not use a cell phone or radio in the vicinity of a suspicious parcel or object.
   b. Call 911.
   c. Promptly write down everything you can remember about receiving the written threat or parcel, or if you find a suspicious object. Police interviewers will need this information. Use the Bomb Threat Checklist which can be found on the City Intranet – Internal Forms – Human Resources – Bomb Threat Checklist. A small version of this document is also pictured in the Emergency Guide for City Employees.

7. Direct Threats
   Be aware of the possibility of an incident occurring here at the City. Here are some actions you should take:
   a. All threats of violence must be taken seriously.
   b. Report any threats to your supervisor immediately, who will then relay to the Department Director.
   c. The Department Director will confer with the Director of Human Resources or designee to make a determination as to the next course of action. The Director of Human Resources or designee will confer with Police personnel to determine the course of action such as everyone staying where they are or evacuating the building.
   d. Do exactly what you are told – no more and no less. Do not do anything to surprise the individual.
   e. If there is an alarm in your area, do not jeopardize your safety by setting it off – wait until it is safe to do so.
   f. If an intruder is witnessed/suspected and an employee can safely notify others via the internal paging system, please follow the steps listed below.

INTERNAL PAGING THROUGH PHONES

Lift handset and dial *37
Dial 3 for the primary City Hall group
The phones in the primary group will make an audible tone
Make the necessary announcement
Return handset to cradle

Lift handset and dial *37
Dial 4 for the secondary City Hall group
The phones in the secondary group will make an audible tone
Make the necessary announcement
Return handset to cradle

g. Refer to the **Workplace Violence Policy** for more detailed information.

8. Medical Emergency: Staff

If a staff member is seriously ill or injured:

a. Either you or another employee that may be standing nearby should call 911 immediately. If the staff member is injured versus being ill, also contact Human Resources at 6458. If no answer, press "0".(where does this go??)
b. Give 911 operator the location, name and type of emergency.
c. Unless it is life-threatening situation or you are qualified to provide first aid treatment, do not render first aid until a qualified individual arrives.
d. Do not attempt to move a person who has fallen.
e. Obtain from the ill or injured employee his/her name, department, and a brief statement of what he/she believe happened.
f. After the ill or injured employee has been cared for and the incident is over, the supervisor, employee and witnesses will complete the City of Appleton Investigation report.

Note: The investigation report can be found on the City Intranet under Forms – Human Resources – Accident Investigation Form.

9. Medical Emergencies: Visitors

If you observe a visitor who appears to be seriously ill or injured:

a. Dial 911 immediately. Give the 911 operator the location, name and type of emergency.
b. Call Human Resources at 6458. If no answer, press "0". (where does this go??)
c. Unless it is a life-threatening situation or you are qualified to provide care and treatment, do not render first aid until a qualified individual arrives.
d. Do not attempt to move a person who has fallen.
e. Obtain from the injured person (if possible), his/her name, phone number, address, date of birth and a brief description of what happened.
f. Avoid unnecessary conversation with, or about, the ill or injured visitor, or members of his/her party.
g. Do not offer possible cause of an accident or any conditions that may have contributed to the cause.
h. Under no circumstances, discuss any insurance information or accept responsibility for an accident with members of the public.
i. Complete the City Patron Accident/Injury Report and bring to the Risk Manager in Human Resources. This form can be found on the City Intranet under Forms - Human Resources - Patron Accident Report.

10. Elevator Emergency

In an emergency do the following:

a. If there is a power failure, there is a light in the elevator powered by the generator.

b. Do not try to force the elevator open.
c. Open the telephone panel door located on the wall in the elevator.
d. Press the button that alerts Otis Emergency Service. It acts as a two-way communication vehicle with their emergency staff. The button also identifies where the elevator is located.
e. When Otis Emergency Staff or answering service responds, identify where you are and what is wrong. They have the ability to hand crank the elevator to the next available floor. Equipment is then utilized to evacuate those stranded in the elevator.

11. Hazardous Leak
    a. If a hazardous substance is leaked or spilled near City Hall:
        - Call 911, do not touch the substance.
        - The Fire Department Emergency Management and Outagamie Emergency Management will assess the situation.
        - Personnel will remain at work unless notified otherwise by the Fire Department or Outagamie Emergency Government.

CITY OF APPLETON POLICY	TITLE: **FALL PROTECTION POLICY**	
ISSUE DATE: January 2005	LAST UPDATE: 2007	SECTION: SAFETY
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 12
Reviewed by Attorney's Office Date: November 8, 2004 October 2007 October 2011	Committee Approval Date: December 8, 2004 December 12, 2007 December 12, 2011	Council Approval Date: December 15, 2004 December 19, 2007 December 21, 2011

I. PURPOSE

To establish guidelines to protect all employees engaged in work activities that expose them to potential falls from elevations and to comply with OSHA guidelines.

II. POLICY

The City is committed to providing a safe workplace. Employees and contractors are expected to follow all rules and regulations relating to this policy. Failure to comply with this policy may lead to disciplinary action up to and including discharge. This program includes all employees and contractors engaged in work activities that expose them to: falls from heights of 6 feet or more when engaged in construction activities; falls from 4 feet or more in general activities; or falls of 20 feet or more from ladders.

III. DEFINITIONS

A. Anchor Point**:** A secure point of attachment for lifelines, lanyards, or deceleration devices. An anchor point must be capable of supporting at least 5000 pounds (3600 pounds if engineered/certified by a qualified person) per person and must be independent of any anchorage being used to support or suspend platforms.

B. Authorized Person: A person approved or assigned by the City of Appleton to perform a specific type of duty or to be at a specific location or job site (e.g., building maintenance, roof repair, etc.).

C. Competent Person: A person capable of identifying existing and predictable hazards in the surroundings or working conditions that could be hazardous or dangerous to employees or contractors. A person who has the authorization to take prompt corrective action to eliminate such hazards.

D. Connector: A device which is used to couple (connect) parts of the personal fall arrest system.

E. Deceleration Device: Any mechanism, such as a rope grab, rip-stitch lanyard, a specially woven lanyard, tearing or deforming lanyard, automatic self-retracting lifeline/ lanyard, etc., which serves to dissipate a substantial amount of energy during a fall arrest.

F. Deceleration Distance: The additional vertical distance a falling employee travels excluding lifeline elongation and free fall distance, before stopping, from the point at which the deceleration device begins to operate. It is measured as the distance between the location of an employee's body harness attachment point at the moment of activation of the deceleration device during a fall, and the location of that attachment point after the employee comes to a full stop.

G. Free Fall: The act of falling before a personal fall arrest system begins to apply force to arrest the fall.

H. Free Fall Distance: The vertical displacement of the fall arrest attachment point on the employee's body harness between the onset of the fall and just before the system begins to apply force to arrest the fall. Free fall distance must not exceed 6 feet. This distance excludes deceleration distance and lifeline/lanyard elongation distance.

I. Full Body Harness: Webbing/straps which are secured about an employee's body in a manner that will distribute the fall arrest forces over the thighs, pelvis, waist, chest and shoulders. This harness includes the ability to attach it to other components of a personal fall arrest system, preferably at the shoulders and/or middle of the back.

J. Guardrail System: A barrier erected to prevent employees from falling to lower levels. This system includes a toe board, midrail, and toprail able to withstand 200 pounds of force applied in any direction.

K. Lanyard: A flexible line of rope or strap that has self-locking snaphook connectors at each end for connecting to body harnesses, deceleration devices, and anchor points.

L. Leading Edge: The edge of a floor, roof, or other walking/working surface, which changes location as additional floor, roof, etc., is placed or constructed. A leading edge is considered an unprotected side or edge when not under active construction.

M. Lifeline: A component consisting of a flexible line for connection to an anchorage at one end to hang vertically (vertical lifeline) or for connection to anchorages at both ends to stretch horizontally (horizontal lifeline). This serves as a means for connecting other components of a personal fall arrest system to the anchorage.

N. Personal Fall Arrest System: A system used to arrest (catch) an employee in a fall from a working level. It consists of an anchorage location, connectors, and a body harness. It may also include a lanyard, deceleration device, lifeline, or any combination of the before-mentioned items.

O. Qualified Person: An individual, who by possession of a recognized degree, certificate, or professional standing or who by extensive knowledge, training, and experience, has successfully demonstrated his/her ability to resolve problems relating to the subject matter, work, or project.

P. Rope Grab: A deceleration device, which travels on a lifeline and automatically, by friction, engages the lifeline and locks to arrest the fall of an employee.

Q. Snaphook: A connector comprised of a hook-shaped member with a closed keeper which may be opened to permit the hook to receive an object and, when released, automatically closes to retain the object. Snaphooks must be self-closing with a self-locking keeper which remains closed and locked until unlocked and pressed open for connection or disconnection, thus preventing the opportunity for the object to "rollout" of the snaphook.

R. Toeboard: A low protective barrier that will prevent the fall of materials and equipment to lower levels, usually 4 inches or greater in height.

S. Total Fall Distance: The maximum vertical change in distance from the bottom of an individual's feet at the onset of a fall to the position of the feet at the fall arrest. This includes the free fall distance and the deceleration distance.

T. Unprotected Sides and Edges: Any side or edge of a walking or working surface (e.g., floor, roof, ramp, runway, etc.) where there is no guardrail at least 39 inches high.

IV. DISCUSSION

A. Types of Fall Protection Systems

1. An articulating man lift provided with a restraint system and full body harness to an anchor point below the waist (preferably at the floor level).

2. Guardrail with a toe board, midrail and toprail.

3. Personal fall arrest systems;
   - Anchor points (rated at 5000 pounds per person).
   - Full body harness.
   - Restraint line or lanyard.
   - Retractable lanyard.
   - Rope grabs.
   - Connectors (self-locking snaphooks).

4. Engineered lifelines.

5. Warning lines.

6. Safety nets.

7. Safety monitor systems.

B. Fall Protection Locations

Fall protection is required wherever the potential exists to fall: 6 feet or more when involved in construction activities; 4 feet when involved in general activities; and 20 feet when on a ladder. Examples include:

1. All flat and low sloped roof locations, when within 6 feet of the roof edge or

during roof repair/maintenance (4:12 pitch or less).

2. All exterior and interior equipment platforms, catwalks, antennas/ towers, etc.

3. All exterior and interior fixed ladders above 20 feet.

4. All mezzanine and balcony edges.

5. All open excavations or pits.

6. All tasks requiring use of articulating man lifts.

7. All tasks requiring employees to lean outside the vertical rails of ladders (i.e., painting, stairwell light bulb replacement, etc.).

8. Scaffolding erection (10 feet in height or greater).

9. Mezzanine/catwalk areas - whenever an employee must step outside the catwalk, additional fall protection (i.e., 6-foot lanyard to full body harness, self-retracting lanyard or rope grab system) must be used.

C. Fall Protection Guidelines

1. Engineering Controls

This should always be the first option for selection whenever possible (e.g., light bulb changing telescoping arm, changing valve, relocate at ground level, etc.) or utilizing a contractor in extremely hazardous areas.

2. Guardrails

On all projects, only guardrails made from steel, wood, and/or wire rope will be acceptable. All guardrail systems must comply with the current OSHA standards (i.e., contain a 42" high toprail, a midrail and toe board, that can withstand 200 pounds of force in any direction). These guardrails will be placed in the following areas if necessary or feasible based on job location or requirements:

a. On all open sided floors.
b. Around all open excavations or pits.
c. On leading edges of roofs or mezzanines.

3. Personal Fall Protection Systems

All authorized persons on any project who will be required to wear a personal fall arrest or restraint system must comply with the following;

a. A full body harness must be used at all times.
b. Only shock absorbing lanyards or retractable lanyards must be used to keep impact forces at a minimum on the body.
c. Only nylon rope or nylon straps with locking snaphooks are to be used for restraints.
d. All lanyards must have self-locking snaphooks.

e. The authorized person will inspect all personal fall arrest equipment before each use. Any deteriorated, bent, damaged or impacted equipment, or harness showing excessive wear must immediately be removed from service.

4. Fall Distance

Consideration must be given to the total fall distance. The following factors can affect total fall distance:

a. Length of connecting means (i.e., lanyard length, use of carabiners, snaphooks, etc.).
b. Position and height of anchorage relative to work platform/area (must be kept above the head whenever possible).
c. Position of attachment and D-ring slide on the full body harness.
d. Deployment of shock absorber (max. 42").
e. Movement in the lifeline.
f. Initial position of worker before free fall occurs (i.e., sitting, standing, etc.).

5. Calculating Total Fall Distance

The total fall distance is the total length of shock absorbing lanyard + height of the person + the location distance of the D-ring from the work surface or platform.

Authorized persons must always allow a minimum of 6 feet of clearance above the ground, equipment, etc. at the end of the fall from the fall arrest point.

6. Engineered Lifeline

Lifeline systems must be designed and approved by an engineer or qualified person.

V. PROCEDURES

A. Inspection of Fall Protection Systems

The following criteria will be utilized to maintain all equipment in good working condition:

1. Full Body Harnesses

- Employee shall inspect before each use. Closely examine all of the nylon webbing to ensure there are no burn marks, which could weaken the material.
- Verify there are no torn, frayed, or broken fibers; pulled stitches; or frayed edges anywhere on the harness.
- Examine the D-ring for excessive wear, pits, deterioration, or cracks.
- Verify that buckles operate correctly and are not deformed or cracked.
- The harness should never have additional punched holes.
- All rivets should be tight and not deformed.
- Check tongue/straps for excessive wear from repeated buckling.

a. A competent person will complete and document an annual inspection of all harnesses. (see Appendix 1).
b. Storage will consist of hanging the harness in an enclosed cabinet to protect from damage.
c. All harnesses that are involved in a fall will be inspected by a competent person after the fall. A determination will then be made as to whether to destroy the harnesses or to reuse them.

2. Lanyards/Shock Absorbing Lanyards

a. Employee shall inspect before each use.
   - Check lanyard material for cuts, burns, abrasions, kinks, knots, broken stitches, and excessive wear.
   - Inspect the snaphooks for distortions in the hook, locks, and eye.
   - Ensure that all locking mechanisms seat and lock properly.
   - Once locked, locking mechanism should prevent hook from opening.
   - Visually inspect shock absorber for any signs of damage, paying close attention to where the shock absorber attaches to the lanyard.
   - Verify that points where the lanyard attaches to the snaphooks are free of defects.
b. A competent person will complete and document an annual inspection of all lanyards (see Appendix 2).
c. Storage will consist of hanging the lanyard in an enclosed cabinet to protect from damage.
d. All lanyards involved in a fall will be destroyed after accident investigation is complete.

3. Snaphooks

a. Employee shall inspect before each use.
   - Inspect snaphook for any hook and eye distortions.
   - Verify there are no cracks or pitted surfaces.
   - The keeper latch should not be bent, distorted, or obstructed.
   - Verify that the keeper latch seats into the nose without binding.
   - Verify that the keeper spring securely closes the keeper latch.
   - Test the locking mechanism to verify that the keeper latch locks properly.
b. A competent person will complete and document an annual inspection of all snaphooks (see Appendix 3).
c. All snaphooks involved in a fall will be destroyed.

4. Self-Retracting Lanyards/Lifelines

a. Employee shall inspect before each use.
   - Visually inspect to ensure there is no physical damage.
   - Make sure all nuts and rivets are tight.
   - Ensure the entire length of the nylon strap/wire rope is free from any cuts, burns, abrasions, kinks, knots, broken stitches/ strands and excessive wear, and retracts freely.
   - Test the unit by pulling sharply on the lanyard/lifeline to verify that the locking mechanism is operating correctly.

b. A competent person will conduct and document monthly inspection of all self-retracting lanyards/lifelines (see Appendix 4).
c. Service per manufacturer specifications (1-2 years).
d. Inspect for proper function after every fall. Any lanyard showing excessive wear or damage will be destroyed.

5. Tie-Off Adapters/Anchorages

a. Employee shall inspect for integrity and attachment to solid surface.
b. A competent person will complete and document an annual inspection of all tie-offs and anchorages and documentation will be maintained
c. All tie-offs and anchorages involved in a fall will be destroyed. (see Appendix 3)

6. Articulating Man Lift

a. Employee shall inspect/service per manufacturer guidelines before each use: forklift, scissors lifts, forklift basket and safety nets.
b. A competent person will complete and document an annual inspection of the forklift basket. (see Appendix 3)

7. Horizontal Lifelines

a. Employee shall inspect before each use for structural integrity of line and anchors.
b. A competent person will complete and document an annual inspection. (see Appendix 4)

8. Guardrails

a. Temporary systems – On a daily basis a visual inspection will be completed by a competent person.
b. Temporary systems – On a weekly basis a complete structural inspection will be completed by a competent person.
c. Permanent systems - Annual structural inspections will be completed and documented by a competent person with future frequency of inspection defined based on conditions/controls present.

B. Storage and Maintenance of Fall Protection Equipment

1. Hang equipment in a cool, dry location in a manner that retains its shape. Do not expose to excessive sunlight as UV rays can cause damage/weaken rope or webbing.

2. Clean with a mild, nonabrasive soap and hang to dry.

3. Never use this equipment for any purpose other than personal fall arrest.

4. Once exposed to a fall, remove equipment from service immediately.

5. Do not drop hardware, as impacts from drops could cause damage that is not visible to the eye and hardware could fail under load/stress, if it has been previously damaged.

C. Training

1. Supervisors/Safety Coordinators will ensure that all employees engaged in fall protection will be trained bi-annually and have the knowledge to:
   a. Recognize the fall hazards of/on their job sites.
   b. Understand the hazards associated with working near fall hazards.
   c. Work safely in hazardous areas by utilizing appropriate fall protection measures.
   d. Understand and follow all components of this fall protection program.
   e. Identify and understand the enforceable OSHA standards and ANSI standards that pertain to fall protection.

D. Rescue Procedures

1. Rescue Methods/Options of Fallen Personnel
   In the event that a fall arrest occurs on-site, personnel with the use of an articulating man lift or ladders, will rescue employees when feasible. Emergency services should be immediately be contacted for alternate rescue.

2. Communication Issues
   In the event of a fall, the following people will be notified as soon as possible:
   a. Rescue personnel (Emergency services - 911)
   b. Manager/Supervisor
   c. Safety coordinator
   d. City Safety Coordinator/HR Generalist

All employees involved in a fall arrest or fall will be sent immediately for a medical evaluation to determine the extent of injuries, if any.

E. Fall Investigation

1. The following documentation will be completed as part of the fall investigation:
   a. Interviews with staff and witnesses.
   b. City of Appleton injury/accident report.

F. Outside Contractors

All outside contractors working in or on the City of Appleton premises will be required to follow the guidelines set forth in this fall protection program and OSHA guidelines.

Appendix 1

Full Body Harness

Annual Inspection Checklist

Harness Model/Name: _____

Serial Number: _____ Lot Number: _____

Date of Manufacture: _____ Date of Purchase: _____

Comments:

_____

_____

_____

General Factors	Accepted/Rejected	Supportive Details/Comments
1) **Hardware**: includes D-rings, buckles, keepers and back pads. Inspect for damage, distortion, sharp edges, burrs, cracks and corrosion.	Accepted Rejected	
2) **Webbing**: inspect for cuts, burns, tears, abrasions, frays, excessive soiling and discoloration.	Accepted Rejected	
3) **Stitching**: inspect for pulled or cut stitches.	Accepted Rejected	
4) **Labels**: inspect, making certain all labels are securely held in place and are legible.	Accepted Rejected	
5) Other:	Accepted Rejected	
6) Other:	Accepted Rejected	
7) **Corrective Action taken:**	**Supervisor signature:**	
Inspected By: **Date Inspected:**		

Appendix 2

Lanyards

Annual Inspection Checklist

Lanyard Model/Name: _____
Serial Number: _____ Lot Number: _____
Date of Manufacture: _____ Date of Purchase: _____
Comments:
_____
_____

General Factors	Accepted/Rejected	Supportive Details/Comments
1) **Hardware**: includes snaphooks, carabiners, adjusters, keepers, thimbles and D-rings. Inspect for damage, distortion, sharp edges, burrs, cracks, corrosion and proper operation.	Accepted Rejected	
2) **Webbing**: inspect for cuts, burns, tears, abrasions, frays, excessive soiling and discoloration.	Accepted Rejected	
3) **Stitching**: inspect for pulled or cut stitches.	Accepted Rejected	
4) **Synthetic Rope**: inspect for pulled or cut yarns, burns, abrasions, knots, excessive soiling and discoloration.	Accepted Rejected	
5) **Energy Absorbing Component**: inspect for elongation, tears and excessive soiling.	Accepted Rejected	
6) **Labels**: inspect, making certain all labels are securely held in place and are legible.	Accepted Rejected	
7) **Corrective Action taken:**	**Supervisor signature:**	
Inspected By: **Date Inspected:**		

Appendix 3

Snaphooks/Carabiners/Tie-Off Adapters/Anchorages

Annual Inspection Checklist

Hook/Carabiner Model/Name: _____
Tie-Off Adapter/Anchorage Location:_____
Serial Number: _____ Lot Number: _____
Date of Manufacture: _____ Date of Purchase: _____
Comments:
_____
_____
_____

General Factors	Accepted/Rejected	Supportive Details/Comments
1) **Physical Damage**: inspect for cracks, sharp edges, burrs, deformities and locking operations.	Accepted Rejected	
2) **Excessive Corrosion**: inspect for corrosion, which affects the operation and/or the strength.	Accepted Rejected	
3) **Markings**: inspect and make certain marking(s) are legible.	Accepted Rejected	
4) Other:	Accepted Rejected	
5) Other:	Accepted Rejected	
6) Other:	Accepted Rejected	
7) **Corrective Action taken:**	**Supervisor signature:**	
Inspected By: **Date Inspected:**		

Appendix 4

Self-Retracting Lanyard/Lifeline

Annual Inspection Checklist

Self-Retracting Lanyard/Lifeline Model/Name: _____
Serial Number: _____ Lot Number:_____
Date of Manufacture: _____ Date of Purchase: _____
Department/Location: _____
Comments:
_____
_____

General Factors	Accepted/Rejected	Supportive Details/Comments
1) **Impact Indicator:** inspect indicator for activation (rupture of red stitching, elongated indicator, etc.).	Accepted Rejected	
2) **Screws/Fasteners:** inspect for damage and make certain all screws and fasteners are tight.	Accepted Rejected	
3) **Housing:** inspect for distortion, cracks and other damage. Inspect anchoring loop for distortion or damage.	Accepted Rejected	
4) **Lanyard/Lifeline:** inspect for cuts, burns, tears, abrasion, frays, excessive soiling and discoloration. (See impact indicator section.)	Accepted Rejected	
5) **Locking Action:** inspect for proper lock-up of brake mechanism.	Accepted Rejected	
6) **Retraction/Extension:** inspect spring tension by pulling lanyard out fully and allowing to retract fully (lifeline must e taut with no slack).	Accepted Rejected	
7) **Hooks/Carabiners:** inspect for physical damage, corrosion, proper orientation and markings.	Accepted Rejected	
8) **Labels:** inspect, making certain all labels are securely held in place and are legible.	Accepted Rejected	
7) **Corrective Action taken:**	**Supervisor signature:**	
Inspected By: **Date Inspected:**		

CITY OF APPLETON PERSONNEL POLICY	FLAMMABLE AND COMBUSTIBLE LIQUIDS POLICY	
ISSUE DATE: July 2008	LAST UPDATE: October 2009 August 2014 April 2020	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees that handle, use and store flammable and combustible liquids	TOTAL PAGES: 22
Reviewed by Legal Services Date: October 2009 April 2020	Committee Approval Date: October 28, 2009 May 28, 2020	Council Approval Date: November 4, 2009 June 10, 2020

I. PURPOSE

To protect employees from hazards that may exist when handling and storing of flammable and combustible liquids.

II. POLICY

To provide guidance for City of Appleton employees in the safe handling, use and storage of flammable and combustible liquids (in 60 gallon containers and smaller), and/or the safe use of compressed gas cylinders as part of their daily work activities. Violations of this policy will be subject to disciplinary action, up to and including discharge.

III. DISCUSSION

This policy outlines the regulations mandated by law and how the City of Appleton will administer these requirements.

IV. DEFINITIONS

A. Aerosol - A material which is dispensed from its container as a mist, spray, or foam by a propellant under pressure. Classified as a Class I flammable liquid.

B. Boiling Point – The temperature at which the vapor pressure of a liquid equals the surrounding atmospheric pressure. It is when a liquid transitions into a gas or vapor in its surrounding atmosphere. Generally, the lower the boiling point the greater the fire risk.

C. Bonding – The process of providing an electrically conductive pathway between a dispensing container and a receiving container.

D. Combustible Liquids – Liquids with flash points at or above 100ºF. Combustible liquids are subdivided into Class II, IIIA and IIIB liquids.

E. Compressed Gas Cylinder - Any cylinder specifically designed to contain gases under pressure of greater than one atmosphere, and having the capability of dispensing the gas by means of a control valve mechanism to assure safe and proper use of the gas at a point of operation.

F. Container – Any can, barrel or drum holding 60 U.S. gallons or less of a flammable or combustible liquid that is constructed of glass, plastic or metal for use. Fuel tanks on a motor vehicle or a portable or stationary engine are excluded. Also excluded are containers filled with paints, oils, varnishes or similar mixtures used for painting when not kept in excess of 30 days.

G. Dip Tank – A tank, vat or container of flammable or combustible liquid in which articles or materials are immersed for the purpose of coating, finishing, treating or similar processes.

H. Flammable Liquid – A liquid with a flashpoint below 100º F. Flammable liquids are subdivided into Class IA, IB, and IC liquids.

I. Flammable Storage Cabinet - A "flammable storage cabinet" is an Underwriters Laboratory (UL) listed storage cabinet designed in accordance with National Fire Protection Association (NFPA) 30 guidelines.

J. Flash Point – The temperature at which a liquid gives off vapor in sufficient concentration to form an ignitable mixture with air near the surface of the liquid.

K. Grounding (Earthing) – The process of providing an electrically conductive pathway between a dispensing container and an earth ground. This pathway allows static electrically to dissipate into the ground.

L. Ground and Bonding Process - When flammable and combustible liquids travel through a pipe or through the air, static charges are accumulated. Grounding and bonding is necessary during the transfer of Class I flammable liquids to prevent a static spark from igniting the flammable vapors.

M. Lower Flammable Limit – Flammable gases and the vapors of flammable liquids generally ignite readily when they are mixed with air and exposed to a source of ignition. The minimum concentration of gas or vapor in air below which a substance does not burn when exposed to an ignition source is called the lower explosive limit. The range between the two limits in which a substance can explode is called the explosive range. The limits are sometimes referred to as flammable limits.

N. Safety Can – An approved container, of not more than 5 gallons capacity, having a spring-closing lid and spout cover which is designed to safely relieve internal pressure when subjected to fire exposure. A recommended feature for a safety can is a flame arrestor (heat dissipating screen) inside the spout.

O. Ventilation - The process to allow for airflow and for the prevention of fire and explosion of combustible and flammable liquids. It is considered adequate if it is sufficient to prevent accumulation of significant quantities of vapor-air mixtures in

concentration over one-fourth of the lower flammable limit of the materials being used, handled or stored.

P. Flammable and Combustible Classifications – The liquids are classified according to flashpoint and, if applicable, boiling point.

1. Flammable Liquids
   - Class IA - Flashpoint below 73 degrees F/22.8 degrees C. Boiling point below 100 degrees F/37.8 degrees C.

   - Class IB - Flashpoint below 73 degrees F/22.8 degrees C. Boiling point at or above 100 degrees F/37.8 degrees C.

   - Class IC - Flashpoint of 73 degrees F/22.8 degrees C to 99 degrees F/37.8 degrees C.

2. Combustible Liquids
   - Class II - Flashpoint of 100 degrees F/37.8 degrees C to 140 degrees F/60 degrees.

   - Class IIIA - Flashpoint of 140 degrees F/60 degrees C to 200 degrees F/93 degrees C.

   - Class IIIB - Flashpoint of 200 degrees F/93 degrees C and above.

V. PROCEDURES

A. Flammable Storage Cabinets

1. Not more than 120 gallons of Class I, Class II and Class IIIA liquids shall be stored in a storage cabinet. Of this total, <u>not more than 60 gallons</u> shall be of Class I and Class II liquids (including flammable aerosols).

2. Not more than three such cabinets shall be located in a single fire area. Additional cabinets shall be permitted to be located in the same fire area if the additional cabinet or group of not more than three cabinets is separated from other cabinets or groups of cabinets by at least 100 feet.

3. Cabinets shall be marked in conspicuous lettering "FLAMMABLE – KEEP FIRE AWAY" legend.

4. A cabinet is not required to be vented for fire protection purposes. Venting a cabinet could compromise the ability of the cabinet to protect its contents from involvement in a fire.

5. Storage cabinets shall be constructed to meet the NFPA criteria.

B. Flammable and Combustible Containers and Portable Tanks

1. According to their classification, flammable and combustible liquids are required to be stored according to the following chart:

   Maximum Allowable Size of Containers and Portable Tanks

Container Type	Flammable Liquid			Combustible Liquid	
	CLASS IA	CLASS IB	CLASS IC	CLASS II	CLASS III
APPROVED PLASTIC	**1.3 GAL**	**5.3 GAL**	**5.3 GAL**	**5.3 GAL**	**5.3 GAL**
DOT POLYETHYLENE	**1.3 GAL**	**5.3 GAL**	**5.3 GAL**	**119 GAL**	**119 GAL**
SAFETY CANS	**2.6 GAL**	**5.3 GAL**	**5.3 GAL**	**5.3 GAL**	**5.3 GAL**
DOT DRUM	**119 GAL**	**119 GAL**	**119 GAL**	**119 GAL**	**119 GAL**
APPROVED METAL PORTABLE TANKS	**793 GAL**	**793 GAL**	**793 GAL**	**793 GAL**	**793 GAL**

2. Only approved containers and portable tanks may be used to store flammable and combustible liquids. Metal containers and portable tanks meeting the requirements of the Department of Transportation DOT (49 CFR 178) are deemed acceptable when containing products authorized by the DOT (49 CFR 173).

3. Portable tanks must have a provision for emergency venting. Top-mounted emergency vents must be capable of limiting internal pressure under fire exposure conditions. Portable tanks are also required to have at least one pressure-activated vent.

C. General Storage Requirements

1. Interior Storage Rooms (See Appendix A)
   a. Openings to other rooms or buildings shall be provided with non-combustible liquid-tight raised sills or ramps at least four (4) inches in height, or the floor in the storage area shall be four (4) inches below the surrounding floor. The room shall be liquid tight where the walls join the floor.

   b. Openings shall be provided with approved self-closing fire doors. Doors must be kept closed at all times.

   c. Inside storage rooms shall be constructed to meet the required fire-resistant rating for their use. Such construction shall comply with the test specifications set forth in standard methods of fire tests of building construction and materials. Use NFPA 30 as a guide.

STORAGE IN INSIDE ROOMS			
FIRE PROTECTION SYSTEM PROVIDED[1]	FIRE RESISTANCE	MAXIMUM FLOOR AREA (FT^2)	TOTAL ALLOWABLE QUANTITIES (GAL/FT^2 FLOOR AREA)
YES	**2 HR.**	**500**	**10**
NO	**2 HR.**	**500**	**4**
YES	**1 HR.**	**150**	**5**
NO	**1 HR.**	**150**	**2**

Storage in inside storage rooms shall comply with the following:

d. Storage in inside storage rooms shall meet the requirements specified in NFPA 30. If there is no fire protection and the walls have a 2-hour fire resistant rating, the maximum size of the room allowed is 500 square feet with only 2,000 gallons of material being allowed. Please reference the following

STORAGE LIMITATIONS FOR INSIDE ROOMS		
TOTAL FLOOR AREA (SQ FT)	**AUTOMATIC FIRE PROTECTION SYSTEM PROVIDED?**	**TOTAL ALLOWABLE QUANTITY (GAL PER SQ FT OF FLOOR AREA)**
≤ 150	**NO** **YES**	**2** **5**
> 150 AND ≤ 500	**NO** **YES**	**4** **10**
NOTE 1: THE FIRE PROTECTIVE SYSTEM SHALL BE AUTOMATIC SPRINKLERS, WATER SPRAY, CARBON DIOXIDE, DRY CHEMICALS OR OTHER APPROVED SYSTEM.		

e. Every inside storage room shall be provided with either a gravity or mechanical exhaust ventilation system designed to provide for a complete change of air within the room at least six (6) times per hour. If mechanical exhaust is used, a switch located outside of the door shall control it. Where gravity ventilation is provided, the fresh air intake, as well as the exhaust outlet for the room, shall be on the exterior of the building in which the room is located.

f. The ventilating equipment and any lighting fixtures shall be operated by the same switch. All light fixtures shall be explosion-proof.

g. Electrical wiring and equipment located in inside storage rooms used for Class I liquids shall be approved under Subpart S, Electrical, for Class I, Division 2 Hazardous Locations; for Class II and Class III liquids, shall be approved for general use. (Reference National Electrical Code, No. 70).

h. There shall be one maintained clear aisle at least three (3) feet wide within the storage area.

i. Containers over 30 gallons capacity shall not be stacked on each other.

j. Flammable and/or combustible liquids shall be stored so as not to limit the use of exits, stairways or other areas used for the safe egress of people.

k. The quantity of liquid that may be stored outside of an inside storage room or a cabinet in any one fire area of a building may not exceed: 25 gallons of Class IA liquids in containers; 120 gallons of Class IB, IC, II, III liquids in containers; 660 gallons of Class IB, IC, II, III liquids in a single portable tank.

l. Portable propane tanks intended for use on powered industrial trucks/fork lift equipment may be stored inside shop/garage areas within the following limits:
   - Seven 35 pound cylinders in a sprinklered area.
   - Three 35 pound cylinders in a non-sprinklered area.

m. All storage of flammable or combustible liquids shall remain tightly sealed except when transferred, poured or applied.

n. Flammable and combustible interior storage rooms are not permitted in basement areas.

2. Storage Outside Building (See Appendix A)
   a. Storage of flammables and combustible liquids outside of buildings shall comply with detailed and specific requirements of OSHA and State fire codes as to the capacity, location, construction, spill containment, security and fire control of the structure.

b. Where quantity stored exceeds 1,100 gallons, a minimum distance of 10 feet between buildings and the nearest container of flammable or combustible liquid must be maintained.

c. The storage area must be graded in a manner to divert possible spills away from buildings or other exposures or must be made for draining of accumulations of ground or rain water or spills of flammable or combustible liquids. Drains must terminate at a safe location and must be accessible to operation under fire conditions.

d. Storage areas must be protected against tampering or trespassers and must be kept free of weeds, debris, and other combustible material not necessary to the storage.

e. A fire extinguisher must be accessible within 25 feet of the outside storage area.

D. Liquid Dispensing and Transfer

1. Flammable liquids shall be kept in covered containers when not actually in use.

2. Where flammable or combustible liquids are used or handled, except in closed containers, a means shall be provided to dispose promptly and safely of leakage or spills.

3. Flammable or combustible liquids shall be drawn from or transferred into vessels, containers or portable tanks within a building only in the following manner:

   a. Through a closed piping system,

   b. From safety cans,

   c. By means of a device drawing through the top, or

   d. From containers or portable tanks by gravity through an approved self-closing valve.

4. Grounding and bonding must be utilized when transferring Class I flammable liquids. (See Appendix B – Grounding Diagrams)

5. Flammable and combustible liquids must be stored only in approved containers.

6. Transferring liquids must be separated from other operations within the building by an adequate distance.

7. Transfer operations must be provided with adequate ventilation, natural or mechanical. Sources of ignition are not permitted in areas where flammable vapor may travel.

8. Transferring liquids by means of air pressure on the container or portable tanks is prohibited.

9. Any flammable or combustible liquids transferred and/or stored in secondary containers shall be properly labeled identifying its contents, health hazards and physical hazards as referenced in the City of Appleton Hazard Communication Policy.

E. Fire Protection and Prevention

1. Suitable fire control, such as a portable fire extinguisher, shall be available at locations where flammable or combustible liquids are stored. Appropriate fire extinguishers are to be mounted within 75 feet of outside areas containing flammable liquids and 10 feet of any inside storage areas.

2. At least one portable fire extinguisher having a U L Classification rating of not less than 20-B units shall be located outside of, but not more than 10 feet from, the door opening into any room used for storage.

3. At least one portable fire extinguisher having a U L Classification rating of not less than 20-B units shall be located not less than 10 feet, nor more than 50 feet, from any flammable liquid storage area located outside of a storage room but inside of a building.

4. Open flames and smoking shall not be permitted in or near flammable or combustible liquid storage areas.

5. Combustible waste material and residues in a building or work area shall be kept to a minimum, stored in covered metal receptacles and disposed of daily.

6. Inside areas in which flammable Class I liquids are stored or handled shall be heated only by means not constituting a source of ignition, such as steam, hot water or forces from central systems located away from area.

7. Ground areas around facilities where liquids are stored and handled, or used shall be kept free of weeds, trash, or other unnecessary combustible materials.

8. Welding, cutting and similar spark-producing operations shall not be permitted in areas containing flammable liquids unless approved from a person of authority.

9. Aisles established for movement of personnel shall be maintained clear of obstructions to permit orderly evacuation and ready access.

10. All fire protection equipment shall be properly maintained, and periodically inspected and tested in accordance with manufacturer's recommendations.

F. Spill Control (clean up kits and spill response procedures)

1. Spill control materials and equipment should be maintained in each area where storage and/or dispensing is conducted. This equipment can include materials such as, but not limited to:
   - Spill control fabric booms, dikes, pillows, etc.
   - Personal protective equipment
   - Absorbent pads and/or absorbent towels
   - Bulk absorbent materials (i.e. sand, "zorb-out")
   - Shovels, brooms, mops and/or pails

2. Spill response:

   a. Assess the situation using professional judgment. If the chemical spill is controllable, involves either a flammable or non-flammable liquid or product, and poses no immediate danger; begin the cleanup process. If the chemical spill is uncontrollable, involves either a flammable or non-flammable liquid or product, and it's creating an extremely dangerous situation (i.e. fire, explosion or asphyxiation hazard), employees should contact 911 immediately and evacuate the facility. NOTE: Activate the fire alarm if a facility emergency exists. Evacuate the facility by the nearest available emergency exit. If a disabled person cannot safely evacuate the facility, assist them to the nearest stairwell away from spill site. Alert emergency personnel of their location.

   b. If the chemical spill is controllable, identify the product and refer to the Material Safety Data Sheet (MSDS) for the spill response procedures, and then put on the appropriate personal protective equipment for the chemical or material (i.e. safety glasses, splash goggles, neoprene gloves, face shield, rubber suit or apron, chemical coveralls, respirator, etc.).

   c. Position a fire extinguisher near the cleanup area (for flammable liquids or products).

   d. Obtain spill control and cleanup materials.

   e. Take the necessary measures to prevent the chemical spill from advancing towards floor drains or catch basins, and other chemicals, products or materials. Use absorbent towels, zorb compound, or absorbent boom dikes and place accordingly. Let the absorbent materials work. NOTE: If a container was the chemical spill source, carefully and quickly put the source container in a larger bucket or drum.

   f. Stop and reassess the chemical release situation. If the situation has changed and is uncontrollable, contact 911 immediately and evacuate the building. If it is still both a controllable and non-dangerous situation, the cleanup can continue.

   g. Remove and clean up the absorbent materials. Put in a plastic bag (double bagged), tie it, and properly dispose of it.

h. It is the duty of the responsible party to contact appropriate agencies (DNR, Emergency Management, Wastewater Plant, etc.) when any spill threatens to leave an impervious surface or enter any drain or otherwise exit the property.

i. Replacement spill kit cleanup materials (absorbent towels, pads, booms, etc.) and personal protective equipment shall be replenished as soon as possible.

G. Drum/Barrel

I. Handling and Storage – Safety Guidelines

1. Drum Inspection - The appropriate procedures for handling drums depend on the drum contents. Prior to handling, the drum(s) condition should be determined. A visual inspection should focus on the following:

a. Symbols, words or other marks on the drum indicating that it contains flammable or combustible liquids.

b. Signs of deterioration such as corrosion, rust, and leaks.

c. Sharp edges or burrs.

d. Signs that the drum is under pressure such as warping, swelling and/or bulging.

e. Drum type (i.e. DOT Approved).

f. Chemical compatibility with other chemicals in the area.

g. Spillage on drums and the adjacent floors.

II. Moving and Storing Drums Safely - The following procedures can be used to maximize employee safety during drum handling and movement:

1. Ensure powered industrial trucks used in the movement of the materials have a rated load capacity high enough to handle the anticipated loads, and make sure the vehicle can operate smoothly on the available road surface.

2. Before moving anything, determine the most appropriate sequence in which the various drums and other containers should be moved. For example, small containers may have to be removed first to permit entry and movement of drums.

3. Ensure that operators have a clear view when carrying drums. Where necessary, have workers available to guide the operator's motion.

4. Wherever possible, do not move drums that may be under internal pressure, as evidenced by bulging or swelling.

5. If a drum containing a liquid cannot be moved without rupture, immediately contact a supervisor to report a potential spill condition.

6. Drip pans or a spill containment system (i.e. drum top pad) should be positioned below each drum faucet to catch spills or any possible drippings from a worn or damaged faucet.

7. Drum faucets will be of the self-closing type.

8. Drums of 55 gallons or more containing flammable or toxic liquids shall be surrounded by dikes or in a spill containment pallet system which can enclose a volume equal to at least 35% of the total volume of the containers.

9. Barriers or guards shall be used to protect drums and containers larger than 30 gallons if they can not be stored in an "out-of-the-way" location.

10. Drum containers shall not be stored or used where they are subject to open flame, hot metal or other sources of artificial heat.

III. Grounding and Bonding

Buildup of static electricity charges on containers and people is a dangerous source of sparks that can touch off flash fires wherever flammable liquids are being transferred or used.

1. Grounding. A readily accessible connection to an earth ground will be available in all storage and dispensing areas. (See Appendix B)

2. Bonding. A readily accessible connection from a grounded drum to a container being filled will be installed on all drums or bulk containers used to dispense flammable or combustible liquids. This procedure is not necessary when self-bonding containers are used. If it is unclear if the container is self-bonding, use a bonding strap in the dispensing process. (See Appendix B)

H. Spray Booths

I. Construction/Design Requirements (Refer to Appendix C)

1. Must be substantially constructed of steel, securely and rigidly supported.

2. May be concrete and aluminum or other substantial noncombustible material for intermittent or low-volume spraying.

3. Must be designed to sweep air currents toward the exhaust outlet.

4. If combustible, booth floors shall be covered with non-combustible material as to facilitate the safe cleaning and removal of residues.

5. Each spray booth having a frontal area larger than 9 square feet shall have a metal deflector or curtain not less than 2.5 inches deep installed at the upper outer edge of the booth over the opening.

6. Ventilation and exhaust systems shall be in accordance with Standard for Blower and Exhaust Systems for Vapor Removal - NFPA.

7. All spraying areas shall be provided with mechanical ventilation adequate to remove flammable vapors, mists or powders to a safe location.

8. Mechanical ventilation shall be kept in operation at all times while spraying operations are being conducted and for a sufficient time thereafter to allow materials residue to be exhausted.

9. Each spray booth shall have an independent exhaust duct system discharging to the exterior of the building.

10. For multiple booths, all fans shall be so interconnected that one fan cannot operate without all fans being operated.

11. All bearings of the fan-rotating element shall be self-lubricating from outside the duct.

12. Electrical motors driving exhaust fans shall not be placed inside booths or ducts.

13. Belts shall not enter the duct or booth unless the belt and pulley within the duct or booth are thoroughly enclosed.

14. Exhaust ducts shall be constructed of steel and be substantially supported.

15. Each spray booth shall be separated from other operations by a minimum of three feet.

16. Air exhaust from spray operations shall not be directed so it will contaminate make-up air being introduced into the spraying area.

17. Air exhausted from spray operations shall not be re-circulated.

18. Exhaust ducts shall be provided with a number of access doors when necessary to facilitation cleaning.

II. Maintenance and Operation Guidelines

1. The operation shall be designed, installed and maintained so the average air velocity over the open face of the booth (or booth cross section during spraying operation) shall not be less than 100 linear feet per minute.

2. All discarded filter pads and filter rolls shall be immediately removed to a safe, well-detached location or placed in water filled metal container and

disposed of at the close of the day's operation unless maintained completely in water.

3. Space within the spray booth on the downstream and upstream sides of filters shall be protected with approved automatic sprinklers.

4. Spray booth shall be installed so that all portions are readily accessible for cleaning. A clear space of not less than three feet on all sides shall be kept free from storage or combustible construction.

5. Spraying shall not be conducted outside of any predetermined spraying areas.

6. All spraying areas shall be kept free from accumulation of deposits.

7. Scrapers or other tools shall be of non-sparking material.

8. Approved metal waste cans shall be provided wherever rags or waste are impregnated with finishing material or residue.

9. Contents of waste cans shall be properly disposed of at least once daily or at the end of each shift.

10. Spray finishing employees' clothing shall not be left on the premises overnight unless kept in metal lockers.

11. "NO SMOKING" signs in large letters on contrasting color background shall be conspicuously posted at all spraying areas and paint storage rooms.

III. Protection and Prevention Guidelines

1. There shall be no open flame or spark producing equipment in any spraying area nor within 20 feet thereof, unless separated by a partition.

2. Space-heating appliances, steam pipes, or hot surfaces shall not be located in a spraying area where deposits of combustible residues may readily accumulate.

3. Electrical lamps outside of, but within 20 feet of any spraying area, and not separated by a partition, shall be totally enclosed to prevent the falling of hot particles and shall be protected from mechanical injury by suitable guards or by location.

4. Portable electrical lamps shall not be used in any spraying area during spraying operations.

5. All metal parts of spray booths, exhaust ducts, and piping conveying flammable or combustible liquids of aerated solids shall be electrically grounded in an effective and permanent manner.

6. In sprinklered buildings, the automatic sprinkler system in rooms containing spray finishing operations shall conform to the requirements of 29 CFR 1910.159.

7. Sprinkler heads shall be cleaned daily, if necessary (kept free from deposits).

8. An adequate supply of suitable portable fire extinguishers shall be installed near all spraying areas.

9. The quantity of flammable or combustible liquids kept in the vicinity of spraying operations shall be the minimum required for operations and should ordinarily not exceed a supply for one day or one shift.

10. Open or glass containers shall not be used.

11. Whenever flammable or combustible liquids are transferred from one container to another, both containers shall be bonded and grounded to prevent discharge sparks of static electricity.

I. Compressed and Liquefied Gas Cylinder Safety

1. Know the contents of the cylinder and be familiar with the properties of the gas. Reference the material safety data sheet (MSDS) on file for proper health, flammability and reactivity information.

2. When receiving gas cylinders, check for leaks; visually inspect the cylinder for damage; ensure the valve cover and shipping cap is on; and check for proper labeling.

3. Cylinders must be properly labeled, including the gas identity and appropriate health and physical hazards.

4. If a cylinder is damaged, in poor condition; leaking, or the contents are unknown, contact your supervisor and cylinder vendor. Have the cylinder vendor return the damaged cylinder to the manufacturer.

J. Cylinders

I. Safe Storage Guidelines

1. All cylinders should be stored in cool, dry, well-ventilated surroundings away from all potential flammable substances including oil, greases and gasoline. Do not subject any part of the cylinder to a temperature higher than 125° F.

2. Cylinders should not be located where objects may strike or fall on them.

3. Cylinders should not be stored in damp areas, or near salt, corrosive chemicals, fumes, heat or in direct sunlight. Store cylinders by gas type, separating oxidizing gases from flammable gases, corrosive gases from flammable gases, and full cylinders from empty cylinders.

4. Keep oxygen cylinders a minimum of twenty feet from flammable gas cylinders or combustible gas materials. If a twenty-foot separation cannot be maintained, a non-combustible barrier at least 5 feet in height having a fire resistant rating of at least one-half hour is required.

5. All gas cylinders shall be stored in an upright position away from sources of heat.

6. DO NOT smoke in an area where there are compressed gases being used or stored.

7. All gas cylinders and compressed gases (full or empty) should be properly fastened and supported at a point 2/3 of its height (from the upper most point) by straps belts, buckles, or chains to prevent them from falling and causing bodily harm. A maximum of two cylinders per restraint is recommended. Cylinders maybe attached to a bench top, individually to a wall, placed in a holding cage, or have a non-tip base attached.

8. Keep valve protective caps in place when the cylinder is not in use. This includes cylinders in welding carts that are not in use.

9. Keep valves closed on empty cylinders.

10. As with any hazardous material, storage in public areas is prohibited.

11. Cylinders that are empty shall be marked or tagged as “empty” or “MT”.

12. Cylinders must be kept away from electrical wiring where the cylinder could become part of the circuit.

13. Portable gas cylinders, containers or tanks shall be handled with extreme care and shall be stored in a suitable holding cage or flammable storage cabinet. The portable gas cylinder shall be stored upright with the valve cap in place.

II. Cylinders Safety Guidelines

1. To protect the valve during transportation, the cover cap (bonnet) shall be screwed on hand tight and remain on until the cylinder is in place and ready for use.

2. Cylinders SHALL NEVER be rolled or dragged.

3. When moving large cylinders, they should be strapped to a properly designed wheeled cart to ensure stability.

4. Only one cylinder should be handled (moved) at a time.

5. Compressed gas cylinders shall not be lifted by their valves or protective caps.

6. Unless cylinders are secured on a special cart, regulators shall be removed, valves closed and protective valve caps in place before cylinders are moved.

7. Don't attempt to drop a cylinder or permit them to strike each other violently or be handled roughly. A mishandled cylinder(s) may rupture violently, release its hazardous contents and/or become dangerous projectiles.

8. Compressed gas cylinders shall be inspected visually for damage prior to use. Do not repair damaged cylinders or attempt to reuse them. All damaged cylinders must be taken out of use immediately and properly tagged as out-of-service. Supervisor or appropriate personnel must be notified of the defective cylinders immediately.

9. Make sure the cylinder is equipped with the correct regulator. Always use the regulator designed for the material in use. Regulators are gas specific and not necessarily interchangeable.

10. NEVER use oil or grease on the regulator of a cylinder valve.

11. The cylinder valve should be opened to indicate pressure on the regulator gage. All connections can be checked with a soap solution for leaks. Be sure all connections are tight.

12. When opening the valve on a cylinder, the valve shall be opened slowly. The user shall position the cylinder with the valve pointing away from the user and warn those working nearby.

13. The cylinder should be placed so the valve handle at the top of the cylinder is easily accessible.

14. Open the valve SLOWLY and only with the proper regulator in place. The valve should be opened all the way for oxygen and ¾ to 1 turn for acetylene.

15. The valve should never be left open when the cylinder is not in use, even when empty. Air and moisture may diffuse through an open valve, causing contamination and corrosion within the cylinder.

16. No attempt shall be made to repair a cylinder that leaks. Such cylinders shall be removed from service and placed in an open, well-ventilated area away from any possible ignition source(s). Out-of-service cylinders will be marked or tagged and reported to the designated supervisor.

17. When a special wrench is required to open a cylinder or manifold valve, the wrench shall be left in place on the valve stem when in use; this precaution is taken so the gas supply can be shut off quickly in case of an emergency.

18. Regulators shall be removed when moving cylinders, when work is completed, or when cylinders are empty.

19. Use flashback arrestors and reverse-flow check valves to prevent flashback when using oxygen fuel systems.

20. Never completely empty the cylinder, always leave a residual gas pressure of approximately 30 p.s.i.

21. Fire extinguishing equipment should be readily accessible when combustible materials can be exposed to welding or cutting operations, using compressed cylinder gases.

22. NEVER heat a cylinder to raise the pressure of the gas.

23. NEVER refill a cylinder. Mixing of residual gases may result in a serious and devastating reaction.

24. DON'T use oxygen in place of compressed air.

25. NEVER rely on the color-coding to identify a gas. Different manufacturers may use different coding systems.

NEVER USE COPPER FITTINGS OR TUBING ON ACETYLENE CYLINDERS, AN EXPLOSION MAY OCCUR.

K. Dip Tanks

1. Construction/Design Requirements

   a. Shall be constructed of non-combustible material and their supports shall be heavy metal, reinforced concrete, or masonry.

   b. Dip tanks in excess of 150 gallons in capacity or 10 square feet in liquid surface shall be equipped with a properly trapped overflow pipe leading to a safe location outside building.

   c. Ventilation shall comply with standards for Blowers and Exhaust Systems Criteria.

2. Liquid Storage and Handling Safety Guidelines

   a. The storage of flammable and combustible liquids in connection with dipping operation(s) shall conform to the requirements of 29 CFR 1910.106.

   b. There shall not be open flames, sparks, and spark producing devices or heated surfaces having a temperature sufficient to ignite vapors in a vapor area.

3. Safe Operation and Maintenance Guidelines

a. Areas in the vicinity of dip tanks shall be kept clear of combustible stock and shall be kept entirely free of combustible debris.

b. When waste or rags are used in connection with dipping operations, approved metal waste cans shall be provided and all impregnated rags or waste shall be deposited therein immediately after use.

c. The contents of waste cans shall be properly disposed of at least daily at the end of each shift.

d. "NO SMOKING" signs in large letters on contrasting color background shall be conspicuously posted in the vicinity of dip tanks.

e. Areas in the vicinity of dip tanks shall be provided with manual fire extinguishers suitable for flammable and combustible liquids, conforming to 29 CFR 1910.157.

f. Dip tanks covers shall be kept closed when tanks are not in use.

g. Dip tanks covers shall be of substantial non-combustible material or of tin-clad type with enclosing metal applied with locked joints.

Appendix A

STORAGE GUIDE FOR FLAMMABLE & COMBUSTIBLE LIQUIDS

(NOTE: This guide is not intended to be all-inclusive)

STORAGE GROUPING by Flash Point	**NFPA Fire Diamond Number**	**NFPA 30 Classifications**	***FIRE AREA STORAGE LIMITS***	
			Maximum Storage Outside Fire Cabinet	**Maximum Storage Inside Fire Cabinet***
GROUP I (Flammable or Combustible liquids with a flash point of <140°F)	**4** **3** **2** with F.P. <140°F	IA IB IC II	10 Gallons in containers or 25 gallons in safety cans	60 Gallons
GROUP II (Combustible liquid with a flash point of ≥ 140° F and < 200°F)	**2** with F.P. ≥ 140°F And < 200°F	IIIA	60 Gallons	120 Gallons minus the # of gallons of Group I liquids in Cabinet
Group III (Combustible liquid with a flash point of ≥ 200° F)	1	IIIB	No Limit	No Limit
***** *Maximum of three fire storage cabinets per fire area.*				

NOTES:

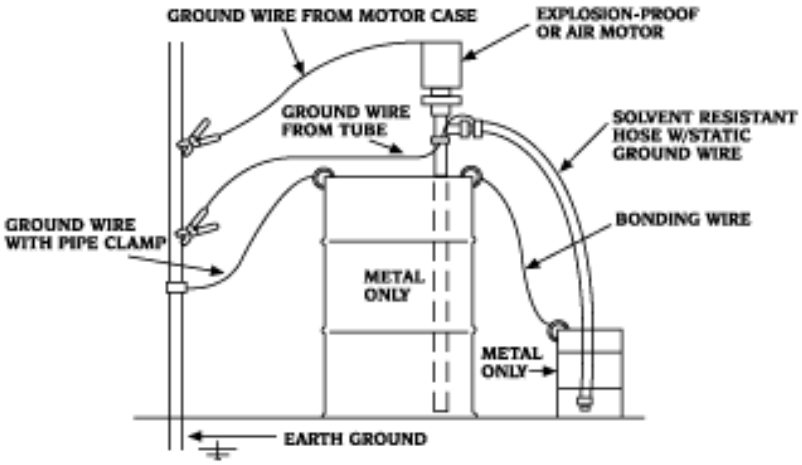
- A maximum of 180 gallons of flammable and combustible liquids with a flash point of < 140°F can be stored in a fire area (room with one-hour fire rated walls and self closing 20-minute fire rated door). This amount must be stored in the following manner:
    - Not more than 10 gallons located outside a flammable storage cabinet.
    - Not more than 60 gallons in a flammable storage cabinet.
    - Not more than 3 flammable storage cabinets per fire area.

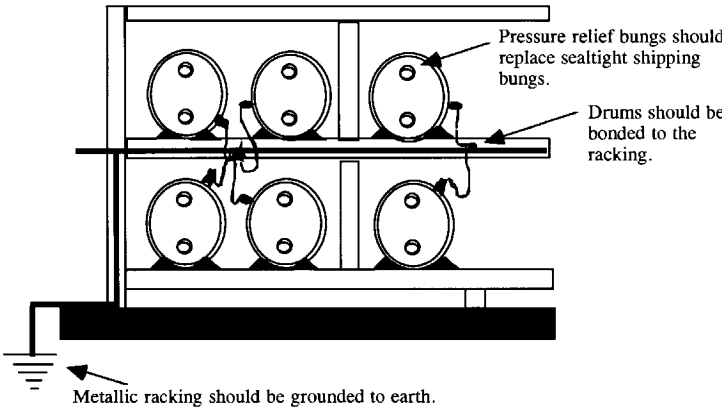
- In addition to the 180 gallons as stated above, a maximum of 60 gallons of combustible liquids with a flash point ≥ 140°F and <200°F can be stored outside of a flammable liquids cabinet.

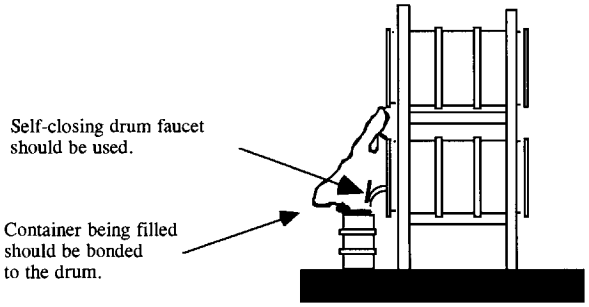
There is no gallon limit to combustible liquids with a flash point of ≥ 200°F in a fire area

Appendix B

GROUNDING DIAGRAMS







Appendix C

SPRAY BOOTHS
SELF-INSPECTION SAFETY CHECKLIST

SPRAYING OPERATIONS

- ❑ Is adequate ventilation assured before spray operations are started?
- ❑ Is mechanical ventilation provided when spraying operations are done in enclosed areas?
- ❑ When mechanical ventilation is provided during spraying operations, is it so arranged that it will not circulate the contaminated air?
- ❑ Is the spray area free of hot surfaces?
- ❑ Is the spray area at least twenty feet from flames, sparks, operating electrical motors and other ignition sources?
- ❑ Are portable lamps used to illuminate spray areas suitable for use in a hazardous location?
- ❑ Is approved respiratory equipment provided and used when appropriate during spraying operations?
- ❑ Do solvents used for cleaning have a flash point of 100 degrees F or more?
- ❑ Are the fire control sprinkler heads clean?
- ❑ Are "NO SMOKING" signs posted in spray areas, paint rooms, paint booths, and paint storage areas?
- ❑ Is the spray area clean of combustible residue?
- ❑ Are spray booths constructed of metal, masonry, or other substantial non-combustible material?
- ❑ Are spray booth floors non-combustible and easily cleaned?
- ❑ Is infrared drying apparatus kept out of the spray area during spraying operations?
- ❑ Is the spray booth completely ventilated before using the drying apparatus?
- ❑ Is the drying apparatus properly grounded?
- ❑ Are lighting fixtures for spray booths located outside the booth and the interior lighted through sealed clear panels?
- ❑ Are the electric motors for exhaust fans placed outside booths or ducts?
- ❑ Are belts and pulleys inside the booth fully enclosed?
- ❑ Do ducts have access doors to allow cleaning?
- ❑ Do all drying spaces have adequate ventilation?
- ❑ Is the average air velocity over the open face of the booth not less than 100 linear feet per minute?

- ❑ Is there a visible gauge, audible alarm, or pressure activated device installed to indicate or ensure that the required air velocity is maintained?
- ❑ Are at least three sides of the booth kept free from storage or combustible material?
- ❑ Is space within the spray booth on the downstream and upstream sides of filters protected with approved automatic sprinklers?
- ❑ Is the spray booth separated from other operations by not less than 3 feet?

CITY OF APPLETON POLICY	TITLE: **VEHICLE USAGE POLICY**	
ISSUE DATE: 2006	LAST UPDATE: 2006, 2012, 2019	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: All City Employees	TOTAL PAGES: 10
Reviewed by Attorney's Office Date: January 26, 2007 July 31, 2012 July 19, 2019	Committee Approval Date: February 14, 2007 September 24, 2012 August 14, 2019	Council Approval Date: February 21, 2007 October 3, 2012 August 2019

I. PURPOSE

The purpose of the vehicle usage policy is to set forth where applicable, the rules governing the operation of vehicles used in the performance of official City business.

II. POLICY

This policy applies to all City owned and leased vehicles operated on public roads and includes special use vehicles such as construction and excavation equipment designed to operate primarily off-road but driven on public roads to job sites. Where appropriate, this policy applies to the operation of privately owned vehicles used while performing official City business. Where applicable, Valley Transit may follow different reporting and investigation procedures as established by Transit Mutual Insurance Corporation of Wisconsin. Failure to comply with this policy shall lead to disciplinary action up to and including discharge.

III. DISCUSSION

The vehicle usage policy applies to all City of Appleton full-time, part-time and seasonal employees. In addition to the provisions of this policy, all employees are required to comply with applicable Federal and Wisconsin Department of Transportation (DOT) motor vehicle and local traffic laws, and the established City of Appleton driving safety work rules, best practices and procedures.

IV. PROCEDURES

A. RESPONSIBILITIES

1. DEPARTMENT HEADS
Department Heads have the responsibility to implement the adopted vehicle usage policy by:
   a. Directing all supervisors and employees to endorse and comply with the adopted policy and program components.
   b. Providing appropriate safety and financial resources.

2. SUPERVISORS

Supervisors have the responsibility to:

a. Provide training to employees so that they are fully qualified to drive and maintain fleet vehicles and heavy equipment.
b. Ensure the safe operation of fleet vehicles in compliance with the overall fleet safety program requirements.
c. Enforce the established vehicle usage policy's driving work rules, procedures, policies and best practices.
d. Thoroughly investigate all vehicle accidents and make recommendations to avoid future accidents.
e. Demonstrate support and interest in the vehicle usage program.

3. EMPLOYEES

Employees have the responsibility to:

a. Adhere to the directives of this policy.
b. Participate in in-service training and apply their education and training to the safe operation of assigned vehicles and heavy equipment.
c. Immediately report any change to the status of their driver's license to their immediate supervisor, Department Director or Human Resources. Maintain a satisfactory driving record both on and off the job.
d. Conduct required pre-trip inspections and preventive maintenance on assigned vehicles and heavy equipment. If an employee is unfamiliar with the operation or maintenance of a vehicle or piece of heavy equipment, it is his/her responsibility to request information and instructions on the proper procedures from his/her immediate supervisor.
e. (this is repeat of d..
f. Report unsafe conditions and/or mechanical defects.
g. Report all accidents immediately and thoroughly following the City of Appleton accident reporting and investigation policy.
h. Employees are required to obey all Federal DOT, Wisconsin DOT-MV, local and City of Appleton traffic regulations.
i. Seat belts and shoulder harnesses MUST BE WORN while operating or riding in City of Appleton owned commercial and fleet vehicles, personal vehicles while on duty, and when operating heavy equipment that has been equipped with a manufacturer's installed seat belt and a rollover protection (ROP) feature. Inoperative or missing seat belts and/or harnesses shall immediately be reported to the immediate supervisor. The vehicle or equipment shall not be operated until the repairs have been made. (Law enforcement personnel are exempt from this requirement as outlined in Wisconsin statute 347.48(2m)(dm)
j. (repetitive and a portion added to d. above)

4. OPERATIONS FOREMAN - CEA:

Has the responsibility to:

a. Develop, schedule and ensure implementation of the City of Appleton preventive maintenance program on all vehicles and heavy equipment.
b. Prepare specifications for purchased or leased vehicles and heavy equipment to ensure maximum safety features.
c. Assist in the development of fleet safety rules, best practices, procedures and policies.
d. Supervise the activities of the maintenance staff to ensure quality maintenance.

e. Assist in providing training on preventive maintenance inspection, techniques, and best practices.

B. USE OF PERSONAL VEHICLES ON CITY OF APPLETON BUSINESS

1. An employee who operates a personal vehicle for City business must provide proof of Liability Insurance with limits of not less than $100,000 per person, $300,000 per occurrence and statutory minimums for uninsured/underinsured motorists. This requirement shall not be waived. The insurance on the vehicle shall be primary to any City insurance coverage.

2. Motorcycles and/or mopeds are not acceptable and cannot be used to conduct City of Appleton business and are not eligible for mileage reimbursement.

3.

4. Employees required to operate their personal vehicles to conduct City of Appleton business will be required to follow the City of Appleton Travel Policy.

5.

6. Any loss or restriction of driving privileges during an employee's incumbency must be immediately reported to his/her supervisor, Department Director or Human Resources.

7.

8. All employees that are required to drive in the course of their employment will complete a document verifying they hold a valid driver's license and adequate insurance on a yearly basis.

C. SE OF CITY OF APPLETON VEHICLES

The operation of City of Appleton owned or leased vehicles and/or heavy equipment is a privilege/requirement, which may be withdrawn at any time at the sole discretion of the City of Appleton. An employee must comply with the following y driving rules and best practices in order to continue this granted privilege/meet the requirement to operate vehicles and heavy equipment:

1. Maintain an approved and valid WI DOT-MV driver's license with the applicable classifications and endorsements at all times. Any loss or restriction of driving privileges during the employee's incumbency must be immediately reported to their immediate supervisor, Department Director or Human Resources.

2. Employees who operate fleet automobiles, light trucks, and medium trucks SHALL conduct a visual pre-trip inspection of the tires, brakes, headlights, taillights, directional lights, 4-way flashers, wipers, heater, and defroster on the vehicle at each fueling. (See Exhibit 1) The only exception to this will be Police and Fire vehicles, which will follow departmental inspection guidelines.

3. Employees who operate commercial vehicles SHALL conduct and document the required "Pre-trip/Post-trip Inspection" prior to and at the conclusion of operating on public roadways as required by federal DOT regulations. (See Exhibit 2)

4. Engines SHALL BE stopped and ignition keys removed when parking or leaving City of Appleton vehicles and/or heavy equipment, unless parked within an enclosed garage.

5. Individuals not employed by the City of Appleton are NOT PERMITTED as passengers in fleet vehicles unless authorized by a Department Director, Human Resources or City

Attorney's Office. If a Department Director is not sure of an acceptable deviation of the policy they should consult with the City Attorney's Office or Risk Management/Human Resources Department to determine acceptable risk levels.

6. While fueling fleet vehicles and/or heavy equipment:

    a. Smoking is PROHIBITED while fueling.
    b. Engines SHALL BE turned OFF during the fueling operation. Leaving the vehicle unattended while fueling is PROHIBITED.
    c. Using an object to "lock the nozzle" on a fuel pump nozzle while fueling is PROHIBITED.
    d. Fuel leaks and/or spills (gasoline, diesel fuel, and hydraulic oil) over one gallon SHALL BE reported immediately to the person responsible for safety so that an internal spill report can be completed.

7. Non-emergency vehicles are PROHIBITED from parking in fire lanes or in front of fire hydrants while on job sites.

8. Report any fleet vehicle and heavy equipment mechanical problems immediately. NEVER drive a fleet vehicle and/or operate heavy equipment that does not appear safe.

9. Protective guards, deflectors and shields SHALL BE in place before starting and operating any heavy equipment.

10. Heavy equipment SHALL BE properly maintained and inspected prior to each use.

11. Employees SHALL BE properly trained and certified on specialty and heavy equipment prior to its use.

12. Metal vehicle jack stands must always be used when working under a raised vehicle. Use safety blocks to secure the body of a vehicle in a raised position. Never exceed the rated capacity of jack stands.

13. The "3-POINT CONTACT" concept SHALL BE used when mounting and dismounting commercial vehicles, large specialty equipment, and heavy equipment. Jumping off vehicles and heavy equipment is PROHIBITED.

14. Employees ARE NOT ALLOWED to tamper, over-ride or disconnect any manufacturer installed safety features and devices.

15. All heavy or specialty equipment SHALL BE turned OFF under the following field conditions:

    a. Changing attachments
    b. Manually loading or unloading equipment
    c. Adjusting attachments
    c. In proximity to the general public

16. Vehicle interiors are to be kept clean and free of rubbish.

17. Excess material and debris SHALL BE CLEANED OFF after trailers and trucks are loaded prior to moving (i.e. trailer wheel fenders, bumpers, side panels, truck bed ledges, etc.)

18. Riders and/or passengers ARE NOT ALLOWED on heavy equipment while it is moving unless authorized by a supervisor, Department Director or Human Resources.

19. Vehicle and equipment steps, platforms, and deck plates SHALL BE kept clear of grease, oil, ice and mud.

20. Loading and unloading of trailers:
    - Loading and unloading of heavy or specialty equipment on trailers SHALL BE done on a level surface area.
    - The "4-POINT TIE DOWN" practice and application of the emergency brake SHALL BE done when transporting large riding landscape and construction-type equipment on trailers. The combined strength of all cargo tie-downs (straps, chain, ropes, tensioning devices) must be strong enough to lift half the weight of the piece of cargo tied down.
    - Cargo on trailers SHALL NOT exceed the load capacity of the trailer.
    - Equipment attachments SHALL BE lowered and secured on trailers while transporting.

D. DRIVER ORIENTATION AND TRAINING

Orientation and training must supplement the employee's trial period to assure that all employees have the knowledge and skills necessary to perform the job in the manner expected, as well as to review the City of Appleton's policies and practices with each employee. The orientation and the type and amount of training that is needed will vary directly with the complexity of the job assignments, and the knowledge and experience level of the employee.

Immediate supervisors, or designated trainers, are responsible for orienting and training both new and current employees regarding the proper use, maintenance and operation of City of Appleton vehicles and heavy equipment. The following components shall be thoroughly covered during the employee's orientation/trial period.

1. Vehicle Safety Rules, Policies, Procedures and Practices
   Employee will be instructed before using the vehicles and/or heavy equipment for the first time on the following:

   - ☐ Approved uses of City of Appleton vehicles
   - ☐ Vehicle accident procedures
   - ☐ Maintenance repair reporting process, procedures and mandatory forms
   - ☐ Vehicle and/or heavy equipment field breakdown procedures
   - ☐ Proper storage and parking procedures
   - ☐ Fueling practices and mandatory forms
   - ☐ Drug Free Workplace Policy
   - ☐ Fleet safety driving rules and best practices

2. Vehicle Operation (Off Road)
   Employees will be instructed on the proper use of vehicles and/or heavy equipment off road and the following:

   - ☐ Proper use of the vehicle and/or heavy equipment's controls, features and attachments
   - ☐ Procedures for operating vehicles or heavy equipment on the roadway
   - ☐ Required inspection techniques and preventative maintenance practices
   - ☐ Completing the mandatory inspection and maintenance forms
   - ☐ Proper use of safety features and equipment
   - ☐ Cargo loading, unloading, and tie-down practices
   - ☐ Backing procedures and use of spotters

In addition, the City of Appleton will provide ongoing in-service training programs which address the knowledge and skills necessary for all employees to perform in a satisfactory and safe manner.

E. VEHICLE AND HEAVY EQUIPMENT MAINTENANCE AND CARE

It is the responsibility of each department or division head to ensure that all City of Appleton owned or leased vehicles and heavy equipment assigned to their respective departments are in proper working condition at all times. The department or division head shall ensure that an orientation and training program is developed for vehicles and heavy equipment in his/her department. Routine checklists shall be developed and utilized for the vehicles and heavy equipment.

All supervisory personnel are accountable for the City of Appleton assigned vehicles and heavy equipment. This accountability includes instruction of employees in the proper operation and preventative maintenance procedures and ensuring that routine vehicle inspections are performed on a pre-use basis and that inspection forms are completed and submitted in accordance with the established procedure.

F. VEHICLE EMERGENCY BREAKDOWN PROCEDURE

Employees are responsible for following the breakdown procedures whenever a vehicle becomes disabled in a public roadway:

1. Get completely off the traveled roadway. Avoid curves, hills or where the view may be obstructed.

2. Shut down the vehicle.

3. Set the parking brake to prevent movement.

4. Turn on the 4-way flashers. If reflective triangles and/or approved cones are available, set them near the vehicle and at approximately 100' to warn approaching traffic.

5. Call for assistance (911, supervisor or on-duty supervisor depending on circumstances)

6. Stay in and with the vehicle.

G. EMERGENCY EQUIPMENT AND SUPPLIES

Supervisors and employees are required to maintain and ensure that all commercial vehicles are carrying the following emergency equipment: 1) reflective triangles; 2) basic first aid kit; 3) small multi-purpose dry fire extinguisher; and the 4) Proof of Insurance, vehicle and trailer registration cards.

RECEIPT OF ACKNOWLEDGEMENT AND UNDERSTANDING OF "FLEET SAFETY" POLICY FOR CITY OF APPLETON EMPLOYEES

I,_____, acknowledge the receipt of a copy of the City of Appleton's Fleet Safety Policy. I have read and familiarized myself with the contents and understand my responsibility for adhering to these policies.

I agree to follow the City of Appleton's rules and procedures as outlined in the policy.

I understand I will not be penalized for reporting conduct that I believe is forbidden by these policies.

All of my questions relating to the City of Appleton's Fleet Safety policy have been answered.

I understand that should I have future questions, I may contact my supervisor, the Human Resources Department or the City Attorney's Office.

_____ _____

Employee Signature **Date**

_____

Department

EXHIBIT 1

Daily check:

1. Check vehicle for damage (report damage to supervisor before you leave).
2. Inspect all tires to see if they look inflated the same.
3. Look for oil or fluid on ground after backing up.
4. Remove all trash and unneeded equipment.
5. Monitor gauges.
6. Write up any needed repairs on defect slips.

Fueling checks:

1. Check oil (fill if needed).
2. Check washer fluid level and wipers.
3. Turn on four-way flashers and headlights and inspect.
4. Date and initial inspection completed on every refueling.

Odometer	Initials		Odometer	Initials		Odometer	Initials		Odometer	Initials

EXHIBIT 2

CITY OF APPLETON
C.E.A. TRIP INSPECTION TICKET

DATE _____ **EQUIPMENT #** _____ **LICENSE #** _____

MILEAGE/HOURS _____

EXTERIOR CONDITION	
	Underhood /Fluid Levels
	Front Steering & Suspension
	Tires-Front 4/32, Rear 2/32
	Headlights, 4-Ways, Directionals
	Brakes
	Check Transmission Fluid at Operating Temp, Engine Running
	Windshield, Wipers & Fluid
	Inspect Plow for Blade Wear & Mechanical Condition

INTERIOR CONDITION	
	Steering Wheel Play
	Mirrors
	Low Air Warning Device
	Gauges
	Horns
	Seats/Seat Belts

POST TRIP INSPECTION

VEHICLE DEFECTS:

Pre Trip Sign On _____

Post Trip Sign Off _____

Work Completed By _____

Mechanic's Comments _____ (write on back side of this form) _____

CITY OF APPLETON PERSONNEL POLICY	TITLE: **POWERED INDUSTRIAL TRUCKS (FORKLIFTS)** **29 CFR 1910.178** **Department of Commerce code 32.15**	
ISSUE DATE: July 1, 2001	LAST UPDATE: November 6, 2002 April 2008 May 2013	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: Employees who drive a forklift	TOTAL PAGES: 13
Reviewed by Legal Services Date: July 2001 June 2008 August 2013	Committee Approval Date: July 16, 2001 August 13, 2008 August 12, 2013	Council Approval Date: November 6, 2002 August 20, 2008 August 21, 2013

I. PURPOSE

The purpose of this policy is to protect the health and safety of all City employees required to operate powered industrial trucks (PIT) also known as forklifts and comply with the Occupational Safety and Health Administration (OSHA) and Department of Safety and Professional Services (DSPS).

II. POLICY

Federal and State Law, and City policy requires that employees who operate a forklift be properly trained prior to operating a forklift and that such operation be in compliance with the requirements established by the OSHA and the DSPS. Violations of this policy will be subject to disciplinary action, up to and including discharge.

III. DISCUSSION

The policy defines how the City will administer and comply with OSHA and DSPS standards.

IV. DEFINITIONS

A. The following terms are associated with the design, type and use of forklifts.

1. Backrest: Supports the load when tipped back and adds stability.

2. Carriage: The part of the mast where the forks and backrest are mounted.

3. Identification Plate: Contains information about the truck's design and capacity including information about the truck's engine, load capacity, serial number, weight and the truck's type designation. The identification plate may also contain additional information specific to that type of truck.

4. Load Center: The distance from the heels of the forks to the load's center of gravity.

5. Mast: The mechanism on the truck that raises and lowers the load. The mast is made up of a set of tracks that house bearings and chains.

6. Material Handling: Any activity that involves picking up and moving materials, parts and/or finished products.

7. Powered Industrial Truck (PIT - also called Forklift): An industrial vehicle used to carry, push, pull, lift or stack material that is powered by an electric motor or an internal combustion engine. Included are vehicles that are commonly referred to as forklift trucks, rider trucks, motorized or powered hand trucks, pallet trucks and tugs. Not included are compressed airs or nonflammable compressed gas-operated industrial trucks, farm vehicles or vehicles intended primarily for earth moving or over-the-road hauling.

8. Rated Capacity: The maximum weights that the truck is designed to lift as determined by the manufacturer. To lift the maximum rated capacity, the load must be as close as possible to the drive wheels. The rated capacity of a truck can be found on the Identification Plate on the vehicle and/or in the manufacturer's operator manual.

9. Side Stability: Refers to the truck's ability to resist tipping sideways under various loaded and unloaded conditions.

10. Certified Instructor – One who has been specifically certified that he/she meets all the current training requirements mandated by law.

V. PROCEDURES

A. TRAINING – Must be conducted prior to initial use and then at least once every three years thereafter. Please refer to Exhibit I for specific information relating to training requirements.

B. EQUIPMENT INSPECTIONS & MAINTENANCE – Please see Exhibit II for specifics.

C. RULES RELATING TO DRIVING THE FORKLIFT: All City employees who drive a forklift shall observe the following rules:

1. If a seat belt is provided, it must be worn at all times.

2. Remain at least three truck lengths behind another forklift.

3. Increase this distance on wet or slippery floor conditions, or on any other less than ideal (unsafe) surface conditions or when going down an incline.

4. A safe distance, as demonstrated by the instructor, shall be maintained from the edge of any elevated dock or platform.

5. Other trucks traveling in the same direction shall not be passed at intersections, blind spots or other dangerous locations.

6. Improper driving and horseplay shall not be permitted.

7. If the load being carried obstructs the forward view, the driver shall be required to travel with the load trailing.

8. Grades shall be ascended or descended slowly.

9. When ascending or descending grades in excess of 10%, loaded trucks shall be driven with the load upgrade.

10. Unloaded forklifts shall be operated on all grades with the load engaging means downward.

11. Under all travel conditions, the truck shall be operated at a speed that will permit it to be brought to a stop in a safe manner.

12. Operating on ramps or inclines:

    a. Approach ramp straight on, not at an angle.

    b. Keep speed low.

    c. When operating with a loaded truck on a ramp, the load should be up grade.

    d. On a rider truck without a load, travel so the forks are down grade.

    e. Do not park on a ramp or incline. If you must stop temporarily, the wheels must be blocked.

13. Setting down the load:

    a. Stop completely.

    b. Always check overhead clearance before lifting or traveling with a load.

    c. Lower the mast or load to clear any objects.

    d. Check stability and condition of any materials or surface that the load is going to be placed onto.

    e. Position the truck before raising the load into position.

    f. Never elevate or lower the forks while moving, turning or maneuvering the truck into position.

14. Picking up the load:

    a. Check the load for stability.

b. Approach the load slowly and straight on; not at an angle.

c. Check that the forks or other attachments are adjusted properly.

d. Keep the mast vertical and drive forward until the forks are into the load all the way so the load is resting against the carriage.

e. Lift the load only high enough to clear the surface (about 4”) then tilt the mast back.

f. Check behind and to both sides before moving.

15. Loading/Unloading Trailers:

a. Make sure brakes are set and wheel chocks are in place under the rear wheels.

b. Use jack stands if appropriate.

c. Inspect or install the dock plate. Secure in place and check load capacity.

d. Check flooring for breaks and weaknesses before driving into the trailer.

e. Where vehicle restraint/warning light systems are used, visually observe safe engagement.

f. Check for a smooth surface between the trailer and the dock.

g. Keep your speed low.

h. When loading, distribute the weight evenly.

i. Put heavier loads on the bottom.

D. RESPONSIBILITY FOR COMPLIANCE:

1. Supervisor or Department Safety Coordinator

a. Ensure that all employees who operate a powered industrial truck receive the appropriate training on each type of lift truck they are expected to operate.

b. Provide observations and feedback to operators to ensure safe equipment operation.

c. Ensure that the vehicles are properly inspected and maintained in a safe operating condition. (See Exhibit II).

2. Employee responsibility:

a. Operate all forklifts in a safe manner.

b. Inspect forklifts before using and complete the inspection form (Exhibit III & IV).

c. Follow all the rules relating to safely driving the forklift.

d. Report all equipment defect/or maintenance needs to the safety coordinator or supervisor immediately.

e. Do not operate a forklift without prior training and refresher training every three years.

3. Certified Trainer responsibilities

a. Work with supervisors and department safety coordinator on coordinating classroom and hands-on training for employees who drive forklifts.

b. Upon completion of initial as well as refresher training, provide the evaluation and certification form. (Exhibits V & VI)

c. Provide a sign-in sheet to Human Resources listing class participants and their pass or fail status.

d. Notify supervisors if employees are absent from class.

e. Provide training before initial use and once every three years thereafter.

4. Human Resources Generalist

a. Develop specific policy and procedure pertaining to the operation and maintenance of forklifts.

b. Maintain record of sign-in sheets and provide computerized record of class participants to instructors.

c. Periodically review the effectiveness of the program and update the policy as needed.

EXHIBIT I

TRAINING REQUIREMENTS

1. All operator training and evaluation shall be conducted by either outside sources or City personnel who have received prior training and have been certified to train powered industrial truck operators and evaluate their competence.

    a. The City has several certified trainers located in Public Works, Utilities, Valley Transit and Parks, Recreation and Facilities Management.

    b. The trainer will follow an evaluation/performance checklist (Exhibit IV) and upon successful completion of the training course a "Certification of Training and/or Refresher Training" (Exhibit IV) will be given to the employee with a copy being sent to the H.R. Generalist.

2. An evaluation of each operator's performance shall be conducted at least once every three years.

3. Training shall consist of a combination of formal instruction, (lecture, discussion, videotape program, written material) and practical hands-on training.

4. Program content should include:

    a. Operating instructions and precautions for the type of truck the operator will be authorized to operate and any other precautions listed in the operations manual.

    b. Similarities and differences between forklifts and automobiles.

    c. Truck controls and instrumentation.

    d. Engine or motor operation.

    e. Steering and maneuvering.

    f. Visibility (including restrictions due to loading).

    g. Fork and attachment adaptation, operation and use limitations.

    h. Vehicle capacity.

    i. Vehicle stability.

    j. Any vehicle inspection and maintenance the operator will be required to perform.

k. Refueling and/or charging and recharging of batteries.

l. Operating limitations.

m. Surface conditions where the vehicle will be operated.

n. Composition of loads to be carried and load stability.

o. Load manipulation, stacking and unstacking.

p. Pedestrian traffic in areas where the vehicle will be operated.

q. Narrow aisles and other restricted places where the vehicle will be operated.

r. Hazardous locations where the vehicle will be operated.

s. Ramps and other sloped surfaces that could affect the vehicle's stability.

t. Closed environments and other areas where insufficient ventilation or poor vehicle maintenance could cause a build-up of carbon monoxide or diesel exhaust.

u. Other unique or potentially hazardous environmental conditions in the workplace that could affect safe operation.

5. Refresher training will be provided by either a certified outside source or a City Certified Trainer when:

a. The operator has been observed to operate the vehicle in an unsafe manner.

b. The operator has been involved in an accident or near miss incident.

c. The operator is assigned to drive a different type of truck.

d. The operator has received an evaluation that reveals that the operator is NOT operating the truck safely.

e. The operator shall not continue to operate a truck until he/she has passed a refresher course.

EXHIBIT II

EQUIPMENT INSPECTION AND MAINTENANCE

1. The operator shall conduct an examination of the forklift before the vehicle is placed into service. When forklifts are used on a round-the-clock basis, each forklift shall be inspected after each shift. The results of these inspections will be documented on a Forklift Inspection Checklist (See Exhibit IV).

2. The operator shall immediately notify his/her supervisor if the forklift is found to be in need of repair and/or unsafe.

3. If a forklift cannot be operated in a safe manner without repairs, the forklift will be taken out of service until the repairs have been made.

4. Only authorized personnel must make the repairs.

5. When the temperature of any part of any forklift is found to be in excess of its normal operating temperature, the vehicle must be removed from service and not returned to service until the cause for the overheating has been eliminated.

6. Any vehicle that emits hazardous sparks, flames or smoke from the exhaust system shall be removed from service and not returned until the cause for the hazardous emissions has been corrected.

7. Forklifts are to be kept in a clean condition and free of excess lint, oil, and grease. Only noncombustible agents should be used for cleaning forklifts. Cleaning forklifts with low flash point solvents (below 100 degrees Fahrenheit) is not permitted.

8. Precautions regarding toxicity, ventilation, personal protective equipment and fire hazards are to be followed as stated on the warning label and/or the Material Safety Data Sheet (MSDS) for that particular cleaning agent.

9. All parts used in any forklift requiring replacement shall be replaced only with parts equal in safety to those parts originally provided by the manufacturer.

EXHIBIT III

GAS OR FORKLIFT LPG POWERED TRUCK INSPECTION GUIDE

- **Fluid Levels:** Check the oil, coolant and fuel levels. If levels are low, fill before continuing inspection. In addition, check under the forklift for visible signs of leaks.

- **Fuel Tank:** Inspect the tank for cracks, broken welds and other damage.

- **Gauges and Indicators:** Check all gauges and indicators for normal readings.

- **Brakes:** To test the brakes, push down on the brake pedal. The pedal should travel freely before meeting any resistance. Then press the pedal again and hold it for ten seconds. The brake pedal should hold solid and not feel mushy. Next, travel forward and press down brake pedal. The forklift should come to a complete stop without any hesitation or jerky movements. Make sure the parking brake is working properly.

- **Steering:** Turn the steering wheel both ways and make sure it turns completely. The wheel should not feel loose or hesitate and the pump should not squeal.

- **Mast:** Check for broken or cracked weld points and any obvious damage such as dents. Make sure the roller tracks are greased and the chains travel freely.

- **Overhead Guard:** Inspect the overhead guard for any visible damage including damage to welds and bolts.

- **Tires:** Look for excessive wear, splitting and/or missing tire material. Make sure the rubber isn't separated from the rim. Check the wheel nuts for tightness.

- **Forks:** Check to make sure the forks are not damaged and the pins are in place.

- **Carriage Operation:** Lift the carriage to its maximum height. The carriage should go up smoothly and completely. Tilt the mast to full forward and return it to normal position. Then lower the carriage all the way down. Listen for <u>unusual, grinding or metal-on-metal sounds</u> that may indicate a problem.

- **Hydraulic Controls:** Check the hydraulic fluid levels and tilt cylinders for damage, leaks or loose fittings. Inspect the mounting hardware on the cylinders to make sure the hardware is secure.

- **Horn and Lights:** Sound the horn and turn on all the lights.

- **Backup Alarm (if equipped):** Check to make sure the alarm is audible.

- **Mirrors (if equipped):** Check to see if the mirrors are damaged or missing.

Exhibit IV

FORK LIFT DAILY INSPECTION CHECK LIST

Forklift no._______

FLUIDS	TIRES	LIGHTS	HORN & BACKUP	FORKS & MAST	HYDRAULIC HOSES	DATE	INITIALS

EXHIBIT IV

Forklift Operator Evaluation Form

Instructions: *Use this checklist during the field session to evaluate operator proficiency. It can also be used for periodic evaluation to ensure that operators are continuing to operate forklifts properly.*

Operator Name						**Evaluator Name**
Date of Evaluation	**Equipment Operated**					
	OPERATOR BEHAVIORS	**Good**	**Fair**	**Poor**	**N/A**	**Comments**
Preuse Inspection						
1	Follow the Operator's Daily Checklist.					
2	Look for damage.					
3	Document all findings on the checklist.					
Picking Up A Load						
1	Square up on the center of the load.					
2	Stop with the fork tips about 1 foot from the load.					
3	Clear personnel from the area near the load.					
4	Level the forks; then slowly drive forward until the load contacts the carriage.					
5	Lift the load carefully and smoothly until it is clear.					
6	Tilt the mast back slightly to stabilize the load.					
7	Look over both shoulders.					
8	After out and stopped, lower the load to travel height.					
Traveling						
1	Do not raise or lower the load and forks while traveling.					
2	Maintain a safe speed.					
3	Observe all traffic rules, warning signs, floor load limits and overhead clearances.					
4	Keep arms and legs inside the forklift.					
5	Follow other vehicles at a safe distance.					
6	Slow down when cornering.					
7	Use the horn to alert others.					
8	Travel with the load facing uphill while on a ramp or incline.					
9	Stop smoothly.					

	OPERATOR BEHAVIORS	Good	Fair	Poor	N/A	Comments
Putting Down A Load						
1	Make sure there is sufficient clearance for the load.					
2	Clear personnel for the area near the load.					
3	Square up to the location; then stop about 1 foot away.					
4	Raise the load to placement level.					
5	Move slowly forward.					
6	If the load is on a pallet, lower it into position and lower the forks further.					
7	Look over both shoulders before backing out.					
8	Back straight out until the forks have cleared.					
9	Lower the forks to traveling position.					
Parking						
1	Fully lower the forks.					
2	Neutralize the controls.					
3	Set the brakes.					
4	Turn off the power.					
5	If parked on an incline, block the wheels.					
6	Park only in authorized areas.					
Fueling And Battery Recharging						
1	Turn the engine off.					
2	Keep a fire extinguisher nearby.					
3	Use the proper Personal Protective Equipment (PPE).					
4	Follow safe fueling and battery recharging procedures.					
5	Clean up spills immediately.					

FINAL EVALUATION	
☐	Based on my evaluation, the operator **has successfully** completed the evaluation and is qualified to operate the following equipment:
☐	Based on my evaluation, the operator **has not demonstrated competence** in operating the following equipment:
Equipment Type	
Evaluator Signature	**Operator Signature**

CITY OF APPLETON PERSONNEL POLICY	TITLE: **General Safety**	
ISSUE DATE: February 19, 2003	LAST UPDATE: December 2005 April 2010 March 2014; February 2020	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees	TOTAL PAGES: 7
Reviewed by Legal Services Date: January 2003 December 2005 April 2010 April 2014 April 2020	Committee Approval Date: February 12, 2003 January 11, 2006 July 28, 2010 June 9, 2014 June 10, 2020	Council Approval Date: February 19, 2003 January 18, 2006 August 8, 2010 June 18, 2014 June 2020 (informationally)

I. PURPOSE

The purpose of this policy is to provide a safe and hazard free workplace for all employees.

II. POLICY

The rules incorporated within this policy are intended to specify the general standards by which employees shall perform their jobs; however, these rules are not exhaustive, and individual department rules may apply. Violation of safety rules or standards will result in disciplinary action up to and including discharge. As used in these rules, "shall" is interpreted to mean "required" while "should" is interpreted to mean "recommended, but not required".

III. DISCUSSION

A. Employee Responsibility - Employees are responsible for performing their jobs with every possible consideration for their own safety, for the rights and safety of others, and for compliance with all applicable Federal, State and local safety standards that apply to the performance of their jobs. All employees are required to obey safety rules and general safe work practices that are set forth by these general rules, which are intended to be applied in conjunction with specific department rules.

B. Management Responsibility - Each Department Director and supervisor is responsible for the safety of work under their direction. This shall include, but not be limited to, the following:

1. Providing employees with a safe working environment.
2. Ensuring compliance and enforcing all applicable Federal Regulations, State Regulations and local safety standards within their department in a consistent and fair manner.
3. Ensuring that employees receive proper instructions for the safe performance of their jobs. This includes safety orientation for new and transferred employees.

4. Ensuring that employees perform their job with regard for their own safety, the safety of co-workers, and the safety of the public.

IV. SAFETY (RULES)

A. Horseplay of any kind will not be tolerated.

B. Smoking or using e-cigarettes ("vaping") is prohibited in all City buildings and vehicles.

C. All power tools and equipment shall be properly shut down when unattended or not in use. Properly secure or do not leave any unattended power tools and equipment where the public may be present. Report to your supervisor immediately if tools, vehicles, equipment or machinery you are required to operate is not working properly. Employees will be held accountable for damage to tools, equipment, vehicles, etc, that results from misuse, negligent operation, intentional damage, abuse, failing to report problems, etc.

D. Standards for wearing apparel and jewelry shall be consistent with City policies and the requirements of the job.

E. Disposal of trash and recyclables shall be disposed promptly and in the appropriate container.

F. When working in the street right of way or construction zones, employees shall wear high visibility retroreflective clothing as required by the Wisconsin Department of Safety and Professional Services (DSPS) and the Department of Transportation (DOT) and use the warning lights mounted on vehicles or equipment.

G. All individuals who operate vehicles or equipment on a public roadway shall possess a valid Wisconsin driver's license and any endorsement or certification that may be required for certain types of vehicles or classifications of employment. This license must be carried on your person at all times when working. In the event an employee's driving privileges are suspended or revoked, the employee shall immediately inform the employee's supervisor. Such employees are prohibited from using any vehicle or equipment until such time as their license is restored. "Immediately" shall be interpreted to mean not later than the beginning of the next workday.

H. The public shall be kept away from all work areas that could expose them to a hazard.

I. Coast Guard approved flotation devices shall be worn at all times while working over water when fall protection is not in place or when operating any type of watercraft. Whenever an emergency is involved, all personnel working within 50 feet of the water edge shall wear a USCG approved protective floating device when feasible or if required by department policy.

J. All floors, aisles, and work and storage spaces shall be kept clean and orderly. Any object that would present a trip/fall hazard, such as electrical cords, boxes, etc. shall be properly stored, secured, etc. Marked walkways shall be provided in storage areas and shall not be used for storage.

K. Any substance spilled or observed on the floor that would cause the floor to become slippery or create a slip hazard shall be cleaned up immediately. When floors become wet as a result of weather conditions or cleaning activity, "wet floor" signs shall be placed to warn employees and the public.

L. Oily and greasy rags shall be stored in an approved covered metal container provided for that purpose.

M. Compressed air shall not be used for cleaning purposes except where reduced to less than 30 PSI and then only with effective chip guarding and personal protective equipment. Compressed air shall never be used to clean oneself.

N. Tools and Equipment

1. General Responsibilities - It is important to keep all tools and equipment in good working condition. Employees shall inspect all tools and equipment prior to use and report any damaged or defective tools to their supervisor immediately. Always use the right tool for the job and use each tool only for that which it is intended.

2. Maintenance Repair - When performing maintenance use only properly insulated tools. All work shall be performed consistent with the City's Lockout/Tagout policy. Remove all jewelry and shut off the power, if possible, when working around energized electrical circuits or equipment.

O. When mowing or trimming:

1. ANSI approved safety glasses with side shields or impact goggles must be worn.
2. Inspect area and remove all debris.
3. Cut with discharge chute pointed down and in opposite direction of buildings, vehicles and play areas where practical.
4. Always shut off engine before attempting to refuel the engine and follow applicable LOTO procedures to clean the discharge chute or make any adjustments to the mower.
5. Wear steel toe safety shoes or toe guards.
6. Appropriate PPE shall be worn – refer to PPE hazard assessment.

P. When trimming trees or using chain saws:

1. All tree work shall be done in accordance with the applicable provisions of ANSI (American National Standards Institute). ANSI Z133 -Arboricultural Operations Safety Requirements
2. Except in cases of emergency, aerial tree work shall not be performed during high winds.
3. Remove all tools, hangers, and ropes from trees before you leave the job site.
4. Approved hard hats, eye, ear, and foot protection shall be worn.
5. Spectators shall be kept clear of the working area and all streets and sidewalks shall be properly barricaded before work commences.
6. Work being conducted in proximity to electrical conductors shall follow and obey minimal approach distances to appropriate training and certification levels according to ANSI Z133

Q. An employee may not operate, repair or test any machinery, apparatus, tools, or other equipment unless the employee has been properly trained and are authorized to do so. Use of required protective equipment is required. If unfamiliar with a piece of equipment or a procedure, ask for proper instruction on the equipment and/or procedure.

R. All employees are required to immediately report to their supervisor(s) any unsafe working conditions, procedures or equipment. No vehicle, equipment, tool, etc. shall be operated or used with any safety equipment or device disabled or removed. NOTE: Daily inspections of vehicles are required under the Commercial Motor Vehicle Act.

S. Never operate machinery or equipment when it is not adequately guarded or when guards are removed.

T. Oxygen, air or any other compressed gas cylinders must be placed in racks or must be secured at all times and properly identified. Compressed gas cylinders must be protected from the weather, heat sources, and from impact by vehicles or equipment. Oxygen cylinders in storage shall be a minimum of 20 feet from fuel gas cylinders unless separated by an appropriate fireproof wall. All lines between cylinders and points of use shall be adequately identified.

U. All electrical equipment shall be properly grounded. Never disconnect the ground wire or use an adapter that would negate the effect of the ground.

V. When using extension cords, make sure they are U.L. (Underwriter's Laboratory) approved, in good condition, properly grounded and of the proper size to handle the amperage. Trouble lights used shall be approved for the type of environment they will be used in. Extension cords shall not be used in place of permanent wiring.

W. When working with electrical tools, avoid wet areas and contact with water pipes or grounded equipment. When electrical equipment is used in a wet location, wear rubber boots and rubber gloves.

X. When operating drills and drill presses:
1. Avoid wearing loose gloves, clothing or jewelry.
2. Always wear ANSI approved eye protection.
3. Material shall be clamped or otherwise fastened to the drill press bed, do not hold in the hand.

Y. Construction Safety
1. Before doing any excavating, installing a sign or post or auguring a hole, the location of underground wires and utilities shall be determined by calling "Digger's Hotline". In situations where the work is being done on City property, all private utilities shall also be located. No work shall begin before the date and time provided by Digger's Hotline.

2. Work Zone Protection:
   a. All work zones in the roadway, on the right-of-way, in designated parking areas or on a sidewalk shall have the proper warning signs and be barricaded in accordance with the City's *Temporary Traffic Control Manual for Street*

Construction and Maintenance Operations in the City of Appleton, latest edition.

b. If you are unsure of the proper method for barricading and signing a work zone, you must contact your supervisor immediately. In no instance shall a work zone be left unmarked.
c. Should there be a dispute as to whether or not a job site in the street, parkway or sidewalk is adequately marked, the supervisor shall be the deciding authority.
d. Remove or cover all signs or devices that are not needed.

Z. Office Safety

1. It is each employee's responsibility to keep the employee's workstation neat and free from clutter. Furniture such as tables, desks, and chairs must be maintained in good condition and free from sharp corners, projecting edges, wobbly legs, etc. Report any loose or rough floor covering.

2. All file, desk or table drawers shall be kept closed when not in use. Never open more than one file cabinet drawer at the same time. Never overload top file cabinet drawers.

3. Never use chairs, desks, tables or other office furniture in place of a ladder or step stools.

4. Be sure equipment is grounded and that the cord is in good condition. If a machine gives you a shock or starts smoking, unplug it and report it to your supervisor. Where appropriate, all equipment shall be turned off while unattended or not in use.

5. Electrical cords shall be placed in such a way to avoid creating a trip hazard. If a cord must cross a pedestrian walkway, it should be enclosed in an appropriate track and secured to the floor. Frayed, worn or broken electrical cords shall be reported immediately to your supervisor and may not be used. Extension cords shall not be used in place of permanent wiring.

AA. Eye Protection

1. There are many tasks performed by City employees where the wearing of eye protection is required. The ~~safety rules~~ City PPE Policy spells out in detail when and what type of eye protection is to be worn when performing these tasks. The City currently provides employees with various types of eye protection including goggles, face shields and non-prescription safety glasses.

2. When an employee wears prescription glasses, the employee is still required to wear proper eye protection. The City provides non-prescription safety glasses, goggles and face shields and, when deemed appropriate by the Department Director, will participate in the cost of purchasing a pair of prescription safety glasses. These expenses will be covered by the individual's department.

3. Prescription safety glasses that are damaged at work may be replaced, by the department, depending on the circumstances surrounding their damage. The replacement of damaged safety glasses is at the discretion of the Department

Director. More information regarding eye protection can be found in the Personal Protective Equipment (PPE) safety policy.

BB. Hearing Protection

1. Employees exposed to a work environment with a decibel level above 85 decibels shall wear hearing protection provided by the City for the purpose of preventing hearing loss. The PPE provided should include a variety of styles such as muffs or earplugs when engineering controls cannot be provided to reduce the noise level.

2. Communication earmuffs can be utilized when the system provides adequate noise reduction ratings for the task or the system utilizes technology to monitor and limit sound exposure at all inputs to ensure compliance with hearing protection standards

3. Earmuffs that stream music or noise cancelling earbuds which cannot provide adequate noise reduction ratings or provide manufacturers ability to limit sound exposures below hearing protection standards over a time weighted average shall not be used.

CITY OF APPLETON PERSONNEL POLICY	TITLE: **HEARING CONSERVATION PROGRAM** OSHA 29 CFR 1910.95	
ISSUE DATE: May 1988	LAST UPDATE: July 12, 1994 October 1, 1998 August 2, 1999 August 28, 2002 March 12, 2007 June 2011 March 2017	SECTION: Safety
POLICY SOURCE: Human Resources Department	POLICY AUDIENCE: All City Employees	TOTAL PAGES: 3
Reviewed by Attorney's Office Date: December 2, 1999 May 23, 2007 July 8, 2011 June 2017	Committee Approval Date: December 9, 1999 June 27, 2007 August 22, 2011 July 26, 2017	Council Approval Date: December 15, 1999 July 5, 2007 September 7, 2011 August 2, 2017

I PURPOSE:

The purpose of this policy is to prevent hearing loss and comply with OSHA Standard 29 CFR 1910.95 – "Occupational Noise Exposure," Hearing Conservation Amendment.

II POLICY:

The administration of the program will be the responsibility of the Human Resources Department as well as the supervisors and staff/safety coordinator at each major department/division. Violation of this policy will be subject to disciplinary action, up to and including discharge.

III DISCUSSION:

This policy outlines the regulations, testing and training requirements mandated by OSHA 29 CFR.1910.95 and addresses how the City will administer its hearing conservation program.

IV DEFINITIONS:

Standard threshold shift (STS) – an average shift of 10dB or more at 2000, 3000, 4000 Hz.
OSHA – Occupational Safety and Health Association
ANSI – American National Standards Institute

V PROCEDURES

A. The Human Resources Department will coordinate the following:

1. Yearly hearing tests for all employees identified as being in the field a major portion of their working day or employees who are exposed to an eight-hour time-weighted

average of 85 decibels or greater noise level. (Fire Department Operations employees will complete annual tests as part of the annual NFPA physicals.)

2. Record keeping.

3. Evaluating the program on a yearly basis.
   a. Coordination of and supervision of noise exposure monitoring.
   b. Identify employees to be included in the Hearing Conservation Program.

B. Departments will be responsible for the following:
   1. Ordering and selecting at least three different kinds of hearing protection.
   2. Development of departmental policies relating to the use of hearing protection.
   3. Providing employee training programs annually.
   4. Where and whenever possible, using engineering controls to reduce noise exposures.

C. The following guidelines have been established to ensure hearing protection for all City employees.

   1. Noise Level Readings – Readings will be conducted:
      a. When requested by an employee
      b. When requested by a department supervisor or safety representative
      c. When new equipment is purchased/implemented in an area not previously requiring hearing protection
      d. When a hearing test detects a significant loss in a group of employee's within the same work area/work group

   2. Individuals who are familiar with the testing equipment will conduct the monitoring.

   3. The results of the monitoring will be kept in the Human Resources Department.

D. Testing

   1. The following permanent City employees will be tested on a yearly basis:

      - All fire personnel (excluding clerical)
      - All police officers
      - Public Works (all field personnel)
      - Environmentalists
      - Valley Transit Mechanics and Service Person
      - Water Plant personnel (excluding clerical)
      - Waste Water personnel (excluding clerical)
      - Facilities Grounds and Construction Management personnel

   2. Employees will have the opportunity to be tested during regular work hours. The test will be provided at no cost to the employee. Employees who fail to attend a scheduled appointment in the mobile unit will be sent to ThedaCare At Work and the cost of this visit will be paid by their department.

   3. Personnel certified in hearing conservation and testing will conduct audiometer testing

and training. Testing will be conducted with equipment that meets the specifications of ANSI3.6-1969 and OSHA. The technician will be responsible to a physician.

4. Tests will be pure tone, air conduction, hearing threshold examinations at test frequencies of 500, 1000, 2000, 3000, 4000, 5000 and 6000 Hz. Each ear will be tested separately.

5. The functional operation of the audiometer will be checked by biological calibration prior to each day's use. An acoustic check will be performed if the biological calibration indicated deviations of 10 dB or greater, and an exhaustive calibration will be performed if the biological calibration indicated deviations of 15 dB or greater.

6. If an STS (an average shift in either ear of 10dB or more at 2000, 3000 and 4000 Hz) is identified:
   a. The employee will be notified in writing.
   b. The use of hearing protection will be mandatory and this shall be enforced.
   c. The employee will be refitted and retrained in the use of hearing protection.

E. Hearing Protection

1. The City shall make hearing protection available to all employees exposed to an eight-hour time-weighted average of 85 decibels or greater and for those who work in the field. Hearing protection will be provided at no cost to the employee.

2. Employees shall be given the opportunity to select their hearing protection from a variety of suitable hearing protection provided by the employer. (Per law at least three different types of hearing protection must be available.) Hearing protection will be available in an accessible place at all times.

3. The supervisor/safety coordinator at each major department/division shall ensure that hearing protection is worn by any employee who is exposed to an eight-hour time-weighted average of 85 decibels or greater.

F. Employee Training

1. Personnel certified in hearing conservation and testing as well as departmental supervisors and the City Safety Coordinator will conduct annual training for employees who are tested yearly. Information will include: the effects of noise on hearing, the purpose and the use of hearing protectors, the advantages and the disadvantages of various types, instructions in the selection, fitting, use and care of hearing protectors, and the purpose of audiometric testing and an explanation of the test procedures.

G. Record Keeping

1. Audiometric tests will be retained in the employee medical file for the duration of a worker's employment. At the time of separation the medical file will be kept for an additional 30 years.

2. All records required by this section shall be provided upon request to employees and former employees or representatives designated by the individual employee.

CITY OF APPLETON POLICY	TITLE: **Hot Work Management Policy** OSHA 1910.252	
ISSUE DATE: November 2001	LAST UPDATE: September 2008 March 2009 May 2014 July 2020	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: Any employee who does hot work for the City	TOTAL PAGES: 6
Reviewed by Legal Services Date: October 19, 2001 September 16, 2008 June 2, 2014 April 7, 2020	Committee Approval Date: February 12, 2002 December 10, 2008 October 20, 2014 June 10, 2020	Council Approval Date: February 20, 2002 December 17, 2008 November 5, 2014 June 2020 (informationally)

I. PURPOSE:

To protect City of Appleton employees, the general public and City assets from fire, atmospheric contaminants, and other associated hazards that may occur.

II. POLICY:

The policy is written to ensure that the City is in compliance with the Occupational Safety Health Administration (OSHA) and the Department of Safety and Professional Services (DSPS). Violations of this policy will be subject to disciplinary action, up to and including discharge.

III. DISCUSSION:

The policy outlines the regulations and training requirements mandated by law and how the City will administer the policy.

IV. DEFINITIONS:

1. OSHA – Occupational Safety and Health Administration.
2. DSPS – Department of Safety and Professional Services.
3. Combustible – capable of igniting and burning easily such as paper, wood, carpeting.
4. Fire Watcher – An additional person and not the individual performing the welding.
5. Authorized Individual – Individual who is well versed and trained relating to welding practices and is responsible for signing the Hot Work Permit.
6. Shall – is interpreted to mean required.
7. Should – is interpreted to mean recommended but not required.
8. PPE – Personal Protective Equipment.
9. Designated hot work zone – An area within a City-owned or leased facility that meets the City's hot work flammability and ventilation criteria. City designated hot work zones will be marked as such.

V. PROCEDURES:

A. Basic Precautions for Fire Prevention

1. The object to be welded should be moved to a designated hot work zone whenever possible. While working outdoors, hot work should be moved to a safe location, clear of flammable materials whenever possible.
2. If the object cannot be readily moved, all movable fire hazards in the vicinity shall be moved to a safe location away from slag and spark castings.
3. If the object cannot be readily moved and all fire hazards cannot be removed, guards shall be used to confine the heat, sparks, and slag, and protect immovable fire hazards. Welding curtains and drapes should be used to screen local areas where welding or similar operations are to take place. Materials and equipment that are at risk from fire damage shall be covered.
4. When working around guards: if there are floor openings, penetrations in walls, open doorways or access to a tunnel is present, take precautions to ensure that readily combustible materials on the floor below will not be exposed to sparks that may drop through the voids or openings. It is the welder's responsibility to take appropriate action whenever the welder feels that curtains and drapes are required as they pertain to the rules of this standard, and must ensure that "special precautions" are observed.
5. If precautions 1-4 above cannot be satisfied, the welder shall seek a solution through the appropriate supervisor.

B. Transporting, Moving, and Storing Compressed Gas Cylinders

1. When cylinders are transported by vehicle, they shall be secured in an upright position, unless cylinders are secured on a special truck.
2. Regulators shall be removed and valve protection caps put in place before cylinders are moved.
3. Oil shall not be used to lubricate protection caps.

C. Fire watch – A fire watch is required when any of the following is observed prior to hot work:

1. Combustible or explosive material, in building construction or contents, is closer than 35 feet to the point of operation.
2. Combustible or explosive materials are more than 35 feet away, but could easily be ignited by sparks.
3. Wall or floor openings are within a 35-foot radius and exposed combustible material in adjacent areas including concealed spaces in walls or floors.
4. Combustible materials are adjacent to the opposite side of metal partitions; walls, ceilings or roofs are likely to be ignited by conduction or radiation or heat.
   - Fire Watcher –The fire watcher will have fire-extinguishing equipment immediately available and shall be trained in its use. The fire watch shall be maintained for at least 30 minutes after welding operations have stopped.

D. Hot Work Permits

1. A Hot Work Permit is required whenever an employee is inside a structure and away from a designated hot work zone. (See Exhibit I)
2. The permit must be kept at the work site while work is being performed.
3. The departmental Safety Coordinator or Supervisor shall maintain copies of completed permits for a period of one year.

E. Welding or Cutting Containers
   1. Used containers – No welding, cutting or other hot work shall be performed on used drums, barrels, tanks or other containers until they have been cleaned so thoroughly as to make absolutely certain that there are no flammable materials present or any substances such as greases, tars, acids, or other materials which when subjected to heat, might produce flammable or toxic vapors.
   2. Venting and purging – All hollow spaces, piping, or containers shall be vented to permit the escape of air or gases before preheating, cutting or welding. Purging with inert gas (nitrogen) or filling with water to displace the gas atmosphere is recommended.

F. Protective Equipment
   1. Employees shall follow the Personal Protective Equipment (PPE) policy in conjunction with following the hot work specific PPE requirements.
   2. Helmets or hand shields shall be used during all arc welding/cutting operations.
   3. Goggles or other suitable eye protection shall be used during all gas welding or oxygen cutting operations.
   4. Spectacles with side shields and suitable filter lenses are required during gas welding operations on light work, torch brazing and for inspections. Specific shade numbers for filter spectacles are listed in the following table.

Welding Operation	Shade No.
Shielded metal-arc welding – 1/16-, 3/32-, 1/8-, 5/32-inch electrodes	10
Gas-shielded arc welding (nonferrous) – 1/16, 3/32-, 1/8-, 5/32 inch electrodes	11
Gas-shielded arc welding (ferrous) – 1/16-, 3/32-, 1/8, 5/32 inch electrodes	12
Shielded metal-arc welding: 3/16-, 7/32-, ¼-inch electrodes, 5/l6-, 3/8 inch electrodes.	12 14
Atomic hydrogen welding	10-14
Carbon arc welding	14
Torch brazing	3 or 4
Light cutting, up to 1 inch	3 or 4
Medium cutting, 1 inch to 6 inches	4 or 5
Heavy cutting, 6 inches and over	5 or 6
Gas Welding (light) up to 1/8 inch	4 or 5
Gas Welding (medium) 1/8 inch to ½ inch	5 or 6
Gas Welding (heavy) ½ inch and over	6 or 8

NOTE: In gas welding or oxygen cutting where the torch produces a high yellow light, it is desirable to use a filter or lens that absorbs the yellow or sodium line in the visible light of the operation.

   5. Specifications for face and eye protection:

      - Helmets and hand shields shall be made of material which is an insulator for heat and electricity.
      - Helmets, shields and goggles shall not be readily flammable.
      - Helmets and hand shields shall be arranged to protect face, neck and ears from direct radiant energy from the arc.

- Helmets shall be provided with filter plates designed for easy removal. Parts shall be constructed of material, which will not readily corrode or discolor the skin.
- Goggles shall be ventilated to prevent fogging of lens as much as possible.
- All glass lenses shall be tempered and free from flaws. The front and rear surfaces of lenses shall be smooth and parallel, except prescription lenses for optical correction. Lenses shall bear permanent distinctive markings, which denote source and shade for easy identification.
- All filter lenses and plates must meet the test for transmission of radiant energy set forth in ANSI Z87.1 – 1968, American National Standard Practice for Occupational & Educational Eye and Face Protection.

6. Special protection for arc welding rays shall be used. Where the work permits, the welder should be enclosed in a welding booth constructed of non-combustible, non-reflective material. All booths shall allow for either natural or mechanical ventilation to protect against the build-up of hazardous atmospheres.
7. Protective clothing shall be worn in accordance with 29 CFR 1910.132. The degree of protective clothing will vary with size, nature and location of work to be performed. It is recommended that shirts and pants be made of materials other than man-made fabrics such as rayon, polyester, and nylon. Pants and shirtsleeves should not have cuffs, and bare skin should be avoided to preclude radiation burns. Additionally, low quarter shoes are susceptible to collection of hot slag during welding operations.
8. Additional details on personal protective equipment can be found in the Personal Protective Equipment Policy.

G. Confined spaces

1. When performing welding or cutting in any confined space:
   a. Ventilation is a prerequisite to work in any confined space.
   b. Gas cylinders and welding machines shall be left outside.
   c. Heavy portable equipment that is mounted on wheels shall be securely blocked.
   d. An attendant shall be stationed outside to observe the welder at all times. The individual must be confined space entry, attendant, trained.
   e. When arc welding is suspended for any substantial length of time, all electrodes shall be removed from the holders. The holders are to be located so that accidental contact cannot occur. The machine shall be disconnected from the power source.
   f. To prevent accidental gas leakage, torch valves shall be closed and the fuel-gas and oxygen supply to the torch shut off outside the confined area whenever the torch is not to be used for a substantial period of time. Where practical, the torch and hose shall also be removed from the confined space.
2. All entries into confined spaces for any purpose, including welding and cutting, must be in compliance with the City of Appleton's Confined Space Entry Policy.

H. Ventilation

1. Requirements when mechanical ventilation is required:
   a. The space is less than 10,000 cubic feet per welder.
   b. The ceiling height in structures such as rooms, hallways, tunnels, etc. is less than sixteen feet.
   c. Confined spaces or where welding space contains partitions or other structural barriers that may obstruct cross ventilation.
   d. Mechanical ventilation is at a minimum rate of 2,000 cubic feet per minute per welder, except where local exhaust hoods, booths, or airline respirators are provided.

Natural ventilation is considered sufficient for welding or cutting where restrictions la, lb, and lc are not present.

I. Designated hot work zones

The following are designated hot work zones

- Maintenance Shop at Water Treatment Facility
- Golf Maintenance Shop
- Parks Recreation and Facilities Management Maintenance Shop
- Police Maintenance Shop
- Fire Station 1 Maintenance Shop
- Municipal Services Building Maintenance Shop
- Waste Water Maintenance Shop
- Valley Transit Welding Booth
- Valley Transit Mechanic Shop

VI. RESPONSIBILITIES:

A. Employee Responsibilities

1. Employee shall follow all rules as outlined in this policy.
2. Employee shall follow all rules related to the City's Confined Space Policy.
3. Employee shall follow all rules related to the City's Respirator Policy.
4. Employee shall follow all rules related to wearing proper PPE.
5. Employee shall attend annual training provided by the department.

B. Authorized Individual Responsibilities

1. Responsible for the safe handling of cutting or welding equipment and the safe use of this equipment during the hot work process.
2. Determines the combustible materials and hazardous areas present or likely to be present in the work location.
3. Ensures combustible materials are protected from ignition by having the work moved to a designated hot work zone or a location free from dangerous combustibles. If the work cannot be moved, he/she will have the combustibles moved to a safe distance from the work or have the combustibles properly shielded against ignition.
4. Ascertains that the cutter or welder have followed all precautions and has determined that conditions are safe before proceeding.
5. If fire watchers are required, sees that they are present at the site and trained/equipped with proper extinguishers.

C. Supervisor Responsibilities

1. Verifies that hot work permits are completed as required and that copies are maintained in the proper location.
2. Ensures that workers are qualified to perform the proposed hot work.
3. Ensures that training is conducted annually by the department safety coordinator or other competent individual. The class will be documented and the sign in sheet sent to the Human Resource Department.

Hot Work Permit

This permit is to be used for any indoor and outdoor temporary operations away from a designated hot work area.

Date:	Time Issued:	Permit Expires: AM/PM
Name of Person Authorizing Hot Work Permit:		
Company/Contractor Name Performing Hot Work (if applicable):		
Person(s) Performing Hot Work:		
Location of Hot Work:		
Description of Work Being Performed:		

Required Precautions Checklist (Completed by Person Performing Hot Work)			
1. Sprinklers and fire extinguishers are in serviceable / operable condition.	☐ YES	☐ NO	☐ N/A
2. Smoke detectors operable on the premises.	☐ YES	☐ NO	☐ N/A
3. For fire systems/smoke detectors that may be affected by the hot work operation, fire system has been placed in test or fire detectors temporarily deactivated.	☐ YES	☐ NO	☐ N/A
4. Hot work equipment in proper working condition?	☐ YES	☐ NO	☐ N/A
5. Flammables/combustibles within 35 feet of the hot work area have been identified.	☐ YES	☐ NO	☐ N/A
6. Identified flammables/combustibles in the hot work area have been removed or covered.	☐ YES	☐ NO	☐ N/A
7. Floor and wall openings have been covered where needed.	☐ YES	☐ NO	☐ N/A
8. Floors are swept clean within the hot work area.	☐ YES	☐ NO	☐ N/A
9. If work is being done in a confined space; confined space permit has been completed as needed. See CS policy.	☐ YES	☐ NO	☐ N/A
10. Ventilation in place that adequately removes smoke, vapor and dusts from the work zone.	☐ YES	☐ NO	☐ N/A
11. Any ducts and conveyors shut down and/or shielded to prevent the transport of sparks to distant combustibles.	☐ YES	☐ NO	☐ N/A
12. Required lockout/tagout procedures completed as needed.	☐ YES	☐ NO	☐ N/A
13. Containers purged of flammable liquids and tested for flammable vapors (if hot work will be performed on/in them). List the initial atmospheric reading here:	☐ YES	☐ NO	☐ N/A
14. Fire watch [equipped with proper fire extinguisher(s)] provided for adjacent spaces and equipment (next to, below, and above as needed) for 30 minutes after hot work activity has stopped.	☐ YES	☐ NO	☐ N/A

Signature of Person Authorizing Hot Work Permit	*Date Signed*

CITY OF APPLETON HUMAN RESOURCES POLICY	TITLE: **LEAD POLICY**	
ISSUE DATE: May 2, 2007	LAST UPDATE: 4/2007; 8/2011; 6/2018	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees and volunteers	TOTAL PAGES: 5 pages
Reviewed by Attorney's Office Date: 3/23/07; 9/28/11; 5/16/18	Committee Approval Date: 4/25/07; 12/12/11; 6/13/18	Council Approval Date: 5/2/07; 12/21/11; 6/20/18

POLICY

The City of Appleton is committed to providing a safe and healthy work environment for all our employees. In addition, the City of Appleton's goal is to comply with the OSHA Lead Standards 29 CFR 1910.1025 & 1926.62, incorporated by reference in SPS 332.15.

PURPOSE

The purpose of the lead policy is to inform employees of the potential hazards of working with lead, limit exposures to lead and establish procedures for working with lead. This policy is not intended to address community or public health exposures related to lead or lead based paint regulated under Wisconsin Department of Health Services (DHS) Chapter 162 and 254.

SCOPE

The City of Appleton shall ensure that all lead disturbing activities involving facilities or equipment is to be done in accordance with this policy to maintain employee or occupant exposures below the established permissible exposure limit of 50 ug/m^3 (defined as units for the amount of chemical vapors, fumes, or dust in the ambient air) calculated over a time weighted average of 8 hours. This policy also applies to exposures to lead at or above the action level 30 ug/m^3. Lead exposure related to the use of the Appleton Police Department indoor firearms range are covered under the Police Department Facility Control, Maintenance and Use of Department Equipment policy.

AUTHORITY AND RESPONSIBILITY

The lead program administrator is the Director of Parks Recreation & Facilities Management. The implementation of this program shall be the responsibility of the program administrator and the various departments to which it applies.

The program administrator is responsible for:

- Responding to sampling requests or employee inquiries;

- Performing frequent and regular inspections of job sites, materials, and equipment;
- Conducting air monitoring for employees to establish exposure levels for each activity type if requested;
- Disclosing sample results;
- Procuring services of licensed lead abatement contractors for work activities;
- Disclosing the presence of lead to any outside contractors conducting work activities which will involve the disturbance of lead;
- Notifying the building occupants of any lead abatement activities

Supervisors are responsible for:

- Notifying all employees of the purpose and intent of the Lead Policy and procedures;
- Conducting periodic inspections of job sites to ensure appropriate procedures and work practices are being followed;
- Assuring that all employees are trained in the procedures;
- Contacting the program administrator for lead based paint testing and procurement of lead abatement contractors; and
- Contacting the program administrator when there is a production, process control, or personnel change which may result in new or additional exposure.

Employees are responsible for complying with the procedures identified in this policy.

Contractors and sub-contractors are responsible for complying with the Occupational Safety and Health Administration's (OSHA) Standard's 29 CFR 1926.62 and 29 CFR 1910.1025, WI DHS Chapter 254, Environmental Health; WI DHS Chapter 163, Certification for Identifications, Removal and Reduction of Lead Based Paint Hazards and the appropriate sections of this policy.

LEAD INVENTORY AND DESCRIPTION

The City of Appleton is not aware of any lead hazards in any of the City's facilities, but if lead is discovered, the City will prepare a written inventory for the facilities. Typical exposures may include welding, sanding, cutting or otherwise disturbing lead or lead containing materials. Also, sand blasting bridges, vehicle maintenance, and maintaining playground equipment installed prior to 1980. The inventory shall be reviewed by the program administrator to determine how exposures should be addressed. The program administrator will maintain a master file of inventories by facility as appropriate.

This inventory list should include the description of the operation; e.g. machinery used, material processed, controls in place, crew size, employee job responsibilities, operating procedures and maintenance practices. The specific means for controlling the lead exposure shall also be identified.

LEAD IDENTIFICATION

The following warning signs shall be posted in each work area where an employee's exposure to lead is above the PEL.

DANGER
LEAD
MAY DAMAGE FERTILITY OR THE UNBORN CHILD
CAUSES DAMAGE TO THE CENTRAL NERVIOUS SYSTEM
DO NOT EAT, DRINK OR SMOKE IN THIS AREA

These signs shall be illuminated and cleaned as necessary so that the legend is readily visible. Signs that contradict or detract from the meaning of the sign are prohibited.

PERSONAL AIR SAMPLING

OSHA has an Action Level for lead of 30 micrograms per cubic meter of air (30 ug/m^3) averaged over an 8-hour period. The Permissible Exposure Limit (PEL) is 50 ug/m^3 over an 8-hour period. When employees are exposed above the Action Level or PEL, OSHA has requirements for worker protection outlined in the lead standard 1910.1025(d).

This standard states exposure monitoring frequency should be as follows:

- If the initial monitoring reveals employee exposure to be below the action level the measurements need not be repeated unless there has been a production, process, control or personnel change which may result in new or additional exposure to lead, or whenever the employer has any other reason to suspect a change which may result in new or additional exposures to lead.
- If the exposure is at or above the Action Level but below the Permissible Exposure Limit (PEL) then monitoring shall be conducted at least every 6 months. This monitoring should continue until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may discontinue monitoring for that employee.
- If the exposure is above the Permissible Exposure Limit (PEL) then monitoring shall be conducted quarterly. This monitoring should continue until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may revert to conducting tests at least every 6 months. This monitoring should continue until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may discontinue monitoring for that employee.

The areas that require protection should be identified and proper Personal Protective Equipment (PPE) should be provided. Results of testing should be maintained.

Exposure records must be maintained for 30 years and medical records for the duration of employment plus 30 years. First aid records and experimental toxicological research records are excluded from the 30 year retention requirements.

AIR APPARATUS TESTING

On an as needed basis, air exchange equipment should be tested and inspected. Consider using an HVAC technician to assist in this process. Verify that the unit is providing an acceptable amount of air exchanges. Testing results should be maintained.

LEAD ABATEMENT PROJECTS

All lead abatement projects within the City of Appleton shall be performed under controlled conditions by a certified lead abatement contractor. All abatement project documents and contractor's certification documents will be maintained in the Parks, Recreation and Facilities Management Department.

EMPLOYEE TRAINING

All City of Appleton employees exposed to lead at or above the action level (30 ug/m^3) or who may suffer skin or eye irritation from lead compounds must be trained prior to initial assignment to areas where there is a possibility of exposure at or above the action level. Annual training is required thereafter unless further exposure at or above the action level will not occur. The training shall cover:

- The content of the 1910.1025 & 1926.62 standards and its appendices
- Specific hazards related to their work environment – including locations and potential sources of lead exposures in the buildings/facilities
- The purpose, proper selection, fitting, use and limitations of respirators
- The purpose and description of the medical surveillance program
- The engineering controls and work practices associated with employee's job assignment
- Contents of compliance plans in effect
- Instructions to employees that chelating agents (these agents remove certain heavy metals from the bloodstream) should not be routinely used to remove lead from their bodies
- Protective measures which can be taken
- Potential health effects associated with lead exposure
- Their rights under the standards

OUTSIDE SERVICE CONTRACTOR INFORMATION

All outside service contractors will be notified of the presence of lead-containing materials prior to beginning work activities. When contractors are required to work in areas where lead is present or there is a possibility of disrupting lead-containing materials, the City of Appleton will provide:

- Notification of the known locations of lead present (or suspected to be present) in the area where the contractor will work.

Contractors should contact the lead program administrator in the event that suspected lead-containing materials are discovered during work activities.

EMERGENCY RELEASE/DISTURBANCE

The lead program administrator shall be notified of any activities performed by the City of Appleton employees that could result in the disturbance of suspected or confirmed lead containing materials.

All emergency lead work shall be conducted by a currently licensed lead abatement contractor. Emergencies include situations where rapid response is necessary to mitigate damage or prevent further serious damage to the building or its occupants in which lead containing or suspected lead containing material has become damaged and has the potential to become airborne.

*In case of an emergency, immediately contact the lead program administrator.

HYGIENE

Eating, drinking, applying cosmetics, smoking or chewing tobacco is prohibited in work areas where there is lead exposure or a potential for lead exposure. The City of Appleton will provide space away from the work area where the employee can eat and drink. The City of Appleton will also provide employees with facilities to wash their hands and face. If an employee should ever be exposed above the PEL, the employee will be provided a place to shower and change in and out of their work clothes.

MEDICAL SURVEILANNCE AND MEDICAL REMOVAL

City of Appleton employees who are exposed at or above the action level (30 ug/m^3) for more than 30 days per year must receive blood tests, a medical exam and consultation. Blood sampling and analysis for lead and zinc protoporphyrin levels will be conducted at least every 6 months for each employee that is exposed as described above.

A medical examination and consultation shall be made available upon initial assignment to an area at or above the action level for lead, whenever the employee notifies the employer that they have developed signs and symptoms of lead intoxication, or at least annually for each employee that is exposed at or above the action level for more than 30 days per year for whom a blood sampling test conducted at any time during the preceding 12 months indicated a blood lead level at or above 30 ug/m^3.

If the employee's blood level reaches 40 ug/m^3 they will be tested every two months. This frequency shall continue until two consecutive blood samples and analyses indicate a blood lead level below 40 ug/dl of whole blood. If the employee's blood lead level is at or above 50 ug/m^3, they will be tested again within two weeks.

The City of Appleton will remove the affected employee from exposure to lead if their blood lead level is still at or above 50 ug/m^3 on the second test or if it is necessary for other medical reasons.

Within 5 working days after the receipt of biological monitoring results, the City of Appleton shall notify in writing each employee whose blood lead level is at or above 40 ug/m^3.

HOUSEKEEPING

Vacuum cleaners with HEPA filters (high-efficiency particulate) are recommended. Wet mopping and other cleaning methods that keep dust from getting into the air shall be used. Dry sweeping or shoveling should be avoided. Compressed air should not be used to clean.

CITY OF APPLETON PERSONNEL POLICY	TITLE: **LOCKOUT/TAGOUT POLICY**	
ISSUE DATE:	LAST UPDATE: June 28, 1999, May 4, 2006, March 2008, August 2012, July 2019	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	POLICY COVERAGE: All City Employees, Volunteers, Contractors	TOTAL PAGES: 6
Reviewed by Attorney's Office Date: June 4, 2008 July 2012 July 2019	Committee Approval Date: June 26, 2001 August 13, 2008 September 24, 2012 August 2019	Council Approval Date: July 18, 2001 August 20, 2008 October 3, 2012 August 2019

I. PURPOSE

To establish procedures that are the "minimum" requirement for the lockout of energy isolating devices.

II. POLICY

It is the City's policy to provide a safe work environment for all employees and to follow regulations related to lockout of energy and energy isolating devices. Violations of this policy will be subject to disciplinary action, up to and including discharge.

III. DEFINITIONS

Authorized Employee: A person who locks or implements a tagout procedure on machines or equipment to perform service or maintenance on that machine or equipment.

Affected Employee: An employee whose job requires him/her to operate or use a machine or equipment on which servicing or maintenance is being performed under lockout or tagout. That person's job may also require him/her to work in an area in which service or maintenance is being performed.

Tagout: The placement of a lockout device on an energy isolating device, in accordance with an established procedure, ensuring that the energy isolating device and the equipment being controlled cannot be operated until the lockout device is removed.

Lockout Device: A device that utilizes a positive means such as a lock (either key or combination type) to hold an energy isolating device in the safe position and prevent the energizing of a machine or equipment.

Energy Source: Any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal or other energy.

Energy Isolating Device: A device that isolates the source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal or other energy.

Servicing and/or Maintenance: Workplace activities such as constructing, installing, setting up, adjusting, inspecting, modifying, lubricating, and maintaining and/or servicing machines or equipment.

Flange: A protruding rim, edge, rib, or collar, as on a wheel or a pipe shaft, used to strengthen an object, hold it in place, or attach it to another object.

IV. PROCEDURES

A. Training

1. Training shall take place periodically for all affected employees, and whenever a new employee is hired or posts into a position that falls under the guidelines of lockout/tagout procedures.
2. Each authorized employee shall receive training in the recognition of applicable hazardous energy sources, the type and magnitude of the energy available in the workplace, and the methods and means necessary for energy isolation and control.
3. Each affected employee shall be instructed in the purpose and use of the energy control procedure.
4. All other employees whose work operations are or may be in an area where energy control procedures may be utilized shall be instructed about the procedure, and about the prohibition relating to attempts to restart or re-energize machines or equipment which are locked out or tagged out.
5. Additional retraining shall also be conducted whenever a periodic inspection reveals that procedures and requirements of the standard are not being followed. The retraining shall establish employee proficiency and introduce new or revised control methods and procedures.
6. The supervisor shall certify that employee training has been accomplished and is being kept up to date. The sign-in sheet for the class shall contain the employee's name, date(s) of training and instructor's name. A copy will be sent to Human Resources immediately after training is complete, or departments may enter the data into the training system. Annual field safety training meets this requirement also.

B. Applying Energy Controls

1. Energy isolation and lockout/tagout are to be applied only by trained employees authorized to perform service or maintenance or emergency services personnel.
2. Before lockout/tagout is applied, all employees who work in the affected area must be notified.
3. Listed are the steps to control hazardous energy:
   a. Preparation for shutdown:

      Before turning off any equipment in order to lock or tag it the employee must know:

      1. Identify any other equipment or safety devices that would be affected by the shutdown.
      2. The types and amounts of energy that power it

3. The hazards of that energy
4. How the energy can be controlled

b. Equipment shutdown:

1. Shut the system down by using its operating controls
2. Follow whatever procedure is right for the equipment so that no one is endangered during shutdown.

c. Equipment Isolation:

1. Operate all energy isolating devices so that the equipment is isolated from its energy source
2. Be sure to isolate all energy sources – secondary power supplies as well as the main one
3. Never pull on an electrical switch while it is under load
4. Never remove a fuse instead of disconnecting

C. Applying Lockout/Tagout Devices:

1. All energy isolating devices are to be locked and tagged
2. Only the standardized devices supplied by the City are to be used for lockout/tagout, and they are not to be used for anything else
3. Use a lockout device with ID tag if a lock cannot be placed directly on the energy control
4. When lockout is used, each employee in the crew must attach his/her personal lock
5. More than one employee can lock out a single energy-isolating device by using a multiple-lock hasp
6. In the event it is physically impossible to use a lock, use a tag. Attach them at the same point as you would a lock or as close to it as possible. Be sure to fill out tags completely and correctly

D. Controlling Stored Energy: Take any of the following steps that are necessary to guard against energy left in the equipment after it has been isolated from its energy sources.

1. Inspect the system to make sure all parts have stopped moving
2. Install ground wires
3. Relieve trapped pressure
4. Release the tension on springs, or block the movement of spring-driven parts
5. Block or brace parts that could fall because of gravity
6. Block parts in hydraulic and pneumatic systems that could move from loss of pressure. Bleed the lines and leave vent valves open
7. Drain process piping systems and close valves to prevent the flow of hazardous materials

8. If a line must be blocked where there is no valve, use a blank flange
9. Purge reactor tanks and process lines
10. Dissipate extreme cold or heat, or wear protective clothing
11. If stored energy can reaccumulate, monitor it to make sure it stays below hazardous levels

E. Verifying Isolation of Equipment: prior to starting work on machines or equipment that have been locked out or tagged out follow these guidelines:

1. Make sure all danger areas are clear of personnel
2. Verify that the main disconnect switch or circuit breaker can't be moved to the "on" position
3. Press all start buttons and other activating controls on the equipment
4. Shut off all machine controls when the testing is finished
5. In a job that takes more than one day, the employee must verify that the lockout system is still in place before re-commencing work.

F. Removing Lockout/Tagout: (NOTE: Locks and tags are to be removed as soon as work on the equipment is completed. Before lockout or tagout devices are removed and energy is restored to the machine or equipment, the following should be followed:

1. Make sure the equipment is safe to operate. Remove all tools from the area and be sure the system is fully assembled.
2. Safeguard all employees by conducting a head count to make sure everyone is clear of equipment. Be sure to notify everyone who works in the area that lockout/tagout is being removed.
3. Remove the lockout/tagout devices. Note: Except in an emergency, each device must be removed by the person who put it on. If the individual who applied the lockout or tagout device is not available to remove it, that device may be removed under the direction of the supervisor, provided that this procedure has been incorporated into the training program. This procedure shall include the following as a minimum:
    a. Verification by the supervisor that the authorized employee who applied the device is not in the facility
    b. Inform the employee that the lock or tag has been removed when he/she returns to the facility

G. Additional requirements: Testing or positioning of machines, equipment or components

1. In situations in which lockout or tagout devices must be temporarily removed from the energy isolating device the following steps are required:
    a. Clear the machine or equipment of tools and materials
    b. Remove employees from the machine or equipment area
    c. Remove the lockout or tagout devices
    d. Energize and proceed with testing or positioning
    e. De-energize all systems and reapply energy control measures

H. Service and Maintenance

When service and/or maintenance is performed by a crew, craft, department or other group, they shall utilize a procedure which affords them a level of protection equivalent to that provided by the implementation of a personal lockout or tagout device.

1. Group lockout requirements:

    a. Primary responsibility is vested in an authorized employee for a set number of employees working under the protection of a group lockout or tagout device
    b. Each person shall place his/her own personal lockout device or tagout device on the energy isolating device(s).
    c. When an energy-isolating device cannot accept multiple locks or tags, a multiple lockout or tagout device (hasp) may be used.
    d. If lockout is used, a single lock may be used to lock out the machine or equipment with the key being placed in a lockout box or cabinet that allows the use of multiple locks to secure it. Each employee will then use his/her own lock to secure the box or cabinet. As each person no longer needs to maintain his or her lockout protection, that person will remove his/her lock from the box or cabinet.

I. Tagout System

(NOTE: To be used in addition to the lockout with lockout being the primary means of isolation). When Tagout Systems are used, employees shall also be trained in the following limitations of tags:

1. Tags are essentially warning devices affixed to energy isolating devices, and do not provide the physical restraint on those devices that is provided by a lock.
2. When a tag is attached to an energy isolating device, it is not to be removed without authorization of the authorized person responsible for it and it is never to be bypassed, ignored or otherwise defeated.
3. In order to be effective, tags must be legible and understandable by all authorized employees, affected employees, and all other employees whose work operations are or may be in the area.
4. Tags and their means of attachment must be made of materials that will withstand the environmental conditions encountered in the workplace.
5. Tags may evoke a false sense of security and their meaning needs to be understood as part of the overall energy control program.
6. Tags must be securely attached to energy isolating devices so that they cannot be inadvertently or accidentally detached during use.

J. Periodic Inspection

The individual departments falling under the lockout/tagout policy shall conduct a periodic inspection of the energy control procedure at least once a year to ensure that the procedure and the requirements of the policy are being followed.

1. The periodic inspection shall be performed by an authorized employee other than those utilizing the energy control procedure being inspected.

2. The periodic inspection shall be designed to correct any deviations or inadequacies observed.
3. Where lockout is used for energy control, the periodic inspection shall include a review between the inspector and each authorized employee of that employee's responsibilities under the energy control procedures being inspected.
4. Where tagout is used for energy control, the periodic inspection shall include a review between the inspector and each authorized employee, of that employee's responsibilities under the energy control procedure being inspected. The department head or supervisor shall certify that periodic inspections have been performed. The certification shall identify:

    a. The machine or equipment on which the energy control procedure was being utilized
    b. The date of the inspection
    c. The employees included in the inspection
    d. The person performing the inspection

K. Outside Contractors

Whenever outside servicing personnel are to be engaged in activities covered by the scope and application of this standard, the on-site employer (City of Appleton employees) and the outside employer shall inform each other of their respective lockout or tagout procedures.

CITY OF APPLETON PERSONNEL POLICY	TITLE: **Personal Protective Equipment (PPE)**	
ISSUE DATE: December 1996	LAST UPDATE: March 2002 August 2006 August 2012, June 2019	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees who wear PPE	TOTAL PAGES: 17
Reviewed by Attorney's Office Date: March 15, 2002 October 2006 July 2012 June 2019	Committee Approval Date: May 8, 2002 February 28, 2007 September 24, 2012 August 14, 2019	Council Approval Date: May 15, 2002 March 7, 2007 October 3, 2012 August 2019

I. PURPOSE

To establish procedures for the selection, training, storage, cleaning and use of Personal Protective Equipment (PPE).

II. POLICY

The City of Appleton, in accordance with Federal and State law requires the use of Personal Protective Equipment. The policy shall cover eye/face protection, respiratory protection, head protection, foot protection, hand protection, and hearing protection.
Violations of this policy will be subject to disciplinary action, up to and including discharge.

III. DISCUSSION

Personal Protective Equipment shall be provided, used and maintained wherever necessary. The City will conduct a Hazard Assessment Survey and Analysis on positions to determine the proper personal protective equipment (PPE) needed.

IV. DEFINITIONS

A. Hazards - includes hazards of processes or environment, chemical hazards, radiological hazards, biological hazards, thermal or mechanical irritants encountered in the function of any part of the body through absorption, inhalation or physical contact.

B. Personal Protective Equipment (PPE) - is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e. uniforms, pants, shirts, or blouses) are not intended to function as protection against a hazard and are not considered to be personal protective equipment

C. DSPS – Department of Safety and Professional Services

D. OSHA – Occupational Safety & Health Act

E. Shall - is interpreted to mean required.

F. Should is interpreted to mean recommended but not required.

V. PROCEDURES

A. ASSESSMENT

The Human Resources Generalist/City Safety Coordinator will work with departments who utilize PPE to perform a Workplace Hazard Assessment that identifies whether foot, head, eye, face, respirator, hearing or hand hazards exist in their operation and processes. Based on the findings of the assessment, appropriate protective devices for the particular hazards will be selected. Consideration shall be given to the comfort and fit of safety equipment. See Exhibit I for a copy of the Hazard Assessment Survey and Analysis. Also included in the policy is Exhibit III which is a copy of department/division's hazard assessment. The individual Safety representative within each department/division's safety committee shall coordinate this assessment. These assessments shall be reviewed by this individual during each calendar year and the results submitted to Human Resources annually.

B. TRAINING

1. Upon hire, training shall be provided by department/division(s) to all employees who are required by this policy to use PPE. The employee(s) must demonstrate an understanding of the required PPE and the ability to use it safely before being allowed to perform work requiring the use of PPE. These employees shall be trained in the following:

    a. When PPE is necessary.

    b. What PPE is necessary.

    c. How to properly don, doff, adjust, and wear PPE.

    d. The proper care, maintenance, useful life and disposal of PPE.

    e. The above must be demonstrated prior to the employee doing work requiring PPE.

C. RETRAINING

1. Retraining shall take place when:

    a. There are changes in the work place which render previous training obsolete.

    b. Changes in the type of PPE to be used which renders previous training obsolete.

    c. When a PPE hazard assessment indicates changes.

    d. When an employee demonstrates that he/she has not retained the required understanding or skill.

2. Departments/divisions shall verify that each affected employee receives and understands the required training. A sign off showing the training date, topic and employee signature will be sent to Human Resources.

D. RESPONSIBILITY

1. Supervisor/Department Safety Coordinator Responsibility

    a. The supervisor/department safety coordinator is responsible for providing employees with proper PPE and ensuring that the employees are wearing, at a minimum, PPE that is required for the site.

2. Employee Responsibility

   a. Employees are responsible for:
      - Attending applicable PPE training classes.
      - Wearing required PPE where/when applicable.
      - Informing management when PPE is no longer usable.
      - Properly cleaning PPE as needed.

E. PROTECTION

1. EYE AND FACE PROTECTION

   a. Suitable eye and face protection such as safety glasses, face shields, or goggles, should be worn at all times when exposed to eye or face hazards arising from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.

   b. Employees shall use eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors are acceptable.

   c. Employees who wear prescription lenses while engaged in operations that involve eye hazards shall wear eye protection that incorporates the prescription in its design, or shall wear eye protection that can be worn over the prescription lenses or the protective lenses.

   d. Employees shall use equipment with filter lenses that have a shade number appropriate for the work being performed for protection from injurious light radiation. If you are unsure about the shade number, you should contact either the vendor or discuss with your Safety Coordinator.

   e. All eye and face PPE shall be distinctly marked to facilitate identification of the manufacturer.

   f. Protective eyewear and face protection shall be periodically cleaned according to manufacturer instructions. If none are available, clean carefully with a mild soap solution for a period of time, rinse thoroughly and allow to air dry.

   g. Face shields are not to be considered eye protection and shall be worn only in conjunction with safety glasses or goggles.

   h. Contact lenses offer no protection against eye hazards and are not to be considered PPE.

   i. Employees who use contact lenses must wear appropriate eye protection instead of or in conjunction with their contact lenses.

2. HEAD PROTECTION - The general requirement for head protection shall be observed in the City's head protection program. They are as follows:

   a. Each affected employee shall wear protective helmets when working in areas where there is a potential for injury to the head from falling objects.

   b. Protective helmets designed to reduce electrical shock hazard shall be worn by each affected employee when near exposed electrical conductors which could contact the head.

   c. Only hard hats approved by the American National Standards Institute (ANSI) shall be used.

   d. Head Protection for the Fire Department use shall meet applicable standards.

3. FOOT PROTECTION

a. Employees shall wear protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects piercing the sole, and where employees feet are exposed to electrical hazards. Protective footwear shall comply with American National Standards Institute (ANSI) Z41-1991.

b. All employees are responsible for wearing the appropriate foot protection when it is required.

c. Supervisors/Safety personnel are responsible for ensuring protective footwear is being worn in areas where required.

d. Always replace safety shoes if the steel toe is exposed.

4. HAND PROTECTION

a. Departments/divisions shall select and require employees to use appropriate hand protection when employee's hands are exposed to hazards such as those from vibration, skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical and thermal burns; and harmful temperature extremes.

b. Departments/divisions shall base the selection of the appropriate hand protection on an evaluation of the performance characteristics of the hand protection relative to the task(s) to be performed, conditions present, duration of use, and the hazards and potential hazards identified.

5. RESPIRATORY PROTECTION
See Respiratory Protection Policy & Procedure

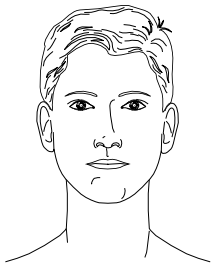
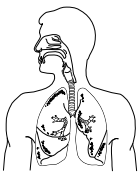
PERSONAL PROTECTIVE EQUIPMENT (PPE) HAZARD ASSESSMENT SURVEY AND ANALYSIS

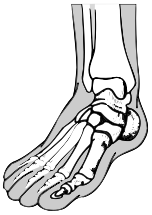
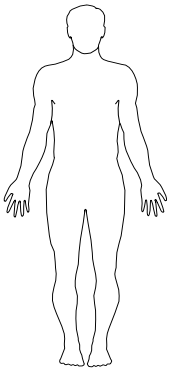
Department/Division: _____ Location: _____

Job Classification: _____ Operation/Process: _____

Person Performing Assessment: _____ Title: _____

THE FOLLOWING HAZARDS HAVE BEEN NOTED

PART OF BODY	HAZARD	REQUIRED PPE	NOTES
Hands See Standard 1910.138	☐ Penetration-sharp objects ☐ Penetration-animal bites ☐ Chemical(s) _____ _____ ☐ Extreme cold ☐ Heat ☐ Blood ☐ Electrical shock ☐ **Biological organisms** ☐ Vibration-power tools ☐ Other	☐ Leather/cut resistant gloves ☐ Leather/cut resistant gloves ☐Chemical resistant gloves ☐ type _____ ☐Insulated gloves ☐ Heat/flame resistant gloves ☐ Health grade vinyl or Nitrile gloves ☐Insulated rubber gloves; type_____ ☐Cotton or leather gloves ☐ Other	
Eyes and Face  See standard 1910.133	☐ Impact-flying objects, chips, sand or dirt ☐Nuisance dust ☐ UV light-welding, cutting, torch brazing or soldering ☐ Chemical-splashing liquid ☐ Chemical-irritating mists ☐ Hot sparks-grinding ☐ **Biological organisms** ☐ Splashing molten metal ☐ Glare ☐ Other	☐ Safety glasses w/side shields ☐ Glasses/goggles w/face shield ☐ Impact goggles ☐ Welding goggles/helmet/ shield w/safety glasses & side shields ☐ Chemical goggles/face shield ☐ Chemical splash goggles ☐ Safety glasses w/side shields ☐ Glasses/goggles w/face shield ☐ Safety goggles w/face shield ☐ Shaded safety glasses ☐ Other	
 Ears See standard 1910.95	☐ Exposure over 85 dBA ☐ Exposure to sparks ☐ Other _____	☐ Muffs and/or ear plugs ☐ Leather welding hood ☐ Other _____	
Respirator System  See standard 1910.134	☐ Nuisance dust/mist ☐ Welding fumes ☐ Asbestos ☐ Pesticides ☐ Paint Spray ☐ Organic vapors ☐ Acid gases ☐ Oxygen deficient/toxic or IDLH atmosphere ☐ Other ☐ **Biological organisms**	☐ Disposable dust/mist mask ☐ Welding respirator ☐ Respirator w/HEPA filter ☐ Respirator w/pesticide cartridges ☐ Respirator w/paint spray cartridges ☐ Respirator w/organic cartridges ☐ Respirator w/acid gas cartridges ☐ SCBA/Type C airline respirator ☐ Other ☐ N 100 Respirator	

Feet  See standard 1910.136	☐ Impact-heavy objects ☐ Compression-rolling or pinching objects/vehicles ☐ Slippery or wet surface ☐ Penetration-sharp objects ☐ Penetration-chemical ☐ Splashing-chemical ☐ Exposure to extreme cold ☐ Sparks or molten metal ☐ Other	☐ Steel toe safety shoes ☐ Leather boots or safety shoes w/metatarsal guards ☐ Slip resistant soles ☐ Puncture resistant soles ☐ Chemical resistant boots/covers ☐ Rubber boots/closed top shoes ☐ Insulated boots or shoes ☐ Spats/molten splash guards ☐ Other	
 Head See Standard 1910.135	☐ Struck by falling object ☐ Struck against fixed object ☐ Electrical - contract with exposed wires/conductors ☐ Other	☐ Hard hat ☐ Class A ☐ Class B ☐ Class C ☐ Other	
 Body See standard 1910.132	☐ Impact-flying objects ☐ Moving vehicles ☐ Penetration-sharp objects ☐ Chain saw ☐ Electrical-static discharge ☐ Hot metal or sparks ☐ Radiant heat ☐ Chemical(s) _____ ☐ Exposure to extreme cold ☐ Unprotected elevated walking/working surface ☐ Ticks and/or bees ☐ Prolonged sun exposure ☐ Other ☐ **Biological organisms**	☐ Long sleeves/apron/coat ☐ Traffic vest ☐ Cut-resistant sleeves, wristlets ☐ Chain saw chaps/vest ☐ Static control coats/coveralls ☐ Flame resistant jacket/pants ☐ Heat reflective clothing ☐ Lab coat or apron/sleeves ☐ Insulated jacket, hood ☐ Body harness and lanyard ☐ Paper Gown ☐ Long pants and sleeves ☐ Hat/sun screen ☐ Other	

CERTIFICATION: I certify that I personally performed the above Hazard Assessment on the date indicated. This document is a Certification of the Hazard Assessment.

Signed by: _____ Date: _____

EXHIBIT II

PERSONAL PROTECTIVE TRAINING

DATE: _____ DEPARTMENT: _____

INSTRUCTOR: _____

The following employees have received and understand the required training for: (list the actual PPE you trained on this particular day)

_____

	Employee's Name	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

MUNICIPAL SERVICE BUILDING OPERATIONS DIVISION
PERSONAL PROTECTIVE EQUIPMENT ASSESSMENT

Task	Safety Shoes	Safety Glasses w/Side Shields	Ear Plugs	Work Gloves	Goggles	N100 Respirator	Hard Hat	Safety Vest	Anti-Vibration Gloves	Safety Harness	Face Shield	Chaps	Heat Resistent Gloves	Rubber Boots	Rain Suit	Specific Respirator	Rubber Gloves	Welding Shield
Active Construction Zone #	X	X					X	X										
Aerial Bucket Lift	X	X	R	X			X	O		X								
Air Impact Tools	X	X	X	R				O	X									
Air Spade	X	X	X	R				O	X									
Asphalt Paving	X	R	X	X				O										
Bio-Hazard Clean Up 3	X	X		X	X			O									X	
Chain Saw	X	X	X				X	O	X		X	X						
Chemical Handling 1	X				X			O										
Chipper	X	X	X				X	X										
Confined Space 2	X			X				O										
Crack Debris Removal - Ashpalt	X	X	X	X		R		X	R		R							
Crack Debris Removal - Concrete	X	X	X	X		X		X	R		R							
Crack Filling - Concrete/Asphalt	X	X		X				X										
Drill Press	X	X																
Dry Sawing (conc/asph)	X	X	X	X		X		O										
Electric Impact Tools	X	X		X				O	R									
Equipment Operator	X							O										
Finishing Concrete	X			X				O										
Freon Handling	X	X		X				O										
Grinding, Metal	X	X	X	X				O			R							
Grinding, Pavement	X	X		X				O										
Hammer Drill	X	X	X	R				O	R									
Hydrant Steaming	X	X		X				O										
Jack Hammer	X	X	X	R				O	X									
Lathe	X	X																
Metal Break/Shear	X	X		X														
Mixing Paint/Thinner 1	X			X	X			O										

1 Refer to MSDS Sheets
2 Refer to Confined Space Entry Policy
3 Refer to Bloodborne Pathogen Policy

Active Construction Zone is defined as when we are working within 50' of any overhead equipment/operations such as, but not limited to: Backhoes, Loaders and Cranes.
O Safety Vests are required if the work being done is within the road way or within an active construction zone.
R Recommended

Revised 9/14/12 j/msb/msbsafety/ppeassessment

All work done in the street right of way must comply with the City of AppletonTemporary Traffic Control Manual.

MUNICIPAL SERVICE BUILDING OPERATIONS DIVISION
PERSONAL PROTECTIVE EQUIPMENT ASSESSMENT

Overflow Collection	X	X		X				X										
Oxy/Acetylene Cutting	X	X		X	X			O					R					X
Painting 1	X	X		X				O										
Plasma Cutter	X	X		X				O					R					X
Pipe Threader	X	X		R														
Pouring Concrete	X	X		X				O										
Power Tools(drills,saws..)	X	X		R				O										
Prentice Loader	X	X					X	X										
Propane Handling	X	X		X				O										
Pungar	X	X	X	X				O	X									
Root Cutter	X	X	X					X										
Router - Asphalt	X	X	X	X		R		X	R									
Router - Concrete	X	X	X	X		X		X	R									
Sand Blasting(Fixed/Enclosed)	X	X	X															
Sand Blasting(Portable/Open)	X	X	X	X														
Sewer Cleaning	X	X	X	X				O										
Sewer Inspection/Survey	X	R		R				O									R	
Steam/pressure washer	X	X						O			X			R	R		R	
Stump Grinder	X	X	X				X	X										
Table Saw	X	X	X	X														
Tree Planting	X	X						X										
Water Dept. Drill Rig	X	X	X	R				X										
Welding	X	X		X				O					X					X
Wet Sawing (conc/asph)	X	X	X	X				O										
Work in Road Way	X							X										
Yard Site Attendant	X							X										

1 Refer to MSDS Sheets
2 Refer to Confined Space Entry Policy
3 Refer to Bloodborne Pathogen Policy

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Revised 9/14/12 j/msb/msbsafety/ppeassessment

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2012 Appleton Water Treatment Facility

Reviewed: October 1, 2012	HANDS				EYES and FACE				EARS	RESPIRATORY SYSTEM					FEET	HEAD	BODY		
Task	Chemical Gloves	Rubber Gloves	Work Gloves	Nitrile/Lab Gloves	Face Shield	Chem Goggle	Safety Glasses w/shields	Safety Glasses	Ear Muffs/ Plugs	Gas/Air Monitor	SAR SCBA On-Site	Full Face Resp.	Cartridge Color	Dust Mask	Rubber Boots	Hard Hat	Rubber Apron	Rain Suit	Harness/ Lifeline/ Tripod
Chemicals / Chemical Handling																			
Aqua Ammonia	X						X				X	*			X			X	
Carbon Dioxide (CO_2) Alarms			X				X			X	X								
CIBA LT-25	X					*	X							X					
Citric Acid	X				X	*	X								X			*	
Ferric Sulfate	X				X	*	X								X			*	
Hydrofluorsilicic Acid	X				X	*	X								X			*	
Lime (Calcium Oxide)	X				X	*	X							X	X			*	
Acid Cleaning Lime Lines	X				X	*	X					X			X			*	
Checking Lime Slaker	X				X	*	X	X						X					
LCP-4 Polyphosphate	X				X	*	X												
Miscellaneous Processes																			
Calibrating All Chemical Pumps	X				X	*	X												
Chemical Room Equipment Repair	X				X	*	X				X				X			X	
Chemical Sump Pit Work		X			X	*	X			X		X			X	X		X	
Chemical Unloading							X												
Removing/Adding GAC to Contactors	X				*	REC		X							X	X		*	X
Muriatic Acid / Hydrochloric Acid					X	*	X												
Potassium Permanganate																			
Change-Out KMnO4 Totes, Checking, Sweeping, and Cleaning KMn04 **	X					X			*			*		X	*			*	
Transfering KMnO4 Tote-Tote	X					*			*			X			*			*	
Powdered Activated Carbon (PAC)	X				X	*	X							X	X			*	
Sodium Hydroxide	X				X	*	X					*			X			*	
Sodium Hypochlorite	X	X			X	*	X					*			X			X	
Aluminum Chlorohydrate					X	*	X												
Cleaning Processes																			
Acidize pH Analyzers	X					*	X								X		REC		
Acidize Turbidity Analyzers	X					*	X					X					REC		
Acid Washing - Muriatic / Phosphoric		X				*	X					X			X			X	
Calibration of Turbidimeter	X					*	X												
Clean CL2 Analyzers	X					*	X							X			REC		
Cleaning Dust/Dirt from Machinery							X							*					
Cleaning Membranes								X											
Cleaning Prefilters/Backwashwater Filters								X											
Cleaning Sump Pits (E. Gallery & Softener)	X						X			X					X				
Lime Machine - Cleaning Slaker, Grit System	X				X	*	X					X			REC			REC	
Power Washing with Soap/Solvents		X			X	*	X												
Pressure Washing	X				REC	*									X	*		X	
Sandblasting/Air Cleaning Operations					X		X							*					
Sludge Sump	X					REC		X							X	X		REC	X
Tank Cleaning	X		*		*	*	X	X				*			X	*		*	
Confined Space																			
Confined Space "Non-permit Confined Space Entry"	X	*					X			X					*	X		*	
Confined Space Horizontal - "Permit Confined Space Entry"		*	X				X			X	X				*	X			
Confined Space Vertical "Permit Confined Space Entry"	X	*	X				X			X	*				*	X		X	X
Fuel																			
Changing LP tanks			X			*	X												
Diesel	X							X							*				

HVAC																			
SUVA 134a	X						X				X								
Lab																			
Colilert	X						X												
Lab Chemicals/Reagents: Follow MSDS	X				X	*	X										REC		
Laboratory Analysis (Alk/C12 Residual, etc)	X							X											
Nessler Reagent - Long Sleeve Shirt or Lab Coat Required	X						X												
Maintenance Shop																			
Concrete - Chipping/Breaking/Cutting			X		X		X		X										
Electric Tools Shop and Portable					X		X	X	*										
Grinding					X		X		*					*					
MAPP Gas (Metyl Acetylene Propadiene)		Leather				Shade #4													
Painting							X												
Pipe Cutting/Threading							X												
Pneumatic Hand Tools								X	*										
Rivets - Cutting					X		X		*										
Soldering							X												
Using Impact Wrenches/Air Tools							X		X										
Using Metal Cutting Lathe and Drill press					X		X		*										
Using Paint Remover / Solvents		X					X												
Using Power Tools / Fixed & Portable							X		*										
Power Tools - Cutting/Milling/Drilling							X		*										
Using Punches/Chisels/Other Impact Tools					X		X		*										
Welding			X		X ***		X												
Membranes																			
Glycerin Application to O-rings (membranes)								X											
Kochkleen Liquid Detergent II	X				X	*	X					X						X	
Membrane CIP / CEB with Citric Acid	X				X		X												
Membrane CIP/CEB with Hydrochloric Acid	X				X	*	X					X	Olive/ Magenta				X		
Membrane CIP with King Lee	X				X	*	X							X			X-w/LS		
Outside Facilities & Processes																			
Inspecting All Water Towers								X								X			
Snow Blowing/Grass Cutting/Weed Eating			X				X								X				
Lift Station Work			*				X			X	*				*	X			
Paints/Thinners for Water Towers	X					*						X					X		

NOTE: Safety Shoes are MANDATORY in all areas at all times
NOTE: Hearing Protection (Ear Muffs and Plugs) are required to be worn in areas of the plant that have signage requiring them.

* If Applicable
** Refer to KMnO4 Memo posted at the Lake Station

REC = Recommended
*** Welding Helmet

10/15/12

Valley Transit

PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS

Task	Safety Glasses	Face Shield	Hearing Protection	Respirator	Dust Mask	Rubber Gloves	Leather Gloves	Welding Jacket	Safety Vest
Painting	X			X		X			
Welding/Cutting		X		X			X	X	
Using Band Saw	X		X						
Using Pressure Washer	X	X	X			X			
Using Grinder	X		X		X		X		
Using Air Tools	X		X						
Run/Test Engines			X						
Hammering	X		X						
Cleaning With Solvents	X	X				X			
Operating Brake Lathe	X		X		X	X			
Servicing Batteries	X	X				X			
Operating Floor Machine			X		X				
Upholstery Cleaning	X		X			X			
Changing LP Tanks	X						X		
Fueling Buses	X					X			
Drilling	X						X		
Using Snow Blower	X		X						
Vacuuming Buses			X						
Filling/Using Salter	X				X	X			
Road Calls									X

APPLETON FIRE DEPARTMENT
PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS

Conducted by: Ethan Kroll

Date: 11/15/12

	Turnout Gear	Bunker Pants	Boots	Gloves	Helmet	Hood	SCBA	PASS	Safety Glasses/ Goggles	SABA	PFD	Hard Hat	Chem. Suit	Cold Water Suit
Task/Equipment Operation	X	X	X	X	X	X	X	X						
Aerial Operations	X	X	X	X	X	X	X	X						
Aircraft Fire Operations	X	X	X	X	X	X	X	X						
Fire Suppression	X	X	X	X	X	X	X	X						
Forcible Entry	X	X	X	X	X	X	X	X						
Hazardous Materials	X	X	X	X	X	X	X	X		X		X	X	
Ladders	X	X	X	X	X	X	X	X						
Pumping Operations	X	X	X	X	X	X	X	X						
Ventilation	X	X	X	X	X	X	X	X						
Rescue:														
1. Confined Space			X	X		X	X	X	X	X		X	X	
2. High/Low Angle			X	X								X		
3. Ice Rescue	X	X	X	X	X	X					X			X
4. Structural Collapse			X	X	X				X					
5. Trench/Excavation	X	X	X	X	X	X			X					
6. Vehicle Extrication	X	X	X	X	X	X			X			X		
7. Water				X							X	X		
Ventilation	X	X	X	X	X	X	X							

Police Department
Personal Protective Equipment Requirements

Task	Hepa Mask	Examination Gloves	Reflective Safety Vest	Hearing Protection	Eye Protection	Bike Helmet	Gloves
Known incidents involving Contagious diseases	X	X					
Incidents involving body fluids		X			X		
Performing first aid		X					
Directing traffic			X				
Firearms training				X	X		
Using air compressor during weapons cleaning/repair				X	X		
Caging/confining animals							X
Crossing guard duty			X				
Bike patrol					X	X	
SWAT	As Needed	As Needed			As Needed		

PARKS, RECREATION & FACILITIES MANAGEMENT

Personal Protective Equipment Roster
2012

	SAFETY GLASSES	HEARING PROTECTION	HARD HAT	FACE SHIELD	DUST MASK
OPERATION					
Operation of back pack blowers	X	X			
Operation of string trimmers	X	X			
Operation of 20" mowers	X	X			
Operation of out-front mowers	X	X			
Operation of tractors without cabs	X	X			
Operation of tractors with cabs	X	X			
Operation of radial arm saw	X	X			
Operation of table saw	X	X			
Operation of grinding wheels	X	X		X	X
Operation of grinders	X	X		X	X
Operation of sanders	X	X		X	X
Operation of power washer	X	X		X	X
Operation of jack hammer	X	X	X	X	X
Chemical application/use	**Follow Label**				
Confined Space Entry	See Confined Space Entry Procedures Manual				
Cleaning restrooms	X				
Handling garbage	X				
Working on/near a street					
Brushing	X	X	X		
Aerial Truck/Lift Operation	X	X	X		
Chainsaw operations	X	X	X		
Handling chemicals	**Follow Label**				
Chemical applications	**Follow Label**				

Wastewater Treatment Plant
Personal Protective Equipment Roster
2012

Task	Rubber Gloves	Rubber Boots	Chem Goggles	Face Sheild	Safety Glasses/ Shields	Rain Suit	SAR SCBA On-Site	5 Min. Air Pac	Gas Detector	Full Face Cartridge Respirator	Dust Mask	Ear Plugs / Muffs	Work Gloves	Safety Shoes/Toe Guards	Rubber Apron	Hard Hat	Universal Precautions
Hydrochloric Acid Use (BFP's)	X	*								X				X	X		
Caustic Handling	X		*	X	*					X	X			X	X		
Chemical Sump Pit Cleaning	X	X				X			X	X				X	X		
Cleaning Dust/Dirt from Equipment					X						X	*		X			
Cleaning Sludge Storage Tanks		X				*			X			*	*	X		X	
Chipping/Breaking/Cutting Concrete					X							*	X	X			
Non-Permit Req. Confined Space	*	*			X				X				*	X		X	
Permit Req. Confined Space / Horizontal	*	*			X		X	X	X	*			*	X		X	
Permit Req. Confined Space / Vertical	*	*			X		X		X	*			*	X		X	
Cutting/Milling/Drilling Power Tools					X							X		X			
Cutting Rivets					X							X		X			
Ferrous Handling	X	X	X	X										X	*		
Grinding					X						*			X			
Lift Station Work	*	*			X		*		X					X		X	
Lab Analysis / Preparation (Hoods/Benches)					X									X			X
Pipe Cutting/Threading					X									X			
Painting					X									X			
pH probe maintenance	X				X									X			
Power Washing with Soap/Solvents	X			*	X							*		X			
Preparation of Lab Reagents/Sample Analysis	X			*	X									X			
Pretreatment Sampling	*				X									X			
Sodium Hypochlorite/Sodium Bisulfite	X	X	X			X				*				X			
Sandblasting/Air Cleaning Operations					X						*			X			
Soldering					X									X			
Sampler Acid Wash	X		*	*	*					X				X	X		
Sweeping Biosolids Storage					X						X			X			
Using Impact Wrenches/Air Tools					X							X		X			
Using Metal Cutting Lathe and Drill Press				X	X									X			
Using Power Tools / Fixed & Portable					X							X		X			
Using Paint Remover / Solvents	X				X									X			
Using Punches/Chisels/Other Impact Tools					X									X			
Welding				X**	X								X	X	X**		

* If Applicable

**Welding Helmet

**Welding Apron/Clothing

Universal Precautions = Safety Shoes, Safety Glasses, Nitrile Gloves

Appleton Health Department Personal Protective Equipment Requirements

			Health Grade Gloves	Rubber Chemical Gloves	Safety Glasses Side Shield	Face Shield	Muffs/ Ear Plugs	N100	Resp W/HEPA Filter	Full Safety Shoes *	Hard Hat	Coveralls	Traffic Vests	Paper Gown
Environmental														
Baiting Sewers	1												X	
Asbestos Sampling	2								X					
Construction Inspections	3				1						1			
Rabies Specimen Collection	4		X											
Chloroform Use	5				X									
Weights & Measures														
Gas Pump Test Program	1									X		X		
Truck Meter Test Program	2			X						X		X		
Medium Capacity Scale Program	3									X				
Draining Service Station Test Trailer	4			X						X		X		
Large Capacity Scale	5									X				
Batch Plant Test Program	6									X	X	X		
Nursing														
Injections	1		Optional											
Finger Stick	2		X											
TB Investigation and/or Treatment	3		X					X						
Enteric Investigation and/or Treatment			X											
Department Staff														
Blood Spill	1		X			2								2
Emerging Infection Disease Investigation	2		3		3			3						3

***Steel toe, slip resistant sole, chemical resistant**
1 Based on site requirements by contractor
2 Required if splash potential
3 Based on suspected organism & CDC guideline

CITY OF APPLETON PERSONNEL POLICY	TITLE: **Respirator Protection** (29CFR 1910.134)	
ISSUE DATE: 1994	LAST UPDATE: April 2002 June 2006 February 2010 (form only) August 2012 June 2018	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: Employees who wear a respirator	TOTAL PAGES: 19
Reviewed by Attorney's Office Date: March 5, 2002 December 8, 2006 July 31, 2012 April 16, 2018	Committee Approval Date: March 8, 2002 January 24, 2007 September 24, 2012 June 13, 2018	Council Approval Date: March 15, 2002 February 7, 2007 October 3, 2012 June 20, 2018

I. PURPOSE:

To coordinate the use and maintenance of respiratory protection equipment which is used to reduce employee exposure to air contaminants.

II. POLICY:

City Policy & 29 CFR 1910.134 requires that employees who use a respirator be properly trained, fit tested and have proper medical clearance to reduce their exposure to contaminants.

III. DISCUSSION:

The guidelines in this policy are designed to help reduce employee exposure to occupational air contaminants and oxygen deficiency. The primary objective is to prevent excessive exposure to these contaminants.

IV. DEFINITIONS:

A. Donned: Put on and secure.
B. DWD: Department of Workplace Development.
C. ESLI: End of Service life indicator.
D. IDLH: Immediately dangerous to life or health.
E. NIOSH: National Institute of Occupational Safety and Health that deals with research.
F. OSHA: Occupational Safety & Health Administration
G. QLFT: Qualitative fit test.
H. QNFT: Quantitative fit test.
I. P/APR: Powered/ air-purifying respirator.
J. APR/ - Air-purifying respirator.

K. PLHCP: Physician or other licensed health care professional
L. SAR: Supplied Air Respirator.
M. SCBA: Self-Contained breathing apparatus.
N. APF: Applied Protection Factor

V. PROCEDURES:

A. RESPONSIBILITIES: The overall administration of the Respiratory Protection Program will be the responsibility of the Human Resources Generalist/Safety Coordinator. Each City department/division that uses respirators will appoint an individual to administer and monitor their program. The following departments/divisions will enforce a respirator program.

Department	Example Job Tasks	Program Administered by
Police	Gas mask, tear gas exposure T.B. exposure-first responder Investigators	Lieutenant -Support Services Coordinator
Utilities Department Wastewater	Chemical handling, confined space, See current PPE roster	WW Operations Supervisor
Parks, Recreation and Facilities Management	Confined space, painting, welding, chlorine handling, painting, pesticides, concrete saw/drill/chip/grind	Facilities Manager/Grounds Manager
DPW - Municipal Garage	Confined space, painting, welding, concrete saw/drill/chip/grind	Operations Supervisor/Safety Coordinator
Fire	Fire fighting, hazardous materials, rescue operations TB - enter homes placed on respiratory precautions	Battalion Chief/Resource Development & Special Operations
Utilities Department Water Filtration	Chemical handling, confined space, see current Plant PPE roster	Water Operations Supervisor
Valley Transit	Painting, welding	Maintenance Supervisor
Health	T.B. exposure, pathogens, organisms	Public Health Supervisor

Responsibilities at each department/division include:

1. Identifying and locating hazardous exposures.
2. Respirator selection.
3. Medical evaluation of respirator users (Human Resources Generalist/

Safety Coordinator will coordinate).

4. Employee training and qualitative respirator fit testing (Qualified fire and/or specific designee personnel, or qualified product providers will assist).
5. Cleaning, maintenance and storage of respirators.
6. Evaluation of overall respirator program.
7. Where respirator use is required.

B. IDENTIFICATION AND LOCATION OF AIR CONTAMINANT EXPOSURES

1. Based on a comprehensive industrial hygiene evaluation conducted by the various city departments, as currently identified, potential hazardous air contaminant exposures are summarized in Exhibit I. Additional air contaminant monitoring will be conducted during confined space entry whenever exposures are possible.
2. Each department that enters a confined space will conduct this monitoring. Subsequent information will be added as it is accumulated (the Fire Department will administer their respirator program and will maintain their training records).
3. Respirator Selection: All respirators shall be selected based on the criteria established by current OSHA regulations. Only respirators having NIOSH approval shall be used. Exhibit I also lists respirators currently being used by specific departments/divisions.

C. MEDICAL FORM AND EXAM

1. Employees who are required to use a respirator will complete a medical questionnaire yearly (Exhibit II).
2. SCBA users will complete a medical questionnaire yearly (Exhibit II). An exam by the City's health care provider will be scheduled based on prior history (ranging in frequency from yearly to every 5 years). Based on the finding of the medical exam and pulmonary function test the physician may also order an EKG or chest x-rays.
3. Non SCBA users may be required to undergo a medical exam and pulmonary function test based on a review of the completed medical form. (A medical professional will determine this). A physician may also require an EKG and chest x-rays.

D. TRAINING AND INFORMATION

1. Each department/division that requires the use of a respirator shall ensure that each employee can demonstrate knowledge of the following (see Exhibit III):
   a. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
   b. What the limitations and capabilities of the respirator are.
   c. How to use the respirator effectively in emergency situations, including situations when the respirator malfunctions.
   d. How to inspect, put on and remove, use and check the seals of the respirator.
   e. Procedures for the maintenance and storage of the respirator.
2. On an annual basis, training shall be conducted in a manner that is

understandable to the employee. Each department will provide their own training. This shall be done prior to requiring the employee to use a respirator in the workplace.

3. Procedures for IDLH atmospheres: Employees who wear an SCBA are to refer to the Confined Space Policy for specific rules relating to entry.
4. Procedures for interior structural fire fighting (this applies only to Firefighters):
   a. In an interior structural fire, the city shall ensure that:
      - At least two employees enter the IDLH atmosphere and remain in visual or voice contact with one another at all times.
      - At least two employees are located outside the IDLH atmosphere.
      - All employees engaged in interior structural firefighting use SCBAs.

E. FIT TESTING

1. Each major department/division that utilizes respirators shall conduct annual fit testing, for each type of respirator the employee is required to wear, using the following procedures and complete the "Respirator Fit Test form" (see Exhibit IV).
2. Requirements:
   a. The employee shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes.
   b. Prior to the selection process, the employee shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit.
   c. The employee shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit.
   d. Each employee shall be instructed to hold each chosen face piece up to the face to eliminate a poor fit.
   e. After a respirator is selected, it should be donned and worn at least five minutes to assess comfort.
   f. Assessment of comfort shall include:
      - Position of mask on nose
      - Room for eye protection
      - Room to talk
      - Position of mask on face and cheeks
      - Tendency of respirator to slip
      - Self observation in mirror to evaluate fit and respirator position
   g. The test <u>shall not</u> be conducted if there is any hair growth between the skin and the face piece sealing surface such as stubble, beard growth, beard, mustache or sideburns which cross the respirator sealing surface.
   h. User seal check: A user seal check is required every time the wearer puts on a respirator. The purpose is to confirm the respirator is properly donned and properly sealed to the face.

F. RESPIRATOR CLEANING, MAINTENANCE AND STORAGE:

1. Cleaning and maintenance of respirators will be the responsibility of each

major department/division utilizing respirators. The individual appointed to monitor the program shall on a monthly basis inspect and document that the inspection was done (see Exhibit V for sample form to use). The information will include:

a. Respirator type
b. Manufacturer
c. Date in service
d. Monthly inspection date

2. Procedures for cleaning, maintenance, storage and inspection are the following:
   a. Respirators must be washed and disinfected after each day of use.
   b. Remove paint accumulation.
   c. Store in a plastic film bag and carton or approved mask bag.
   d. Inspect the respirator with each use.
   e. Replace parts from the same manufacturer.

G. RESPIRATOR PROGRAM EVALUATION:

1. Each department on an annual basis will conduct the overall evaluation of the respirator program (see Exhibit VI).This evaluation will include inspection of records, observation of user proficiency, and random inspection of respirators for cleanliness, deterioration, proper selection and storage.
2. A record of the evaluation will be recorded, and these records will remain within the department and be readily accessible in the event of an on-site inspection.

EXHIBIT I

RESPIRATOR SELECTION SUMMARY

Location	Operation	Air Contaminants	Respirator	NIOSH Approval Number
Wastewater "B" Building Grit & Screen	Calcium Hydroxide (Lime) handling	Calcium Hydroxide	3M N100 Particulate Respirator	TC-84A-1298
Wastewater "B" Building Sampler Room	Hydrochloric Acid Sampler Cleaning	Hydrochloric Acid	MSA UltraTwin APR with COMFO GMC Cartridge	TC-23C-0146
Wastewater "J" Building	Hydrochloric Acid Sampler Cleaning	Hydrochloric Acid	MSA UltraTwin APR with COMFO GMC Cartridge	TC-23C-0146
Wastewater "K" Building Gas Compressor Room	Potassium Hydroxide (Caustic) handling	Potassium Hydroxide	MSA UltraTwin APR with COMFO GMC Cartridge	TC-23C-0146
Wastewater "V" Building BFP Room	Hydrochloric Acid Belt Wash	Hydrochloric Acid	MSA UltraTwin APR with COMFO GMC Cartridge	TC-23C-0146
Wastewater "V2" Building	Biosolids Storage Cleaning	Dusts	3M N100 Particulate Respirator	TC-84A-1298
Police	SWAT First Responder Investigators	Tear Gas TB Organic vapors	Single cartridge tactical gas mask HEPA 6000 Filter/cartridge	TC-14G-159 N100 3m 60921
Valley Transit	Painting	Organic vapors	Supplied Air Respirator	1120 GR
Park & Rec	Spraying pesticides Welding Concrete sawing, drill, grind, chipping	Lack of oxygen Combustible gas Hydrogen Sulfide/ Carbon Monoxide Organic vapors Gases Silica Dust	APF 10 respirator 6000 series cartridge 9920 Dust/Fumes	TC-23C-1062 N100
Fire	Putting out fires Confined space First Responder Inspectors HazMat	Unknown Unknown T.B.Pathogens/ Organisms Dusts	SCBA SABA HEPA Cartridge PAPR APR	TC-13F-130 N100
Municipal Garage	Confined Space Entry Welding, Painting Concrete sawing, drill, grind, chipping	Lack of oxygen Combustible gas Hydrogen Sulfide Carbon Monoxide Silica Dust Organic Vapors	APF 10 respirator	MSA 7-212-6 N100 N95,N100, 6000 Series/P100

Location	Operation	Air Contaminants	Respirator	NIOSH Approval Number
Health Dept.	Communicable Disease	Biological organisms	HEPA	N100

Location	Operation	Air Contaminants	Respirator	NIOSH Approval Number
All Locations	Painting	Paint Fumes	Cartridge Respirator	TC-23C-435
Water Plant CO_2 alarm - Softener Gallery #005	CO_2 Leak	Lack of Oxygen & CO_2	SCBA	TC-13F-30
Water Plant Access Gallery #002 & Contactor Gallery #003	Acidizing PH Probes and Turbidity Meters	Acid	Cartridge Respirator	TC-23C-0146
				TC-84A-6702/TC-84A-0359
Water Treatment Facility (see confined space policy)	Confined Space entry (Level 2)	Lack of Oxygen Combustible Gas hydrogen Sulfide Carbon Monoxide	SCBA	TC-13F-30
Water Plant Lime Rooms #156 & 159	Checking Equipment	Lime Dust	Dust Mask	TC-84A-1298
			Cartridge Respirator	P-100 / TC-84A-0359
Water Plant Lime Feed Room #156, 159 & 153 Softening Room	Cleaning Equipment	Acid	Cartridge Respirator	TC-23C-0146
		Lime Dust / Acid		TC-84A-6702 / TC-84A-0359
Water Towers - Water Plant	Disinfecting Water Towers	Calcium Hypochlorite	Cartridge Respirator	TC-23C-47 / TC-23C-0146
Water Plant North Tower - Chlorine Feed	Disinfecting Water	Calcium Hypochlorite	Cartridge Respirator	TC-23C-47 / TC-23C-0146
Water Plant Carbon Room #158	Unloading Carbon	Carbon Dust	Dust Mask	TC-84A-1298
	Cleaning Equipment	Carbon Dust	Cartridge Respirator	TC-84A-1298/ TC-84A-0359
Water Plant Tank Room - Fluoride Room #142	Precaution in Case of Spill	Fluorosicicic Acid	SCBA	TC-13F-30
Water Plant Tank Room #142	Cleaning Equipment	Sodium Hydroxide	Cartridge Respirator	TC-84A-6702 / TC-84A-0359
Water Plant Chemical Sump Pit Room #142	Cleaning of Sump Pit	Ammonia, Fluroide, Sodium Hydroxide, Sodium Hypochlorite	Cartridge Respirator	TC-84A-6702 / TC-84A-0359
			SCBA	TC-13F-30
Water Plant Chemical Room #155 - Polymer Feed	Cleaning Tank - Mist Present	AS1919	Dust Mask	TC-84A-1298
Water Plant Membrane Room # 151	Clean in Place, Chemical Enhanced Backflush	Hydrchloric Acid, Sodium Hydroxide, Koch Kleen	Cartridge Respirator	TC-23C-0146
				TC-84A-6702 / TC-84A-0359
Water Plant HVAC Chiller System Room #8	Chiller Refrigerant	SUVA 134a	SCBA	TC-13F-30

Water Plant Lake Pump Station -KMNO4 Room	Cleaning KMNO4 Room	Sodium Bifulfite Solutions 38%	Dust Respirator Severe Case SCBA	TC-21C-335
Water Plant Chemical Room #142	Cleaning Lines	Aqua Ammonia	SCBA	TC-13F-30
			SAR	
Water Plant Maintenance Shop Room #136	Sandblasting	Silica Sand & Dust	Dust Mask	TC-84A-1298

RESPIRATOR USAGE INFORMATION
ATTACHMENT B

Company Name:_____

JOB TITLE that this is being completed for:_____

{An employee may have two job descriptions which require a respirator to be worn. Example: An employee's full-time job position is a pipe fitter, which he/she wears a respirator for, and this employee is ALSO a part of a first responder team, firefighter team, or Hazmat team. You would use the job description which has the highest potential for level of usage, which would be the first responder team, firefighter team, etc.}

Date Completed:_____ Completed by:_____

1. Type of respirator used by employee
   a._____ N, R, or P disposable respirator (filter-mask, non-cartridge type only)
   b._____ Half face piece type
   c._____ Full face piece type; powered-air purifying
   d_____ Self Contained Breathing Apparatus (SCBA)

2. Frequency of Use		Duration of use
_____ Never	_____ Rescue	_____ Less Than ¼ hour
_____ Seldom	_____ Escape	_____ Less than ½ hour
_____ Monthly	_____ Weekly	_____ ½ hour to 1 hour
_____ Daily		_____ More than 1 hour

3. The expected physical work effort during the period of use of respirator

Level of use	Definition
_____ Light	Sitting while writing, typing, drafting, or performing light assembly work; or standing while controlling machines
_____ Moderate	Sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35lbs) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs) on a level surface.
_____ Heavy	Lifting a heavy load (about 50 lbs) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs)

4. Any additional protective clothing and equipment to be worn YES / NO
   If yes please explain.
   _____

5. Will there be any temperature and humidity extremes that may be encountered YES/ NO

   If yes, please explain.
   _____

Attachment B (continued)

RESPIRATOR CLEARANCE EVALUATION DEFINITIONS
To determine if usage is Light, Moderately Strenuous, or Heavy)

Our respirator approval is classified as a Level 1, Level II, Level III, or HazMat/Fire- fighting. This is based on the type of use, type of respirator and degree of effort.

The following is a definition of the effort levels we use:

◆ LIGHT

- Less than 2 METS
- Examples: Sedentary work, light machine operation, bench top assembly work, sitting, small copper tooling, small assembly work, standing, sweeping floor, walking one mile an hour.

◆ MODERATELY STRENUOUS

- 2-5 METS
- Examples: Auto repair, chisel carving with mallet, drill press operation, hammering nails, janitorial work, lathe operator. Painting, hand polishing, power sander operation, electronic assembly, scrubbing-standing, using manual hand tools, walking 2 miles an hour. Brick laying, cleaning windows, lifting 3-5 pound objects overhead repetitively, machine assembly, machinist-engineer, pushing the equivalent of a power lawn mower, planing soft wood, power hand sawing, pushing wheelbarrow with 100 pound load, scrubbing on knees, sweeping or raking, walking at 3 miles an hour, welding moderate load. Assembly line work, light carpentry and masonry, mopping floor painting, pushing a wheelbarrow of 115 pounds at 2.5 miles an hour, walking 3.5 miles per hour.

◆ HEAVY

- Greater than 5 METS
- Examples: Carrying 20 pounds, digging and mixing soil, pumping a tire by hand, walking 4 miles an hour, medium to heavy carpentry, carrying 50 pounds, shoveling for 10 minutes with 10 pounds per shovel load, sawing by hand, walking 5 miles an hour and carrying 80 pounds, jogging 5 miles per hour. Climbing stairs with 17 pound load, climbing then descending two flights of stairs, hand planing hard wood, shoveling 14 pounds per shovel load for 10 minutes, pushing furniture, lifting 85-100 pounds and climbing a ladder. Firefighting – Peak (12-14 METS).

ThedaCare At Work - Appleton
2809 N Park Drive Lane Appleton WI 54911
PHONE: (920) 380-4999 FAX (920) 380-4961

ThedaCare At Work - Oshkosh
600 N Westhaven DR Oshkosh, WI 54904
PHONE: (920) 237-5600 FAX: (920) 237-5601

OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

If you have any questions, contact ThedaCare At Work - Appleton (920) 380-4999

To the employee: *Can you read (check yes or no):* ☐ **Yes** ☐ **No**

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by **every employee** who has been selected to **use any type of respirator** (please print).

1. Today's Date:_____ (month/day/year) Company Name:_____

2. Print Your Name:_____ Social Security #: _____ - _____ - _____

3. Address:_____

4. Your Age (to nearest year):_____ **5.** Sex: ☐Male / ☐Female **6.** Your height: _____ ft _____ in

7. Your Weight: _____ pounds **8.** Your Job Title:_____

9. A phone number where you can be reached by the healthcare professional who reviews this questionnaire (include the Area Code): (_____) _____ - _____

Best time to phone you at this number: _____

10. Has your employer told you how to contact the healthcare professional who will review this questionnaire (check yes or no): ☐ **Yes** ☐ **No**

11. Check the type of respirator you will use (you can check more than one category):

☐ **N**, ☐ **R**, or ☐ **P** Disposable Respirator (filter-mask, non-cartridge type only)
☐ Half- or full-face piece type, powered-air purifying, supplied-air
☐ Self-contained breathing apparatus (SCBA)

12. Have you worn a respirator? ☐**Yes** ☐ **No** If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check "yes" or "no"').

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: ☐ **Yes** ☐ **No**

2. Have you ever had any of the following conditions?

Seizures (fits)	☐ YES ☐ NO
Diabetes (sugar disease)	☐ YES ☐ NO
Allergic reactions that interfere with your breathing	☐ YES ☐ NO
Claustrophobia (fear of closed in places)	☐ YES ☐ NO
Trouble smelling odors	☐ YES ☐ NO

3. Have you ever had any of the following pulmonary or lung problems?

Asbestosis	☐ YES ☐ NO	Silicosis	☐ YES ☐ NO
Asthma	☐ YES ☐ NO	Pneumothorax (collapsed lung)	☐ YES ☐ NO
Chronic Bronchitis	☐ YES ☐ NO	Lung Cancer	☐ YES ☐ NO
Emphysema	☐ YES ☐ NO	Broken Ribs	☐ YES ☐ NO
Pneumonia	☐ YES ☐ NO	Any chest injuries or surgeries	☐ YES ☐ NO
Tuberculosis	☐ YES ☐ NO	Any other lung problem that you've been told about	☐ YES ☐ NO

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of Breath	☐ YES ☐ NO
Shortness of breath when walking fast on level ground or walking up a slight hill or incline	☐ YES ☐ NO
Shortness of breath when walking with other people at an ordinary pace on level ground	☐ YES ☐ NO
Have to stop for breath when walking at your own pace on level ground	☐ YES ☐ NO
Shortness of breath when washing or dressing yourself	☐ YES ☐ NO
Shortness of breath that interferes with your job	☐ YES ☐ NO
Coughing that produces phlegm (thick sputum)	☐ YES ☐ NO
Coughing that wakes you early in the morning:	☐ YES ☐ NO
Coughing that occurs mostly when you are lying down:	☐ YES ☐ NO
Coughing up blood in the last month:	☐ YES ☐ NO
Wheezing	☐ YES ☐ NO
Wheezing that interferes with your job:	☐ YES ☐ NO
Chest pain when you breathe deeply:	☐ YES ☐ NO
Any other symptoms that you think may be related to lung problems:	☐ YES ☐ NO

5. Have you ever had any of the following cardiovascular or heart problems?

Heart attack	☐ YES ☐ NO	Swelling in your legs or feet (not caused by walking)	☐ YES ☐ NO
Stroke	☐ YES ☐ NO	Heart arrhythmia (heart beating irregularly)	☐ YES ☐ NO
Angina	☐ YES ☐ NO	High blood pressure	☐ YES ☐ NO
Heart Failure	☐ YES ☐ NO	Any other heart problem that you have been told about	☐ YES ☐ NO

6. Have you ever had any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest	☐ YES ☐ NO	In the past two years have you noticed your heart skipping or missing a beat	☐ YES ☐ NO
Pain or tightness in your chest during physical activity	☐ YES ☐ NO	Heartburn or indigestion that is not related to eating	☐ YES ☐ NO
Pain or tightness in your chest that interferes with your job	☐ YES ☐ NO	Any other symptoms that you think may be related to heart or circulation problems	☐ YES ☐ NO

7. Do you currently take medication for any of the following problems?

Breathing or Lung Problems	☐ YES ☐ NO	Blood Pressure	☐ YES ☐ NO
Heart Trouble	☐ YES ☐ NO	Seizures (fits)	☐ YES ☐ NO

8. If you've used a respirator, have you ever had any of the following problems?

(If you've never used a respirator, go to question 9)

Eye Irritation	☐ YES ☐ NO	General weakness or fatigue	☐ YES ☐ NO
Skin Allergies or Rashes	☐ YES ☐ NO	Any other problem that interferes with your use of a respirator	☐ YES ☐ NO
Anxiety	☐ YES ☐ NO		

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? ☐ **Yes** ☐ **No**

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently)? ☐ **Yes** ☐ **No**

11. Do you currently have any of the following vision problems?

Wear contact lenses	☐ YES ☐ NO	Are you color blind?	☐ YES ☐ NO
Wear glasses	☐ YES ☐ NO	Any other eye or vision problem?	☐ YES ☐ NO
Do you wear glasses at work?	☐ YES ☐ NO		

12. Have you ever had an injury to your ears, including a broken ear drum? ☐ **Yes** ☐ **No**

13. Do you currently have any of the following hearing problems?

Difficulty hearing?	Wear a hearing aid?	Any other hearing or ear problem?
☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO

14. Have you ever had a back injury? ☐ **Yes** ☐ **No**

15. Do you currently have any of the following musculoskeletal problems?

Weakness in any of your arms, hands, legs, or feet?	☐ YES ☐ NO	Difficulty fully moving your head side to side	☐ YES ☐ NO
Back Pain	☐ YES ☐ NO	Difficulty bending at your knees	☐ YES ☐ NO
Difficulty fully moving your arms and legs?	☐ YES ☐ NO	Difficulty squatting to the ground	☐ YES ☐ NO
Pain or stiffness when you lean forward or backward at the waist	☐ YES ☐ NO	Climbing a flight of stairs or a ladder carrying more than 25 lbs	☐ YES ☐ NO
Difficulty fully moving your head up or down	☐ YES ☐ NO	Any other muscle or skeletal problem that interferes with using a respirator	☐ YES ☐ NO

Part B: Any of the following questions, & other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet), or in a place that has lower than normal amounts of oxygen: ☐ **Yes** ☐ **No**

If ``yes,'' do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: ☐ **Yes** ☐ **No**

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g. gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:

If "yes" name the chemicals if you know them: ☐ **Yes** ☐ **No**

_____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

Asbestos	☐ YES ☐NO	Coal (e.g. mining)	☐ YES ☐ NO
Iron	☐ YES ☐NO	Silica (e.g. in sandblasting)	☐ YES ☐ NO
Tin	☐ YES ☐NO	Tungsten/cobalt (e.g grinding or welding this material	☐ YES ☐ NO
Beryllium	☐ YES ☐NO	Dusty Environments	☐ YES ☐ NO
Aluminum	☐ YES ☐NO	Any other hazardous exposures?	☐ YES ☐ NO

If "yes," to question 3 page 12, describe these exposures:_____

4. List any second jobs or side businesses you have:_____

_____

5. List your previous occupations:_____

_____

6. List your current and previous hobbies:_____

_____

7. Have you been in the military services? ☐ **Yes** ☐ **No**

If "yes", were you exposed to biological or chemical agents (either in training or combat): ☐ **Yes** ☐ **No**

8. Have you ever worked on a HAZMAT team? ☐ **Yes** ☐ **No**

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): ☐ **Yes** ☐ **No**

If "yes," name the medications, if you know them:_____

10. Will you be using any of the following items with your respirator(s)?

HEPA Filters?	**Canisters (e.g. gas masks)**	**Cartridges**
☐ YES ☐NO	☐ YES ☐NO	☐ YES ☐NO

11. How often are you expected to use the respirator(s) check "yes" or "no" for all answers that apply to you)?:

Escape only (no rescue)	☐ YES ☐ NO	Emergency rescue only	☐ YES ☐ NO
Less than 5 hours per week	☐ YES ☐ NO	Less than 2 hours per day	☐ YES ☐ NO
2-4 hours per day	☐ YES ☐ NO	Over 4 hours per day	☐ YES ☐ NO

12. During the period you are using the respirator(s), is your work effort:

LIGHT WORK EFFORT - Sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs) or controlling machines.

a. Light (less than 200 kcal per hour): ☐ **Yes** ☐ **No**

If "yes", how long does this period last during the average: Shift: _____Hours _____Minutes

MODERATE WORK EFFORT - Sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs) on a level surface.

b. Moderate (200 to 350 kcal per hour): ☐ **Yes** ☐ **No**

If "yes", how long does this period last during the average: Shift:_____ Hours _____ Minutes

Examples of **HEAVY WORK** are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8 degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

c. Heavy (above 350 kcal per hour): ☐ **Yes** ☐ **No**

If "yes," how long does this period last during the average: Shift :_____ Hours _____ Minutes

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: ☐**Yes** ☐ **No**

If "yes," describe this protective clothing and or equipment:_____

14. Will you be working under hot conditions (temp. exceeding 77 degrees. F): ☐**Yes** ☐ **No**

15. Will you be working under humid conditions: ☐**Yes** ☐ **No**

16. Describe the work you'll be doing while you're using your respirator(s):

_____

_____

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

_____

_____

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the **FIRST** toxic substance:_____

Estimated maximum exposure level per shift:_____

Duration of exposure per shift:_____

Name of the **SECOND** toxic substance:_____

Estimated maximum exposure level per shift:_____

Duration of exposure per shift:_____

Name of the **THIRD** toxic substance:_____

Estimated maximum exposure level per shift:_____

Duration of exposure per shift:_____

The name of any other toxic substances that you'll be exposed to while using your respirator:

_____

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

_____

_____

_____

Respirator User Training and Education

1. The user will be instructed in the nature of the hazards for which the respiratory protection is being provided and informed of possible consequences which may occur if exposed to the hazard without adequate protection.

2. Instruction will include a discussion of the respirator's capabilities and limitations.

3. A detailed discussion of the user's responsibility for inspection of equipment prior to use and methods of inspection will be included. Each user will have a respirator during this part of training.

4. Instruction and training will include storage, cleaning and maintenance.

5. Instructions on donning methods, proper fitting and adjustment of the equipment will be given. Each user will then don the equipment in an atmosphere of normal air, prior to a fit testing exercise.

6. Fit testing specific for the particular respirator will be given.

7. A record of employees and the dates and types of initial training and subsequent refresher training will be maintained.

TRAINING RECORD

Name	Department	Respirator Type	Date

_____

(Signature of Trainer)

RESPIRATOR FIT TEST FORM

(The respirator should be worn for at least 5 minutes before the start of the fit test.)

Employee will fill in this section:

Employee Name:_____ **Date:**_____

Department:_____ **Job Title:**_____

Date of last spirometry/physical:

Type and brand of respirator:_____ Size:

Respiratory Hazards Encountered:

_____***Supervisor will observe this section:***

1.	Employee shown how to don and adjust respirator for proper fit?	☐ Yes	☐ No
2.	Position of mask on mask on nose, chin and cheeks?	☐ Yes	☐ No
3.	Room for eye protection?	☐ Yes	☐ No
4.	Room to talk?	☐ Yes	☐ No
5.	Proper fit observed by evaluator?	☐ Yes	☐ No

Supervisor will observe the following

Note: The respirator should be worn at least 5 minutes before start of the test

Fit Testing:

Positive Pressure Test

Employee closes off exhalation valves, exhales and tests for slight pressure build up. ☐ Yes ☐ No

Negative Pressure Test

Employee closes off inlets, inhales and tests for slight face piece collapse that lasts for 10 seconds.

☐ Yes ☐ No

Note: a. Fire personnel or other qualified individuals will perform this

b. The respirator shall not be adjusted once the fit test exercise begins. Any adjustment voids the test.

Fit Test Method Used (Circle which one is used: irritant smoke, saccharine, amyl acetate, other)

(Circle which type: basic smell test, machine monitored, loss of pressure)

1.	Normal breathing (no talking)	☐ Pass	☐ Fail
2.	Deep breathing (slowing and deeply)	☐ Pass	☐ Fail
3.	Turning head side to side (slowly)	☐ Pass	☐ Fail
4.	Moving head up and down	☐ Pass	☐ Fail
5.	Talking	☐ Pass	☐ Fail
6.	Grimacing (smiling or frowning)	☐ Pass	☐ Fail
7.	Bending over	☐ Pass	☐ Fail
8.	Normal breathing	☐ Pass	☐ Fail

Test Conductor: _____

Employee Signature:_____

Non-Routine; Emergency; and Self-Contained Respirators

Respirator Use and Maintenance Record

Respirator Type: _____

Manufacturer: _____

Model Number: _____

NIOSH Approval No. _____

Date Placed in Service: _____ Cartridge Exp. Date:_____

Shelf Life:_____

Assigned to whom: _____

Inspection and Maintenance Record:

Date	Serviced By	Comments

EXHIBIT VI

Respiratory Program Evaluation

1. Are records complete and up to date? Yes _____ No _____
   If no, what action has been taken to improve future performance?
   _____
   _____

2. Has air contaminant monitoring been conducted at operations where new materials or production processes are in use? Yes _____ No _____
   _____
   _____

3. Are employees wearing the proper respirators? Yes _____ No _____
   If no, what action has been taken to ensure that employees wear appropriate respirators?
   _____
   _____

4. Have employees who wear respirators had a medical evaluation and were they fit tested?
   Yes _____ No _____
   _____
   _____

5. Have all employees completed their initial or refresher respirator training?
   Yes _____ No _____
   _____
   _____

6. Do employees who have completed training understand limitations, use and inspection of respirators?
   Yes _____ No _____

   If no, what improvements in the training program are being implemented?
   _____

   _____

Date: _____Signature:_____

CITY OF APPLETON PERSONNEL POLICY	TITLE: **RIGHT TO KNOW** 29 CFR 1910:1200 & Wis. Stats. 101.58	
ISSUE DATE: 1986	LAST UPDATE: 2007 2015	SECTION: Safety
POLICY SOURCE: Human Resources Department	POLICY AUDIENCE: All City Employees	TOTAL PAGES: 5
Reviewed by Legal Services Date: December 2, 1999 May 23, 2007 November 2015	Committee Approval Date: December 9, 1999 June 27, 2007 December 7, 2015	Council Approval Date: December 15, 1999 July 5, 2007 December 16, 2015

I. PURPOSE:

The purpose of "The Right to Know" policy is to establish guidelines and assign responsibilities as they relate to the federal and state law.

II. POLICY:

The policy is written to ensure that the city is in compliance with OSHA and Wisconsin Statutes relating to the "Hazard Communication Standard" commonly referred to as "The Right to Know" law, thereby protecting employees who work with toxic substances, infectious agents and pesticides. Violations of this policy will be subject to disciplinary action, up to and including discharge.

III. DISCUSSION:

This policy outlines the regulations and training requirements mandated by the Hazard Communication Rule OSHA 29 CFR 1910.1200 and Wis. Stats. 101.586 – 101.599 commonly known as the "Right-to-Know" law. This in addition to other mandated laws is subject to change. The City of Appleton has contracted with an on-line company to store/make available all SDS documents. The link to the SDS online system can be accessed on the menu bar from the Intranet or via the back-up jump drive located in all facilities.

IV. DEFINITIONS:

A. **Employee:** Any person whose service is currently or was formerly engaged by an employer.

B. **Employee Representative:** An individual or organization to whom an employee gives written authorization to exercise his or her rights to request information, i.e. parent of a minor employee or a recognized or certified collective bargaining agent.

C. **Employer:** Any person with control or custody of an employment or workplace who engages the services of an employee.

D. **Overexposure:** Any chronic or acute exposure to a toxic substance or infectious agent, which results in illness or injury.

E. **Workplace:** Any location where an employee performs a work-related duty in the course of his or her employment, except a personal residence.

F. **Infectious Agent:** A bacterial, mycoplasmal, fungal, parasitic or viral agent identified by DWD and OSHA as causing illness in humans or human fetuses or both, which is introduced by an employer to be used, studied or produced in the workplace. "Infectious Agent" does not include such an agent in or on the body of a person who is present in the workplace for diagnosis or treatment.

G. **Pesticide:** Any substance or mixtures of substances which are registered with the Federal Environmental Protection Agency or the Department of Agriculture, Trade and Consumer protection and which is labeled, designed or intended to prevent, destroy, repel or mitigate any pest or is a plant regulator defoliant (chemical sprayed or dusted on plants) or desiccant (drying) agent.

H. **Toxic Substance:** Any substance or mixture containing a substance regulated by the Federal Occupational Safety and Health Administration under Title 29 of the Code of federal regulations part 1910, subpart z, which is introduced by an employer to be used, studied or produced in the workplace.

I. **Contact Person:** The individual responsible for the program at each major City facility. Please refer to the poster on departmental bulletin boards that lists the individual's name.

J. **PPE:** Personal Protective Equipment.

K. **DWD**: Abbreviation for Department of Workplace Development.

L. **OSHA**: Abbreviation for Occupational Safety/Health Association.

M. **SDS:** Safety Data Sheet.

V. PROCEDURES:

A. RESPONSIBILITIES OF DEPARTMENT AND CONTACT PERSON

1. Post a Notice**:** Each major department or City facility post a notice entitled "Employee's Right to Know Law" (see Exhibit I, page 6). This informs employees of their right to request information about toxic substances, infectious agents and pesticides. The notice will also list whom to contact for additional information.
2. Train all employees within your department/division on an annual basis or when using a new chemical.
3. Keep all SDSs updated in the electronic system. When a new product requiring a SDS is purchased or stored in a City facility, the SDS shall be provided to the department safety representative so it can be entered into the SDS database and will be retained for 30 years beyond the last use.
4. Be familiar and know how to interpret all SDSs.
5. Adhere to all the policies and procedures set forth in this document.
6. Forward Training Sign-in Sheet to Human Resources Generalist or maintained in Fire Department records system.

7. Notify parents of a minor (in writing) about the use of pesticides, toxic substances, or infectious agents prior to any minor working with these products.
8. Respond to Inquiries: Employees have the right to ask for information relating to a product they are using. This inquiry must be in writing and the supervisor or individual who is listed as the contact person must respond in the following manner:

    a. Toxic Substances: If the contact person has the information in house, (SDS) it must be provided within 15 days (excluding holidays and weekends) after receiving a written request from the employee. If the contact person does not have the information, he/she is allowed 30 days (exclusive of weekends and holidays) to respond. If the information cannot be obtained from the manufacturer or supplier, there is no longer any obligation to provide the information. However, the contact person must inform the employee that the information was requested but not available.
    b. Infectious Agents: If the contact person has the information (SDS), it must be provided to the employee within 72 hours after receiving a written request from the employee. If the contact person does not have the information, he/she is allowed 30 days after the request to respond in writing (exclusive of weekends and legal holidays). Again if the contact person cannot get the information, then he/she is no longer obligated to provide the information. But as stated above, the employee must be notified in writing that the contact person has not received it, and does not otherwise have the information.
    c. Pesticide Information Requirements: employer or agricultural employer to employee: Within 72 hours of a request from an employee or employee representative, (exclusive of weekends and legal holidays) an employer or agricultural employer shall provide the requesting employee or employee representative with access to the container label or the information required by the federal environmental protection agency or the department of agriculture, trade and consumer protection to be on the container label, for any pesticide with which the employee works or to which the employee is likely to be exposed.

B. TRAINING

Each employee who works with or is potentially exposed to hazardous chemicals, infectious agents or pesticides will receive initial training upon hire or before using the product and then yearly thereafter. The training will include the following:

1. Explain how to access and use the online electronic system and the backup system.

2. Identify and create a list of potentially hazardous materials employees may encounter. The materials must be identified with warning labels and SDSs.
3. Inform employees of any operations in the work area where hazardous materials are present.
4. Explain the methods and observations that may be used to detect the presence or release of a hazardous chemical.
5. Inform employees of ways to protect themselves using safe work practices, emergency procedures and PPE.

6. Explain the location and availability of the City's written policy including details of the labeling system, SDSs and how to use this information effectively.
7. Provide additional training whenever a new material is introduced into the workplace and whenever any hazard regarding a material changes.

C. WARNING LABELS

A label on a chemical container will provide important warnings about potential hazards. The label will be legible, prominently displayed and include the following information:

The preferred method of labeling will be labels from the manufacturer or those generated by the on-line system.

1. The identity or name of the chemical.
2. The appropriate warnings such as **FLAMMABLE** or **EXPLOSIVE.**
3. The name and address of the chemical manufacturer, importer or other responsible party.
4. If any of the information changes, it will be the departmental contact person's responsibility to make sure that the labels are updated.

When Warning Labels are not required:

a. Pipes are not considered containers so they don't have to be labeled. Employees should not assume the chemical inside is safe just because there is no label.
b. Portable containers do not have to be labeled if the chemicals inside were transferred from a labeled container and immediately used by the employee who transferred them. Employees should never leave an unmarked container of hazardous material unattended.
c. Individual process containers can be marked with other signs, placards, process sheets, batch tickets, operating procedures, or other written forms – instead of labels – but only under two conditions:

    1. The placard or other written method must identify which containers the warnings refer to.
    2. The written method used must contain some information that would be on a warning label, such as the physical and health hazards.

EMPLOYEES' RIGHT TO KNOW LAW

- TOXIC SUBSTANCES
- INFECTIOUS AGENTS
- PESTICIDES

Any employee may request information about these materials in the workplace.

INFORMATION AVAILABLE INCLUDES:

- The identity of any toxic substances and infectious agents you work with or are likely to come into contact with or have been exposed to.
- A description of the hazardous effects of the toxic substances and infectious agents.
- Handling precautions for toxic substances and infectious agents.
- Procedures for emergency treatment in the event of overexposure.

An agricultural employer using pesticides shall provide employees who work with or are exposed to the pesticides with access to the information on the label of the pesticide's container.

For details on how to request information on toxic substances, infectious agents and pesticides in your workplace, contact:

_____

Exhibit I

CITY OF APPLETON PERSONNEL POLICIES	TITLE: **RISK MANAGEMENT**	
ISSUE DATE: (Day after Council)	LAST UPDATE: July 2013	SECTION: Safety & Risk
POLICY SOURCE: Human Resources Department	AUDIENCE: All Employees and Volunteers	TOTAL PAGES: 5
Reviewed by Legal Services Date: May 2001 January 2008 August 2013 May 2020	Committee Approval Date: May 9, 2001 March 11, 2008 September 9, 2013 June 10, 2020	Council Approval Date: May 16, 2001 March 19, 2008 September 18, 2013 June 2020 (Informationally)

I. PURPOSE

The purpose of this policy is to establish and administer risk management procedures, which will identify, evaluate, prevent and mitigate exposures of loss to employees, citizens, and property of the City.

II. POLICY

The City recognizes that through its diverse range of services and statutory obligations, it will be exposed to a variety of risks that could result in damage to property, injuries to employees or others, a loss of income, extra expenses or liability to others. It is the policy of the City of Appleton to manage all risks that could result in human or economical losses, in the most effective and economical way possible. Failure to follow this policy may result in disciplinary action up to and including discharge.

III. DISCUSSION

A successful risk management program depends on support from the Mayor, Council, Department Heads, Supervisors and Employees. It is essential that all employees be actively involved with the day-to-day aspects of safety, loss control and risk reduction. The City will provide safe working conditions for its employees. Administrative policies, procedures and guidelines will be established to avoid, prevent, reduce, retain or transfer risks.

A. The goals and objectives of the City's Risk Management Policy are to:

1. Protect the City against the consequences of accidental losses.
2. Protect the City's assets against financial losses.
3. Identify, reduce, mitigate and eliminate loss exposures.
4. Ensure a safe environment for employees and the public as services are provided.
5. Minimize possible interruption of vital public services.

6. Reduce the cost of accidents including insurance premiums through effective safety and loss control programs and practices.
7. Periodically assess the City's various exposures to loss and the adequacy of its risk avoidance, prevention, reduction, retention and risk transfer programs.
8. Minimize the long-term costs of all risk management activities, through cost-effective loss control, claims handling and risk financing.

B. The City's Risk Management Program will include:

1. Insurance Coverage Review:
   Review insurance on an annual basis to make sure that all aspects and types of coverage are appropriate and that the levels are adequate to cover the exposures and protect the City's assets.
2. Records Maintenance:
   Develop and maintain an effective Risk Management Record Keeping System to enhance the overall efficiency of managing risks.
3. Contracts, Requests for Proposal (RFP) and Certificates of Insurance Review:
   Review contracts hold harmless agreements, certificates of insurance, bid and insurance specifications, etc. to insure they conform to the City's Risk Management standards. All original insurance policies, certificates of insurance, contracts, etc. shall be kept in the City Clerk's Office.
4. Loss Control Program:
   Establish and maintain a loss control program to prevent or reduce the chance of loss. This program will be coordinated with the City's Safety Program and will encompass all areas of Risk Management including employee training, accident investigation and workers compensation management.
5. Incident/Loss Investigation
   Investigate accidents or losses to learn causes so that corrective actions can be taken to implement physical changes, improve operating procedures, improve safety and supervision, upgrade training and reduce the probability of a repeat event and the resulting loss of human and economic resources.
6. Claims Administration:
   Coordinate and administer the City's claims procedure in a timely, efficient and professional manner, thereby reducing the overall claims cost to the City.

IV. RESPONSIBILITIES

The Human Resources Department shall be responsible for the development and administration of a Risk Management Program, which will identify, evaluate, prevent and control exposures of loss to employees, citizens, and property of the City.

A. The Human Resources Department shall:

1. Investigate or assist in the investigation of all liability and workers

compensation claims.

2. Work with the City's insurance carriers and third party administrators.
3. Complete all necessary paperwork associated with a claim.
4. Maintain all necessary records and prepare reports as required.
5. Settle, adjust, deny or pay claims that are filed against the City.
6. Work with the City Attorney's Office regarding the resolution of claims and potential exposures.
7. Advise and assist other departments with risk management and loss control to proactively address areas of potential exposures.
8. Utilize the appropriate insurance coverages and the City's Insurance Broker's expertise for insurance questions, contract review, etc as needed.
9. Develop, promote and train employees on safety and Human Resources policies and procedures.
10. Coordinate and/or participate on the Health and Wellness Committee, the Central Safety Committee, Departmental Safety Committees and the Special Events Committee.
11. Coordinate the City's Workers Compensation Program.
12. Investigate or assist in the investigation of and coordinate the resolution of incidents involving employees or employee complaints.
13. Utilize best practices for hiring, job transfers and job promotions.
14. Coordinate and maintain the audiometric testing and the respirator and lead surveillance programs.
15. Require the use of seat belts, utilize driver's license checks, and promote defensive driving.
16. Implement and promote risk reduction procedures.
17. Review and file certificates of insurance, contracts and policies, and make recommendations regarding health and safety issues.

B. The Clerk's Office shall:

1. Receive and file all liability claims in accordance with the appropriate State or Federal law.
2. Scan a copy of each claim to the City Attorney and Human Resources Department for processing.

C. Department Directors shall:

1. Maintain and promote safe and healthy working conditions.
2. Implement and maintain risk management and loss control procedures and practices within the departments.
3. Cooperate and assist the Human Resources Department and other staff in the investigation and resolution of claims.
4. Review all incidents involving their departments and following recommendations for improvements.
5. Work with Risk to review all contracts, RFPs, agreements, leases and other documents to ensure they include hold harmless and indemnification wording and meet the City's insurance requirements.
6. Assure that Wisconsin Department of Safety and Professional Services (DSPS) and

Occupational Safety and Health Administration (OSHA) standards are followed and equipment, facilities and programs have safety measures built into them.

7. Keep the Human Resources Department informed of conditions that may have an impact on the City's Risk Management Program.
8. Hold departmental Central Safety Committee representative accountable to goals outlined for all Central Safety Committee members.
9. Report changes in departmental activities or operations, new contracts and leases, the purchase or sale of property and equipment or a change in the value of equipment, buildings or property to the City Risk Manager as soon as possible.

D. The Risk Manager shall:

1. Develop or assist in the development of risk management policies and procedures and communicate them to the appropriate parties.
2. Monitor the existing risk management and loss control policies, programs and procedures and report the results to the appropriate parties.
3. Periodically assess the City's exposures to risks and the effectiveness of the existing risk management programs and make recommendations for improvements.
4. Determine suitable insurance coverages, including reasonable limits and levels of retention.
5. Negotiate, purchase, renew, revise and cancel insurance policies consistent with the financial and other needs of the City.
6. Serve as the lead contact and coordinator between the City, the City's Insurance Broker and the appropriate Insurance Companies.
7. Investigate or assist in the investigation of claims as needed.
8. Make sure claims by the City against others are filed and settled.
9. Maintain records on insurance, property values, vehicle and equipment schedules, claims and loss experience.
10. Minimize costs through a sound combination of risk financing, retention, transfer, control, avoidance, prevention and reduction techniques.
11. Make recommendations on allocating risk management costs on an equitable basis to all departments.
13. Work with the Finance Department on actuarial audit, budget preparation, cost distribution, reporting of claims and providing copies of loss runs.

E. Supervisors shall:

1. Train all employees on safe work practices.
2. Hold departmental Central Safety Committee representative accountable to goals outlined for all Central Safety Committee members.
3. Ensure that each departmental staff member attends required supervisory or general employee training and safety training annually.

F. Central Safety Committee Members shall:

1. Promote safe working conditions and practices to the City's employees.
2. Review all incident and accident reports and make recommendations regarding health and safety issues.
3. Serve as the primary contact for risk management and loss control activities in their departments.
4. Assist in risk identification inspections and audits, make corrective recommendations and follow up to make sure recommendations are implemented and followed.
5. Train all employees on safe working practices.
6. Report areas of concern to the Risk Manager or City Safety Coordinator.

G. All City Employees and Volunteers shall:

1. Promote safety among co-workers by communicating all risk and safety matters to others.
2. Aid new employees by training, communicating and promoting safe working practices.
3. Apply the principles of accident prevention in their daily work, and care for and use proper safety devices and equipment as required by their employment.
4. Become familiar with and follow safe work procedures during the course of their work activities.
5. Promptly report all accidents, injuries or occupational illnesses, regardless of the severity, to their supervisor.
6. Cooperate with and assist in the investigation of accidents to identify correctable causes and to prevent their recurrence.
7. Promptly report to their immediate supervisor all unsafe actions, practices or conditions they observe.
8. Keep work areas clean and as orderly as possible at all times.
9. Obey all safety and work rules and follow established work procedures.
10. Follow all of the City's policies.

CITY OF APPLETON PERSONNEL POLICY	TITLE: **TRENCHING & EXCAVATION** OSHA CFR 1926.650, 651 & 652	
ISSUE DATE: April 1, 2002	LAST UPDATE: April 2008 June 2013	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: Employees involved in trenching and excavation	TOTAL PAGES: 5
Reviewed by Legal Services Date: November 7, 2001 June 5, 2008 July 2013, May 2018	Committee Approval Date: 5/22/02; 8/13/08; 8/12/13; 6/13/18	Council Approval Date: 6/5/02; 8/20/08; 8/21/13; 6/21/18

I. PURPOSE:

To protect employees involved in trenching and excavation processes.

II. POLICY:

The city is committed to providing a safe work environment for all its employees. This policy covers the regulations relating to OSHA 29 CFR l926.650, 651, and 652. Violations of this policy will be subject to disciplinary action, up to and including discharge.

III DISCUSSION:

The city recognizes that trenching and excavation work presents serious risks to all workers. Strict compliance with all sections of this policy will prevent or greatly reduce the risk of cave-ins as well as other excavation-related incidents.

III. DEFINITIONS:

Accepted Engineering Practices – means those requirements which are compatible with standards of practice required by a registered professional engineer.

Aluminum Hydraulic Shoring – means a pre-engineered shoring system comprised of aluminum hydraulic cylinders (crossbraces) used in conjunction with vertical rails (uprights) or horizontal rails (wales). Such system is designed specifically to support the sidewalls of an excavation and prevent cave-ins.

Cave In – means the separation of a mass of soil or rock material from the side of an excavation, or the loss of soil from under a trench shield or support system, and its sudden movement into the excavation, either by falling or sliding, in sufficient quantity so that it could entrap, bury or other wise injure and immobilize a person.

Competent Person – One who has been trained and is capable of identifying existing and predictable hazards in the surroundings, or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

Cross Braces – the horizontal members of a shoring system installed perpendicular to the sides of the excavation, the ends of which bear against either uprights or horizontal rails.

Excavation – Any man-made cut, cavity, trench, or depression in an earth surface, formed by earth removal.

Faces or sides – The vertical or inclined earth surfaces formed as a result of excavation work.

Failure –The breakage, displacement, or permanent deformation of a structural member or connection so as to reduce its structural integrity and its supportive capabilities.

Hazardous atmosphere – An atmosphere which by reason of being explosive, flammable, poisonous, corrosive, oxidizing, irritating, oxygen deficient, toxic or otherwise harmful, may cause death, illness or injury.

Kickout –The accidental release or failure of a cross brace.

Mac-Tel – A telemessaging service with whom the City has contracted.

Tabulated Data –Tables and charts approved by a registered professional engineer and used to design and construct a protective system.

Type C Soil – The least stable soil.

IV. PROCEDURES

A. Classification of Soil types. For purposes of this policy, all soil for the City of Appleton's Trenching & Excavation procedures is considered Type C.

B. Responsibilities:

1. Safety Coordinator/Supervisor
   a. Will enforce regulatory safety practices in all excavation operations.
   b. Will ensure at least one competent person is on-site at all times.
   c. Will ensure that all guidelines outlined in the Trenching/Excavation Policy are followed.

2. Competent Person
   a. Will be in charge of all excavations.
   b. Will conduct inspections:
      - Daily and before the start of any work.
      - After every rainstorm.
      - After other events that could increase hazards such as snowstorms, windstorm, thaw, dramatic change in weather, etc.
      - When fissures, tension cracks, sloughing, undercutting, water seepage, bulging at the bottom, or other similar conditions occur.
      - When there is a change in the size, location, or placement of the soil pile.
      - When there is any indication of change or movement in adjacent soil.
      - Each time site is left unattended.

3. Employees
   a. Must follow all rules and regulations as outlined in this policy.
   b. Must not enter any non-city excavation site unless it complies with all state and federal regulations relating to trenching & excavation.

C. Soils

1. Temporary soil shall be placed no closer than 2 feet from the surface edge of the excavation measured from the nearest base of the soil to the cut. This distance should not be measured from the crown of the soil deposit. This distance requirement ensures that loose rock or soil from the temporary soil will not fall on employees in the trench.
2. Soil should be placed so that it channels rainwater and other run-off water away from the excavation. Soil should be placed so that it cannot accidentally run, slide, or fall back into the excavation.

D. Surface Crossing of Trenches

1. Surface crossing of trenches should not be made unless absolutely necessary. However, if necessary, they are only permitted under the following conditions:
   a. Vehicle crossings must be designed by and installed under the supervision of a registered professional engineer.
   b. Walkways or bridges must:
      - Have a minimum clear width of 20 inches.
      - Be fitted with standard rails.
      - Extend a minimum of 24 inches past the surface edge of the trench.

E. Access & Egress

1. Trenches 4 feet or more in depth shall be provided with a fixed means of egress.
2. Spacing between ladders or other means of egress must be such that a worker will not have to travel more than 25 feet laterally to the nearest means of egress.
3. Ladders must be secured and extend a minimum of 36 inches above the landing.
   Metal ladders should be used with caution, particularly when electric utilities are present.

F. Work in Street Right-of-Way

1. All City of Appleton personnel performing work within or infringing upon the street right-of-way shall conduct said work in compliance with the MUTCD and the City of Appleton Temporary Traffic Control Manual.
2. Employees working within the road right-of-way or active construction site shall be provided with and required to wear reflective vests or other suitable garments, that meet ANSI 107 Class II standard.
3. Trained flag persons, signs, signals, and barricades shall be used when necessary.

G. Exposure to Overhead Hazards

1. All employees who are in a work zone, in an active excavation site, and/or in a trench must wear a hard hat.
2. Employees are not allowed to work under raised loads.
3. Employees are not allowed to work under loads being lifted or moved by heavy equipment for digging or lifting.

4. Employees are required to stand away from equipment that is being loaded or unloaded to avoid being struck by falling materials or spillage.
5. Equipment operators or truck drivers may remain in their equipment during loading and unloading if the equipment is properly equipped with a cab shield or adequate canopy.

H. Components for Traffic Control

1. All temporary traffic control signs, devices and practices shall conform to WisDOT Specifications and the City of Appleton Temporary Traffic Control Manual.
2. High Intensity Vehicle Safety Lights: All vehicles and equipment equipped with safety lighting shall have safety lights on when working in the street right-of-way, day or night.
3. Advanced Warning Illuminated Arrow/Message Panel--Shall be used in accordance with City of Appleton Temporary Traffic Control Manual, specifically when posted speeds are 35mph and greater, or when lane closures/shifts are needed on roadways in the Central Business District.
4. Wheel Chocks must be installed if there is danger of vehicles rolling into the trench.
5. Soil should be graded away from the excavation. This will assist in vehicle control and channeling of run-off water.
6. Trenches left open overnight shall be fenced and barricaded, or otherwise protected in accordance with the City of Appleton Temporary Traffic Control Manual.

I. Hazardous Atmospheres and Confined Spaces

1. Where oxygen deficiency (atmospheres containing less than 19.5 percent oxygen) or a hazardous atmosphere exists or could reasonably be expected to exist, such as in excavations in landfill areas or excavations in areas where hazardous substances are stored nearby, the atmospheres in the excavation shall be tested before employees enter excavations greater than 4 feet (1.22 m) in depth. Readings shall be recorded on the competent person checklist.

J. Protection from hazards associated with water accumulation.

1. Employees shall not work in excavations in which there is accumulated water, or in excavations in which water is accumulating, unless adequate precautions have been taken to protect employees against the hazards posed by water accumulation.
   a. If water accumulation occurs in the trench, the trench must be protected from cave-in with special systems or remove the accumulated water with equipment monitored by the competent person.

K. Sloping, Shoring, Shielding and Tabulated Requirements (note: benching is not allowed in Type C soil).

1. Sloping is cutting back the sides of the trench until soil no longer slides. The angle at which the soil will no longer slide down is called the "angle of repose" and is different for each class of soil. It is known to be the safest method of protection. The angle specified by OSHA for class C soil is:

SOIL TYPE	HEIGHT/DEPTH RATIO	SLOPE ANGLE
Type C	1 ½:1	34 degrees

a. All excavations or trenches 5 feet or greater in depth shall be appropriately shored or sloped according to OSHA 1926.650, 651, and 652.
b. Excavations or trenches 20 feet deep or greater must have a protective system designed by a registered professional engineer.
c. Sidewalks and pavement shall not be undermined unless a support system or another method of protection is provided to protect employees from their possible collapse.

2. Shoring:
   a. Shoring is used when the location or depth of the cut makes sloping back to the maximum allowable slope impractical.
   b. All shoring shall be installed from the top down and removed from the bottom up.
   c. Manufacturer's specifications are to be maintained on the job site for all but timber systems.
   d. Shoring equipment is to be maintained and used according to manufacturer's specifications.
   e. If shoring equipment is damaged, it must be examined by the Competent Person to evaluate its use.
   f. Shoring uprights must extend a minimum of 2" above the surface of the trench and must extend to the bottom of the bench.
   g. Shoring uprights must not be farther apart than 4 feet.
   h. Cross braces must be installed no greater than 4 feet apart.
   i. Cross braces must not be greater than 2 feet from the top of the trench or excavation
   j. Cross braces must not be greater than 2.5 feet from the bottom of the trench.
   k. When setting shores, no worker shall be lower than waist deep to the lowest cross brace.
   l. All shoring must be re-inspected for possible protective failures or other hazardous conditions by the Competent Person each time the trench or excavation is left unattended (i.e. lunch, breaks or overnight).

3. Shielding
   a. The shield must extend at least to the top of the trench. If the shield is located below the trench mouth, the trench section is to be sloped at the above noted angle.
   b. Employees are not allowed in shields during installation, removal or movement of the shields within the trench.
   c. Employees and escape ladders are only allowed within the shielded area.
   d. All shields are to be used according to manufacturer's instructions. If multiple shields are used, they are to be connected using appropriate locking devices.

4. Tabulated Data
   a. Designs of support systems, shield systems, or other protective systems shall be selected from and be in accordance with tabulated data, such as tables and charts.
   b. The tabulated data shall be in written form and include all of the following:

      - Identification of the parameters that affect the selection of a protective system drawn from such data.
      - Identification of the limits of use of the data.
      - Explanatory information as may be necessary to aid the user in making a correct selection of a protective system from the data.

c. At least one copy of the tabulated data, which identifies the registered professional engineer who approved the data, shall be maintained at the job-site during construction of the protective system. After that time the data may be stored off the job site, but a copy of the data shall be made available upon request.

5. Rescue:
   a. Fire personnel are to be contacted immediately by calling 911 with your cell phone or communicating via your two-way radio. City personnel must not enter the excavation site.
   b. Sewer Truck – is available to help in rescue efforts. Contact the Municipal Garage from 7:00am to 4:30pm (832-5580). After hours call Mac-Tel (730-3004) and/or refer to the City call book.

CITY OF APPLETON FINANCE POLICY	TITLE: Budget	
ISSUE DATE: 2007	LAST UPDATE:	SECTION: **Finance**
POLICY SOURCE: **Finance Department**	AUDIENCE: **All employees and volunteers**	TOTAL PAGES: **8**
Reviewed by Attorney's Office Date: June 2007	Finance Committee Approval Date: July 11, 2007	Council Approval Date: July 18, 2007

I. Purpose

The purpose of this policy is to provide guidance in the preparation, monitoring, and amendment of the operating and capital budgets of the City of Appleton.

II. Policy

A. Roles & Responsibilities

The Mayor, in conjunction with the Department Directors of the City, shall present an Executive Budget and Service Plan proposal to Council for its review, deliberation, amendment, and adoption. The Executive Budget shall include proposals for all operating and capital funds. Following Council approval, the Adopted Budget and Service Plan shall become the official budget for the following year.

B. Fiscal Year

The Executive Budget and Service Plan for the City follows a calendar year. Each year the budget shall be presented to the Appleton Common Council no later than the first Wednesday in October. Budget deliberation and adoption shall take place no later than the second Wednesday in November, as prescribed by State statute.

C. Budget Form

The City of Appleton's operating and capital budget shall be developed on an annual basis and shall be presented in a program budget format that includes program missions, objectives and performance measurements. The purpose of this format is to clearly outline the major service areas and their associated expenditures. A line item detail by program and summarized by major category of expenditure for the department as a whole shall also be presented for informational purposes. All non-personnel line items that exceed $10,000 are further delineated.

The budget shall also include a transmittal letter from the Mayor summarizing the major issues in the budget; a summary of personnel changes; a summary of overall staffing levels; a listing of all property tax rates; and a budget resolution stating the total amounts of taxes levied for various purposes, the total amount of general obligation borrowing, and the total amount of revenue bond debt.

The budget shall include a rolling five year Capital Improvement Plan (CIP) of which the first year's expenditures shall be appropriated, with years two through five

included for planning purposes. Though expenditures for the first year of the CIP are appropriated, the City's Procurement Policy requires that any new contracts or agreements for services or equipment with an anticipated contract cost of $15,000 or more be approved by the committee of jurisdiction and the Common Council prior to execution. Revisions and additions to, and deletions from, the CIP shall be made each year during budget development.

D. Performance Measures

Where possible, the City shall integrate performance measurements in the City's budget document. Measurements will include measures of client benefits, strategic outcomes, and productivity. The presentation of the measures will cover the same time period as that for which operating expenditures are presented; typically two year's actual results of operations, the current year target, the projected value for the current year, and the target for the next year.

E. Balanced Budget

Total anticipated revenues shall equal or exceed total budgeted expenditures for each fund unless the draw down of an individual fund's balance is in compliance with the fund balance policy for that fund. Revenues may include but are not limited to property taxes, license and permit fees, fees for services, fines and forfeitures, transfers from other funds, donations and grants. If sufficient funds are not available (such as in a Tax Increment district), a plan for funding the shortfall shall be presented.

F. Budget Control

The City shall maintain a budgetary control system to ensure adherence to the budget. Budget control is maintained

1) at the overall fund level for all funds,
2) at the business unit (program) level for all business units and
3) at the level of total personnel expense and total other operating expense within each program for operating budgets and at the project level for capital budgets.

Quarterly reports to the Council shall address departmental outcomes and include two prior years of actual data, targets for the current year, and projected year-end measures. The reports shall also include a summary comparison of actual expenditures to budget by program and address any significant variances.

G. Contingency Account

A contingency account shall be maintained in the annual General Fund operating budget to provide for unanticipated expenditures of a nonrecurring nature or to meet unexpected increases in service delivery costs. A minimum of 0.5% and a maximum of 1.0% of the total fund budget shall be included in the adopted budget. If a sufficient unexpended balance remains in the current year's contingency account, this requirement may be met by a plan to carry over the balance.

H. Budget Amendment

1. **Transfers and new appropriations – All budgets except the Appleton Public Library operating budget**
   a) The following budget amendments require written approval by the Mayor and Finance Director and shall be reported to the Finance Committee as informational items:

New appropriations funded by grants, user fees, or other non-tax revenues of $15,000 or less;

Transfers of $15,000 or less between programs within a department;

Transfers of $15,000 or less between departments within a fund.

Authority granted under this section specifically excludes amendments to use money budgeted for personnel for any other purpose.

b) The following budget amendments shall be reported to the Finance Committee as action items and must be approved by two thirds of the Common Council:

New appropriations in excess of $15,000 funded by grants, user fees, or other non-tax revenues;

Any new appropriations funded by taxes or debt;

Transfers in excess of $15,000 between programs within a department;

Transfers in excess of $15,000 between departments within a fund;

All transfers between funds;

Transfers from the Reserve for Contingencies;

The use of money budgeted for capital projects for anything other than its designation in the budget document;

The use of excess budgeted personnel dollars due to vacancies to increase the supplies and services budget to fund temporary employment service assistance. Any other use of excess budgeted personnel dollars to increase the supplies and services budget for other purposes may be permitted in rare instances but is highly discouraged.

2. Transfers and new appropriations –Appleton Public Library operating budget

a) Transfers of $15,000 or less between budget lines and/or between budget programs require written approval by the Library Director or designee and shall be reported to the Library Board as informational items.

b) Transfers over $15,000 between budget programs and all new library appropriations funded by grants, user fees or other non-tax revenues require the approval of the Library Board Finance Committee and two-thirds of the full Library Board.

c) All budget changes will be reported to the Council Finance Committee as informational items.

d) The Board's authority over budget funds shall lapse at the end of the calendar year and any budget fund balances shall revert to City authority, subject to City carryover policies and procedures.

3. Carryover of prior year budgeted expenditures – All budgets

The City of Appleton may consider the reappropriation of unspent budgeted funds for lapsing budgets each year. Reappropriated funds may be used for prior year contracts, obligations, and uncompleted projects that are to be completed and/or paid in the following year or for any other expenditure allowed by council.

Carryover requests shall be no less than $3,000, except for items allowed by the Finance Director that relate to year end cut off procedures.

Carryover requests, plus actual prior year expenditures, shall not exceed the department's (or fund's) prior year amended budget less any overall shortfall in program revenues.

Reappropriation of unspent prior year authorizations for purposes other than their original designations shall be considered as Special Consideration items and require approval by two thirds of the Common Council. All other reappropriations shall require approval by a simple majority vote.

Reappropriation of unspent funds of non-lapsing budgets and those items under contract or purchase order prior to year-end shall be reported as informational items and require no approval.

III. Discussion

Operating budget policies help citizens, staff, and elected officials understand how the budget is formulated and adopted. They also clarify the roles and responsibilities of staff, management, and elected officials and streamline the processes of budget formulation, adoption, and management by codifying the rules under which the City operates.

Budget adjustments are generally required whenever expenditure authority needs to be redirected to a different purpose, increased, decreased, or shifted to a subsequent year. Receipts of unplanned revenues (grants, donations, insurance proceeds, reimbursements, etc.) that do not result in a need for additional expenditure authority do not require a budget adjustment.

IV. Definitions

A. Balanced Budget - A balanced budget is one in which total anticipated revenues equal or exceed total budgeted expenditures for each fund. Budgets may also be balanced by use of unallocated reserves available if fund balance policies permit.

B. Budget process - The budget process consists of activities that encompass the development, implementation, communication and evaluation of a plan for the provision of services and capital assets that allows for public input.

C. Basis of accounting/basis of budget - The basis of budget or of accounting refers to the timing of revenue and expenditure recognition. With few exceptions, the budget is prepared on the same basis as the City's annual financial statements, which is the modified accrual basis for all governmental funds and the accrual basis for proprietary funds. Under the modified accrual basis, revenues are recognized when they become measurable and available and expenditures generally when the related liability is incurred. Under the accrual basis, revenues are recognized when they occur, regardless of the timing of related cash flows. One significant difference between the basis of accounting and the basis of budget is in the treatment of capital expenditures in the proprietary funds, which are included in operating expenditures for budget purposes.

D. Operating Budget - A plan of financial operation embodying an estimate of proposed expenditures for a given period and the proposed means of financing them.

E. Capital Budget - A plan for acquisition or construction of assets embodying an estimate of proposed expenditures for a given period and the proposed means of financing them.

F. Performance measurement/performance objectives – Various criteria for evaluating the outcomes of various programs, often non-financial measures. General categories include outcomes from the perspective of the direct recipient of the service (client benefits), outcomes from the broader perspective of the City (strategic outcomes), and volume measures or outputs (work process outputs) and efficiency measures (cost per unit).

G. Lapsing/non-lapsing Budget - A Lapsing budget is one for which spending authority terminates at year-end. All operating and capital budgets are considered lapsing with the exception of grant Special Revenue funds that are legally restricted for certain purposes (such as Housing and Community Development Grants).

V. PROCEDURES

A. Budget Development

1. The Finance Department will prepare and distribute to all departments forms, payroll projections, and other budget information according to a schedule established each year by the Mayor. Deviations from payroll projections must be approved by the Finance Director or designee. Other budget information to be distributed includes items such as utility rates, gasoline and diesel prices, telephone rates, parking rates, and computer equipment costs. This information will typically be distributed in early May.

2. Budget requests will be submitted to the Finance Department by Department Directors for analysis and compilation. Budget requests will typically be required in June or early July and will include a budget for continuing operations of existing programs at existing service levels, requests for Program Additions/Deletions, capital project requests, justification for any increases in excess of a given threshold, and any program analyses that may be required by the Mayor. Budget requests for

continuing operations and capital projects will be entered into the accounting system and into the budget forms by each individual department.

3. A member of the Finance Department's senior management staff will perform an in-depth review of each requested budget, pose questions to the department director, and update the requested budget for any changes resulting from the review. The Finance Director will perform a second review after all agreed upon changes have been made. The Mayor's decisions regarding capital projects, program additions/ deletions, etc., along with any further changes resulting from the Finance Director's review will be incorporated into each department's budget and the resulting Executive Budget and Service Plan will be presented to the Appleton Common Council on or before the first Wednesday in October, as required by the Appleton Municipal Code.

4. Shortly after distribution of the Executive Budget to Council, an electronic version will be posted on the Internet. An abbreviated summary will also be made available for distribution, both in print and on the Internet.

5. Committees of jurisdiction will review applicable budgets, typically at the second committee meeting in October. Alderpersons may also meet with the Director of Finance or designee to receive guidance on review of the document and ask questions. These meetings are not meant to debate issues but provide clarification.

6. The Finance committee will meet to review the entire Executive Budget, typically in an all-day session on a Saturday in late October. All Alderpersons are encouraged to attend and to take this opportunity to offer comments and obtain answers to their questions regarding the proposed Budget and Service Plan. Because this review meeting is a Finance Committee meeting, only Finance Committee members may offer amendments to budgets and vote.

7. Prior to review and approval of the budget by the entire Common Council, a public hearing on the budget will be held. Notice of this hearing will be published in the local newspaper of record at least 15 days prior to the hearing and will include a summary of the budget and the date, time, and place of the public hearing, as prescribed by State statute.

8. Prior to review and approval of the budget by the entire Common Council, any amendments that any Alderperson wishes to propose must be communicated to the Finance Director. These proposed amendments will constitute the discussion agenda for the budget adoption meeting.

9. The Common Council will meet prior to November 14th (deadline as prescribed by State statute) to deliberate, amend, and adopt the budget for the subsequent year. Budget adoption is normally by simple majority vote of the Council. If for any reason the proposed budget does not comply with the requirements of section 18-27 (c) of the Appleton Municipal Code (the "Tax Levy Ordinance"), a three quarters (3/4) majority vote of Council shall be required for adoption.

10. Final, adopted budget documents will be available by the second Council meeting in December and will be published on the Internet, along with an abbreviated summary, prior to December 31st.

B. Budget Amendment – All budgets except Appleton Public Library operating budget

1. Budget change requests will be presented to the Finance Director (see the Budget Amendment Request form, Appendix A), identifying the accounts to be changed, detailing the justification for the change, and signed by the department director requesting the change.

2. The criteria noted in II. H. 1, above will determine the required approval procedure.

3. Following approval by the Council, the change will be recorded in the accounting system and a public notice will be published in the local newspaper of record.

C. Budget Amendment –Appleton Public Library

1. All changes to the Library operating budget, as noted under II. H. 2 above, will be presented to the Finance Director by the Library Director or his/her designee for communication to the Finance Committee and Appleton Common Council. Notice from the Library Director will include the accounts to be changed, the reason for the change, and the Library Board's report showing it's approval of the change.

2. The change will be recorded in the accounting system and a public notice will be published in the local newspaper of record.

D. Budget Carryover – All budgets

1. Budget carryover requests shall be forwarded to the Finance Director, identifying the accounts to be changed, detailing the justification for the change, and signed by the department director requesting the carryover.

2. The carryover request will be presented to the Finance Committee on or before its second meeting in March. The request will distinguish between those carryover requests for items under contract or on order, those for expenditures that were budgeted for the prior year but for which the City is not yet legally obligated, and special consideration items (II. H. 3, above).

3. Following approval by the Council, the additional appropriations will be recorded in the accounting system and a public notice of the change will be published in the local newspaper of record.

CITY OF APPLETON
BUDGET AMENDMENT REQUEST
Budget Year _____

Budget Description	***Business Unit***	***Acct. No.***	***Sub Acct No.***	***Subledger No.***	***Transfer Amount***

For the purpose of:

Requested by:

_____ _____

Department Head Date

Budget Entry (BE) No.:_____

Approved by:

_____ _____

Lisa A. Maertz, Finance Director Date

_____ _____

Timothy M. Hanna, Mayor Date

Reported to Finance Committee: _____

Date

Additional comments: _____ _____

BUDGET AMENDMENT POLICY, revised 7/07:

The following items require approval of the Mayor and the Finance Director and will be reported to the Finance Committee as information items

- Transfers of $15,000 or less between programs within a department or between departments within a fund ;
- New appropriations of $15,000 or less funded by grants, user fees, or other non-tax revenues;
- Carryover of unspent funds in non-lapsing budgets.

The following items will be reported to the Finance Committee as action items and require approval by two thirds of the Common Council:

- Transfers in excess of $15,000 between programs within a department or departments within a fund;
- New appropriations in excess of $15,000 funded by grants, user fees, or other non-tax revenues;
- Any transfers between funds;
- Any new appropriations funded by debt or current year tax levy;
- Any carryover of unexpended budgets from a prior period;
- Any transfers from the reserve for contingencies;
- Use of funds budgeted for a particular capital project for any other purpose;
- Use of budgeted personnel dollars to increase the supplies and services budget .

For the Appleton Public Library operating budget, transfers of $15,000 or less between budget lines and / or between budget programs require written approval by the Library Director. Transfers in excess of $15,000 and all new library appropriations funded by grants user fees or other non-tax revenues require the apporval of the Libary Board Finance Committee and two-thirds of the full Library Board. All Library budget changes will be reported the the Council Finance Committee as informational items.

CITY OF APPLETON POLICY	TITLE: **DEBT POLICY**		
ISSUE DATE: Day of Council Adoption	LAST UPDATE: 8/17/93	SECTION:	FILE NAME: H:\LISAWP\DEBTPOLICY.WPD
POLICY SOURCE: Finance Department			TOTAL PAGES: 4
Reviewed by Attorney's Office Date: 5/3/00	Finance Committee Approval Date: 5/10/00		Council Approval Date: 5/17/00

Purpose: Issue debt and manage our portfolio to ensure that the City maintains a sound debt position and that its credit quality is protected. Recognize that access to capital markets over the long term is dependent upon the City's unwavering commitment to full and timely repayment of debt.

Policy: The City may issue bonds and notes for purposes of financing its capital improvements program or to refund existing debt. The capital improvements program includes projects to acquire, plan, design, construct, improve and equip all or any part of its facilities or systems, promote economic development or to secure quality of life issues.

The City will strive to maintain a balanced relationship for financing its capital improvements through pay as you go financing for street reconstruction and equipment purchases.

Debt Limitations:

Section 67.03 of Wisconsin Statutes requires that general obligation debt outstanding not exceed 5% of the equalized valuation of the taxable property within the City. Revenue bonds and notes are not considered debt for purposes of determining compliance with constitutional debt limitations. The City intends to keep outstanding general obligation debt within 40% of the limit prescribed by law and at levels consistent with its credit objectives and long-term financial plan.

Types of Debt and Structural Features:

The City has statutory authority to finance capital improvements through the issuance of debt instruments, including:

- General Obligation Bonds and Promissory Notes
- Bond Anticipation Notes
- Revenue Bonds
- State of Wisconsin Capital Financing Programs
- Leases and Land Contracts

The City shall issue General Obligation Notes (maximum ten year maturity) for general capital improvements and Revenue Bonds (maximum twenty year maturity) for Water, Wastewater and Stormwater utility capital financing unless staff demonstrates other authorized debt instruments provide a financial advantage. The Finance Director will consider the useful life of the project assets being financed and the long-range financial and credit objectives when determining the final maturity structure of the debt. *The City intends to repay tax supported debt within seven years and* will issue debt on a fixed rate basis.

Capital lease financing shall be considered only if verifiable operating savings when properly discounted outweigh the lease financing costs. Written justification detailing the explanation of factors considered including a cash flow analysis reviewed by the Finance Director will be submitted to the Finance Committee for consideration and approval before any lease is entered into.

The City may also issue debt on behalf of for-profit or non-profit corporations when doing so would promote economic development or secure quality of life issues. Prior to issuing such debt, the corporation shall provide substantive proof acceptable to the City that no budget appropriation shall be required to pay the debt. The City shall not issue debt on behalf of a non-profit corporation if doing so would prevent the City from issuing “bank qualified” debt for its own purposes without compensation from the non-profit corporations to cover the additional debt service cost.

Credit Objectives:

The City will seek to maintain or improve its current credit rating with Moody’s: General (Aa1), Wastewater (Aa), Water (A1), and Stormwater (A2). The City will strive to maintain good relations with the rating agency and keep them informed of significant developments that could affect the City’s credit rating.

In order to achieve its credit rating objective, the City recognizes the need to integrate the debt policy with its five year capital improvement program and long-range financial plan. The following objectives will be used to maintain debt service requirements at an affordable level and enhance the

credit quality of the City:

- Levy for debt service no greater than 20% of the total tax levy with an effort to maintain the levy at a proportionate even level for tax rate stabilization.
- Responsible defeasance of general debt or reduction of current year borrowing package in accordance with the General Fund Balance Policy.
- Flexibility to fund future expenditures necessary to provide essential City services and economic viability.

Method of Sale

The City will issue general obligation debt through a competitive bidding process with the exception of Council authorized negotiated sales or State of Wisconsin Capital Financing Programs. Bids will be awarded on a true interest cost (TIC), providing other bidding requirements are satisfied. In the instances in which staff believes competitive bidding produced unsatisfactory bids, the Council may authorize staff to negotiate the sale of the securities.

Negotiated sales of general obligation debt will be considered in circumstances when the complexity of the issue requires specialized expertise (such as advanced refunding to restructure debt service), when time to complete a sale is critical or when a negotiated sale would result in substantial cost savings. Negotiated sales of debt will also be considered for revenue bonds, bond anticipation notes, leases and land contracts when the complexity of the project, revenue source for debt service, or security for the debt makes it likely that a negotiated sale would result in a financial advantage to the City.

Debt sold directly to the State of Wisconsin will be used when the City undertakes capital projects to maintain permit compliance, pollution control, or stormwater control or other issues that are eligible to receive below market rate loans.

Refundings

Periodic reviews of outstanding debt will be undertaken to determine refunding opportunities. Refunding will be considered (within federal tax law constraints) if and when there is a net economic benefit of the refunding.

In general, advance refundings for economic savings will be undertaken when net present value savings of at least 2% of the refunded debt can be achieved. Current refundings that produce net present value savings of less than 2% savings may be considered when there is a compelling public policy or long-range financing policy objective.

Disclosure

The City is committed to full and complete financial disclosure, and to cooperating fully with rating agencies, institutional investors, other units of government, and the general public to share clear, comprehensible, and accurate financial information.

The Finance Department will provide continuing disclosure in compliance with continuing disclosure certifications made at the time of each debt issuance.

Financial Advisor and Bond Counsel

Selection criteria and selection of bond counsel and a financial advisor will undergo periodic review.

CITY OF APPLETON POLICY	TITLE: **GRANT ADMINISTRATION POLICY**	
ISSUE DATE: 07/06/05	LAST UPDATE: June 2010 February 2013	SECTION: Finance
POLICY SOURCE: Finance Department	AUDIENCE: All City Employees	TOTAL PAGES: 5 + Grant Tracking Form
Reviewed by Attorney's Office Date:	Finance Committee Approval Date: July 28, 2010 February 13, 2013	Council Approval Date: August 4, 2010 February 20, 2013

I. PURPOSE

To establish a common procedure for all City of Appleton Departments when both applying and accounting for any type of grant funding. Focus criteria includes: 1) solicitation of funds for programs that are consistent with the goals of the City; 2) administration of grant funds awarded in the most efficient manner (including annual audit, single audit, and grant specific compliance requirements); and 3) regular evaluation of the performance of the program(s) receiving funding.

II. POLICY

This policy establishes procedures addressing both the content, accounting and compliance responsibilities associated with each respective grant, in addition to procedures for acceptance and ongoing administration of awarded funds until grant close out. The policy pertains to all agencies, departments or offices of the City, and those committees, boards or commissions that manage or operate other City properties, installations or activities, unless otherwise provided by statute.

III. GRANT APPLICATION PROCEDURES

A. Grant Administration/Notification

Notification of grant applications must be sent to the Finance Department via electronic submission of *PART #:1* Grant Tracking Form (attached). This form addresses the following review criteria:

1.) Consistency with overall program goals of the City;
2.) Local match requirements and/or other budget impacts;
3.) Personnel requirements to implement objectives of the grant;
4.) Identification of responsible staff for program compliance and fiscal monitoring;
5.) Applicant Department Head; and
6.) Department of Finance notification.

B. Committee and Common Council Notification/Approval

Committee of Jurisdiction and Common Council notification prior to grant application will be required only if personnel will need to be added to the table of organization in order to accept the grant reported informationally to the Committee of Jurisdiction prior to application.

C. Criteria for Applications Involving Outside Subrecipient Agencies

For grants where the City is a pass-through agency of funding being distributed to subrecipients, it is pertinent that the capability of the potential subrecipient agencies be examined. Thus, if an agency that has not previously received grant funds from the City of Appleton expresses interest in participating in one of our grant funding sources, that agency will be subject to a screening conducted by a Finance Department representative and staff directly involved in implementation and spend down of associated grant funds. The screening will involve:

1. Examination of Agency Documents. The agency seeking to become a subrecipient will be asked to submit the following items to the City for review and verification:
    a. Federal Tax Identification Number
    b. Articles of Incorporation/Bylaws and Mission Statement
    c. Administrative Structure Chart
    d. Board of Directors/Officers Roster
    e. Agency Budget/Financial Statements (from previous fiscal year).
2. Interview of Potential Subrecipient. A panel consisting of a Finance Department representative and others directly associated with administration of the grant will conduct an interview with agency representative(s) to address both general agency capacity and appropriateness of activities planned to be accomplished with grant funds if they are awarded.

Upon completion of this screening, the interview panel will make a recommendation related to the capacity and appropriateness of the agency to carry out activities funded under the grant sought. This recommendation along with the *PART #1:* Grant Tracking Form will be submitted to the applicable Committee of Jurisdiction as an action item by the applying department.

IV. GRANT ACCEPTANCE PROCEDURES

A. Grant Administration/Finance Department Notification

Upon notification that the applicant department was successful in obtaining grant funding, they shall electronically submit the following to the Finance Department:

- *Part #2:* Grant Tracking Form (attached)
- Award Notification Letter from the Grantor/Funder including grant agreement to determine if single audit regulations will apply
- Budget Amendment Form OR Budget Page Reference for the Grant (to show that a budget amendment is not needed).

B. Committee and Common Council Notification/Approval

No matter the amount, all new grants awarded to the City of Appleton must be presented to the applicant department's Committee of Jurisdiction for approval before a grant agreement is executed. In doing so, the aforementioned Grant Tracking Form shall be included as an attachment to the action item on that committee agenda. Applicable budget adjustments will be placed on the Finance Committee Agenda at the same time. Recurring annual grants do not need to be approved after initial approval unless increased workload responsibility resulting in addition of staff or funding is more than $100,000.

Furthermore, the following grant types must also be approved, via an action item, by the Finance Committee:

1. Grants of $100,000 or more
2. Grants that will fund additional staff from approved budget (see Section V-D).

V. GRANT TERM RESPONSIBILITIES

A. Grantee Department Financial and Reporting Responsibilities

The grantee department maintains full responsibility for fully reading and understanding the requirements of the grant contract, meeting deadlines and complying with grant program requirements. In doing so, the grantee department will be responsible for maintaining the following documents in a single grant file:

1. Original Grant Application
2. Copy of Executed Grant Contract/Agreement with Original filed in Clerk's Office
3. Payment Requests/Activity Reports Provided to the Grantor/Funder
4. Documentation of Grant Amendments
5. And any other pertinent documentation relevant to the administration of the grant.

The grantee department must be prepared to share this file with the Finance Department at the same time requested for internal monitoring and specifically during the external financial and single audit as well as any regulatory inquiries or investigations.

For reimbursement grants, the grantee department will be expected to submit payment requests to the granting agency with a scanned copy provided to the Finance Department. Departments will be responsible for maintaining documentation supporting all reimbursement requests. The Finance Department can assist with reimbursement requests if needed. Reimbursement should be requested in as timely manner as possible but no later than forty-five (45) days from the date expense incurred.

B. Financial and Program Reporting Reviews

1. <u>Financial Review</u>:
    a. On an on-going basis, the grantee department will monitor the accuracy of expenditures, and grant expenditure/financial reporting requirements.
    b. The Finance Department may perform random audits throughout the grant term to ensure City compliance with grant and/or single audit requirements.

2. Program Review:
    a. On an on-going basis, the grantee department and a Finance Department designee will monitor activity related to meeting objectives/requirements of the grant.
3. Performance Measures:
    a. Grants in excess of $100,000 shall be required to have at least one performance measure contained in the grantee department's budget.

Any financial, program, and/or performance issues identified will be brought to the attention of the grantee department head for discussion and deficiencies will be reported to the Mayor and Finance Director. Failure to follow procedures can result in discipline up to and including discharge.

C. Procurement

Any procurement activities that will take place as part of a grant award shall follow all City purchasing policies and procedures. If the procurement requirements of a grant are stricter than those of the City of Appleton, then those requirements must be followed. Grantee departments are encouraged to consult with the Purchasing Manager in the Finance Department.

D. Grant-Funded Staff

If grant funds will be used for the hiring of personnel, the grantee department must contact the Human Resources Department to determine employee status and to start the selection process. Any person hired to fill a grant-funded position is subject to all applicable City policies.

VI. SPECIAL SITUATIONS/CIRCUMSTANCES

A. Unsolicited Grant Funds

For unsolicited grant funds, or those offered to a City department without an application process, in excess of $10,000, the recipient must follow the instructions in Section IV, Grant Acceptance Procedures.

B. Declining Grant Funds

For declining any grant funds, the applicant department shall request approval to decline from both the Committee of Jurisdiction and the Finance Committee. In doing so, a memorandum explaining the reasons for declining funding shall be included as an attachment to the action item on both committee agendas.

C. Items Received in Lieu of Grant Funds (Donations)

For donated items or in-kind services (i.e., materials/equipment) with a market value in excess of $10,000, the recipient department shall informationally notify the Committee of Jurisdiction of the said donation(s), in addition to providing written documentation of the monetary value of the donation(s) and a related budget adjustment to the Finance Department within thirty (30) days of receipt in order to assess whether there are any compliance items to monitor or single audit implications.

D. Critical Timing Issue

If a situation arises where the Grant Administration Policy will not accommodate the timeframe in which to apply or accept a grant, the Finance Director, Mayor and Department Director responsible for the grant can expedite the process and/or acquire the appropriate authorization in order to apply for or accept a grant. Critical Timing Issue utilization will be monitored, however, so that it is not used as a method to avoid compliance with the intent of the Grants Administration Policy. Any decisions made will be reported out to the Committee of Jurisdiction and Finance Committee at the next available meeting.

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GRANT TRACKING FORM

PART #1: Notification of Grant Funds

(email to lisa.remiker@appleton.org)

APPLICANT DEPARTMENT: _____ **DATE:** __/__/____

APPLICANT DEPARTMENT GRANT CONTACT NAME/TITLE: _____/_____

COMMITTEE OF JURISDICTION: _____

NAME OF GRANT/FUNDING SOURCE: _____/_____

AMOUNT OF GRANT REQUEST: $_____ **LOCAL MATCH REQUIREMENT:** $_____

SOURCE OF MATCH: ☐ General Fund ☐ Non-General Fund ☐ Not Applicable

TIMEFRAME OF GRANT: __/__/____ through __/__/____

TYPE OF GRANT REQUEST: ☐ Monetary ☐ Other (explain under 'purpose of grant')

PURPOSE OF GRANT (summary): _____

How does the grant meet City/Department/Program goals? _____

What are the personnel requirements (include both existing and new staff) of the grant? _____

DEPARTMENT HEAD SIGNATURE: _____

PART #2: Request to Accept Grant Funds

(complete after notification of grant award; email to lisa.remiker@appleton.org)

AMOUNT OF GRANT AWARD: $_____ **FEDERAL/STATE ID #:** _____

LOCAL MATCH REQUIREMENT: $_____

Please describe the source of match, if applicable: _____

Please describe any major changes in proposed grant-funded activities: _____

PART	*TO:* *DATE:*	*TO:* *DATE:*	*TO:* *DATE:*
#1: Request to Apply	Finance Dept	COJ – Info/Action	FAC – Info/Action
#2: Request to Accept	Finance Dept	COJ – Action	FAC – Action

COJ = Committee of Jurisdiction *FAC = Finance and Administration Committee*

CITY OF APPLETON POLICY	TITLE: **IDENTITY THEFT PREVENTION POLICY**		
ISSUE DATE: **March 2009**	LAST UPDATE:	SECTION: Finance	FILE NAME: Red Flag Policy 2008.doc
POLICY SOURCE: Finance Department			TOTAL PAGES: 3
Reviewed by Attorney's Office Date: February 2009	Administrative Services Committee Approval Date: March 11, 2009		Council Approval Date: March 18, 2009

I. Purpose

To establish an Identity Theft Prevention Program designed to detect, prevent and mitigate identity theft in connection with the opening of a covered account or an existing covered account and to provide for continued administration of the Program in compliance with Part 681 of Title 16 of the Code of Federal Regulations implementing Sections 114 and 315 of the Fair and Accurate Credit Transactions Act (FACTA) of 2003

II. Policy

In accordance with Federal Trade Commission regulations, the City establishes an Identity Theft Prevention policy related to the opening and maintaining of covered accounts which will identify, detect, and respond to patterns, practices or specific activities known as "red flags".

III. Definitions

A. **Identity Theft** Fraud committed or attempted using the identifying information of another person.

B. **Red Flag** A pattern, practice or specific activity that indicates the possible existence of identity theft.

C. **Covered Accounts**

1. An account that the City offers or maintains, primarily for personal, family or household purposes that permits multiple payments or transactions. Covered accounts related to City operations include refuse service and utility accounts and deferred special assessment arrangements.
2. Any other account that the City offers or maintains for which there is a reasonably foreseeable risk to customers, or to the safety and soundness of the City from identity theft.

IV. Procedures

A “red flag” is a pattern, practice, or specific activity that indicates the possible existence of identity theft. In order to detect, prevent and mitigate these activities, the City of Appleton establishes an identity theft prevention program which includes reasonable policies and procedures to:

A. Identify relevant red flags for covered accounts it offers or maintains and incorporate those red flags into the Program.
B. Detect red flags that have been incorporated into the Program.
C. Respond appropriately to any red flags that are detected to prevent and mitigate identity theft
D. Ensure the Program is updated periodically to reflect changes in risk to customers and to the safety and soundness of the City from identity theft.

V. Identification of Relevant Red Flags

In order to identify relevant red flags, the City considered the types of accounts it offers and maintains, the methods it provides to open these accounts, the methods it provides to access these accounts, and its previous experience with identity theft. Based on this consideration, the City identified relevant red flags from the following:

A. The presentation of suspicious documents. This would include: documents that appear to be forged or altered; documents on which a person’s photograph or physical description is not consistent with the person presenting the documentation; or, receiving documentation with information that is not consistent with existing customer information.
B. The presentation of suspicious personal identifying information. This would include: a customer’s address or phone number being the same as that of another customer; a customer failing to provide complete personal identifying information on an application when reminded to do so; or, a customer’s identifying information not being consistent with the information that may be on file for the customer.
C. The unusual use of, or other suspicious activity related to, a covered account. This would include: mail being sent to an account holder that is repeatedly returned undeliverable; receiving notice that a customer is not receiving his or her paper statements; or, a customer’s account being used in a way that is not consistent with the customer’s history (such as late or no payments when the account has been timely in the past).
D. Notice from customers, victims of identity theft, law enforcement authorities, or persons regarding possible identity theft in connection with covered accounts.

VI. Detection of Red Flags

In order to detect any of the red flags identified above, the City will:
A. Record change of address requests for existing accounts.
B. Require sensitive data changes (i.e. ACH banking information) of existing accounts be completed in writing and signed by the customer.
C. Require sensitive data (i.e. ACH banking information) be submitted in writing for

the opening of accounts and signed by the customer.

D. Monitor customer transaction history for unusual trends or transactions.

VII. Response

Any employee that may suspect fraud or detect a red flag will implement one or more of the following responses as applicable in order to prevent and mitigate identity theft. The response shall be commensurate with the degree of risk posed.

A. Continue to monitor the account for evidence of identity theft.
B. Contact the customer for additional information or documentation.
C. Reopen an account with a new account number.
D. Not open a new account.
E. Close an existing account.
F. Change any passwords, security codes or other security devices that permit access to the account.
G. Notify law enforcement.
H. Determine no response is warranted under the particular circumstances.

VIII. Updating the Program

The program shall be updated periodically to reflect changes in risks to customers or to the safety and soundness of the City from identity theft. The following factors will be taken into consideration in determining the necessity for updating the program.

A. The experiences of the City with identity theft.
B. Changes in methods of identity theft.
C. Changes in methods to detect, prevent and mitigate identity theft.
D. Changes in the types of accounts that the City offers or maintains.
E. Changes in the business arrangements of the City.

IV. Administration of Program

A. The Director of Finance, or designee, shall be responsible for the development, implementation, oversight and continued administration of the Program.
B. Staff training shall be conducted for all employees, officials and contractors for whom it is reasonably foreseeable that they may come into contact with accounts or personally identifiable information that may constitute a risk to the City or its customers.
C. In the event the City engages a service provider to perform an activity in connection with one or more accounts, the Finance Director, or designee, shall ensure that all activities are conducted in accordance with reasonable policies and procedures designed to detect, prevent, and mitigate the risk of identity theft. A service provider that maintains its own identity theft prevention program, consistent with the guidance of the red flag rules and validated by appropriate due diligence, will be considered to be meeting these requirements.

CITY OF APPLETON POLICY	TITLE: **INVESTMENT POLICY**	
ISSUE DATE: 1/18/2006	LAST UPDATE: 6/4/1998	SECTION: Finance
POLICY SOURCE: Finance Department	AUDIENCE: Finance Department, Investment Managers & Common Council	TOTAL PAGES: 11
Reviewed by Attorney's Office Date: 1/26/2006	Finance Committee Approval Date: 1/11/2006	Council Approval Date: 1/18/2006

I. PURPOSE

To identify objectives, establish guidelines, assign responsibilities and authority for the investment of City financial assets.

II. POLICY

This policy applies to all activities of the City with regard to investing the City's financial assets.

Except for cash required to be segregated in certain restricted and special funds, the City will consolidate cash balances from all funds to maximize investment earnings and increase efficiencies with regard to investment pricing, safekeeping and administration. Investment income will be allocated to the various funds based on their respective participation in the pool and in accordance with Generally Accepted Accounting Principles (GAAP).

III. DISCUSSION

The Finance Director or his/her designee is the Investment Officer of the City and is responsible for the overall investment activities of the City. The Investment Officer is authorized to make investments in conformance with this policy. This authority also includes enlisting third party investment managers to manage all or a portion of the City's funds. Such managers must adhere to the guidelines of this policy and will be selected in accordance with the Purchasing Policy.

This policy shall conform with federal, state and other legal requirements, including Wisconsin State Statue 66.0603. The primary objective, in priority order, of investment activities shall be safety, liquidity and yield.

IV. DEFINITIONS

Custodial Credit Risk – **Category 1** – includes items that are insured or registered or which are evidenced by securities held by the City or its agent in the City's name.
Category 2 – includes uninsured and unregistered investments for which the securities are held by the counterparty's trust department or agent in the City's name.
Category 3 – includes uninsured and unregistered investments, with securities held by the counterparty or its trust department or agent but not in the City's name

Deposits – include all deposits in financial institutions – banks, savings and loans, and credit unions. This includes restricted and unrestricted funds, savings, checking, NOW, money market, nonnegotiable CDs and bank investment contracts.

Investments – are all other financial instruments that do not meet the definition of a deposit. These typically include external investment pools, open ended mutual funds, debt securities, traditional sweep accounts, equity securities, repurchase agreements (repos) and participating investment contracts including negotiable CDs purchased from a broker.

Investment Manager – Individual or Business selected in accordance to the City's Purchasing Policy to manage all or part of the City's deposits and investments. This includes buying and selling of securities held by third party custodians.

Investment Official – Any City employee or Investment Manager that is working with the City's deposits and investments.

Investment Officer – City official designated by this policy to be responsible for the overall management of the City's deposits and investments.

V. PROCEDURES

A. INVESTMENT OBJECTIVES

The overall objective of the City's investment management is to maximize the total return of designated funds and preserve capital within the guidelines of this policy.

1. Safety

Investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio. The objective will be to mitigate credit risk and interest rate risk.

a. Credit Risk – The City will minimize credit risk, which is the risk of loss due to the failure of the security issues or backer by:
   - Limiting investments to the type of securities listed in Attachment A.
   - Diversifying the investment portfolio so that the losses from any one type of security or from any one individual issuer will be minimized.

b. Interest Rate Risk – The City will minimize interest rate risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market interest rates by:
   - Structuring the investment portfolio so that securities mature to meet cash requirements for ongoing operations, thereby avoiding the need to sell securities on the open market prior to maturity.
   - Investing operating funds primarily in shorter-term securities, money market mutual funds, or similar investment pools and limiting the average maturity of the portfolio.

2. Liquidity

The investment portfolio shall remain sufficiently liquid to meet all operating requirements that may be reasonably anticipated. This is accomplished by structuring the portfolio so that securities mature concurrent with cash needs to meet anticipated demands (static liquidity). Furthermore, since all possible cash demands cannot be anticipated, the portfolio should consist largely of securities with active secondary or resale markets (dynamic liquidity). Alternatively, a portion of the portfolio may be placed in money market mutual funds or the local government investment pool, which offer same-day liquidity for short-term funds.

3. Yield

The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints and liquidity needs. The investments are limited to relatively low risk

securities in anticipation of earning a fair return relative to the risk being assumed.

Any managed portion of the portfolio shall be designed with the objective of regularly meeting or exceeding the following benchmarks:

- US Government Money Market average and Local Government Investment Pool (LGIP) rate – Short-Term portfolios
- Lehman Brothers Intermediate Government Index – all other Portfolios
- The benchmark shall be reflective of the actual securities being purchased and risks undertaken, and the benchmarks shall have a similar weighted average maturity as the portfolio.

Securities shall generally be held until maturity with the following exceptions:

- A security with declining credit may be sold early to minimize loss of principle.
- A security swap would be allowed in order to improve the quality, yield or target duration in the portfolio
- If liquidity needs of the portfolio require that the security be sold.

B. COMMUNICATION & REPORTING

The Investment Manager retained by the City shall issue a quarterly report to the City reviewing the performance and investment strategy of the firm on behalf of the portfolios managed by the firm. The Investment Officer shall issue at minimum an annual report to the City reviewing the performance of investments that are not managed by a third party Investment Manager. These reports shall include information that will allow the City to ascertain whether investment activities during the reporting period have conformed to the investment policy.

The reporting will include the following:

- Listing of individual securities held at the end of the reporting period including cost and market value.
- Total return on each fund as compared to applicable benchmarks.

The investment manager is expected to meet with designated employees and committees of the City to review the portfolio and discuss investment results in the context of these guidelines and objectives upon request. At all times, the contracted Investment Manager and Investment Officer are encouraged to communicate on significant matters pertaining to the investment policy and the management of the portfolios.

C. STANDARDS OF CARE

1. Prudence

The standard of prudence to be used by investment officials shall be the "prudent person" standard and shall be applied in the context of managing an overall portfolio. Investment officers acting in accordance with written procedures and this investment policy and exercising due diligence shall be relieved of personal responsibility for an individual security's credit risk or market price changes, provided deviations from expectations are reported in a timely fashion and the liquidity and the sale of securities are carried out in accordance with the terms of this policy.

The "prudent person" standard states that, "Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived."

2. Conflicts of Interest

Investment Officials involved in the investment process shall refrain from personal business activity that could conflict with the proper execution and management of the investment program, or that could impair their ability to make impartial decisions.

D. Safekeeping and Custody

1. Delivery vs. Payment

All trades of marketable securities will be executed by delivery vs. payment (DVP) to ensure that securities are deposited in an eligible financial institution prior to the release of funds.

2. Safekeeping

Securities will be held by an independent third-party custodian selected by the entity as evidenced by safekeeping receipts in the City's name. A Custody Agreement is required for all securities managed by the City's Investment Manager. The Custody Agreement must contain language that documents that all securities are held at a minimum of a Category 2 level of custodial credit risk.

3. Internal Controls

The investment officer is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the City are protected from loss, theft or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived and (2) the valuation of costs and benefits requires estimates and judgments by management.

The internal controls structure shall address the following points:

- Control of collusion
- Separation of transaction authority from accounting and record keeping
- Custodial safekeeping
- Clear delegation of authority to subordinate staff members
- Monthly detailed trust statements are reviewed and reconciled with in 10 days of receipt of statements. Wire transfer agreements with the lead bank and third-party custodian.

Accordingly, the investment officer shall assure compliance with policies and procedures through the City's annual independent audit.

Attachment A

City of Appleton – Authorized Investment Types

All Investment Funds

- U.S. Treasury obligations, which carry the full faith and credit, guarantee of the United States government and are considered to be the most secure instruments available.
- U.S. government agency and instrumentality obligations that have a liquid market with a readily determinable market value.
- Commercial Paper rated by a nationally recognized rating agency.
- Investment-grade bonds and/or other obligations that meet all other requirements as part of this schedule.
- Money market mutual funds regulated by the Securities and Exchange Commissions and whose portfolios consist only of dollar-denominated securities
- Individual corporate bonds will have a 7-year maximum maturity or put (tender at option of holder) limit. Treasury and mortgage securities will have no maturity limit.
- All debt securities, excluding issues of the U.S. Government and its agencies, shall be rated AA or higher.
- Repurchase Agreements as part of a money market mutual fund.
- No single investment issuer, with the exception of the U.S. Government and its agencies, shall constitute more than 5% of the value of the fund (at the time of purchase).
- No single corporate industry group shall constitute more than 15% of the value of the fund (at the time of purchase).
- Certificates of deposit and other evidence of deposit at financial institutions. The Investment Officer shall obtain competitive bids for at least two financial institutions.
- Local Government Investment Pools.
- Investment in foreign currency is NOT allowed.

Additional Requirements for Stormwater Fund

1. Securities must be listed on the MBIA Insurance Corporation List of Permissible Investments for Indentured Funds. (Attachment B), in accordance with insurance provisions for the Stormwater Revenue Bonds.

Additional Requirements for Cash Management – General Fund

1. Maturity of investments to conform to cash flow projections of the City to provided liquidity.

Attachment B

MBIA

LIST OF PERMISSIBLE INVESTMENTS FOR INDENTURED FUNDS

A. Direct obligations of the United States of America (including obligations issued or held in book-entry form on the books of the Department of the Treasury, and CATS and TIGRS) or obligations the principal of and interest on which are unconditionally guaranteed by the United States of America.

B. Bonds, debentures, notes or other evidence of indebtedness issued or guaranteed by any of the following federal agencies and provided such obligations are backed by the full faith and credit of the United States of America (stripped securities are only permitted if they have been stripped by the agency itself):

1. U.S. Export-Import Bank (Eximbank)
Direct obligations or fully guaranteed certificates of beneficial ownership

2. Farmers Home Administration (FmHA)
Certificates of beneficial ownership

3. Federal Financing Bank

4. Federal Housing Administration Debentures (FHA)

5. General Services Administration
Participation certificates

6. Government National Mortgage Association (GNMA or "Ginnie Mae")
GNMA - guaranteed mortgage-backed bonds
GNMA - guaranteed pass-through obligations
(not acceptable for certain cash-flow sensitive issues.)

7. U.S. Maritime Administration
Guaranteed Title XI financing

8. U.S. Department of Housing and Urban Development (HUD)
Project Notes
Local Authority Bonds
New Communities Debentures - U.S. government guaranteed debentures
U.S. Public Housing Notes and Bonds - U.S. government guaranteed public housing notes and bonds

C. Bonds, debentures, notes or other evidence of indebtedness issued or guaranteed by any of the following non-full faith and credit U.S. government agencies (stripped securities are only permitted if they have been stripped by the agency itself):

1. Federal Home Loan Bank System
Senior debt obligations

2. Federal Home Loan Mortgage Corporation (FHLMC or "Freddie Mac")
Participation Certificates
Senior debt obligations

3. Federal National Mortgage Association (FNMA or "Fannie Mae")
Mortgage-backed securities and senior debt obligations

4. Student Loan Marketing Association (SLMA or "Sallie Mae")
Senior debt obligations

MBIA

5. Resolution Funding Corp. (REFCORP) obligations

6. Farm Credit System
   Consolidated systemwide bonds and notes

D. Money market funds registered under the Federal Investment Company Act of 1940, whose shares are registered under the Federal Securities Act of 1933, and having a rating by S&P of AAAm-G; AAA-m; or AA-m and if rated by Moody's rated Aaa, Aa1 or Aa2.

E. Certificates of deposit secured at all times by collateral described in (A) and/or (B) above. Such certificates must be issued by commercial banks, savings and loan associations or mutual savings banks. The collateral must be held by a third party and the bondholders must have a perfected first security interest in the collateral.

F. Certificates of deposit, savings accounts, deposit accounts or money market deposits which are fully insured by FDIC, including BIF and SAIF.

G. Investment Agreements, including GIC's, Forward Purchase Agreements and Reserve Fund Put Agreements acceptable to MBIA (Investment Agreement criteria is available upon request).

H. Commercial paper rated, at the time of purchase, "Prime - 1" by Moody's and "A-1" or better by S&P.

I. Bonds or notes issued by any state or municipality which are rated by Moody's and S&P in one of the two highest rating categories assigned by such agencies.

J. Federal funds or bankers acceptances with a maximum term of one year of any bank which has an unsecured, uninsured and unguaranteed obligation rating of "Prime - 1" or "A3" or better by Moody's and "A-1" or "A" or better by S&P.

K. Repurchase Agreements for 30 days or less must follow the following criteria. Repurchase Agreements which exceed 30 days must be acceptable to MBIA (criteria available upon request)

Repurchase agreements provide for the transfer of securities from a dealer bank or securities firm (seller/borrower) to a municipal entity (buyer/lender), and the transfer of cash from a municipal entity to the dealer bank or securities firm with an agreement that the dealer bank or securities firm will repay the cash plus a yield to the municipal entity in exchange for the securities at a specified date.

1. Repos must be between the municipal entity and a dealer bank or securities firm
   a. Primary dealers on the Federal Reserve reporting dealer list which are rated A or better by Standard & Poor's Corporation and Moody's Investor Services, or
   b. Banks rated "A" or above by Standard & Poor's Corporation and Moody's Investor Services.

MBIA

2. The written repo contract must include the following:
   a. Securities which are acceptable for transfer are:
      (1) Direct U.S. governments, or
      (2) Federal agencies backed by the full faith and credit of the U.S. government (and FNMA & FHLMC)
   b. The term of the repo may be up to 30 days
   c. The collateral must be delivered to the municipal entity, trustee (if trustee is not supplying the collateral) or third party acting as agent for the trustee (if the trustee is supplying the collateral) before/simultaneous with payment (perfection by possession of certificated securities).
   d. Valuation of Collateral
      (1) The securities must be valued weekly, marked-to-market at current market price plus accrued interest
         (a) The value of collateral must be equal to 104% of the amount of cash transferred by the municipal entity to the dealer bank or security firm under the repo plus accrued interest. If the value of securities held as collateral slips below 104% of the value of the cash transferred by municipality, then additional cash and/or acceptable securities must be transferred. If, however, the securities used as collateral are FNMA or FHLMC, then the value of collateral must equal 105%.

3. Legal opinion which must be delivered to the municipal entity:
   a. Repo meets guidelines under state law for legal investment of public funds.

Additional Notes

(i) There is no list of permitted investments for non-indentured funds. Your own credit judgment and the relevant circumstances (e.g., amount of investment and timing of investment) should dictate what is permissible.

(ii) Any state administered pool investment fund in which the issuer is statutorily permitted or required to invest will be deemed a permitted investment.

(iii) DSRF investments should be valued at fair market value and marked to market at least once per year. DSRF investments may not have maturities extending beyond 5 years, except for Investment Agreements approved by the Insurer.

Attachment B

MBIA

GENERAL DOCUMENT PROVISIONS FOR SURETY BONDS AND LOCS IN PLACE OF DSRFS

A If the documents provide for the replacement of an existing funded DSRF in the future with either a surety bond or a letter of credit or provide for the use of a surety bond or letter of credit to fund the DSRF on parity issues, then a provision should be added to the documents that no such surety bond or letter of credit may be used without the written consent of the Insurer both as to the provider of such security and to its structure.

B As an alternative to I and in all cases where a surety bond or letter of credit is replacing a DSRF in an Insurer-insured issue, the following requirements apply:

1. The surety bond must be from an insurance company that is rated in the highest rating category by Standard & Poor's and Moody's, or the letter of credit must be from a bank approved by the Insurer.

2. The Insurer reserves the right to periodically review the LOC bank and if found unacceptable, require that:

a. another LOC must be found within 45 days, or

b. the issuer must draw upon the LOC to fund the DSR with cash, or

c. the issuer must fund the DSR with cash over an acceptable period of time (to be negotiated on a deal-by-deal basis).

3. The surety bond or LOC must be unconditional and irrevocable. If the surety bond or LOC can expire earlier than the final maturity of the bonds, the provisions for funding a reserve should be examined for acceptability.

4. After the surety bond has been drawn down, any monies available to repay the surety bond or LOC provider must first be used to reinstate the surety bond or LOC to its original amount. Any interest or fees due to the surety or LOC provider, other than reinstatement, must be subordinate to any amounts required to be paid for the benefit of the bondholders.

2/11/92

CITY OF APPLETON POLICY	TITLE: **LEGAL BUSINESS OF THE CITY**		
ISSUE DATE:	LAST UPDATE:	SECTION: Finance	FILE NAME:
POLICY SOURCE: Legal Services Department – City Attorney's Office			TOTAL PAGES:
Reviewed by Attorney's Office Date:	Finance Committee Approval Date:		Council Approval Date:

I. PURPOSE

This policy is designed to outline the responsibilities of the City Attorney in conducting the legal business of the City of Appleton, as stated in §62.09(12)(a).

II. POLICY

The City Attorney shall be involved at all stages of any process which could result in a legal relationship between the City of Appleton and any other entity or entities.

III. DISCUSSION

Wisconsin Statutes Section 62.09(12)(a) provides, "The attorney shall conduct all the law business in which the city is interested." Legal matters in which the City of Appleton engages shall be guided by the requirements of §62.09(12), Wis. Stats.
The full statute is as follows:

> (12) Attorney.
> (a) The attorney shall conduct all the law business in which the city is interested.
> (c) The attorney shall when requested by city officers give written legal opinions, which shall be filed with the clerk.
> (d) The attorney shall draft ordinances, bonds and other instruments as may be required by city officers.
> (e) The attorney shall examine the tax and assessment rolls and other tax proceedings, and advise the proper city officers in regard thereto.
> (f) The attorney may appoint an assistant, who shall have power to perform the attorney's duties and for whose acts the attorney shall be responsible to the city. Such assistant shall receive no compensation from the city, unless previously provided by ordinance.
> (g) The council may employ and compensate special counsel to assist in or take charge of any matter in which the city is interested.

The City of Appleton is a municipal corporation which routinely engages in legally binding

transactions with other municipalities, corporations and individuals. It is critical that the legal interests of the City of Appleton be a necessary component of discussions and negotiations with outside parties. Inclusion of the City Attorney at the outset and throughout is an essential component of keeping the legal interests of the City in such discussions and negotiations.

This policy shall be liberally construed to achieve its purpose of involving the City Attorney, to the fullest extent practical, in all legal matters of the City to ensure the City has proper legal representation in all law matters while also allowing for City business to be conducted in an efficient manner. This policy shall supersede any previous action of the Common Council to the extent the previous actions are inconsistent with this policy.

This policy is intended to outline the areas of responsibility for the City Attorney regarding the legal business of the City. Whenever in this policy there is a reference to City Attorney, that term shall be defined as the City Attorney's Office including any Assistant City Attorneys.

The City Attorney shall be responsible for, including, but not limited to, the following:

- Drafting ordinances as approved by the Common Council
- Drafting bonds and other instruments as may be requested by City officers
- Drafting legal opinions when requested by City officers
- Drafting construction contracts on behalf of the City for City projects
- Coordination with and monitoring of all efforts by, special counsel including hired or appointed outside counsel
- Preparation of all real estate documents necessary for all real estate transactions
- Representation of the City in all traffic, ordinance civil matters and appear in court on behalf of the City when required
- Preparation of labor contracts between the City and its employees
- Negotiation and drafting of terms for development agreements
- Providing legal advice, guidance and representation in other matters, issues and the like considered law business in which the City has an interest

CITY OF APPLETON POLICY	TITLE: **PERSONAL USE OF EMPLOYER-PROVIDED VEHICLES**		
ISSUE DATE: Day of Council Adoption	LAST UPDATE: New Policy	SECTION:	FILE NAME:
POLICY SOURCE: Finance Department			TOTAL PAGES: 3
Reviewed by Attorney's Office Date: April 1999	H.R. Committee Approval Date: April 6, 1999		Council Approval Date: April 7, 1999

I. PURPOSE

To comply with the Internal Revenue Service Code and minimize the City's exposure for potential liability when providing an employee a vehicle necessary to complete their job.

II. POLICY

It is the policy of the City of Appleton to comply with the Internal Revenue Service Code in determining the calculation of the fringe benefit amount that will be included as taxable income for employees using City-owned vehicles to conduct personal business.

The value of an employer-provided vehicle is considered a fringe benefit and must be included in an employee's gross income unless used for business purposes. Business purposes include:

1. An employee who is on call and takes a city vehicle home to respond in a timely and efficient manner. Vehicle is used for commuting. Other personal use is prohibited. Only City employees can be passengers unless other passengers are approved by the department head*.

2. Vehicle used for transportation to a seminar. (Vehicle is used for commuting. Other personal use is prohibited.) Only City employees can be passengers unless other passengers are approved by the department head*.

3. A police officer or fire fighter who is on call (at all times) (when not on regular shift) using a clearly marked police or fire vehicle within the City limits.**

4. A police officer or fire fighter who is an authorized user of an unmarked vehicle that must be able to respond from home to an emergency situation, surveillance site or stakeout. Use within the City limits only.**

All other uses are considered personal and the value of a City-provided vehicle must be included in the employee's gross income. If the above situations do not apply, the employee must report the personal use quarterly by filling out an "Employee Representation Regarding Use of Company Vehicle" form provided by the Finance Department. The employer will use the annual lease valuation rule to determine the value of the benefit. The value is determined by using a table in the Internal Revenue Service regulations. A copy of the "Employee Representation Regarding Use of Company Vehicle" form is attached.

Department Heads are responsible for notifying Finance when a vehicle is permanently assigned to or taken away from an individual. This will allow Finance to have a master list for tracking the completion of forms.

*If a department head is not sure of an acceptable deviation of the policy in items 1 and 2 above, they should consult with the City Attorney's Office or Risk Management/Human Resources Department to determine acceptable risk levels.

**For additional information on Police Officer guidelines for use of City-Owned Vehicles please reference the Fleet Operations & Maintenance Guidelines, Section "G" of the Police Department Operations Policy Manual.

III. DISCUSSION

This policy provides for and outlines acceptable business use of City provided vehicles. This policy also outlines the employee's expectations and procedures for reporting the personal use of any City-owned vehicle to the Finance Department.

IV. DEFINITIONS

IRS:	Internal Revenue Service
Annual Lease Valuation Rule:	An estimate of the annual cost of leasing an automobile based on a four (4) year lease.
Personal Use Taxable Income:	The amount that must be added to an employee's gross income as the value of the fringe benefit for utilizing a City provided vehicle for personal use.

V. PROCEDURE

Any employee using a City owned vehicle for personal use must complete an "Employee Representation Regarding Use of Company Vehicle" form (sample attached to this policy). The employee must report the description of the vehicle, quarter ending date, beginning and ending odometer reading, the total personal miles, the total business miles, and whether or not the employer purchased the fuel for the vehicle. (If the employee purchased fuel for the vehicle the applicable receipts must be attached to the form.) The form must be submitted to the Finance Department no later than ten days after the close of the quarter in which the employee had personal use of the vehicle.
The Finance Department will then calculate the appropriate amount of personal use taxable income to be added to the employee's pay check and reported on the employee's W-2 form as gross earnings.

VI. FALSIFICATION OF FORMS

An employee will be subject to disciplinary action up to and including discharge for falsifying any information required, requested or reported on the "Employee Representation Regarding Use of Company Vehicle" form or for any unauthorized or inappropriate application of this policy.

EMPLOYEE REPRESENTATION REGARDING
USE OF COMPANY VEHICLE

The IRS requires employers to calculate the amount of the fringe benefit to be included in the employee's W-2 income with respect to the vehicles provided to employees. The City requires employees to maintain written records to document the use on a quarterly basis (March, June, Sept. and Dec.) and are due to Finance within ten days of quarter end. Please provide answers to the following questions (if more than one vehicle used, you need to fill out a separate statement for each):

Description of Vehicle _____

For the quarter ending_____

Odometer reading: Beginning_____ End_____

Please provide the number of miles for each of the following categories:

Total personal miles_____

Total business miles_____

Did the employer pay the cost of fuel consumed by this vehicle? YES NO
(If an occasional purchase of gas is made by the employee, please attach applicable receipts)

_____ _____
Employee Signature Date

To be completed by Finance:

Fair market value of vehicle _____
(Redetermined at the beginning of the fifth year)

Annual lease value per chart _____

Prorate for quarter X .25

Personal use percentage (personal/total miles) _____

Personal annual lease value _____

If fuel is provided by employer:
Personal miles_____ X $.055 _____

Personal use taxable income

CITY OF APPLETON POLICY			TITLE: PROCUREMENT CARD PROGRAM
ISSUE DATE: 2/2/00	LAST UPDATE: 9/21/16	SECTION:	TEXT NAME:
POLICY SOURCE: Finance Department			TOTAL PAGES: 10
Reviewed by Attorney's Office Date: 8/16/16	Finance Committee Approval Date: 9/13/16		Council Approval Date: 9/21/16

I. PURPOSE

To establish a methodology, and to define the limits for use, of City issued procurement cards provided to certain City employees to make purchases of goods and/or services.

II. ATTACHMENTS

1. Procurement Card Quick Reference (Sample)
2. Employee Agreement (Sample)
3. Procurement Card Application form (Sample)

III. DEFINITIONS

Account Statement: The monthly listing of all transactions posted to the cardholder's account, issued by the Procurement Card vendor directly to the cardholder.

Approving Supervisor: The individual responsible for reviewing and approving a cardholder's monthly statement of account.

Cardholder: Personnel who have been issued procurement cards and who are authorized to make purchases in accordance with these procedures.

Department Coordinator: The individual assigned to perform administrative tasks associated with the program on behalf of their department and its cardholders.

PCPS: Procurement Card Purchasing System.

Purchasing Manager: The person responsible for overall program administration, including cardholder account maintenance, contract administration, final monthly account reconciliation, and departmental auditing.

Rebate: Money paid back to the City by the procurement card vendor based upon spending volume and other criteria, as provided for in the master contract.

Single Transaction Limit: A dollar amount limitation of purchasing authority delegated to a cardholder for each individual transaction. This dollar limit may vary from cardholder to cardholder, as agreed between the Purchasing Manager and the Department Director or Approving Supervisor.

Vendor or Merchant: A company from which a cardholder is purchasing materials and/or equipment or services under the provisions of these procedures.

IV. PROCEDURES

INTRODUCTION

This program is established in order to simplify the procurement and payment processes, and to reduce paperwork and handling costs, primarily for small purchases. By using the Procurement Card Purchasing System (PCPS), the traditional requisition process (establishing need, inquiring on prices, placing the order, delivery of goods, receipt of invoice, reconciling invoice to purchase order, paying vendor) is greatly reduced. Employees who are issued procurement cards may initiate transactions in person, by telephone or through the internet within the limits of these procedures, and receive goods or services. The Finance Department will make monthly settlements with the procurement card vendor.

When using a procurement card, cardholders shall adhere to all provisions of the City Procurement and Contract Management Policy.

RECEIVING A PROCUREMENT CARD

Department directors or approving supervisors may request their personnel be issued cards by contacting the Purchasing Manager.

The proposed cardholder will be issued a summary of these procedures and shall be required to complete and sign a Procurement Card Application form (Attachment 3) and an Employee Agreement (Attachment 2). The agreement indicates that the cardholder understands these procedures and the responsibilities of a PCPS cardholder.

The Purchasing Manager shall maintain all records of procurement card requests, limits, lost/stolen card information, fraud and dispute resolutions, and monthly signature/approval sheets.

AUTHORIZED PROCUREMENT CARD USE

The unique procurement card that the cardholder receives has his/her name embossed on it and shall **ONLY** be used by the cardholder. **NO OTHER PERSON IS AUTHORIZED** to use that card. The cardholder may make transactions on behalf of others in their department (example: training

registrations); however, the cardholder is responsible for the use of his/her card.

Use of the procurement card shall be limited as follows:

a) The total value of a transaction shall not exceed a cardholder's single transaction limit. Preset electronic controls will cause a transaction to be declined when a cardholder's authorized single transaction (or other) limit is being exceeded.

b) Payment for a purchase **SHALL NOT** be split into multiple transactions to stay within the single transaction limit. Contact the Purchasing Manager for limit increases to accommodate larger transactions.

c) All items purchased "over the counter" should be immediately available at the time of procurement card use. No backordering of merchandise is allowed. Orders for future delivery may be placed, but vendors must not charge a card prior to shipment or delivery.

d) Only authorized commodities or services may be purchased with a procurement card. See the next section for a listing of unauthorized uses.

UNAUTHORIZED PROCUREMENT CARD USE

The procurement card SHALL NOT BE USED for the following:

a) Personal purchases or identification.

b) Meals for travel when the per diem method of reimbursement is used.

c) Cash advances.

d) Fuel, unless necessary during authorized travel with a City vehicle outside the area, or during an emergency within the area.

e) Telephone calls.

f) Alcohol or any other purchases or expenditures prohibited by City policy.

g) Charges for goods or services not immediately available.

h) Individual departments may impose further restrictions at the discretion of the Director.

A cardholder who makes unauthorized purchases or carelessly uses the procurement card may lose the privilege of future card use and will be liable for the total dollar amount of such unauthorized purchases plus any administrative fees charged by the procurement card vendor in connection with the misuse. The cardholder may also be subject to disciplinary action, up to and including termination.

MAKING A PURCHASE

Procurement procedures permit a purchase of goods and services (if their value is $2,000 or less) to be made from a "Vendor of Choice." This implies the possibility of not comparing sources or competition between vendors. However, it is also policy to seek competition and the lowest prices within parameters of quality and delivery whenever practical. Accordingly, the cardholder is encouraged to check as many sources of supply as reasonable to assure best price and delivery. Where feasible, the Purchasing Manager will establish pricing agreements and identify preferred suppliers.

Cardholders will utilize the following "checklist" when making a purchase:

a) Ensure that the purchase is being made from a preferred supplier, if one has been designated by the Purchasing Manager, or that competitive quotes have been obtained if required by policy.

b) Once a vendor is identified and that vendor confirms that the goods or services are available, meet the specification, delivery and any other requirements, the following steps shall be taken:

1. Confirm that the vendor agrees to accept the procurement card.

2. Advise the vendor of the City's tax exempt status.

3. Direct the vendor to include the following information on the shipping label and/or packing list:
    a) Cardholder's name;
    b) Complete delivery address;
    c) The words "Procurement Card Purchase" or similar indication; and
    d) Complete description of the goods shipped.

4. It is very important that all purchases be shipped or delivered to the attention of the cardholder ordering the merchandise as this will ensure that the documents necessary for recordkeeping are readily available to the cardholder.

5. If necessary, the individual who receives merchandise in the cardholder's department should be advised of the vendor's name and order number, anticipated delivery date, number of boxes expected, carrier (UPS, Fed Ex, or other). That individual should notify the cardholder when delivery is made.

CARDHOLDER AND DEPARTMENTAL RECORD KEEPING

Whenever a procurement card purchase is made, either in-person, over the

counter, by telephone or through the internet, documentation shall be retained as proof of the purchase. Such documentation will be used to verify the purchases listed on the cardholder's monthly account statement.

When the purchase is made over the counter, the cardholder shall retain the invoice and "customer copy" of the receipt. Prior to signing or accepting this receipt, the cardholder is responsible for making sure that the vendor lists the quantity and fully describes the item(s) purchased, the receipt indicates payment by procurement card, and no sales tax has been charged. When the goods are received as a result of placing a telephone or internet order, all order confirmation and shipping documentation is to be retained.

Each City department shall maintain its own internal procedure for matching and verification of receipt documentation against individual cardholder account statements. Cardholders may forward their statement with all documentation attached to the Department Coordinator once per month, or forward transaction receipts to the Department Coordinator as received throughout the month, as dictated by internal procedure. In either case, the cardholder shall be ultimately responsible for complete documentation of all charges and credits on their individual statements. If the cardholder does not have documentation of a transaction listed on the monthly statement, he/she shall attach an explanation that includes a description of the item(s) purchased, date of purchase, vendor's name and a reason for the lack of supporting documentation. This data attachment is critical to enable audit substantiation. **IF THIS ROUTINE IS NOT ADHERED TO, THE AUTHORIZATION TO USE THE PROCUREMENT CARD MAY BE REVOKED**. The careful matching of complete support documents to the account statement is vital to the success of this program.

Departments shall be responsible for entry of all transaction data (basic description and general ledger account number) into the procurement card vendor's online system. A department summary sheet signed by the department Director or Approving Supervisor shall be forwarded, electronically or in hard copy, to the Purchasing Manager, and shall serve as authorization and approval of all departmental purchases and charges. Both tasks shall be completed no later than the 15th of the month following the end of each billing cycle.

All cardholder statements, reports and supporting documentation shall be retained at the department level, referenced by month and year, for a minimum of seven (7) years.

OTHER ITEMS

Tax Exemption: The cardholder shall inform the vendor of the City's tax exempt status. The tax exemption information is printed on the front of the card as a reminder. The cardholder shall be responsible to make reasonable efforts, relative to the amount of tax charged, to recover sales tax charged by a vendor. Such efforts should be documented in the monthly file.

Purchasing Card Returns: If an item is not satisfactory (such as, received wrong,

damaged and/or defective, or duplicate order), the cardholder should make contact with the vendor to explain the problem and inquire about return policies. If an item has been returned and a credit voucher received, the cardholder shall verify that this credit is reflected on the monthly statement.

If purchased items or credits are not listed on the monthly statement, the appropriate transaction documentation shall be RETAINED by the cardholder until the next monthly statement. If the purchase or credit does not appear on the statement within sixty (60) days after the date of purchase, the cardholder or approving supervisor shall notify the Purchasing Manager to expedite the credit or file a dispute.

CARD SECURITY

It is the cardholder's responsibility to safeguard the procurement card and account number to the same degree that a cardholder safeguards his/her personal credit information. The cardholder must not allow anyone to use his/her account number. A violation of this trust will result in the cardholder having his/her card withdrawn and the initiation of disciplinary action. Any unauthorized or suspicious charges appearing on a cardholder's account shall be immediately reported to the Purchasing Manager.

If the card is lost or stolen, the cardholder shall immediately notify the procurement card vendor, and shall notify the Purchasing Manager by the next working day. A new card shall be promptly issued to the cardholder after the reported loss or theft. A card that is subsequently found by the cardholder after being lost shall be destroyed.

CARDHOLDER SEPARATION

Prior to separation from the City, the cardholder shall surrender the procurement card and any current period documentation to his/her approving supervisor. Upon receipt, the approving supervisor will review the current charges for appropriateness, advise the Purchasing Manager of the employee's separation and destroy the card.

AUDITING

The Purchasing Manager shall, on a quarterly basis, examine one month's procurement card records of selected departments, on a schedule that ensures each department receives an audit annually. Audit criteria shall verify that:

a) Hard copy receipts are on file for all transactions, including credits;
b) All receipts are from valid suppliers and contain adequate information;
c) Proper quotes are attached or noted if required for the dollar amount of the transaction; and
d) All transactions comply with this and other City policies (i.e. Travel Policy).

The audited department shall receive a report upon completion of the audit, with any discrepancies noted. Within 30 days, the department shall report in writing to the Finance Department the action(s) taken to correct the discrepanc(ies) and prevent recurrence.

REBATES AND LARGE TRANSACTIONS

As stated, the PCPS is established primarily to reduce paperwork and handling costs for small purchases (under $1,000). However, the City's contract with the procurement card vendor provides for a cash rebate to be paid back to the City based on total spend, and other program measures.
Therefore, departments and cardholders are encouraged to identify opportunities to use procurement cards as a payment method for larger transactions whenever possible. When used for high dollar purchases, the procurement card is simply considered a payment method in lieu of a bank check. Cardholders should contact the Purchasing Manager to adjust card limits to accommodate these transactions.

ATTACHMENT 1

PROCUREMENT CARD QUICK REFERENCE

This program is being established to provide rapid turnaround of purchases of low-dollar value goods, and to reduce paperwork and handling costs. Employees who are issued procurement cards may initiate transactions in-person, by telephone or online, within the limits of these procedures, and receive goods or services.

The procurement card that the cardholder receives has his/her name embossed on it and shall **ONLY** be used by the cardholder. **NO OTHER PERSON IS AUTHORIZED** to use that card. The cardholder may make transactions on behalf of others in their department. However, the Cardholder is responsible for all use of his/her card.
Use of the procurement card shall be limited as follows:

- The total value of a transaction shall not exceed a cardholder's single transaction limit. Payment for a purchase **SHALL NOT** be split into multiple transactions to stay within the single transaction limit. Single transaction limits can be adjusted by request.
- All items purchased "over the counter" must be immediately available at the time of procurement card use. **No backordering of merchandise is allowed.**
- The cardholder shall inform the vendor of the City's tax exempt status.

The procurement card **SHALL NOT BE USED** for the following:

- Personal purchases or identification
- Cash advances
- Telephone calls
- Meals for travel when the per diem method of reimbursement is used
- Goods or services that are not immediately available
- Alcohol or other expenditures restricted by City policy

Quote Policies and Procedures
Less than $2,000 -Departments may purchase from the vendor of their choice, but encouraged to seek competition
$2,000 - $7,499 - Two price quotes (verbal or written)
$7,500 - over - Three price quotes (written)

Whenever a procurement card purchase is made, documentation shall be retained in the department as proof of the purchase. The cardholder is responsible for making sure that the vendor lists the quantity and fully describes the item(s). Such documentation will be used to verify the purchases listed on the cardholder's monthly account statement and for internal and/or external auditing.

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ATTACHMENT 2

CITY OF APPLETON
Employee Agreement

I, _____, hereby request a procurement card. As a cardholder I agree to comply with the following terms and conditions regarding my use of the card.

- I understand that I am being entrusted with a valuable tool - a **procurement card** - and will be making financial commitments on behalf of the City of Appleton. I will strive to obtain the best value for the City by using "preferred suppliers" if identified by the City's Purchasing Manager.
- I understand that the City of Appleton is liable to the procurement card vendor for all charges made on the card.
- I agree to use this card for approved purchases only and agree not to charge personal purchases. I understand the Finance Department will audit the use of this card and report and take appropriate action on any discrepancies.
- I will follow established procedures for the use of the card. Failure to do so may result in revocation and/or other disciplinary action.
- I have been given a copy of the purchasing card administrative rules including the "quick reference information" and understand the requirements and limitations for the card's use.
- I agree to return the card immediately upon request or upon termination of employment, including retirement.
- If the card is lost or stolen, I agree to notify the procurement card vendor immediately, and the Purchasing Manager by the next working day.
- I understand that if personal purchases are discovered on the card, I will be held personally responsible for payment of such charges and will be subject to disciplinary actions up to and including discharge.

_____ _____
Employee Signature Social Security Number

_____ _____
Department Date

ATTACHMENT 3

CITY OF APPLETON *** J.P. MORGAN CHASE**

PROCUREMENT CARD APPLICATION

EMPLOYEE/APPLICANT INFORMATION

First Name Middle Initial Last Name

Department Name

Department Business Address (to send monthly statement to)

City State Zip

( ) _____ _____
Business Phone Date of Birth (mm/dd/yyyy)

_____ _____
Social Security Number Mother's Maiden Name

_____ _____
Signature of Applicant Date

APPROVAL

_____ ___. $2000 ___. Other (specify): _____
Signature of Dept. Head or Authorized Designee Single Transaction Limit
($2000 unless otherwise specified)

CITY OF APPLETON POLICY	TITLE: **PROCUREMENT AND CONTRACT MANAGEMENT POLICY**		
ISSUE DATE: 09/01/10	LAST UPDATE: 10/07/15	SECTION: Finance	FILE NAME:
POLICY SOURCE: Finance Department			TOTAL PAGES: 18
Reviewed by Attorney's Office Date: 09/10/15	Finance Committee Approval Date: 08/25/10 Date: 08/08/12 Date: 09/26/12 Date: 09/22/15		Council Approval Date: 09/01/10 Date: 08/15/12 Date: 10/03/12 Date: 10/07/15

I. PURPOSE

Procurement Policy – To allow the City to acquire, on a competitive basis, all goods and services at the best value possible and to operate in a manner that maximizes the effectiveness and efficiency of services provided by and for the City.

Contract Management Policy – To allow for the City to manage all contracts, and change orders associated with all contracts, in a manner that maximizes the effectiveness and efficiency of those contracts and change orders while ensuring adequate internal controls are followed.

II. POLICY

This policy establishes a Purchasing Office, Purchasing Manager and a contract management process. The Purchasing Office will have the responsibility to institute and maintain an effective and economical program for the purchase of goods and services. The Purchasing Manager, acting as a representative of the Mayor and reporting to the Finance Director, will ensure the proper and efficient administration of this program, and monitor compliance with these procedures, rules and regulations throughout City operations.

The purpose of the purchasing program is to enable departments to acquire needed equipment, materials, supplies and services of suitable quality for the purpose intended from the lowest priced responsible and responsive bidder while enhancing competition and providing fair opportunity and equitable treatment for all vendors.

This will be accomplished by utilizing a combined effort between City departments and the Purchasing Office. The Purchasing Office will concentrate efforts on standardizing and centralizing purchases of common use items among all departments while enlisting individual departments' expertise in purchasing specialized items unique to their departments. When purchasing these specialized items, the individual department becomes responsible for ensuring that the provisions of this policy are followed.

The policy pertains to all agencies, departments or offices of the City and, when applicable unless otherwise provided by statute, those committees, boards or commissions which manage or operate other City properties, installations or activities.

Failure to comply with this policy may result in loss of individual purchasing authority and/or disciplinary action up to and including discharge.

III. DEFINITIONS

Auction Administrator. An individual assigned by the City to assist departments in selecting an auction type and venue, establish procedures and responsibilities, and conduct online auctions for the sale of surplus supplies or equipment.

Bid. A formal price solicited from a vendor for a good or service. Bids are required to conform to specific terms and well defined specifications contained in the solicitation documents. A sealed written bid is required with public notice setting a specific time and place to open all bids received for any project defined as public construction.

Change Order. Change Order is defined as any increase or decrease in an approved contract amount or time necessary to complete the approved project.

City. The City of Appleton, WI.

Contract Amendment. A change in the contract scope which results in a change in the amount payable to the contractor/consultant/vendor, either increasing or decreasing the amount due.

Committee of Jurisdiction. A sub-committee of the Appleton Common Council with authority to hear and act upon a particular scope of subject matter.

Contract. An agreement between two (2) or more parties to do something or provide specific goods or services.

Contract Cost. Total cost of a contract, whether for one or more years.

Contract with Contingency. This is a contract entered into for a specific dollar amount for a specific scope of work. A contingency amount is approved at the time of the contract approval with the contingency amount set aside for unforeseen conditions or design shortfalls identified after a construction project begins.

Contractual Services. Includes, but may not be limited to: telephone, gas, water, electric light, power and heating services; towel and cleaning services; leases for grounds, buildings, equipment, office or other space required by the user department; and the rental, repair or maintenance of equipment, machinery or other property owned by the City.

Council. The Common Council of the City of Appleton.

Critical timing issues. Critical timing issues are those where a decision must be made on a timely basis to avoid sources of significant costs.

Department. All agencies, departments or offices of the City and, when applicable unless otherwise provided by statute, those committees, boards or commissions which manage or operate other City properties, installations or activities.

Invitation for Bid (IFB). The documents used to solicit bids from vendors.

Lump Sum Contract. A contract entered into for a specific dollar amount which will be paid for all of the work required by the contract, regardless of the actual costs incurred. A contract amendment will only be considered when there is either an increase or decrease in the scope of work required.

Procurement Card. A credit card issued by the City to an employee for the purpose of facilitating primarily low-cost purchases and to reduce associated administration.

Professional Services. Services, the value of which are substantially measured by the professional competence of the persons performing them and which are not susceptible to realistic competition by cost alone. Such services include, but shall not be limited to those customarily rendered by architects, engineers, surveyors, real estate appraisers, certified public accountants, attorneys, financial advisors, medical and social service providers, computer software applications, systems development/implementation, management and other consultants, promotional programs such as marketing and advertising, and such other specific services as determined by the Mayor or his/her designee.

Project Upgrade. A project upgrade is considered to be either a new item not necessary to the functioning of the project or a significant change in quality.

Proposal. A plan received from a vendor and the related cost of implementing the plan. Proposals are usually requested when the specifications or scope of the services needed cannot be adequately prepared to provide all prospective vendors a complete and accurate description of the work to be performed. Vendors are asked to propose their best solution to the needs defined in the solicitation. Proposals are often requested when soliciting costs for professional services, high-tech equipment, other specialized equipment and research and development expenditures.

Public Construction. Substantial repairs, remodeling, construction or other changes to any City-owned land or building (Wisconsin Statute §62.15).

Quotation. An informal type of bid received from a vendor offering to sell a product or service. The quotation will contain specified pricing, terms and conditions of sale. The quotation may be either in writing (including a price list or catalog) or verbal, depending upon the dollar value as outlined in IV.C (2) (3).

Request for Proposal (RFP). All documents, whether attached or incorporated by reference, used for soliciting proposals for professional services.

Request for Qualifications (RFQ). All documents, whether attached or incorporated by reference, used for soliciting statements of qualification for professional services.

Request for Quotations (RFQ). A written request for informal bids or quotes.

Service. The furnishing of labor, time or effort by a contractor, usually not involving the delivery of specific goods or products other than usual reports, materials or drawings which are the end result of and incidental to the required performance.

Unit Price Contract. A contract in which a fixed sum is paid for each completed unit of work.

IV. PROCEDURES

A. PURCHASING MANUAL

The Purchasing Manager shall prepare and maintain a Purchasing Manual setting forth the authorized purchasing procedures and the rules and regulations in connection therewith which shall be approved by Council.

B. DEPARTMENT SPECIFIC PURCHASES

In order to take advantage of the technical expertise within the various City departments, department personnel will have the authority to purchase specialized items unique to their operations. The Purchasing Office will be available to serve in an advisory capacity. However, if the department wishes, the responsibility for the purchase of these specialized items may be turned over to the Purchasing Office. Certain departments employ individuals whose duties include routine purchasing of non-specialized goods and services. These individuals retain such authority at the discretion of the Finance Director, and shall execute their purchasing responsibilities in accordance with all provisions of this policy and under the general oversight of the Purchasing Office. The individual coordinating the purchase will be responsible for ensuring that all provisions of the Procurement Policy are followed. Upon request of the Purchasing Manager, departments will furnish copies of quotes and other documentation to show compliance with the procurement policy.

C. PURCHASING AND CONTRACTING LEVELS

Purchases of and contracts for supplies, materials, equipment and contractual services shall be based on competitive bids/quotations whenever practical subject to the following spending guidelines. However, for all purchases the Purchasing

Manager reserves the right to coordinate the purchase of like items where such purchase is beneficial and practical to the City.

(1) *Purchases up to $ 2,000* may be made based on the best judgment of the department making the purchase, except as section IV.D applies. However, it is recommended to seek competition for these purchases for the lowest prices within the parameters of quality and delivery. Accordingly, whenever making a purchase under $2,000 the department is encouraged to seek competition from as many sources *as reasonable* to assure best price and delivery.

(2) *Purchases of $ 2,000 or more but less than $ 7,500* require the solicitation of two (2) or more quotes, which may be written or verbal, but documented in either case. When verbal quotes are received, all pertinent details of the quote should be documented in writing by the department and retained on file.

(3) *Purchases of $ 7,500 or more* require that a minimum of three (3) written quotations be solicited. Additionally, any new contracts or agreements for services or equipment with an anticipated contract cost of $ 25,000 or more require the recommendation of the Committee of Jurisdiction and the approval of the Common Council prior to execution. New contracts or agreements shall be defined as those which:

a. are for services or equipment procured on a special or one-time basis; or

b. are *not* for the renewal or reaward of existing, previously approved and budgeted, ongoing operational requirements (i.e., existing maintenance agreements, fuel, salt); or

c. are not defined by either (a) or (b), but have an anticipated total contract cost in excess of $100,000 (i.e., janitorial services, uniforms, etc.)

(4) *Public Construction Projects*. In accordance with Wisconsin Statute §62.15, all such projects for which the cost is expected to be greater than $25,000 must be competitively bid. The City Attorney's Office will determine the applicability of this statute to individual projects.

The bidding and awarding processes are detailed in Wisconsin Statute §66.0901. All public works bids and staff recommendations shall be submitted through the Finance Committee for Common Council approval.

D. STANDARD CONTRACTS

When the Purchasing Manager has standardized the purchasing of a good or service and has issued standard purchase orders or contracts for these goods or services, such goods or services shall be purchased from the agreed upon vendor for the length of the agreement. Exceptions will be made only when the requisition clearly states the reason for which the standard item is unacceptable.

E. COOPERATIVE PURCHASING

The Purchasing Manager and other authorized City personnel shall have authority to join with other units of government, with quasi-government agencies funded in whole or in part by the City, and with other purchasing associations in cooperative purchasing plans when the best interest of the City would be served. Competitively bid cooperative purchasing contracts onto which the City "piggybacks" must contain language specifically allowing participation by other government agencies. They are considered to have met competitive requirements, and no additional quotes are necessary. Additionally, if identical products can be obtained at a lower price than current cooperative purchasing contracts, no additional quotes are required.

F. PURCHASING FROM GOVERNMENT UNITS

Materials, supplies, machinery and equipment offered for sale by the federal or state government or by any municipality may be purchased without bids at prices to be agreed upon between the Purchasing Manager and the respective department for which the item is to be acquired. Expert assistance for appraisal of such items may be employed at the discretion of the Purchasing Manager.

G. SOLE SOURCE

Purchases of goods or services under $25,000 may be made without competition when it is agreed in advance between the department and the Purchasing Office that there is a valid reason to purchase from one source or that only one source is available.

For sole source purchases over $2,000 but less than $7,500, the department shall obtain verbal approval from the Purchasing Office, and document the reasons and agreement at the department level. The Purchasing Manager may suggest or assist in locating additional competitive sources.

(1) For sole source purchases over $7,500 but less than $25,000, a written justification shall be forwarded to the Purchasing Manager, who will either concur with the sole source or assist in locating additional competitive sources.

(2) Any sole source purchase of $25,000 or more must have a recommendation by the Committee of Jurisdiction and an approval of the Common Council.

(3) The use of the sole source exception to the competitive bidding process will expire on an annual basis.

(4) A sole source purchase may be allowed when a needed item becomes available on a one-time basis at an "exceptionally advantageous" price. The buyer must be able to show that the purchase price of the item presents a unique and temporary opportunity for significant savings relative to its market value. Examples include auctions, used equipment offerings, liquidations, etc. Approval procedures G.(1) through G.(3) above still apply.

H. EMERGENCY PURCHASES

Any City department or agency may purchase in the open market, without filing a requisition or estimate, or receiving competitive bids, any supplies, materials or equipment for immediate delivery to meet emergencies arising from unforeseen causes. The following situations constitute an emergency under this provision of the policy:

(1) Any situation in which there exists immediate and substantial danger to the health, life or property of any person or any situation in which there exists potential for increased damage to City property if the situation is not immediately remedied;

(2) Any situation where the normal operation of any City department or Agency is seriously impaired or is in jeopardy of being seriously impaired; or

(3) When the Mayor's Office declares an emergency.

I. PURCHASE OF RECYCLED MATERIALS

The Purchasing Manager will ensure that the average recycled content of all paper purchased by the City measured as a proportion, by weight, of the fiber content of all paper products purchased in the year is not less than those percentages specified in Wisconsin Statute §66.0131(3)(a)(2).

J. PURCHASE ORDERS

Purchase orders should be issued for all purchases of goods and services unless such payment is covered by an existing contract or other agreement. However,

purchase orders should not be issued when a City issued procurement card is used to facilitate the purchase.

K. PROCUREMENT CARDS

A City issued procurement card should be used whenever practicable for purchases of low dollar items ($1,000 or less) in accordance with the limitations imposed on the cardholder and following the City's procurement card use policies. Authorized transactions greater than $1,000 are still subject to the quote requirements of this policy. See the City of Appleton Procurement Card Policy for complete rules of use.

L. SERIAL CONTRACTING

No contract or purchase shall be subdivided to avoid the requirements of this policy. Serial contracting is the practice of issuing a series of purchase orders to the same vendor for the same commodity or service in any 90-day period in order to avoid the requirements of the Procurement Policy.

M. APPROPRIATIONS

All purchases shall be made in accordance with the appropriations (budgets) that have been approved by the Council for the operation of the respective City departments. The responsibility for not exceeding existing appropriations rests with the department head making the requisitions or purchases. Contracts or agreements extending beyond one year should contain language allowing for termination in the event funding is not appropriated in subsequent fiscal years.

N. LOWEST RESPONSIBLE BIDDER AND BEST VALUE CONCEPT

All open market orders or contracts shall be awarded to the lowest priced responsible bidder taking into consideration the following factors: the qualities of the articles to be supplied; conformity with specifications; product compatibility; maintenance costs; vendor support after the purchase, and delivery terms. Where appropriate, life cycle costing or TCO (total cost of ownership) concepts should be used to determine and evaluate cost components beyond the base purchase price.

If two or more qualified bids are for the same total amount or unit price, quality and service being equal, the contract shall be awarded to the local bidder. Where this is not practical, the contract will be awarded to one of the bidders by drawing lots in public.

O. CONTRACT APPROVAL

Contract recommendation by Committee and approval by Council shall be approved with the following language:

Lump sum or unit price contract:

Award "Project Name" to "Vendor" in an amount not to exceed $XX,XXX.XX.

Contract with contingency:

Award "Project Name" to "Vendor Name" in the amount of $XXX,XXX with a XX% contingency of $XX,XXX for a project total not to exceed $XXX,XXX.

P. CHANGE ORDER PROCEDURE

Change orders to contracts shall be governed by this procedure, unless an exception to the procedure has been previously approved by Council. This procedure may be modified by the Common Council and Committee of Jurisdiction for larger Public Construction contracts. Under no circumstances shall a change order be split to fall within a desired category. Where feasible, critical timing issues may be addressed by scheduling a special committee meeting. Emergency actions affecting the health or safety of the community will be addressed in accordance with the existing emergency policy.

(1) EXPLANATION

a. All Change Order approval requests will include a brief description of the change being made and the reason supporting the need for the change.

(2) CHANGE ORDER APPROVAL

a. For projects with a contracted cost less than $500,000, Change Orders of less than $15,000 within contingency may be approved by the department head, and the item brought to the Committee of Jurisdiction as an informational item prior to issuing final payment.

b. On projects with a contracted amount of $500,000 or greater, Change Orders for less than $50,000 within contingency, may be approved by the department head. The Change Order shall be reported out to the Committee of Jurisdiction as an informational item at its next regularly scheduled meeting or within thirty (30) days, whichever is sooner. Additionally, a project summary detailing the total cost of the project,

including Change Orders, shall be reported as an informational item to the Committee of Jurisdiction prior to issuing final payment.

c. All Change Orders not included in either of the paragraphs above must be recommended by the Committee of Jurisdiction and approved by the City Council prior to the contractor being authorized to begin work.

d. If approval of the Change Order results in the contract amount exceeding the remaining contingency and/or the project budget, recommendation of the contract amendment must be obtained from the Finance Committee, Committee of Jurisdiction, and approved by the Common Council prior to beginning any work under the Change Order.

e. If, in the determination of the Mayor, the work called for under a proposed Change Order is a Critical Timing situation, the Change Order may be authorized by the Mayor, in consultation with Department Head and Director of Finance. Any such approval shall be reported to the Common Council as an informational item at its next regularly scheduled meeting or within thirty (30) days, whichever is sooner.

(3) REPORTING

a. Change orders required to be recommended by Committee and approved by Council shall be submitted to Committee with the following language:

Change Order within contingency:

Approve Change Order # X to contract XXXXXX for "Project Name" to increase (decrease) for "description of why" in the amount of $XX,XXX resulting in a(n) decrease (increase) to contingency from $XX,XXX to $XX,XXX. No change to overall contract amount.

Change Order outside of contingency:

Approve Amendment and Change Order # X to contract XXXXXX for "Project Name" to increase for "description of why" in the amount of $XX,XXX resulting in a(n) decrease (increase) to contingency from $XX,XXX to $XX,XXX. Overall contract increased from $XXX,XXX to $XXX,XXX. (THIS MAY REQUIRE A BUDGET ADJUSTMENT IF

PROJECT BUDGET IS EXCEEDED – IF BUDGET ADJUSTMENT REQUIRED, IT MUST ALSO BE CONTINGENT UPON FINANCE COMMITTEE APPROVAL OF FUNDING.)

(4) Change Orders not required to be recommended by Committee and approved by Council shall be reported out informationally to the Committee of Jurisdiction prior to the Finance Department issuing final payment.

Q. PROCUREMENT OF SERVICES

Whenever practical, the purchase of all services should be based on competitive bids/quotations/proposals subject to the spending guidelines noted in Procedure IV(C) of this policy. This includes, but is not limited to, the following categories of services:

Professional Services. Consulting and expert services provided by an organization or individual.

Contractor Services. The furnishing of labor, time or effort by a contractor, usually not involving the delivery of specific goods or products other than those that are the end result of and incidental to the required performance.

Client Services. Those services provided directly to individuals on behalf of the City.

Construction Services. Services provided in the construction of roads, buildings or other infrastructure.

Technology Services. Services provided in the design, development, installation, and/or operation or maintenance of automated computer systems, including hardware and software.

If it is estimated that the service being solicited has a total cost of over $ 25,000 and the value of the service is substantially measured by the professional competence of the providers rather than cost alone, it is recommended that a Request for Proposal (RFP) or Request for Qualifications (RFQ) be used to solicit vendor responses. The Purchasing Office is available to assist in these situations.

Exceptions to competition for procurement of services shall only be made in accordance with the City's Sole Source policy (see section IV.G.).

R. PROHIBITED BUSINESS TRANSACTIONS

(1) Employees are not allowed to participate directly or indirectly in a purchase when the employee, or a member of the employee's family, has a financial interest in the purchase or the employee, or a member of the employee's family, is negotiating or has an arrangement concerning prospective employment with the supplier.

(2) Purchases for services or goods should not be made from employees of the City unless the employee can be considered an independent contractor as defined by the Internal Revenue Service.

(3) Employees of the City are not allowed to use City negotiated discounts or the City's tax exempt status to purchase goods or services for their own personal use or gain. Employee discount programs offered by vendors may be used by employees only when the discount is available to <u>all</u> City employees regardless of position, <u>and</u> is also offered to other organizations or companies of similar size.

(4) The City of Appleton Code of Conduct Policy shall be referenced regarding receipt of gifts. Employees who receive offers of gifts or other improper attempts to influence purchasing decisions should report this to their supervisor and/or the Purchasing Manager, who will in turn consult with the City Attorney's Office to determine the appropriate course of action.

S. SURPLUS OR OBSOLETE SUPPLIES OR EQUIPMENT

Disposal of City-owned supplies or equipment that are no longer required or serving a useful purpose shall be handled in a manner that is:

- economically feasible;
- in compliance with all applicable laws, regulations and policies;
- environmentally responsible; and
- deemed to be in the best interest of the City.

Departments should contact the Purchasing Manager for assistance in determining the most appropriate and beneficial method of disposal. There are several approved methods for disposal of surplus, including:

1) A live auction conducted by the City or other government agency;
2) Internet-based auctions or selling tools (i.e., eBay);
3) Sale to the general public via advertised, sealed bidding;
4) Trade-in on new supplies or equipment;
5) Transfer to another City department;
6) Direct sale to an interested firm or individual;

7) Donation to approved non-profit organizations;
8) Sale, trade, transfer or donation to an outside publicly funded agency;
9) Recycling and/or sale as scrap;
10) Discarding as trash; and
11) Other methods which may be recommended on a case by case basis by the Finance Committee and approved by the Common Council, or the Library Board.

Which method of disposal is most appropriate will depend upon several factors, including:

- The condition, location and physical characteristics of the item(s);
- The amount of time, effort, administration and expense required for the method relative to the potential value received;
- The public benefits and/or liabilities associated with the method.

The City will assign one or more Auction Administrators to facilitate sale by auction when appropriate. He or she shall assist departments in selecting an auction type and venue, establish procedures and responsibilities and conduct online auctions.

Disposing of items or groups of items with an estimated value of $500 or more using methods <u>other</u> <u>than</u> 1 through 5 in the approved methods list above shall require a recommendation of the Finance Committee and approval by the Common Council. Exception: method #6 (direct sale) may be used at the discretion of the Department, with agreement of the Purchasing Manager, on direct sale of items up to $2500 to an interested firm or individual, when it is determined that one or more of the following is true:

- the item is so specialized that broader interest is unlikely;
- due diligence in locating other interested parties has been done;
- a pending offer for the item is deemed so advantageous that the City's best interest is only served by its timely acceptance.

For items or groups of items with an estimated value of less than $50, departments may, at their discretion, utilize any of the approved methods listed, provided the disposal meets the general criteria listed at the beginning of this section. For estimated values over $50, departments should contact the Purchasing Manager for assistance in determining the most appropriate and beneficial method of disposal.

All proceeds received from the sale of City surplus property shall be reported and delivered to the Accounting Manager of the Finance Department for deposit and application to the proper account(s).

City owned supplies or equipment shall not be taken by, given to, or sold to City employees except by public auction or competitive bidding, regardless of their apparent value or condition, unless a specific exception is granted by the Common Council.

T. INSURANCE REQUIREMENTS

A vendor's Certificate of Insurance is required in conjunction with many contracts for services or goods. A valid certificate must be received and approved by the Risk Management office prior to executing or beginning performance under the contract. Employees can check if a vendor has a Certificate of Insurance on file by accessing the Metafile system. Additionally, employees should consult with Risk Management when developing RFPs and IFBs to determine the appropriate levels of insurance and include the requirements as part of the solicitation documents.

U. OPEN RECORDS/PUBLIC INFORMATION

With few exceptions, records related to governmental purchasing are subject to public access under Wisconsin's Open Records Law. This includes, but is not limited to, quotes, bids, proposals, purchase orders and related correspondence. While employees may ask that open records requests be made in writing, the requestor is not required to do so.

(1) When conducting public bid openings, the names of the bidders and certain bid details, including price shall be read aloud. In the case of proposal (RFP) openings, only the names of the proposers shall be read aloud. In either case, copies of the bids or proposals are not made available, nor is inspection of the documents permitted, until contract award has been submitted for recommendation to the Committee of Jurisdiction.

(2) Vendors requesting confidentiality of their quotes, bids, proposals or portions thereof must identify the confidential materials as such and state the specific, legitimate reason(s), i.e., trade secret, propriety customer list.

(3) Questions regarding compliance with an open records request should be referred to the City Attorney's Office. Also consult the City of Appleton Public Records Policy for more detail.

V. INFORMATION TECHNOLOGY RELATED EQUIPMENT AND SUPPLIES

In order to ensure compatibility and maintain standards for the City's information systems, all purchases of information technology equipment, supplies and

services must be initiated by and acquired through the Information Technology (IT) Department. This includes, but is not limited to, computers, software, printers, copiers, inks, toners, repair parts, support and maintenance services, telephone equipment, scanners or any peripheral device which interfaces with any part of the City's information systems. IT staff should be the primary vendor point of contact for all information technology needs. In turn, the IT Department is responsible for adhering to the provisions of this policy when conducting such procurement activities.

W. VALLEY TRANSIT

Procurement activities by or for Valley Transit are subject to the provisions of the Federal Transit Administration "Appendix A of Procurement Policies." A current version of this Appendix is available upon request to Valley Transit Administrative Services. The Appendix and its certifications, affidavits, and other requirements must be incorporated into all formal solicitation documents when the procurement is funded in whole or in part with federal monies. In addition, agencies issuing paratransit service contracts through Valley Transit will complete a procurement checklist, attach the appropriate documentation and submit it to the Valley Transit General Manager or his/her designee for review to ensure federal compliance.

X. LOCAL PROCUREMENT

Since there are often cost and service related advantages associated with buying from local sources, the Common Council has adopted the following resolution:

"Resolved, that where not prohibited by law, the City of Appleton include in the evaluations of all bids, proposals and quotations for goods and/or services (except public construction) where the value of such goods or services is expected to exceed $5,000, evaluation criteria which favorably and accurately assess the relevant cost and service advantages of procurement from local sources. Where point based systems are used for proposal evaluation and award, the points available for this purpose shall be determined prior to proposal opening and shall not exceed 5% of the total points available."

The Purchasing Manager is available to assist departments in applying this policy resolution to specific procurement situations. Note regarding Valley Transit: The Federal Transit Administration has ruled that this resolution is a prohibited geographical preference which may not be applied when the procurement will be funded in whole or in part with federal monies.

Y. OWNER DIRECT PURCHASING

Owner direct purchasing refers to a tax exempt entity (City) directly buying and furnishing materials, equipment or components of a construction project to the contractor in order to save the sales tax that contractor normally would have paid

and included in their bid. While this method can be advantageous in certain cases, it also can be administratively complex and present risks that could offset the intended savings. Generally, owner direct purchasing should only be considered when:

(1) The estimated sales tax savings exceeds $1,000;

(2) The item(s) to be directly purchased can be easily identified, quantified and separated from the bill of materials;

(3) The original bid request documents, contractor's bid, and the resulting contract specifically provide for the direct purchase; and

(4) Established administrative procedures are followed in the execution of the direct purchase. Contact the Purchasing Manager to obtain a copy of the procedures. The City Attorney's Office should be consulted on any legal questions or issues that could potentially impact the process.

The owner direct purchasing process does not relieve the City from other applicable requirements of the Procurement Policy; for example, documentation of quotes or bids for the item(s) purchased, sole source justification, Common Council approval, etc., as well as compliance with State Statutes regarding public construction projects.

Z. ENVIRONMENTALLY PREFERABLE PROCUREMENT

The City of Appleton recognizes that it is a large consumer of goods and services. All of its purchases have an environmental impact resulting from the combined effects of a product's manufacture, use and disposition. By including environmental considerations in purchasing decisions, along with traditional concerns of price, performance and availability, the City will remain fiscally responsible while promoting practices that improve public health and safety, reduce pollution, conserve natural resources, and reward manufacturers and vendors that reduce the adverse environmental impact of their production and distribution systems.

"Environmentally preferable" goods and services have reduced adverse effects on human health and the environment when compared with competing products and services that serve the same purpose. This comparison considers all phases of the product's life cycle, including raw materials, manufacturing, packaging, distribution, operation, maintenance and disposal, including potential for reuse or ability to be recycled.

When determining whether a product is environmentally preferable, buyers should consider attributes including, but not necessarily limited to, the following:

Bio based	Biodegradable
Carcinogen-free	Chlorofluorocarbon (CFC) –free
Compostable	Durable
Energy or fuel efficient	Heavy metal free (i.e., no lead, mercury, cadmium)
Less hazardous	Locally manufactured (less transportation)
Organic	Low-toxicity
Recycled content	Low volatile organic compound (VOC) content
Reduced packaging	Not persistent, bio-accumulative toxic (PBT)
Reduced greenhouse gas emissions	Refurbished
Reusable	Upgradeable
Multi-use	Water efficient

Certified (i.e., Green Seal, EcoLogo, Energy Star, EPEAT).

Nothing in this policy shall be construed as requiring a buyer to procure products that do not perform adequately for their intended use, that exclude adequate competition, or are not available at a competitive price or in a reasonable period of time. However, when substantive, measurable environmental advantages can be identified for a product, any associated cost savings over the life cycle of the product should be considered when evaluating price.

AA. DOCUMENT RETENTION

Procurement-related documents shall be retained by the originating department as follows:

Bids, proposals and quotations (successful) –
Seven (7) years from contract expiration

Bids, proposals and quotations (unsuccessful) –
Two (2) years from award of contract

Purchase orders and related requisitions and invoices –
Seven (7) years from date of completion

Procurement card purchase receipts, statements and related documents –
Seven (7) years from date of transaction

Ref.: Appleton Municipal Code Sec. 2-1(a)(8)

BB. BONDING AND LEGAL REVIEW

(1) The Purchasing Office along with the City Attorney's Office shall have the authority to require a performance bond or other similar

instrument of surety in such amount as is reasonably necessary to protect the best interest of the City before entering into a contract.

(2) Contracts must be approved as to form and sufficiency by the Office of the City Attorney, and routed for signatures in accordance with the City of Appleton Contract Routing procedure, as follows:

a) City Attorney
b) Mayor
c) Finance Director
d) HR/Risk (review insurance requirements)
e) City Clerk (filing of one original document)

CC. PAYMENTS IN ADVANCE

The City's policy is to avoid making advance (down) payments whenever practicable, except under certain conditions and with proper approval. When a vendor insists upon advance payment(s) prior to shipment or performance, the department shall submit a written request to the Finance Director or designee, including the amount requested, and the reason(s) why the purchase from the requesting vendor is necessary. The Finance Department will investigate and advise whether the payment may be made, taking into account any factors which may impact the City's financial interest.

JFAIT\H:\WORD\POLICIES\PROCUREMENT CONTRACT MGMT POLICY 2015 ADOPTED.DOCX

CITY OF APPLETON POLICY	TITLE: **TRAVEL POLICY**		
ISSUE DATE: Original Policy Date Unknown	LAST UPDATE: 5/6/04, 5/16/05 9/9/05, 11/1/05 6/2/06, 12/6/06, 2/8/07, 7/19	SECTION: Finance	FILE NAME: Travel Policy
POLICY SOURCE: Finance Department			TOTAL PAGES: 3 + attachments
Reviewed by Attorney's Office Date: 5/7/04, 12/6/06, 7/19	Finance Committee Approval Date: 5/12/04, 11/22/06, 2/14/07 HR Committee Approval Date: 7/17/19		Council Approval Date: 5/19/04, 12/6/06, 2/21/07, 7/24/19

I. Purpose

To provide guidelines for employees for the reimbursement of training and travel incurred during the conduct of City business.

II. Policy

The City believes in investing in employees to help them grow. The City will reimburse employees for reasonable travel costs incurred while on official authorized City business. Employees, in turn, are asked to respect and value this investment, and travel at the lowest reasonable cost.

III. Guidelines

A. **Pre-Approval:** All travel is required to be approved by the employee's supervisor and Department Director or designee prior to registration or incurring any expense. Out-of-state travel must have the Mayor's approval prior to incurring any expense. (Library Board President approves Library expenses.)

B. **Post-Approval:** Supervisors are required to review and approve all expense reimbursement requests before sending the reimbursement request form to the Department Director or Mayor.

C. **Use of Procurement Card:** City-issued procurement cards can be used for travel related expenses other than meals. When using City-issued procurement cards, the card should be used to pay for only the employee's own expenses. The employee should attach copies of all supporting documentation ~~on~~ to his/her travel report for all procurement card charges.

D. **Out-of-State Travel:** All out-of-state travel is required to be approved by the Mayor or Library Board (for Library Personnel) prior to registration or incurring any expense.

   Non-exempt employees who travel out-of-state for training are paid for their travel time based on-air travel time (unless stated differently in the employee's bargaining contract). If the employee chooses another means of transportation, any resulting additional time required for travel shall be charged to the employee's paid leave.

E. **Airline Travel:** Employees are expected to travel coach class; to search for the lowest available overall cost for flight, mileage, paid time (for non-exempt staff), and airport parking fees, including from all major airlines within a 120-mile radius; and to reserve as far in advance as practical. Baggage fees are reimbursable for one suitcase and one carry-on bag. The cost of cancelling and/or

rebooking of flights is not reimbursable unless it can be shown that it was necessary or required for legitimate business reasons (e.g., a changed meeting date) or extraordinary circumstances.

F. **Rental Vehicles:** Rental vehicles are not eligible for reimbursement except under extenuating circumstances (see below). For transportation to/from the training, etc., employees should use other means such as shuttles, taxi cab, etc.

   If extenuating circumstances necessitate the need for a rental car while traveling, the employee should obtain approval of their Department Director prior to renting the vehicle. The employee may use a City-issued procurement card to rent the vehicle and must purchase the auto liability insurance from the rental company.

G. **Mileage Reimbursement:** Mileage reimbursement is available for employees who do not have regular access to a City vehicle and who travel beyond a 15-mile radius from the employee's usual work facility or residence (whichever is closer) for City business (the total round trip would be 30 miles or more). Mileage reimbursement for the use of the employee's vehicle is based on the standard IRS mileage rate in effect. The mileage reimbursement should be calculated as the difference between the training/travel event location and the employee's usual City work facility or residence (if driving to training/travel event directly from home), whichever is less. Commuting expenses between an employee's residence and his/her normal place of business are not eligible.

   For positions that are expected to use their personal vehicle to travel for work on a regular basis, Department Directors may designate these positions to receive a $30 monthly local mileage allowance (prorated for positions that work less than full-time). Directors and Deputy Directors are not eligible for this allowance without pre-approval from the Mayor. This per diem is subject to payroll taxes according to IRS regulations. For all other positions, mileage incurred within the City limits or between City facilities is not reimbursable.

H. **Lodging:** Training classes/Events within 60 miles of City Hall are not eligible for overnight lodging. For travel/training more than 60 miles away, overnight lodging for the night before the conference up to and including the night before the last day of the conference is reimbursable at a single, standard room rate.

I. **Meal Reimbursement**: Employees are eligible to receive up to the Wisconsin U.S. General Services Administration (GSA) Standard Continental United States (CONUS) meal and incidental rate for meals they consume when traveling overnight for approved City training/travel. Employees are not eligible for meal reimbursement for any meals that are included in the training/program or provided by the hotel, or meals that are not purchased/consumed by the employee. This per diem is not subject to payroll taxes according to IRS regulations.

J. **Parking and Transportation**: The cost of parking fees, tolls and taxis, shuttles, and rideshares to/from the training is reimbursable. Receipts will be required for expenses that are more than $50 per single transaction.

K. **Tips**: Tips for meals are included in the meal and incidental rate in I above. All other tips are not reimbursable.

L. **Spousal/Guest Travel**: Any additional costs incurred due to a spouse/guest traveling with the employee is not eligible for reimbursement. If an employee is bringing a guest (e.g., spouse, family, friend) with them, the employee should advise his/her supervisor before traveling.

M. **Fines**: Fines (e.g., traffic or parking) resulting from traveling on City business are not reimbursable.

N. **Miscellaneous Expenses**: There may be other miscellaneous reimbursable expenses from time to time. Examples include books or supplies needed for a conference and telephone calls for City business. Miscellaneous expense reimbursements are subject to review for reasonableness by the Department Director and for City-wide consistency by the Finance Director.

O. **Policy Exceptions**: Any exception to this policy must have the approval of the employee's supervisor and Department Director (Department Directors would need Mayor's approval). Requests for the exception should document extenuating circumstances or proposed overall savings to the City.

IV. Procedure

A. A separate "City of Appleton Travel Report" will be completed for each employee and each event (Appendix A).

B. Travel expense reimbursements to employees will be incorporated into their payroll payments. Since these payments will represent reimbursement of business expenses, no payroll taxes will be withheld.

C. For any training event incurring over $1,000 total expense, a Training Evaluation form (or equivalent documentation) must be completed within 30 days after the training. See Appendix B.

City of Appleton Travel Request Form **Appendix A**

1. TO BE FILLED OUT COMPLETELY BEFORE REGISTRATION OR INCURRING COSTS

Employee/Department Requesting Travel: _____ / _____

Title of Training or Purpose of Travel **(must attach brochure/agenda):** _____

City/State of Training/Event (Mayor approval required for **all** employees' out-of-state travel): _____

Dates (time) request to be out of the office: _____ / ____ (____ AM/PM) through _____ / ____ (____ AM/PM)

Are there other City employees attending this training/event as well? If so, why?

_____

Estimated Costs (*variance of more than $100 need to be explained on reverse side upon return)

		Details (e.g. vendor name, specific expenses)
Registration Fee:	$ _____	_____
Lodging:	$ _____	_____
Airfare:	$ _____	_____
Meals (based on per diem rate):	$ _____	_____
Other (e.g. rental car, mileage):	$ _____	_____
Overtime for your attendance:	$ _____	_____
Overtime to cover your vacancy:	$ _____	_____
TOTAL:	**$** _____	**If the total equals $1000 or more, attendees must complete and submit an evaluation form upon return.*

How does this training/travel help meet your individual, departmental or organizational goals?

_____

Date Submitted to Supervisor: _____ / _____ / _____

SUPERVISOR'S RESPONSE:

Authorized Date of Departure and Return: _____ - _____ Budget Account: _____

I authorize this employee to register for this training and incur these travel-related expenses (as detailed above).

_____ _____ _____ _____
Supervisor Signature Date Mayor Signature Date
*(for **all** out-of-state training and Department Director's requests)*

_____ _____
Department Director Signature Date

2. REGISTRATION PAYMENT IN ADVANCE. IF USING PROCUREMENT CARD, CHECK BOX AND SKIP TO SECTION 3.

☐ Paid with procurement card. Skip to Section 3.
☐ Please pay my registration in advance (submit this form to Finance).

Amount: $_____ (enter on lines 7 & 11 in Section 3)

Due to Vendor by: _____ / _____ / _____

Vendor: _____

Attn: _____

Address: _____

Note: Advance payments will be made for registration only. All other items should either be charged on a procurement card (if eligible) or will be reimbursed.

Complete reverse side upon completion of travel, or if no other expenses will be incurred.

3. ACTUAL EXPENSES: EMPLOYEE MUST COMPLETE UPON RETURN (SUBMIT TO FINANCE).

TRAINING BROCHURE AND REQUIRED DOCUMENTATION MUST BE SUBMITTED PRIOR TO REIMBURSEMENT.

City/State/Zip: _____

Current 2019 per diem rate: Breakfast ($14.30); Lunch ($15.40); and Supper ($25.30)

Date	**M_____**	**T_____**	**W_____**	**R_____**	**F_____**	**S_____**	**S_____**		
1. Lodging:	$_____	$_____	$_____	$_____	$_____	$_____	$_____		$_____
2. Breakfast:	$_____	$_____	$_____	$_____	$_____	$_____	$_____	(no receipts required)	$_____
3. Lunch:	$_____	$_____	$_____	$_____	$_____	$_____	$_____	(no receipts required)	$_____
4. Dinner:	$_____	$_____	$_____	$_____	$_____	$_____	$_____	(no receipts required)	$_____

5. Parking/Tolls/Taxi (receipts only required for single transactions of more than $50): _____ $_____

6. Airfare: _____ $_____

7. Registration: _____ $_____

8. Other: _____ $_____

9. Mileage _____ miles @ $.575/mile (no receipts required) $_____
   *Mileage within 15 miles of the employee's usual work facility is not eligible for reimbursement

10. **TOTAL EXPENSES** (Trip Total): $_____

11. Less Section 2 Advance Registration Payments $(_____)

12. Less Procurement Card Charges: _____ $(_____)

13. Less Vendor Refunds $(_____)

14. **AMOUNT DUE TO (FROM) EMPLOYEE** $_____

This is to certify that the above is a true and correct statement of travel expenses incurred in the conduct of City business. I have attached all supporting documentation (e.g., training brochure, airline receipt, etc.) and I acknowledge I may be personally responsible for any expenses I incurred for which I do not have supporting documentation (except for meals, mileage and transportation expenses of less than $50 in a single transaction).

_____ Mayor: _____
Employee Signature

_____ _____ Finance: _____
Supervisor Signature Department Director Signature

Explanation of Variances

Please explain variances of $100 or more than the estimated costs (from Section 1):

Registration: _____

Lodging: _____

Airfare: _____

Meals: _____

Other: _____

Training/Travel Evaluation **Appendix B**

(please complete and return within 30 days after training/travel)

Employee Name: _____

Today's Date: _____ Date(s) of Travel: _____

Source of Training (if seminar/conference): _____

1. What are the three greatest learnings that you took away from this training/travel? (Please attach documentation that may be beneficial to share with others.)

2. Describe two ways that you plan to apply what you learned during your training/travel to benefit your department and/or the City.

Training Program Only

3. This training course:
   ☐ Exceeded my expectations ☐ Met my expectations Did not meet my expectations

4. The instructor of the course:
   ☐ Exceeded my expectations ☐ Met my expectations ☐ Did not meet my expectations

5. Would you recommend this training class to others?
   ☐ Yes
   ☐ No

   Please explain: _____

Please return this form to your Department Director and send a copy to Human Resources (and departmental training coordinator if applicable) within 30 days of returning from your training/travel.

CITY OF APPLETON PERSONNEL POLICY	TITLE: ENERGY CONSERVATION/SUSTAINABILITY	
ISSUE DATE: 2007	LAST UPDATE:	SECTION: Facilities & Construction Management
POLICY SOURCE: Facilities & Construction Management Department	AUDIENCE: All Departments	TOTAL PAGES: 4
Reviewed by Attorney's Office Date: August 29, 2007	Finance Committee Approval Date: September 26, 2007	Council Approval Date: October 3, 2007

I. PURPOSE

The purpose of this policy is to establish the requirements for an energy management program:

A. To realize the greatest return from every dollar expended on energy resources and increase the efficient use of energy, water and fuels;
B. To increase energy awareness and efficient management among facilities occupants in regards to natural gas, fuel oil, electricity and water;
C. And to be an example to the community of progressive environmental stewardship.

The resulting efficiency increase and monetary savings will help offset rising energy costs and provide resources for further energy conservation initiatives.

II. POLICY

Faced with continually increasing energy costs and limited operating funds, we must use all available means to reduce our energy costs and increase efficiency. In addition, the City will consider the use of sustainable products when feasible to reduce environmental impacts.

III. DISCUSSION

The City of Appleton consumes significant amounts of energy in its operation of facilities and equipment. The Facilities & Construction Management Department is committed to supporting and adding emphasis to energy management and conservation initiatives.

The Facilities & Construction Management Department attempts to maintain a reasonable balance between operational requirements and energy conservation. The City's ability to

maintain this balance through investments in energy efficient equipment and building components is further constrained by available resources. Accordingly, the following guidelines for utility management will be implemented to best support the mission and key strategies of the City of Appleton. The Director of Facilities & Construction Management will review any deviations from these guidelines.

A. Reduce energy costs, eliminate waste, and conserve energy resources by using energy-efficient and cost-effective technology.

B. Incorporate energy efficiency into the decision-making process during the design and acquisition of facilities and equipment emphasizing the use of renewable energy sources. Projects/systems with payback periods of less than five (5) years will be considered feasible as an energy-wise project.

C. Increase energy efficiency through capital investment and/or improved operations.

D. Establish partnerships with local utilities and state resources to provide technical assistance and to share costs on energy conserving initiatives to the extent possible.

IV. DEFINITIONS

Commissioning – is the process for achieving, verifying and documenting the performance of a facility or facility equipment. It is used to determine whether the systems within the facility meet the design intent, but also the functional and operational needs of the personnel it serves.

Relative Humidity (RH) – is a ratio, expressed in percent, of the amount of atmospheric moisture present relative to the amount that would be present if the air were saturated. Since the latter amount is dependent on temperature, relative humidity is a function of both moisture content and temperature. A higher RH will make it feel warmer than a lower RH.

Sustainability – means seeking solutions that simultaneously improve social, economic, and environmental vitality.

V. PROCEDURES

A. Operations

In many instances temperature management of indoor environments is governed by central controls monitored by Facilities & Construction Management Department staff. Building occupants can, however, contribute to their own comfort by wearing seasonal clothing and by making sure that windows, shades and blinds work and are positioned for the season. The human sense of comfort changes seasonally. According to the Northwest Energy Efficiency Council, 10% of occupants are likely

to be dissatisfied as a result of the variance in a person's comfort level, regardless of the conditions.

City of Appleton target temperatures are as follows:
Winter – (68-74 degrees) 20-30% RH
Summer – (74-78 degrees) 50-60% RH

Heating Season: The targeted temperature for most workspaces is 68 degrees Fahrenheit. Due to building characteristics and control limitations, actual temperatures will vary. Temperatures in storerooms, hallways, stairwells and other unoccupied areas will be kept in the 68 degree Fahrenheit range to the extent possible. In cases where central heating cannot meet targets, electric heaters are allowed with the authorization of the Director of Facilities & Construction or his/her designee. These devices can be dangerous when misused, and will be allowed only under controlled circumstances. Windows will not be opened during the winter to cool spaces. The Facilities & Construction Management Department will be notified as soon as possible when heating equipment is not performing adequately and will make the repair as quickly as possible.

Cooling Season: In areas where air conditioning systems have been installed, the targeted temperature will be 74 degrees Fahrenheit. In areas where large numbers of people may assemble, the pre-event target may be reduced to facilitate the occupant heat load. Due to building characteristics and control limitations, actual temperatures may vary from the target.

Electric fans to supplement central cooling are allowed only with the authorization of the Director of Facilities & Construction or his/her designee. These devices can pose additional hazards, and will be allowed only under controlled circumstances.

Ventilation: Areas equipped with ventilation systems will be operated in the most economical way possible, consistent with the Occupational Safety and Health Administration requirements and the comfort and safety of building occupants. During times of reduced occupancy, the cycling of fans or the reduction of fan speeds will be employed where possible to conserve energy. If possible, systems will be shut off entirely during periods of minimal or no use.

Lighting: Adequate lighting for interior and exterior use is essential, but must be provided in an energy efficient manner. Fluorescent lighting will be used whenever possible, utilizing lamps and electronic ballasts employing the latest energy efficient technology feasible. Desk lamps are not supplied to every work area, but are acceptable for use as needed. Lighting in all cases will be turned off whenever it is no longer required by the room or facility occupants. The occupants of the facility will be responsible for turning off energy consuming devices whenever possible to conserve resources.

Water Usage: Individuals will take care to use water sparingly, and to be sure to completely turn off water spigots after use. Report leaking taps or valves to the Facilities Manager.

Transportation: Racks will be provided at stand-alone facilities to promote the use of bicycles to reduce the need for additional parking, promote health and to consider the effects on the environment.

B. Sustainability

City facilities must be financially viable to operate, easy to maintain, durable, and they must contribute to the productivity and well-being of those people who work in and visit City facilities. City facilities should model the responsible stewardship of natural and financial resources with the goal of long-range thinking that leads to facilities that minimize environmental impact, save operation and maintenance costs, and promote health and well-being. When facility renovations and/or construction are necessary, the City will consider the following through all stages of design, construction and operation:

1. Economic Impact
    a. Total cost of occupancy
    b. Durability, flexibility and maintenance needs

2. Environmental Impact
    a. Site, water and material resources
    b. Energy and atmosphere

3. Social Impact
    a. Human health and potential (productivity)
    b. Community impact

C. Commissioning

On major projects commissioning will be implemented. An independent commissioning agent not provided by the contractor will conduct commissioning.

CITY OF APPLETON PERSONNEL POLICY	TITLE: **FACILITIES & GROUNDS MODIFICATION POLICY**	
ISSUE DATE: 2007	LAST UPDATE:	SECTION: Facilities & Construction Management
POLICY SOURCE: Facilities & Construction Management Department	AUDIENCE: All Departments	TOTAL PAGES: 4
Reviewed by Attorney's Office Date: August 29, 2007	Finance Committee Approval Date: September 26, 2007	Council Approval Date: October 3, 2007

I. PURPOSE

The purpose of the Facilities & Grounds Modification Policy is to:

A. Preserve and extend the useful life of facilities & grounds;

B. Reduce overall maintenance and operations expenses by following established maintenance practices through the implementation of universal standards;

C. Provide proper technical expertise for the performance of modifications and renovations of facilities, including compliance with all applicable local, state and federal regulations regarding construction, environmental health and safety;

D. Ensure that the full expense of modifications are identified and that the necessary funds are authorized before initiation of the project; and

E. Ensure that approved projects are completed within budget and within a period responsive to the needs of the applicant, and feasible within the limitations of the Facilities & Construction Management Department.

II. POLICY

Requests for facility or grounds modifications that involve change of use, configuration, or appearance of existing facilities will require the review and approval of the Director of Facilities and Construction Management or his/her designee. Departments shall not perform Facility & Ground Modifications without prior approval of the Facilities & Construction Management Director or his/her designee.

III. DISCUSSION

The Director of Facilities & Construction Management or his/her designee is the facilities landlord and is responsible for the management of City of Appleton facilities & grounds assets. The Facilities & Construction Management Department works closely with departmental tenants to provide environments that are productive, economical and safe in which the department can achieve its established goals and objectives.

IV. DEFINITIONS

Facilities & Grounds Modification – refers to physical changes to the facilities structure, facilities equipment, interior finishes and/or furnishings. Routine maintenance such as painting, flooring updates, furniture moves, etc. will be performed as part of the general services provided by the Facilities & Construction Management Department. For the purpose of this policy modifications refer to non-routine work such as renovations, office moves, etc.

V. PROCEDURES

A. Any department requesting modification of a facility under its assignment shall consult the Director of Facilities & Construction Management.

B. The proposing department shall provide a written description of the proposed modifications and when known identify proposed wall, floor, and ceiling changes, window and door changes; painting, carpentry, electrical, plumbing, heating and ventilation changes; fixed cabinetry modifications; landscaping changes; as well as moveable equipment (chairs, desks, tables, machinery, etc.) to be removed and/or installed in the modified or remodeled space.

C. Working with the proposing department, the Facilities & Construction Management Department will evaluate the preliminary description and assist in developing a formal project proposal that addresses the following issues:

1. Technical feasibility, including regulatory and code requirements;
2. Technical advisability;
3. Aesthetic and design standards appropriate to the project and to City facilities;
4. Cost;
5. Schedule for initiation and completion;
6. Furniture and other movable equipment implications;
7. Health and safety implications;.
8. Consultation for preliminary plans and/or development of the formal project proposal may require extensive involvement by Facilities & Construction Management Department and may therefore accrue administrative overhead costs. Such costs shall be borne by the initiating department; and
9. Alternatively, departments may submit formal proposals developed by external consultants when required or appropriate, in which case the Facilities & Construction Management Department shall provide final specifications,

plans, and compliance review services, for which it is authorized to charge an administrative fee.

D. In completing their analysis of the project, Facilities & Construction Management Department, working with the department, will coordinate the above project aspects with the following individuals or their designees:

1. The Director of Finance; and
2. The Director of Technology Services.

E. Facilities & Construction Management Department will prepare a formal project estimate, including the following project costs:

1. Labor,
2. Materials,
3. Administrative overhead, and
4. A construction contingency

F. Verification, Approval and Implementation

1. After completion of the formal project proposal, schedule and budget, the Director of Facilities & Construction Management shall provide written verification of the project proposal, schedule and budget.

2. Following verification, the department shall identify the account and obtain authorization from the appropriate administrator responsible for both the account and the space.

3. The Director of Facilities & Construction Management or his/her designee shall forward a drawing, description, and cost estimate, schedule of work, authorization, and account number to the Department Director or his/her designee.

4. The Department Director or his/her designee shall notify the Director of Facilities & Construction Management of authorization, the funding source to be encumbered, authorization to encumber funds by the appropriate administrator, and the project account established by Finance for the project.

5. The project will proceed according to the schedule developed above.

G. Changes in Design, Scope or Cost following Authorization

1. Additional costs to the project's approved design, scope and cost which do not exceed the contingency and for which the appropriate administrator has provided authorization and a funding source, may proceed accordingly. This information will be reported to the appropriate committee as an informational item.

2. Material changes to the project's approved design, scope and cost exceeding the established contingency will require contract amendment plus change order supplemental approval by the Department Director, Finance and their respective Committee/Council.

H. Other

Library Building

Facilities and Construction Management has been granted authority by the Library Board of Trustees to maintain the interior and exterior of the library building, per the Service Agreement between Facilities Management and the Library Board.

CITY OF APPLETON POLICY	TITLE: **FLAG LOWERING POLICY**		
ISSUE DATE: May 2004	REVIEW DATE: July 9, 2013	REVISED DATE: July 9, 2013	SECTION: Miscellaneous
POLICY SOURCE: Appleton Police Department Support Services Unit	Audience: All Departments	TOTAL PAGES: 6	
Reviewed by Legal Services Date: August 23, 2013	Committee Approval Date: November 24, 2014	Council Approval Date: December 3, 2014	

I. PURPOSE

The purpose of this policy is to ensure that all United States flags maintained by the City of Appleton are lowered to half-staff when appropriate and that proper flag etiquette is observed at all times as outlined in Attachment II.

II. POLICY

According to Federal, State and City policies, all United States flags maintained by the City of Appleton shall be lowered to half-staff during specific instances.

III. DISCUSSION

The policy defines how the City of Appleton will follow the Federal, State and City policies relating to flag lowering.

IV. DEFINITIONS

A. Flag of the United States: Any 3'x 5' (or larger) United States flag flown outside any City of Appleton building and/or on City of Appleton property.

B. Sunrise: As designated by the National Weather Service.

C. Sunset: As designated by the National Weather Service.

D. Noon: 12:00 p.m.

E. Half-staff: One-half the distance between the top and bottom of the staff.

V. PROCEDURES

The flag of the United States shall be flown at half-staff during the following specific instances:

From sunrise to sunset during the following:

- Peace Officers Memorial Day – May 15;

Patriot Day – September 11

- Sunday, usually of week in which October 9th falls – Fire Prevention Week
- National Pearl Harbor Remembrance Day – December 7;
- When designated by the President of the United States for days of national mourning;
- When designated by the Governor of Wisconsin as outlined in 4, U.S.C., 7 (see Attachment I);
- When a police officer or fire fighter in the State of Wisconsin loses his/her life in the line of duty (shall be designated by the Governor of Wisconsin).
- Upon reliable information that the current or former President, current Vice-President, current or former Chief Justice, or current Speaker of the House has died

From sunrise to noon during the following:

- Memorial Day (last Monday in May)

If raising the flag at sunset requires personnel overtime, the flag may be raised at the close of business. Any lowering and raising of the flag on weekend days (Saturday or Sunday) or holidays requiring personnel overtime will not be done.

Flag lowering orders from the Governor's Office and the Wisconsin Department of Military Affairs are directly communicated via email and/or teletype to the Appleton Police Department's Front Desk. Immediately upon receipt, the APD Front Desk will forward the order to lower the United States flag to half-staff, via an email group message directed to all City of Appleton departments that maintain flagpoles. See Attachment II.

All departments that maintain flagpoles shall designate a staff member(s) to be responsible for the lowering and raising of the flag of the United States, including maintenance of the flag.

On occasions that the President or Governor orders the flags to be lowered to half-staff, the APD Front Desk will then forward the order to lower the United States flag to half-staff, via an email group message directed to all City of Appleton departments that maintain flagpoles. See Attachment II.

In the event the Mayor would like to lower the flag to honor a fallen prominent community member, a call shall be placed to the Legal Department of the Governor's office (608-266-1212) to request a permissive order to approve the lowering of the flag.

The APD Front Desk shall include such notification on the City of Appleton web site.

For questions regarding this policy, please contact Police Support Services Unit.

ATTACHMENT I

UNITED STATES CODE
TITLE 4 - FLAG AND SEAL, SEAT OF GOVERNMENT, AND THE STATES
CHAPTER 1 - THE FLAG

Sec. 7. - Position and manner of display

The flag, when carried in a procession with another flag or flags, should be either on the marching right; that is, the flag's own right, or, if there is a line of other flags, in front of the center of that line.

(a)

The flag should not be displayed on a float in a parade except from a staff, or as provided in subsection (i) of this section.

(b)

The flag should not be draped over the hood, top, sides, or back of a vehicle or of a railroad train or a boat. When the flag is displayed on a motorcar, the staff shall be fixed firmly to the chassis or clamped to the right fender.

(c)

No other flag or pennant should be placed above or, if on the same level, to the right of the flag of the United States of America, except during church services conducted by naval chaplains at sea, when the church pennant may be flown above the flag during church services for the personnel of the Navy. No person shall display the flag of the United Nations or any other national or international flag equal, above, or in a position of superior prominence or honor to, or in place of, the flag of the United States at any place within the United States or any Territory or possession thereof: Provided, That nothing in this section shall make unlawful the continuance of the practice heretofore followed of displaying the flag of the United Nations in a position of superior prominence or honor, and other national flags in positions of equal prominence or honor, with that of the flag of the United States at the headquarters of the United Nations.

(d)

The flag of the United States of America, when it is displayed with another flag against a wall from crossed staffs, should be on the right, the flag's own right, and its staff should be in front of the staff of the other flag.

(e)

The flag of the United States of America should be at the center and at the highest point of the group when a number of flags of States or localities or pennants of societies are grouped and displayed from staffs.

(f)

When flags of States, cities, or localities, or pennants of societies are flown on the same halyard with the flag of the United States, the latter should always be at the peak. When the flags are flown from adjacent staffs, the flag of the United States should be hoisted first and lowered last. No such flag or pennant may be placed above the flag of the United States or to the United States flag's right.

(g)

When flags of two or more nations are displayed, they are to be flown from separate staffs of the same height. The flags should be of approximately equal size. International usage forbids the display of the flag of one nation above that of another nation in time of peace.

(h)

When the flag of the United States is displayed from a staff projecting horizontally or at an angle from the window sill, balcony, or front of a building, the union of the flag should be placed at the peak of the staff unless the flag is at half-staff. When the flag is suspended over a sidewalk from a rope extending from a house to a pole at the edge of the sidewalk, the flag should be hoisted out, union first, from the building.

(i)

When displayed either horizontally or vertically against a wall, the union should be uppermost and to the flag's own right, that is, to the observer's left. When displayed in a window, the flag should be displayed in the same way, with the union or blue field to the left of the observer in the street.

(j)

When the flag is displayed over the middle of the street, it should be suspended vertically with the union to the north in an east and west street or to the east in a north and south street.

(k)

When used on a speaker's platform, the flag, if displayed flat, should be displayed above and behind the speaker. When displayed from a staff in a church or public auditorium, the flag of the United States of America should hold the position of superior prominence, in advance of the audience, and in the position of honor at the clergyman's or speaker's right as he faces the audience. Any other flag so displayed should be placed on the left of the clergyman or speaker or to the right of the audience.

(l)

The flag should form a distinctive feature of the ceremony of unveiling a statue or monument, but it should never be used as the covering for the statue or monument.

(m)

The flag, when flown at half-staff, should be first hoisted to the peak for an instant and then lowered to the half-staff position. The flag should be again raised to the peak before it is lowered for the day. On Memorial Day the flag should be displayed at half-staff until noon only, then raised to the top of the staff. By order of the President, the flag shall be flown at half-staff upon the death of principal figures of the United States Government and the Governor of a State, territory, or possession, as a mark of respect to their memory. In the event of the death of other officials or

foreign dignitaries, the flag is to be displayed at half-staff according to Presidential instructions or orders, or in accordance with recognized customs or practices not inconsistent with law. In the event of the death of a present or former official of the government of any State, territory, or possession of the United States, the Governor of that State, territory, or possession may proclaim that the National flag shall be flown at half-staff. The flag shall be flown at half-staff 30 days from the death of the President or a former President; 10 days from the day of death of the Vice President, the Chief Justice or a retired Chief Justice of the United States, or the Speaker of the House of Representatives; from the day of death until interment of an Associate Justice of the Supreme Court, a Secretary of an executive or military department, a former Vice President, or the Governor of a State, territory, or possession; and on the day of death and the following day for a Member of Congress. The flag shall be flown at half-staff on Peace Officers Memorial Day, unless that day is also Armed Forces Day. As used in this subsection -

(1)

the term ''half-staff'' means the position of the flag when it is one-half the distance between the top and bottom of the staff;

(2)

the term ''executive or military department'' means any agency listed under sections 101 and 102 of title 5, United States Code; and

(3)

the term ''Member of Congress'' means a Senator, a Representative, a Delegate, or the Resident Commissioner from Puerto Rico.

(n)

When the flag is used to cover a casket, it should be so placed that the union is at the head and over the left shoulder. The flag should not be lowered into the grave or allowed to touch the ground.

(o)

When the flag is suspended across a corridor or lobby in a building with only one main entrance, it should be suspended vertically with the union of the flag to the observer's left upon entering. If the building has more than one main entrance, the flag should be suspended vertically near the center of the corridor or lobby with the union to the north, when entrances are to the east and west or to the east when entrances are to the north and south. If there are entrances in more than two directions, the union should be to the east

ATTACHMENT II

City of Appleton Flags of the United States

The following is a list of all City of Appleton flags of the United States, including the number of flags at each location and flag lowering instructions:

Department	Location	Number	Lowering Instructions
City Hall	100 N. Appleton Street	1	Lowered manually by building management, Pfefferle
Public Works	Municipal Service Building 2625 N. Glendale Avenue	1	Lowered manually by Public Works staff (key required for crank)
Fire	All Fire Stations	6	Lowered manually by Fire Department staff
Library	225 N. Oneida Street	1	Lowered manually by Library staff (rope locked inside pole)
Parks and Recreation	South Memorial Drive (south of the Memorial Drive Bridge)	1	Lowered by Fire Department staff from Station #3 located at 801 W. Grove Street
Parks and Recreation	Reid Golf Course 1100 E. Fremont Street	1	Lowered manually by staff from the golf course
Police	222 S. Walnut Street	1	Lowered manually by Police Department staff
Valley Transit	Transit Center 100 E. Washington Street	1	Lowered manually by Valley Transit staff
Valley Transit	Operations Building 801 S. Whitman Avenue	1	Lowered manually by Valley Transit staff
Utilities	Water Treatment Plant 2281 Manitowoc Road	1	Lowered manually by Water staff
Utilities	Wastewater Treatment Plant 2006 E. Newberry Street	1	Lowered manually by Utilities staff
	College Ave/Memorial Dr	1	Lowered by Fire Department staff from Station #3
	Veteran's Park	1	Lowered by Fire Department staff from Station #3

CITY OF APPLETON PERSONNEL POLICY	TITLE: **FURNITURE MANAGEMENT**	
ISSUE DATE: 2007	LAST UPDATE:	SECTION: Facilities & Construction Management
POLICY SOURCE: Facilities & Construction Management Department	AUDIENCE: All Departments	TOTAL PAGES: 3
Reviewed by Attorney's Office Date: August 29, 2007	Finance Committee Approval Date: September 26, 2007	Council Approval Date: October 3, 2007

I. PURPOSE

This policy establishes uniform standards for ordering new furniture and removing unneeded furniture at City facilities:

1. Furniture ordered for all City departments shall be processed through the Facilities & Construction Management Department to ensure a uniform standard and quality.
2. Furniture no longer needed will be removed and stored by Facilities & Construction Management Department for potential use in the future or sold according to City's Procurement Policy.
3. Furniture will be approved by Facilities & Construction Management Department to ensure that it meets ADA, EEOC, and OSHA Ergonomic standards.

II. POLICY

Requests for ordering and installation of new furniture or the removal of unneeded furniture will require the review and approval of Facilities Management Director.

III. DISCUSSION

The process for adding or removing furniture to all City departments falls under the authority of the Facilities & Construction Management Department to streamline this process. Furniture from various departments can be shifted more fluidly and the furniture needs of departments can be better met with what is currently available in other departments, thus reducing overall costs.

Employees' safety and rights can be better served by having furniture available that meets regulations from the Americans' With Disabilities Act (ADA), Equal Employment Opportunity Commission (EEOC), and the Occupational Health and Safety Administration's (OSHA) enacted Ergonomic Standard. Having the Facilities & Construction Management Department approve the furniture ensures these standards are met consistently.

IV. DEFINITIONS

ADA- Americans with Disabilities Act of 1990, which took effect July 26, 1992, relates to furniture in the following respect: "A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question." ... "Reasonable accommodation may include acquiring or modifying equipment or devices."

Ergonomics- is the application of scientific information concerning humans to the design of objects, systems and environments for human use (definition adopted by the International Ergonomics Association in 2007).

Furniture- any of the following items required in the workplace:

- Furniture Systems (work stations)
- Seating (office chairs)
- Work tools (keyboards, tray, etc.)
- Conference tables
- Storage Systems (file cabinets and bookcases, etc.)
- Office Furniture (desks, credenzas, etc.)

Departmental specific furnishings such as beds, dressers, kitchen tables, book shelving specific to the library, etc. are excluded from this policy.

OSHA Ergonomic Standard- Occupational Safety and Health Administration's guidelines to reduce and prevent workplace ergonomic injuries, often called musculoskeletal disorders (MSDs).

V. PROCEDURES

A. Any department requesting the addition or removal of furniture from a facility must provide a written description from the department head that identifies proposed furniture to be removed or installed to the Facilities & Construction Management Director.

B. The Facilities & Construction Management Director will procure all furniture and prioritize all requests based on need and available funds.

C. There will be standardized selections of furniture with specific colors, features, and styles.

   These standardized selections are intended to establish a standard of quality in materials, construction, ergonomics, and price point and are not intended to be restrictive. Alternative products may be considered if they meet the minimum guidelines.

D. If a department decides it no longer needs a piece of furniture, Facilities & Construction Management staff will move it to storage or if determined not to be useful, will dispose of it in accordance with the City Purchasing Policy. Furniture placed in storage can be used in other City departments and is not to be considered as property of the original department.

E. A department can request used furniture from storage and if available, Facilities & Construction Management staff will move it to the requested location.

F. When new positions and offices are created, the Facilities & Construction Management Department will provide the standard furniture options for new staff as requested during the *annual* Facilities Budget Meeting with departments.

G. When new furniture is required as a result of an ADA accommodation, the Facilities & Construction Management Department will provide the standard furniture options for staff. The Facilities & Construction Management Department will confer with HR Risk Management to meet ADA and ergonomic standards.

H. If an individual desires to move or a department wants an individual to move from one office to another, the furniture will stay in the original office, unless justification is provided.

I. <u>Valley Transit</u> – Special provisions will apply in cases where furniture is purchased with federal dollars. Procurement, asset tracking and disposal will be made according to federal guidelines.

J. <u>Public Library</u> – Special provisions will apply in cases where furniture is purchased for the Library with Library funds. Procurement and disposal will be made according to Library policy and the Service Agreement between Facilities Management and the Library Board.

City of Appleton Policy	TITLE: Network Security and Use of Technology	
ISSUE DATE: March 2011	LAST UPDATE: March 2011	SECTION: Miscellaneous
POLICY SOURCE: Technology Services Department	POLICY AUDIENCE: All City of Appleton Employees	TOTAL PAGES: 9
Reviewed by Attorney's Office Date: December 2010	Committee Approval Date: March 23, 2011	Council Approval Date: April 6, 2011

PURPOSE

Computer information systems and networks are an integral part of business at the City of Appleton. The City has made a substantial investment by providing computer systems to each department to improve the quality and timeliness of its services. The following policies have been established to:

- Protect this investment.
- Safeguard the information contained within these systems.
- Reduce business and legal risk.
- Protect the reputation of the City of Appleton.

POLICY

All City of Appleton technology resources, including but not limited to, computers, printers, copy machines, telephones, Internet access, email and voice mail are provided solely for business purposes. At any time and without prior notice, City of Appleton maintains the right and ability to examine any systems and inspect and review any and all data stored in these systems. Any information, whether contained on a hard drive, computer disk, removable media or in any other manner may be subject to scrutiny by the City.

In order to ensure compliance with this policy, the City has employed methods to monitor the use of systems and devices as well as use of the Internet and content of email. The City specifically reserves the right for authorized personnel to access, retrieve, read and/or remove any communication that is created on, received through, or sent via the email system, to assure compliance with all City policies. The City reserves the right to filter or remove any non-City related files from email or electronic storage including but not limited to specific file types, such as WAV, AVI, and MPG files. Other executable files such as EXE, BAT, CMD files may also be filtered, as this is a primary method of transporting viruses. Email filtering can also be used to detect certain phrases that may also be prevented from incoming and outgoing messages. Such monitoring will be used for legitimate purposes only, and are accessed in the following manners:

1. Written request to the HR and TS Director and approved by the Department Head.
2. By authorized staff within the TS Department to troubleshoot the network or supported systems.
3. By the TS Department for trend analysis and reporting to ensure that systems in place are effective in protecting the assets of the City.

For purposes of Library administered systems and networks, Library Administration and Network Services serve the review and approval functions of Human Resources and Technology Services as listed. Other sections of this policy relating to hardware and software apply only to

the City networked "administrative" computers located at the Library and not to the public access systems. Library rules and procedures are subject to review and approval by Human Resources, Technology Services and the City Attorney. The Library Board shall have the powers and duties set forth in Wisconsin Statutes Sec. 43.58 and, whenever practicable, shall exercise those powers and duties in accordance with this and other City of Appleton personnel policies. No City of Appleton personnel policy shall be interpreted in a way that usurps the Library Board's powers and duties set forth in sec. 43.58, stats.

DISCUSSION

The TS Director is responsible for the implementation, development and on-going support of computer and technology related systems in the City to ensure their availability, security, reliability and cost effectiveness in increasing effectiveness of administrative, operational and communication requirements for all City staff. This policy is intended to implement standards and requirements that will assist with that responsibility.

The TS Director will review this policy annually and make any recommendations for changes to the Common Council for approval.

DEFINITIONS

Department Head: refers to the Director or Manager of a department or agency, or the department's designee.

Internet: refers to an "External" network with many web servers containing web pages used to display information to the public. City of Appleton's Internet URLs include www.appleton.org , http://my.appleton.org and www.myvalleytransit.com

Intranet: refers to the "Internal" City web pages used to display information that is only accessible and only pertains to City of Appleton employees and departments via the Local area Network (LAN).

Filtering: to filter and block certain items from the Internet based on URL address, category, user, port, protocol, attachments and other criteria.

Malicious Code: Computer viruses or other programs introduced purposely to disrupt, destroy or damage City information technology.

Spam: unsolicited email that is received to promote their product.

Network: refers to the system of interconnected computer and technology devices and the means through which they are connected. This includes but is not limited to servers (including the iSeries), switches, routers, modems, computers, laptops, printers, copy machines, telephones as well as any means of connection between them or to the Internet.

RESPONSIBILITIES

TS Director Responsibilities

- Develop and maintain written standards and procedures necessary to ensure implementation of and compliance with these policies.
- Provide appropriate support and guidance to assist employees to fulfill their responsibilities outlined in the policies contained in this document.
- Maintain and update this policy handbook on an annual basis.

Director/Manager Responsibilities

- Ensure that all personnel are familiar with and comply with this policy.
- Create performance standards, control practices, and procedures designed to provide reasonable assurance that all employees observe the policies contained in this document.

User Responsibilities

Contact TS for any hardware repair and software installation as they are the responsibility of the TS Department.

Keep the display, keyboard, and other equipment clean.

Any work done on your computer is considered work done for hire and as such is the property of City of Appleton.

The protection of confidential information is vital to the interests and success of the City. Employees are prohibited from disclosing confidential information to any unauthorized person or entity.

Do not attach diskettes, CD's, DVD's, USB Jump Drives and other portable media of unknown origin to City computers or systems.

Any employee who suspects that his/her workstation has been infected by a virus shall IMMEDIATELY POWER OFF the workstation and call the TS Helpdesk at 5893.

PROCEDURES

Physical Security

Hardware (computers, printers, telephones, copiers etc.) cannot be purchased, installed, configured or relocated without prior approval from TS.

Outside or personal computer equipment cannot be connected to the City of Appleton Network in any way unless approved by the TS Department.

Modems are not permitted on any computer unless approved by TS, who will inventory all active modems.

All users are prohibited from removing or disabling any administrative, security, or virus scanning software from their computer.

Software programs downloaded from the internet or those brought to work by a user cannot be installed on any computer without prior TS approval.

Computer monitors that will display PHI (Personal Health Information) should not be viewable from outside the employees' office or workstation. Each PC should be locked into screensaver mode or logged off before a worker leaves their office. In addition, screen savers will be set to automatically take effect after 20 minutes of inactivity.

Password Security

All user passwords will require to be changed every 90 days. Users will be prompted to change their passwords.

TS will configure systems to require passwords containing requirements that increase password strength whenever possible.

Passwords must not be accessible to any other users. The password must be memorized, not written. Each user is solely responsible for all computer transactions, such as internet use and file access, completed using his or her network and application login name and password.

Users are prohibited from sharing access to their computer while logged on.

TS may ask a user for his or her password to install and troubleshoot hardware and software. TS will maintain the confidentiality of the password or, if requested, can reset the password for the user to change at next logon. TS may also reset the password to troubleshoot a PC. If this is the case, TS will prompt the user to change the password at next logon. Users can also change their own network password at any time by pressing Ctrl+Alt+Del and clicking on the "Change Password" button.

Contact the TS helpdesk at #5893 if a password is forgotten. TS can only reset passwords if needed.

Network, Internet and Email access are associated with the user's logon and password. If the user is not granted permission by the department to use these resources, their profiles will restrict them from doing so.

Each department should request network access for their external users that may need to access their computer systems such as contractors, via a TS request. Users are prohibited from sharing their passwords with other users, contractors or outside personnel.

File Security

Based on the information from the work requests, TS assigns folder and file permissions to specific users and groups of all directories (PC Network) and libraries (iSeries) to control access to data on the network.

All data files in the network are required to be stored on network drives as assigned and available to each user. The local drives (commonly known as "C" drives) of individual computers are not backed up and any data stored in that manner is vulnerable to unauthorized access and data loss. Any data stored on local PCs will be the sole responsibility of the end user.

If a document is highly confidential or sensitive in nature, you should store it in a private directory if possible.

The TS Department will make every effort to prevent viruses from infiltrating City computer systems. Each PC must have a virus scanner installed and configured. Also, a network based virus scanner for all incoming and outgoing messages will be maintained to assist TS in stopping viruses from spreading.

All TS employees who may have, or may gain access to sensitive data or law enforcement records or systems must undergo a complete background check, including fingerprinting through the Appleton Police Department prior to obtaining this access. Those who may access information maintained by CIB must also meet all requirements as designated by CJIS to include completion of the Security Awareness training module through the TRAIN applications.

Employees (New & Departing)

New & Transferred Employees—Each Department is requested to notify the TS Department at least 2 weeks in advance whenever possible, of the need for new or changed network or iSeries access.

Before any Network, iSeries or Internet related access is granted, a TS request must be completed and authorized by the employee's department head. The TS work request should define permitted computer program and data access.

Departing Employees—Each Department is required to give the TS Department advance notice of employees departing employment at City of Appleton whenever possible. A TS work request must be completed and should define when the user profiles should be disabled and/or deleted and how the user's data files and old emails should be handled.

Network Drives

When users logon to the network, TS scripts each user's drive mappings.

J: = The root of J:\ is a place for everyone to share data files. Each department also has a folder under the root to allow the sharing of data files within the department only. Only members of each department can access the department folders under J:\ unless the Department Head requests in writing to allow another user access.

H:\(HOME)= The H:\ drive is for personal files that only the authorized user and the TS Department has access to.

TS may also map other drives for departmental specific purposes.

Remote Network Access

The City of Appleton TS Department can provide remote access to the City network to allow employees the ability to perform work from remote locations. An authorization form needs to be completed and signed by the employee and Department Head before remote access will be permitted. This document should outline when the employee is permitted to utilize this service.

Training

TS will coordinate or provide training to users on features of software owned by the City.

When requested, TS will assist with recommending a contracting company to train a group of users regarding the use of a specific software program.

Department Heads may request to have their department trained on the use of any City supported software program or feature.

TS will maintain a database to track each user's technology training.

Support

Support Levels for user support are defined below:

Level 1 – End users are expected to check obvious things such as electrical power, cable connections, etc.

Level 2 – The TS Helpdesk receives all new problem tickets and verifies the information that is necessary is in the ticket. This person will utilize their training and any other TS resources available to close the ticket. If the problem remains unresolved, the Helpdesk Analyst will prioritize and escalate the ticket to the correct technical person in the TS Department for resolution.

Level 3 – A contractor can be hired by TS if the problem cannot be resolved by TS because of time constraints or a lack of knowledge in a specialty area. Contractors cannot be hired directly by a user department for this purpose.

Track-It

Track-It is a software program designed to track problem tickets and TS requests for both internal TS projects and specific department projects. All project requests and issues must be entered into the Track-It system by authorized staff within each department. Department directors can designate who has this authority within their respective departments. TS will provide access into the Track-It request system for those individuals.

Remote Control

PC Remote Control software is used to manage and troubleshoot computers remotely over the network without TS having to physically go to the site of the computer. This functionality is password protected and only authorized TS staff has the password to access each PC in this manner. Before TS takes control of any PC using the remote control software, they will normally notify the user using one of the following methods in order of precedence:

- Calling the user directly.
- Contacting a clerical employee of the department.
- Calling a nearby employee to alert his or her co-worker.
- Emailing the user.

Software/Hardware Policy

Software, hardware, and network systems are intended to be used for business purposes only to increase the quality and timeliness of services provided by the City.

All software acquired for or on behalf of City of Appleton or developed by City of

Appleton employees or contract personnel on behalf of the City is and shall be deemed City property. All such software must be used in compliance with applicable licenses, notices, contracts, and agreements.

As required by the City's Procurement Policy, all purchasing of City of Appleton software shall be centralized with the TS department to ensure that all applications conform to City software standards, are purchased at the best possible price, and inventoried. All requests for City software must be approved by the department head. The request must then be sent to the TS department for approval and to determine the standard hardware or software that best accommodates the desired request.

Unless otherwise provided in the applicable license, notice contract, or agreement, any duplication of copyrighted software, except for backup and archival purposes, may be in violation of federal and state law. In addition to violating such laws, unauthorized duplication of software is a violation of this Software/Hardware Policy. Employees may purchase software for their home PC's under the City's Microsoft Home Use Program. Purchases made under this program are between Microsoft and the user. The City of Appleton will not support installation or maintenance of this software on employees personal home devices.

There are numerous software titles that are installed and supported by Technology Services on an as-needed basis. All software utilized on City equipment must be authorized by the TS Director.

Employees needing software other than those programs available to them must request such software from the TS department. Each request will be considered on a case-by-case basis in conjunction with the software-purchasing section of this policy.

Hardware

Hardware is defined as all computer, printer, copier or network technology equipment that is part of, attaches to, or integrates with any portion of the City network. All hardware equipment acquired is purchased using standards developed by the TS Department. All such hardware must be used in compliance with applicable licenses, notices, contracts, and agreements.

All purchasing of City computer hardware equipment shall be requested through the TS department to ensure that all equipment conforms to City hardware standards and is purchased at the best possible price.

Computer Hardware & Software Disposal

TS will make the final determination of when and how to dispose of old computer equipment. TS will then prepare all old computer equipment for disposal by reformatting all hard drives to remove direct access to any information they may contain. Equipment containing hard drives will then be sent to approved companies who will be required to provide an additional, secondary method to wipe all residual data from all drives or completely destroy the hard drives through an approved shredding process. The City hardware inventory will be updated and all old computer equipment will be traded in when purchasing replacement equipment or disposed of in an environmentally sound manner. The TS Department reserves the right to sell select computer equipment through approved processes. Exceptions to this policy must be approved by the TS Director.

Copy Machines

Copy machine negotiations and contracts are also maintained by the TS Department with assistance from the Purchasing Manager. An effort to network copy machines will be made to reduce the number of stand-alone printers, scanners and fax machines the City needs to purchase. The TS Director will approve new copier leases based on a survey of

each department's need and ongoing equipment and service costs. Any copy machines that are returned to vendors at end of lease will require the vendor to securely wipe all data from the hard drives of these machines and provide a statement to that effect. In the event a unit is disposed of in another manner, the hard drive will be removed and securely wiped of data by TS before disposal.

All employees should use due diligence to ensure any printed information or documents that may contain sensitive data are not left in open view or unsecured file systems. Once these documents are no longer needed, employees should ensure they are either be shredded or placed in secure document disposal bins provided by the City.

Desk Telephones

The Technology Services Department shall be responsible for the administration of non-cellular based telephone use, including the acquisition of desk telephones, non-cellular wireless telephones, specific contracts and service plans for telecommunications, and the maintenance of systems that provide tracking and recording capabilities for calls placed or received on City telephone systems.

To ensure accuracy of the City's Enhanced 911 service, Technology Services must be informed before any office phones is moved to an alternate location.

Departments can be provided a monthly itemization for all long distance and local telephone calls placed by employees of their respective departments.

All employees assigned a dedicated telephone number will be provided with a personal voice mailbox number. Police staff not assigned a dedicated extension will be provided with a personal voice mailbox associated with their badge number. All new and saved messages in the voicemail system will be automatically purged every 21 days.

Departments are responsible for telephone equipment issued, and if phone equipment is damaged through neglect or misuse the replacement cost will be charged back to the responsible department or employee.

Internet & Email Use Policy

General use of the Internet through City equipment is a privilege, not a right and it may be revoked at any time for unacceptable use. The City retains the right to keep, retrieve and monitor all access to the Internet and related service activity.

Incidental and occasional personal use of the Internet or the corporate email system is permitted, subject to the restrictions contained in this policy or any related City or departmental policy. Any personal use of internet or email is expected to be on the employee's own time and is not to interfere with the person's job responsibilities. Personal use of these systems must not detrimentally affect the job responsibilities of other employees, disrupt the system and/or harm the City's reputation.

Access to all Web based email Internet and Instant Messaging sites (e.g. MSN, Hotmail, Yahoo mail, etc.) will be prohibited due to the potential threat of viruses being spread and infecting the network. Please note, only the secure site(s) of https://host5.appleton.org/gw/webacc will be allowed to check your email using the internet from outside the City's local network.

Maintain confidentiality by not forwarding or sharing any information that would violate the Data Protection Act or City guidelines.

Delete any message received that was intended for another recipient. An incorrectly addressed message should only be forwarded to the intended recipient if the identity of the recipient is known and certain.

Verify the recipient of the email are approved to receive the information contained in the email to avoid a breach of confidence.

The TS Department reserves the right to:

- Restrict email storage space in the live (non-archive) email system.
- Delete any email older than 2 years that resides on the live email server.
- Restrict email size for both incoming and outgoing messages and attachments.

Every effort will be made to prevent Spam messages from being sent to your mailbox. Third party utilities may be required to accomplish this task. Any messages received that are determined to be Spam should be deleted by the end user and in no event should the user attempt to respond to such senders.

Inappropriate use

Exercise due care when creating an email to avoid being rude or unnecessarily terse and ensure that your message meets the standards of professionalism the City expects of your position. Do not make any statements on your own behalf or on behalf of the City, which are intended or may defame, libel or damage the reputation of any person

Email Retention consists of all email sent or received through the City email system that has not been flagged as Spam. Such email will be archived for a period of seven years.

Email Records Request Process:

All questions or requests made to the City of Appleton for viewing public record email messages should be sent directly to the City Attorney or records custodian of the respective department per the City's public records and retention guidelines. Applicable fees as set by the State of Wisconsin may be charged to produce such information to the requestor.

Confidentiality-Email is not an inherently confidential or secure form of communication. You are expected to treat electronic information with the same care as you would paper-based information that is confidential. Keep all such information secure, use it only for the purpose(s) intended and do not disclose the same to any unauthorized third party (which may sometimes include other employees of the City).

City Internet Site**s:**

The City Internet web page is designed and coordinated by the TS Department. Pages are developed using the following standard**s:**

Content must pertain to City related business

Colors must be consistent and complimentary with the current web page theme

Pictures should be in the JPEG format (.jpg)

External links must be in the best interest of City of Appleton

Advertisements are prohibited

Photo compression should be done to decrease the data size of web pages.

If you need assistance with photo compression, please contact the help desk at X5893.

Internet Filtering:

Access to certain web sites or categories to certain web sites may be filtered at the discretion of the TS Department. In addition, certain ports, protocols, users, timeframes, URL addresses, and other items may be filtered or blocked.

You must not display, upload, download, use, retain, distribute or disseminate any images, text, materials or software which:

Are, or might be considered offensive, abusive, indecent, obscene, pornographic or illegal, including content that is or could be considered to be a personal attack, rude or personally critical, sexist, racist, or generally distasteful.

Encourage or promote activities that make unproductive use of City time.

Involve activities outside of the scope of your responsibilities, for example, unauthorized selling/advertising of goods and services.

Affect, or have potential to affect the performance, cause damage, or overload the City's system, network and/or external communications.

Might be defamatory or incur liability on the part of the City or adversely impact the image of the City.

Would be a breach of copyright or license provision with respect to both programs and data.

Please note that any exceptions, due to job requirements, to the inappropriate use standards may be authorized by a Department Head with approval from the TS Director.

The following activities are expressly forbidden:

The introduction of any form of computer virus.

Engaging in any activity that is illegal, distasteful or likely to have negative repercussions for the City.

Seeking to gain access to restricted areas of the network or other hacking activities.

Forgery or attempts to read other users' mail without their consent or permission.

Intranet

The City of Appleton Intranet, http://intranet, is intended to be viewed by internal network users only to improve communications among employees and departments. The TS Department will maintain this internal website. It should remain the default web site for all Internet browsers and under no circumstances should confidential data be posted onto the intranet site.

If you are uncertain at any time how to apply any provisions this policy, you should seek guidance from your supervisor or the Technology Services Department prior to engaging in any activity covered in this document.