

# RESOLUTION

BEFORE THE BOARD OF COMMISSIONERS OF BENTON COUNTY, WASHINGTON:

**IN THE MATTER OF COUNTY POLICY RE: A HAZARD COMMUNICATION PLAN WHICH INCLUDES NOTIFICATION TO EMPLOYEES OF ALL HAZARDOUS SUBSTANCES WITH WHICH THEY MIGHT BE EXPOSED.**

**WHEREAS,** as a result of WAC 292-62-05415, Benton County as an employer is required to provide employees with information and training on hazardous chemicals in their work area at the time of their initial assignment and whenever a new hazard is introduced into their work area; and,

**WHEREAS,** the Board of Benton County Commissioners recognizes that training as outlined in the above WAC is vital for the safety of Benton County employees; **NOW, THEREFORE,**

**BE IT HEREBY RESOLVED** by the Board of Benton County Commissioners that the Benton County Hazard Communication Policy and Procedure, attached hereto and incorporated herein by reference as Exhibit A is hereby adopted.

**BE IT FURTHER RESOLVED** that the terms and conditions of the Hazard Communication Policy and Procedure shall apply to all employees of Benton County rescinding all prior resolutions dealing with Hazardous Communication Plans.

Dated this ..... 29th ..... day of ..... June ..... , 19 .. 92 .....

*Donli Shew*  
Chairman of the Board.

*Robert F. [unclear]*  
Member.

*R.E. Isaacson*  
Member.

Attest: *Jeri Lynn Johnston*  
Clerk of the Board

Constituting the Board of County Commissioners of Benton County, Washington. S. SCOTT

## BENTON COUNTY HAZARD COMMUNICATION POLICIES AND PROCEDURES

### 1. Purpose

In order to protect and preserve a safe work place and to comply with WISHA, WAC 296-62-054, a written Hazard Communication Program has been established. All departments of Benton County are included within this program. The written policy will be available in Material Safety Data Sheet (MSDS) notebooks. These notebooks will be at the locations indicated in Appendix A.

### 2. Policy

Benton County wants to ensure that the hazards of all chemicals utilized in Benton County work places are explained to all potentially affected employees.

#### Employer Responsibility

It is the responsibility of each Department Head or Elected Official to give each county employee a copy of this policy at its adoption. It is the responsibility of Personnel to give a copy to each new employee hired after this policy is adopted.

#### Employee Responsibility

It is the responsibility of each County employee to familiarize himself/herself with and to comply with this policy.

#### Policy Requirements

General Definition: A hazardous chemical product is any chemical which is a flammable, toxic, an irritant, carcinogen, unstable, or harmful if swallowed or inhaled. This will generally be indicated on the warning label of the product.

#### A. Container Labeling

It is required that all containers received for use will:

- Be clearly labeled as to the contents,
- Note the appropriate hazard warning, and
- List the name and address of the manufacturer.

All secondary containers must also be labeled with either an extra copy of the original manufacturer's label or the generic labels which have a space for identity and for the hazard warning. For help with labeling, please see your supervisor or the Personnel Office.

#### B. Material Safety Data Sheets (MSDS)

It is required that MSDS be obtained from the manufacturers, which will be achieved through the Written Procedures for Collection of MSDS (see Appendix B following). The MSDS will be contained in a notebook in each department which must be kept up to date. Incoming data sheets with new and significant health/safety information must be reviewed and that information passed on to the affected employees. Each

notebook will include this policy, a list of hazardous chemicals and the MSDS. Copies of MSDS for all hazardous chemicals will also be kept in two master file locations: Personnel and Risk Management. The exception to this is the Engineering & Road Departments who, because of the volume of MSDS, will provide Personnel and Risk Management with only a list of their hazardous materials and not copies of the MSDS. This list will be updated with the name of each new hazardous chemical as each new MSDS is filed in Engineering & Roads.

The MSDS will be available to all employees in their work areas for review. If MSDS are not available or new chemicals in use do not have MSDS, immediately contact your Elected Official, Department Head, or the Personnel Office.

**C. Written Procedures For Collection of Material Safety Data Sheets.**

It is necessary to have written procedures to help maintain the upkeep of the MSDS Notebooks. The written procedures and flow chart are attached as Appendix B and Appendix C.

**D. Employee Training and Information**

It is required that all employees attend a Training program. At the adoption of this policy, the training packets will be circulated to each Department Head or Elected Official who will train existing employees. A safety video is available from Personnel for Department Heads or Elected Officials to use during training. Prior to starting work, Personnel will see that each new employee views the County's safety video and is given a training packet which will have information on the following:

- An overview of the requirements contained in the Hazard Communication Standard, WISHA, WAC 296-62-054. (Video and Pamphlet)
- Location and availability of the County's written hazardous chemical policy. (Training Packet)
- Physical and health effects of the hazardous chemicals. (Video)
- Methods and observation techniques used to determine the presence or release of hazardous chemicals in the work area. (Video)
- How to lessen or prevent exposure to these hazardous chemicals through usage of control/work practices, and personal protective equipment. (Video)
- How to read labels and review an MSDS to obtain appropriate hazard information. (Video)

- Location of MSDS Notebook and location of hazardous chemicals list. (Training Packet)
- Chemicals present in the workplace operations and what emergency procedures to follow in case of chemical exposure. (Elected Official/Department Heads to inform employees)
- Copy of this Hazard Communication Policy.
- Training certificates to be filled out by the Department Head or Elected Official

After receiving training, each employee will sign a Training Certificate verifying that they viewed the video, received the Training Packet, and understand Benton County's policy on Hazard Communication. The Training Certificates will be filed in the Personnel Office.

Prior to a new chemical hazard being introduced into any section of the County, each employee of that section will be given the appropriate training and information.

### 3. List of Hazardous Chemicals

A list of all known Hazardous Chemicals used by employees of the County will be accumulated after this policy goes into effect and will be sent to all Department Heads and Elected Officials by Risk Management or Personnel. Further information on each noted chemical can be obtained by reviewing MSDS in the locations listed in this document in Appendix A.

The List of Hazardous Chemicals shall be periodically updated and distributed by Risk Management or Personnel who will add the appropriate information from the MSDS received for all new chemicals.

### 4. Hazardous Non-Routine Tasks

Periodically, employees are required to perform hazardous non-routine tasks. Prior to starting work on such projects, the Elected Official or Department Head will give all affected employees information about hazardous chemicals to which they may be exposed during such activity.

This information will include:

- Specific chemical hazards,
- Protective/safety measures the employee can take, and
- Measures the County has taken to lessen the hazards including ventilation, respirators, presence of another employee, and emergency procedures.

5. **Informing Contractors**

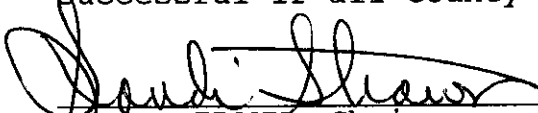
It is required that contractors be provided the following information:

- Hazardous chemicals to which they may be exposed while on the job site, and
- Precautions the employees may take to lessen the possibility of exposure by usage of appropriate protective measures.

The Elected Official or Department Heads will be responsible for contacting each contractor before work is started to gather and disseminate any information concerning chemical hazards that the contractor is bringing to the workplace.


6. **Conclusion**


Compliance to this program and standards in our daily work is mandatory for all employees. This program can only be successful if all County employees do their part.

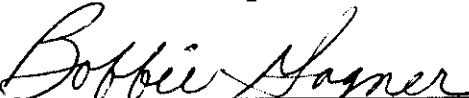
  
SANDI STRAWN, Chairperson  
Benton County Commissioner 7-6-92

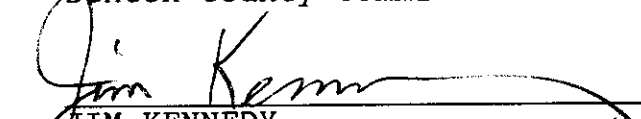
  
ANDY MILLES  
Prosecuting Attorney

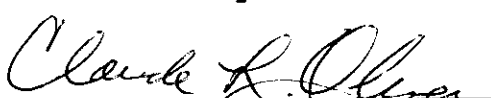
  
ROBERT DRAKE, Member  
Benton County Commissioner

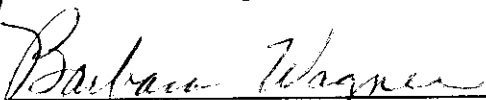
  
E. KAY BACCA  
Benton County Clerk


  
RAYMOND ISAACSON, Member  
Benton County Commissioner

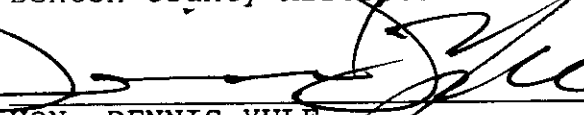
  
BOBBIE GAGNER  
Benton County Auditor


  
JIM KENNEDY  
Benton County Sheriff

  
CLAUDE OLIVER  
Benton County Treasurer

  
BARBARA WAGNER  
Benton County Assessor

  
FLOYD JOHNSON  
Benton County Coronor

  
HON. DENNIS YULE  
Superior Court Judge

  
HON. EUGENE PRATT  
District Court Judge

## HAZARD COMMUNICATION PROGRAM

### Notebook Locations

Department	Location
Assessor	Courthouse
Auditor	Courthouse
Central Services	Courthouse
Clerk	Justice Center
Commissioners	Courthouse
Cooperative Extension	1121 Dudley Ave, Prosser
Coroner	1001 Goethals, Suite 63, Richland
District Court	Justice Center
Emergency Management	210 W. 6th Ave, Kennewick
Engineering & Roads	Courthouse
	County Shop - Kennewick
	County Shop - Prosser
Facilities & Parks	Benton County Annex
Fair	1500 S. Oak, Kennewick
Human Services	2624 W. Kennewick Ave, Kennewick
Juvenile	Juvenile Justice Center
Personnel	Courthouse
Planning	1002 Dudley Ave, Prosser
Prosecuting Attorney	Justice Center
Sheriff	Justice Center
Superior Court	Justice Center
Treasurer	Courthouse

PROCEDURES FOR COLLECTION OF  
MATERIAL SAFETY DATA SHEETS (MSDS)

When a Hazardous Chemical product is purchased that does not have a MSDS on file in the Department's MSDS Notebook, the following procedure will be used to obtain the MSDS: [Except for Engineering and Roads who will develop their own procedure for obtaining MSDS].

**1. The employee purchasing the product asks the vendor for a MSDS for the product.**

- If the employee obtains a MSDS on the product, he/she shall give all copies to the supervisor. In turn, the supervisor files one copy in the Department's MSDS Notebook and sends one copy to Personnel.

- If the employee is unable to obtain a MSDS for the product, he/she shall fill out a MSDS Request Form provided by Personnel Dept. with the product name, manufacturer's name and address, vendor's name and address, Department, and MSDS Notebook location. The MSDS Request will be sent to Personnel, with one copy of the MSDS Request filed in the Department.

**2. Personnel, upon receiving a MSDS Request Form, will contact the manufacturer of the product. A MSDS will be requested with the use of a form letter asking that MSDSs be directed to the Personnel office.**

- If MSDSs are received in the Personnel Office as requested, then Personnel will acknowledge the date MSDSs are received, will generate a letter to the requesting Department with the assigned MSDS identification number and instructions to the Department on standard procedures of filing MSDSs in the Department's notebook, and will send one copy to Risk Management for filing.

- If MSDSs are received in the Department instead of the Personnel Office, then the employee shall give all copies of MSDSs to the supervisor. In turn, the supervisor files one copy of the MSDS in the Department's MSDS Notebook and sends at least one copy of the MSDS on the product to Personnel. Personnel will follow the above procedure.

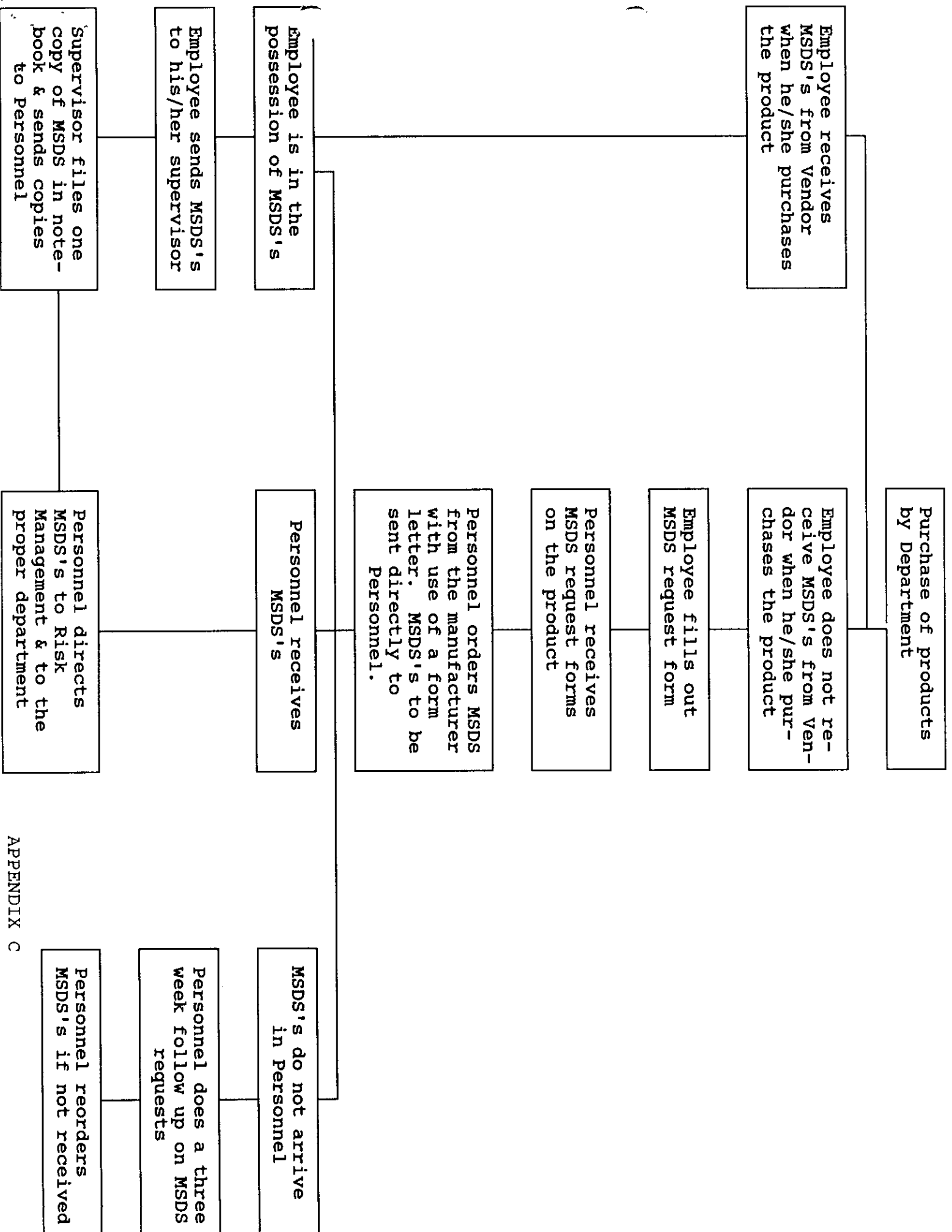
- If MSDSs are not received in the Personnel Office 20 days following the sending of first request letter to the manufacturer, the Personnel Office will send a second request letter to the manufacturer.

- If MSDSs are received after the second request letter, then no action is taken except for normal distribution procedure.

- If MSDSs are not received in the Personnel Office 20 days following the sending of the second request letter to the manufacturer, then Personnel will send a letter to the Department of Labor and Industries to inform them of non-compliance of the manufacturer to WAC 296-62-05413(10).

- If Personnel is unable to generate a request letter to the manufacturer due to incomplete information on the MSDS Request Form, Personnel shall contact the user division to obtain the needed information. Upon receiving the information, Personnel will follow necessary procedures for requesting a MSDS from the manufacturer.





preparing or distributing the material safety data sheet, who can provide additional information on the hazardous chemical and appropriate emergency procedures, if necessary.

(3) If no relevant information is found for any given category on the material safety data sheet, the chemical manufacturer, importer or employer preparing the material safety data sheet shall mark it to indicate that no applicable information was found.

(4) Where complex mixtures have similar hazards and contents (i.e. the chemical ingredients are essentially the same, but the specific composition varies from mixture to mixture), the chemical manufacturer, importer or employer may prepare one material safety data sheet to apply to all of these similar mixtures.

(5) The chemical manufacturer, importer or employer preparing the material safety data sheet shall ensure that the information recorded accurately reflects the scientific evidence used in making the hazard determination. If the chemical manufacturer, importer or employer becomes newly aware of any significant information regarding the hazards of a chemical, or ways to protect against the hazards, this new information shall be added to the material safety data sheet within three months. If the chemical is not currently being produced or imported the chemical manufacturer or importer shall add the information to the material safety data sheet before the chemical is introduced into the workplace again.

(6) Chemical manufacturers or importers shall ensure that distributors and employers are provided an appropriate material safety data sheet with their initial shipment, and with the first shipment after a material safety data sheet is updated. The chemical manufacturer or importer shall either provide material safety data sheets with the shipped containers or send them to the employer prior to or at the time of the shipment. If the material safety data sheet is not provided with a shipment that has been labeled as a hazardous chemical, the employer shall obtain one from the chemical manufacturer, importer, or distributor as soon as possible.

(7) Distributors shall ensure that material safety data sheets, and updated information, are provided to other distributors and employers. Retail distributors which sell hazardous chemicals to commercial customers shall provide a material safety data sheet to such employers upon request, and shall post a sign or otherwise inform them that a material safety data sheet is available. Chemical manufacturers, importers, and distributors need not provide material safety data sheets to retail distributors which have informed them that the retail distributor does not sell the product to commercial customers or open the sealed container to use it in their own workplaces.

(8) The employer shall maintain copies of the required material safety data sheets for each hazardous chemical in the workplace, and shall ensure that they are readily accessible during each work shift to employees when they are in their work area(s).

(9) Where employees must travel between workplaces during a workshift, i.e., their work is carried out at more than one geographical location, the material safety data sheets may be kept at a central location at the primary workplace facility. In this situation, the employer shall ensure that employees can immediately obtain the required information in an emergency.

(10) Material safety data sheets may be kept in any form, including operating procedures, and may be designed to cover groups of hazardous chemicals in a work area where it may be more appropriate to address the hazards of a process rather than individual hazardous chemicals. However, the employer shall ensure that in all cases the required information is provided for each hazardous chemical, and is readily accessible during each work shift to employees when they are in their work area(s).

(11) Material safety data sheets shall also be made readily available, upon request, to designated representatives and to the director or his/her designee in accordance with the requirements of WAC 296-62-05209.

(12) If a purchaser has not received a material safety data sheet within thirty calendar days after making a written request to the chemical manufacturer, importer, or distributor in accordance with WAC 296-62-05413(6), he/she may make a written request for assistance to the Department of Labor and Industries, Right-to-Know Program, Industrial Hygiene Section, P.O. Box 207, Olympia, Washington 98504. Such written request shall include:

(a) A copy of the purchaser's written request to the chemical manufacturer, importer, or distributor;

(b) The name of the product suspected of containing a hazardous chemical;

(c) The identification number of the product if available;

(d) A copy of the product label if available; and

(e) The name and address of the chemical manufacturer, importer, or distributor from whom the product was obtained.

Upon receipt of a written request for material safety data sheet, the department shall attempt to procure the material safety data sheet from the chemical manufacturer, importer or distributor and upon procurement, shall forward a copy of the material safety data sheet at no cost to the purchaser. [Statutory Authority: Chapter 49.17 RCW. 88-14-108 (Order 88-11), § 296-62-05413, filed 7/6/88. Statutory Authority: RCW 49.17.230, 49.70.180, 49.17.040, 49.17.050 and 49.17.240. 86-12-004 (Order 86-22), § 296-62-05413, filed 5/22/86. Statutory Authority: RCW 49.17.040 and 49.17.050. 85-10-004 (Order 85-09), § 296-62-05413, filed 4/19/85; 84-22-012 (Order 84-22), § 296-62-05413, filed 10/30/84; 84-13-001 (Order 84-14), § 296-62-05413, filed 6/7/84.]

**WAC 296-62-05415 Employee information and training.** Employers shall provide employees with information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new hazard is introduced into their work area. Such information and training shall be tailored to the types of hazards to which the employees will be exposed.

(1) Information. Employees shall be informed of:

(a) The requirements of this section;

(b) Any operations in their work area where hazardous chemicals are present; and,

(c) The location and availability of the written hazard communication program, including the required list(s) of hazardous chemicals, and material safety data sheets required by this section.

Note: Laboratories are not required to have a written hazard communication program, but it is recommended.

(2) Training. Employee training shall include at least:

(a) Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);

(b) The physical and health hazards of the chemicals in the work area including the likely physical symptoms or effects of overexposure;

(c) The measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and,

---

# BENTON COUNTY'S JOB SAFETY TRAINING

INITIAL  
ORIENTATION

**SAFETY & SECURITY PROCEDURES**

EMPLOYEE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ JOB TITLE \_\_\_\_\_

Instruction has been given on the following:

- Central Safety Committee Meeting and Members \_\_\_\_\_
- Review and sign "Injured Worker Responsibility" form \_\_\_\_\_
- Location of Emergency Clinic \_\_\_\_\_
- Proper Lifting Techniques \_\_\_\_\_
- 3rd Party Incident Procedures \_\_\_\_\_
- How to Report Unsafe Conditions \_\_\_\_\_
- Hazard Communication Program \_\_\_\_\_
- Bloodborne Pathogen Plan \_\_\_\_\_

I have been instructed on the procedures listed above and understand Benton County makes every effort to provide a safe work environment. I also agree to help make Benton County a safe place to work as SAFETY IS MY RESPONSIBILITY.

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

Trained by \_\_\_\_\_ Date \_\_\_\_\_

cc: File  
Employee

**CENTRAL SAFETY COMMITTEE**

The purpose of the Central Safety Committee meetings is to ensure a safe and secure environment for Benton County personnel to work in and to ensure a safe and secure environment for the general public.

Chairperson: Melina Wenner, Prosecutor's Office

Department

Assessor  
Auditor  
Building  
Central Services  
Clerk  
Commissioners  
Personnel  
Coop Extension  
Coroner  
District Court  
Engineers/Roads  
Facilities/Parks  
Human Services/Crisis Response  
Planning  
Prosecuting Attorney  
Sheriff  
Superior Court  
Treasurer  
Juvenile Services  
Fairgrounds  
Noxious Weed

Representatives

William Pleake & Howard Bell  
Evelyn Cole & Cindi Adams  
Ron Ray & Judy Tiffany  
Debbie Orvis & Marcia Petersen  
Judy Hinds & Nancy Richman  
Carol Tripp  
Marilu Flores  
Jack Watson  
Floyd Johnson & Larry Duncan  
Josie Delvin & Joni Tanner  
Donna Holmes & Donny Sanders  
Jim Waters & Susan Tanska  
Pat Underwood & Diana Ransom  
Karen Witherspoon & Dallas Hewitt  
Melina Wenner & Shannon Slaght  
Curt Smith & Tom O'Brien  
Jo Cargill  
Peggy Maxwell & Betty Jackson  
Kathy Snowwhite & Vern Bates  
Mona Van Hollebeke & Kelly Dietrich  
Jim Corliss

Date: Third Tuesday of Each Month

Time: 9 a.m.

Place: Rotation Each Month - Prosser/Kennewick

---

LOCATION OF EMERGENCY CLINIC

COLUMBIA CENTER CLINIC  
885 COLUMBIA CENTER, KENNEWICK  
783-2222  
HOURS: 8 A.M. - 8 P.M.  
MINOR MEDICAL CARE

OR

VALLEY FAMILY MEDICINE  
875 MEMORIAL, PROSSER  
786-2010  
HOURS: 8 A.M. - 5 P.M.

\*For minor emergencies during hours that the clinics are not open, seek the nearest hospital emergency room.

\*\*For major medical emergencies, seek the closest hospital emergency room.

## PROPER LIFTING TECHNIQUES

### General Guidelines

- PLAN THE LIFT** Ask for assistance if the load feels too heavy or looks too bulky. Check the floor for slippery spots or possible tripping hazards. Decide on your carrying route and destination before lifting.
- SPREAD YOUR FEET** to a width that feels comfortable - about 10" to 20" for men, 8" to 12" for women. Place one foot, whichever you prefer, forward and alongside the load and the other slightly behind to provide support and give thrust to the lifting motion. Place your feet close enough to the load so that your legs (NOT YOUR BACK) become the "levers".
- BEND YOUR KNEES** to a right-angle and extend them forward. Squat down, keeping your back nearly vertical. Don't stoop over.
- GET A GOOD GRIP** by extending your fingers and hands around the corners of the load. Tilt the load to one side and take a firm grip on the elevated bottom corner. Then tip the load the opposite direction and get a hold on the other corner. Press your palms against the corners to reduce strain on your fingers and arms. Don't flex your elbows or raise your shoulder. This would strain your upper arms and chest.
- KEEP YOUR BACK "STRAIGHT"** Lifting with the back "straight" (as nearly vertical as possible) distributes pressure evenly over the spine. Lifting with a bent back throws uneven and dangerous pressure on spinal discs and lower back muscles. Now "lock" your back muscles so that your spine is rigid.
- TUCK YOUR CHIN IN** and raise your head so that the entire spinal column, not just the neck, is straightened. This will automatically raise your chest and put your shoulders in a better position for arm action. Keep your chin tucked in throughout the lifting movement, then let it return to normal as you reach the standing position.

**PROPER LIFTING TECHNIQUES**  
(CONTINUED)

**MAKE A SMOOTH LIFT** Keep your body's weight in proper balance. The thrust of your feet and the leverage of your knees will move your body forward and upward. Thus, the load will actually be pushed up by your leg muscles. For a split second you may feel a bit off balance but you can regain balance by bringing your rearward leg forward as the lift is completed. Always use a smooth motion (don't jerk) to lift the load to a carrying position. Keep the load close to your body. One leg may be used to help support the load if necessary. If the load is exceptionally heavy, lift it first to your knee, and from there, in a smooth motion, to the carrying position.

**TURN** by changing the position of your feet. Never twist your body. This would stress the lower back. To place the load on a table-level surface, first set the front part of the load on the surface. Then push forward with your arms and body while keeping your back "straight". Never lean over while lowering a load. To lower a load to the floor, simply reverse the lifting procedure described above.

**"CHEST HIGH"** is a safe rule to follow when stacking a load. Stacking at great heights may cause serious strain. By using pallets or some other steady platforms, the lifting should be made in stages if the stack must be made higher than chest height.

**OTHER LIFTING HAZARDS** include splinters, nails, and jagged edges. Check for these before lifting. Gloves protect the fingers against sharp edges. Make sure your hands and fingers are free and will not be pinched when you put the load down.

## PUBLIC INCIDENTS

This information is intended to assist employees who deal with the public.

### THIRD PARTY ACCIDENTS/INJURIES - WHAT TO DO

#### TAKE CARE OF THE ILL OR INJURED PARTY

- Ask where and how the accident happened
- Let the individual decide if he/she wants to seek medical attention, and ask how he/she wants to be transported.

#### SECURE NAMES OF WITNESSES QUICKLY

- Get the names and addresses of the injured individual first, then others.

#### REPORT ACCIDENTS/INCIDENTS TO SUPERVISORS OR DEPARTMENT HEADS AND RISK MANAGER

#### INSPECT ACCIDENT SCENE - TAKE NOTES AND PHOTOS

#### COMPLETE AN ACCIDENT REPORT AND FOLLOW-UP

### POINTS TO REMEMBER

- DON'T offer to pay all medical expenses
- DON'T transport injured individuals
- DON'T admit responsibility
- DON'T argue or debate the cause of the accident
- DON'T reprimand others at the scene
- DON'T discuss incident with strangers ever

SECURITY PROCEDURES

- \* When leaving work after dark, walk out with fellow employees.
- \* Report any questionable people immediately to your supervisor.
- \* Report any questionable actions in your building, or in the parking lot, immediately to your supervisor.
- \* Always leave your valuables at home. Females - if you carry a purse, please bring only the necessities, and make sure you check with your department head for a proper place to store it.

\*Note: In regard to emergencies or threatening situations, refer to your departmental emergency evacuation plan:

## HOW TO REPORT UNSAFE CONDITIONS

- \* All unsafe conditions are to be written on a Safety Suggestion Form.
- \* Safety Suggestion Forms are located in all Benton County Departments.
- \* Attached is a copy of the Safety Suggestion Form.

### INSTRUCTIONS FOR USE

- \* Fill out the Safety Suggestion Form and turn it in to your Elected Official or Department Head. The Elected Official or Department Head will then, if necessary, fill out a work order form and turn into the Facilities Department for action.
  - \* Fill out Part I: EMPLOYEE section
  - \* Print clearly.
  - \* Explain in detail:
    - Location
    - What is unsafe
    - Description of condition
    - Misc. information that will help Facilities understand the problem.
    - Suggest corrective actions
  - \* Elected Official or Department Head completes Section II
- If necessary, your elected official or department head will fill out a Work Order Form for facilities.
- Completed forms will be distributed to Department Safety Representative and to the employee.

## HAZARD COMMUNICATION PROGRAM

Benton County is concerned with the safety of both the public and employees.

This guide is designed to help you understand Benton County's Hazard Communication Program.

- \* To help you understand its use and how it can help you.
- \* To help you avoid injury or health problems when using chemicals.
- \* To familiarize you with the hazards of chemicals.
- \* To teach you how to protect yourself and others.

The program involves:

- \* Labeling of all containers.
- \* Knowing how to read and use those labels.
- \* Use of personal protective equipment when needed.
- \* Where to get additional information.

The following pages will describe the program in detail. Your department supervisor will train you in specific chemicals for your job during your department training.

You will be provided with a copy of Benton County's Hazardous Communication Resolution and Policy.

## HOW TO IDENTIFY A HAZARDOUS CHEMICAL

- \* Read the label.
- \* Caution, warning, or danger are words that indicate hazard.
- \* (MSDS) Material Safety Data Sheets.

The manufacturer of hazardous chemical supplies information in the form of Material Safety Data Sheets (MSDS).

- \* Each chemical has its own MSDS sheet.
- \* An MSDS provides information on potential:

- health hazards
- fire & explosion hazards
- first aid procedures
- clean up & disposal methods
- personal protective equipment needed

Attached is a sample of an MSDS. A copy of the MSDS for each chemical used in the county will be kept on file in your department.

- \* Your supervisor will show you where this book is kept, help you learn how to read an MSDS, and pick out the important information.

MSDS books are kept in each department for quick access.

## CONTAINER LABELING POLICY

- \* All containers brought into the workplace must be clearly labeled by the manufacturer.
- \* When secondary containers are used, i.e., a smaller container filled from the original container. The secondary container must be clearly labeled as to its contents, and must contain appropriate hazard warnings.
- \* You must know what is in a container to take any appropriate precaution.
- \* All containers must be properly labeled whether chemical, food, or anything else.

## PERSONAL PROTECTION

Chemicals can enter the body in three (3) ways:

- I. Inhaling a chemical through the nose or mouth.
  - A. To protect yourself from inhaling hazards:
    1. Wear a respirator.
    2. Wear a mask to cover your nose and mouth. Your supervisor will provide the right type of mask. **YOU WILL BE REQUIRED TO WEAR IT.**
    3. Work in a well ventilated area.
  
- II. Absorbing a chemical through your skin.
  - A. To protect yourself from absorbing chemical through the skin:
    1. Use protective gloves and clothing. Your supervisor will provide the right type of gloves or clothing. **YOU WILL BE REQUIRED TO WEAR THEM.**
  
- III. Ingesting a chemical by swallowing.
  - A. To protect yourself from the ingestion of chemicals.
    1. Safe work habits.
    2. Good personal cleanliness.
    3. Never eat or drink where chemicals are used or stored.
    4. Always wash your hands carefully after using any hazardous chemical.
    5. Make sure you wash your clothing separately if hazardous chemicals spill onto them.
    6. Do not put your hands in your mouth or near it when using hazardous chemicals.

Questions on personal protection for specific chemicals can be answered by the MSDS, or you can ask your supervisor directly.

## BLOODBORNE PATHOGENS STANDARD

In accordance with the law the following exposure control plan has been developed to protect our employees from the risk of exposure to bloodborne pathogens, such as the Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV):

### 1. Exposure Determination

Each Benton County department is required to determine which if any employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment, such as protective clothing (i.e., employees are considered to be exposed even if they wear personal protective equipment.) This exposure determinate is required to list all job classification in which all employees may be expected to incur such occupational exposure, regardless of frequency. Please refer to your Departmental Bloodborne Pathogen Exposure Control Plan for job classification categories within your department.

In addition, the law requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these positions can be found in your Departmental Bloodborne Pathogen Exposure Control Plan.

**Note:** Not all Benton County departments have been determined as having occupational exposure to Bloodborne Pathogens. Therefore, not every department may have a Bloodborne Pathogen Exposure Control Plan.

### 2. Implementation Schedule and Methodology

The law also requires that the bloodborne pathogen plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

## Compliance Methods

Universal precautions will be observed throughout Benton County departments and related work places 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.

Work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after initiation of these controls, personal protective clothing will be supplied and used by the employees who may become exposed. Each department will maintain adequate supplies of protective clothing including masks and gloves, and disposal bags. Designated departments will contain "sharps" containers with a biohazard label. All sharps containers are to be returned to the designated storage area to await disposal.

The above controls will be examined and maintained on a regular schedule by the risk manager or designee.

## Personal Protective Equipment

All personal protective equipment used will be provided without cost to employees. Personal Protective equipment will 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 employees' 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.

Benton County will provide any or all of the following, depending upon the degree of exposure: gloves, gowns, face shields or masks and eye protection, and mouthpieces (especially for CPR), pocket masks or other ventilation devices. The items will be available from the department head or designee and those identified as responsible for clean up of an exposed area. All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees. Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood or bodily fluids. Gloves will be available from the department head or designee. Disposable gloves may not be decontaminated for re-use. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not comprised (i.e., no punctures, cracks, or tears). 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.

### 3. Procedures

All employees should be made aware of the potential of finding blood or other body fluids in the course of their duties. When they discover what they suspect could possibly be blood or body fluids, they should contact their department head at once.

Those individuals designated to clean up the exposed area will put on protective gloves and carefully place the affected item in a red labeled bag specifically designed for the purpose of holding infectious waste. While doing this, they should avoid any contact with the area of the linen where the fluids have come in contact. The gloves will be placed in the separate small red bag and the bag will be sealed. The bag with the gloves should be taken to the designated storage area to await disposal.

The bag with the linen should not be sorted or rinsed at the location of use. It should be taken to the designated storage area to await disposal.

All employees who have contact with contaminated laundry shall wear protective gloves and other personal protective equipment as appropriate.

#### **Exposure Incident**

In the event an employee is exposed to blood or any other body fluid, the employee should immediately wash the affected area with an antibacterial soap, if available, and then report the incident to your department head. The incident should be carefully documented immediately by using the Exposure Report located in your Departmental Bloodborne Pathogen Control Plan (NOTE: Departments, which have been determined as having no exposure to bloodborne pathogens, will not have a Bloodborne Pathogen Control Plan). The department head or designee will be responsible for insuring that the site of the exposure is cleaned and decontaminated.

#### **Vaccinations**

Benton County departments must offer the Hepatitis B vaccine and vaccination series to all employees who are reasonable expected to have occupational exposure to bloodborne pathogens, as identified below, and post exposure follow up to employees who have had an exposure incident, at no cost to the employee.

If they decline, they must do so in writing using the Declination of Hepatitis B Vaccine form located in their Departmental Bloodborne Pathogen Control Plan. If they change their mind at a later date, the vaccine will be made available at that time.

Each department is responsible for the Hepatitis B vaccination program and will ensure each employee, whose job classification is identified as having exposure, is offered the vaccination.

## Post Exposure Evaluation and follow-up

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the department head and risk manager, or designee.

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:
- 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.
- c) The source individual's blood shall be tested as soon as feasible, and after consent is obtained to determine HBV and HIV infectivity. If consent is not obtained, the department head, Risk Manager, or designee shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- d) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e) 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.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- a) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained:
- b) The employee will be offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the standard. All post exposure follow-up will be performed by the doctor or clinic designated by Benton County.

## Information Provided to the Healthcare Professional

The department head, risk manager or designee shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- a) A copy of WAC 296-62-08001; (While the standard outlines the confidentiality requirements of the healthcare professional, it might be helpful for the employer to remind the individual of the requirements.)
- b) A written description of the exposed employee's duties as they related to the exposure incident;
- c) Written documentation of the route of exposure and circumstances under which exposure occurred;
- d) Results of the source individual's blood testing; if available; and
- e) All medical records relevant to the appropriate treatment of the employee including vaccination status.

## Healthcare Professional's Written Opinion

The department head, risk manager or designee shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure follow-up shall be limited to the following information:

- a) A statement that the employee has been informed of the results of the evaluation; and
- b) A statement that 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.

Note: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

## Labels and Signs

The office administrator or designee shall ensure that biohazard labels shall be affixed to containers of regulated waste and other containers used to store or transport items contaminated with blood or other potentially infectious materials.

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction (any material not in a red bag needs a standard biohazard label).

## Employee Training

Employees subject to this program will receive initial training prior to starting work. Employees who are employed when this policy takes effect will receive training as soon as practical. Thereafter, they will receive annual refresher training. This training must be documented and kept on file in each department and risk management office.

The training will be interactive and cover the following:

- a) A copy of the standard and an explanation of its contents;
- b) A discussion of the epidemiology and symptoms of bloodborne diseases;
- c) An explanation of the modes of transmission of bloodborne pathogens;
- d) An explanation of the specific department's 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 and work practices and personal protective equipment (PPE).
- g) Information on the types, use, location, removal, handling, decontaminations, and disposal of PPE's.
- h) An explanation of the basis of selection of PPE's.
- 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.

Additional training shall be provided to employees when there are changes of tasks that would cause them to be subject to this policy or any change in procedures affecting the employee's occupational exposure.

### Training Records

Training records shall be maintained in the risk management office for three years from the date of training. The following information should be documented:

- 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.

### Record Keeping

Medical records shall be maintained by each department in accordance with WAC 296-62-052 and shall be kept separate from the employee's personnel file. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 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, including 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 healthcare 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.

BENTON COUNTY INSPECTION CHECKLIST

DEPARTMENT \_\_\_\_\_

DATE \_\_\_\_\_

This list is intended only as a reminder; look for other unsafe acts and conditions. Turn one copy in to the Risk Manager at the Central Safety Committee Meetings. Keep one copy for your department's records.

- S Indicates Satisfactory-no hazards exist
- U Indicates Unsatisfactory-hazards exist
- Indicates Not Applicable to your department

FIRE PROTECTION

- 1. Fire extinguisher accessible
- 2. Fire extinguisher recharged in last 12 mo
- 3. Exits unobstructed
- 4. Exit signs lighted
- 5. Storage near hot or electrical equipment
- 6. Proper storage of flammable material
- 7. Employees trained on the use of extinguisher

COMMENTS

---

---

---

---

---

---

---

HOUSEKEEPING

- 8. Wet or slippery floors
- 9. Holes, splinters, uneven places in floors
- 10. Loose objects on floors
- 11. Wet or slippery stairs
- 12. Holes, splinters, uneven places on stairs
- 13. Loose objects or obstructed stairs
- 14. Loose objects that can fall from overhead
- 15. Improper lighting or ventilation
- 16. Materials piled in walkways
- 17. Waste improperly disposed of
- 18.

---

---

---

---

---

---

---

---

---

---

HAZARDOUS COMMUNICATIONS

- 19. Employees trained and given a copy of Benton County Hazardous Communication Program
- 20. A MSDS(Material Safety Data Sheet) notebook for chemicals being used in the department is accessible to all employees
- 21. Hazardous materials properly labeled-hazardous warnings, names addresses of the manufacturers
- 22. Hazardous materials properly stored
- 23. Employee performing hazardous, non-routine tasks are trained on the use of chemicals,their hazards & protective equipment

---

---

---

---

---

---

---

PERSONAL PROTECTIVE EQUIPMENT

- 24. Inadequate goggles or face shields
- 25. Inadequate safety shoes
- 26. Inadequate work gloves
- 27. Inadequate protective clothing

---

---

---

---

**UNSAFE PRACTICES**

- 28. Horseplay
- 29. Improper Lifting
- 30. Unnecessary running
- 31. Sitting on tilted chairs
- 32. Standing on chairs, boxes, cans, etc.
- 33. File cabinets left open after use

**COMMENTS**

---

---

---

---

---

---

**GROUNDINGS**

- 34. Cracks, holes, tripping hazards in parking lot
- 35. Cracks, holes, tripping hazards in sidewalk
- 36. Cracks, holes in roadways
- 37. Nails in yard
- 38. Loose items in yard

---

---

---

---

---

---

**MACHINERY**

- 39. Defective wiring
- 40. Defective safety devices
- 41. Defective belts, pulleys, gears, shafts
- 42. Defective cables, ropes, chains, slings
- 43. Proper oiling, cleaning, adjusting
- 44. Oil leakage
- 45. Unprotected sharp edges
- 46. Unguarded hazardous parts
- 47. Unsafe starting-stopping mechanisms
- 48. Improper storage of equipment
- 49. Improper use of machinery

---

---

---

---

---

---

---

---

---

---

---

---

**HAND TOOLS AND MATERIALS**

- 50. Safety devices defective or missing
- 51. Other defects in tools
- 52. Unprotected sharp edges
- 53. Unsafe carrying of tools, nails, etc.
- 54. Tools and materials left lying around
- 55. Improperly placed or stored materials
- 56. Improper use of tools and materials

---

---

---

---

---

---

---

**MISCELLANEOUS**

- 57. Inadequate first aid kits (See attached checklist #1)
- 58. List of CPR/First Aid certified employees on safety bulletin board
- 59. Emergency telephone numbers on bulletin board
- 60. Bloodborne Pathogen Exposure Control Plan
- 61. Bloodborne Pathogen spill kit and personal protective equipment accessible to employees
- 62. Safety bulletin board(See attached checklist #2)
- 63.
- 64.

---

---

---

---

---

---

---

---

SAFETY/LIABILITY BULLETIN NO. 1

SAFETY BULLETIN BOARD CHECKLIST

WAC 296-24-055

Required posting:

- WISHA poster (Safety & Health in Workplace)
- Right to Know (Hazardous Chemicals)
- Worker's Rights (covering minimum wage and payroll issues)
- Family and Parental Leave
- Washington Industrial Insurance poster (pink Self Insurance Poster)
- OSHA 200 accident summary (in February)
- Federal Equal Employment Opportunities Commission statement and Age Discrimination in Employment Act statement
- Federal Polygraph Protection Act Poster
- Americans with Disabilities Act poster

Suggested posting or accessibility to:

- Safety posters
- Safety manual:
  - ✓ safety committee minutes
  - ✓ emergency preparedness plan
  - ✓ safety suggestion forms
  - ✓ county safety policy

How to obtain:

Call Risk Manager on extension 3344 in Kennewick.

Note:

Each safety representative is encouraged to call the Risk Manager for a catalog of free safety posters. Each office should order enough posters so that they can be changed frequently on the bulletin board.

SAFETY/LIABILITY BULLETIN NO. 2

FIRST AID TRAINING AND KITS CHECKLIST

WAC 296-24-060,065

- The department has first aid kit(s) that are easily accessible and are the correct size as follows:

1 to 5 employees:	10 pkg kit
6 to 15 employees:	16 pkg kit
16 to 30 employees:	24 pkg kit
31 to 50 employees:	36 pkg kit
51 to 75 employees:	One 36 pkg kit & one 10 pkg kit
76 to 100 employees:	One 36 pkg kit & one 16 pkg kit

- All employees have been informed as to the location of the first aid kits and someone has been designated to ensure that the kits are properly maintained and stocked.

Supervisors in department have a valid first aid card and there is someone on the job at all times who has a valid first aid card. A valid card is one that is less than 3 years old).

- A poster listing emergency numbers, procedures, etc. is near or on the first aid kit, at telephones, and other areas where employees have easy access.

How to obtain:

You can buy first aid kits from Central Stores or any other company selling first aid equipment.

Contact the Risk Manager on extension 3344 in Kennewick to arrange for first aid training.

Note:

The minimal contents of the packaged first aid kits are specifically set out in WAC 296-24-065.

VEHICLE ACCIDENT  
CHECK LIST



STATE  
OF  
WASHINGTON

VEHICLE  
LICENSE NO. ....

APPENDIX 9

VEHICLE ACCIDENT CHECK LIST

1. Keep calm. Do not argue about "fault." Be courteous. Show your driver's license willingly.
2. Follow the accident scene instructions on the front inside cover of the enclosed VEHICLE ACCIDENT CHECK LIST.
3. Complete the CHECK LIST at the accident scene with as much detail as possible. There is never too much information.
4. Do not talk to anyone about the accident except the proper authorities. If in doubt, consult your supervisor.

---

FINANCIAL RESPONSIBILITY IDENTIFICATION

This vehicle is owned by a County of the State of Washington. Pursuant to RCW 46.29.080(9), the County and its permissive driver are exempt from showing proof of compliance with the mandatory insurance law.

NOTE: The Vehicle Accident Check List is a yellow envelope containing information which is to be filled out immediately following a vehicle accident. This information shall be kept in the glove compartment of each County vehicle.

STREET OR HIGHWAY

FOLD

VEHICLE POSITIONS BEFORE COLLISION

N	S	E	W	ON STREET OR HIGHWAY NAME OR NO.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NO. OF LANES IN ONE DIRECTION	VEHICLE LEGALLY STANDING		VEHICLE LEGALLY PARKED		IF PARKED WAS VEHICLE OCCUPIED		INVESTIGATED BY	
	YES	NO	YES	NO	YES	NO	STATE PATROL	OTHER POLICE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CITY POLICE	NO INVESTIGATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHERIFF	

OR CROSSING FROM TO

VEHICLE / PEDAL CYCLIST WAS USING: 1  SIDEWALK 2  WALKWAY 3  SHOULDER 4  MARKED CROSSWALK 5  UNMARKED CROSSWALK 6  OTHER 7  DESIGNATED BIKE ROUTE 8  ROADWAY

VEHICLE / PEDAL CYCLIST CLOTHING COLOR: 1  DARK 2  LIGHT 3  MIXED 4  RETRO-REFLECTIVE 5  OTHER REFLECTIVE APPAREL: SHOES, PATCHES, ETC.

SURFACE (X ONE)	WEATHER	LIGHT CONDITIONS	TRAFFIC CONTROL (CHECK ONE)		TYPE OF ROAD (CHECK ONE OR MORE)		DRIVER / VEHICLE ACTIONS (CHECK ONE OR MORE)	
			VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 1	VEHICLE NO. 2
1 <input type="checkbox"/> CLEAR CLOUDY OR OVERCAST	1 <input type="checkbox"/> DRY	1 <input type="checkbox"/> DAYLIGHT	<input type="checkbox"/> 1 <input type="checkbox"/> SIGNALS	<input type="checkbox"/> 1 <input type="checkbox"/> ONE WAY	<input type="checkbox"/> 1 <input type="checkbox"/> GOING STRAIGHT AHEAD			
2 <input type="checkbox"/> RAINING	2 <input type="checkbox"/> WET	2 <input type="checkbox"/> DAWN	<input type="checkbox"/> 2 <input type="checkbox"/> STOP SIGN	<input type="checkbox"/> 2 <input type="checkbox"/> TWO WAY	<input type="checkbox"/> 2 <input type="checkbox"/> OVERTAKING AND PASSING			
3 <input type="checkbox"/> SNOWING	3 <input type="checkbox"/> SNOW	3 <input type="checkbox"/> DUSK	<input type="checkbox"/> 3 <input type="checkbox"/> YIELD SIGN	<input type="checkbox"/> 3 <input type="checkbox"/> REVERSIBLE ROAD	<input type="checkbox"/> 3 <input type="checkbox"/> MAKING RIGHT TURN			
4 <input type="checkbox"/> FOG	4 <input type="checkbox"/> ICE	4 <input type="checkbox"/> DARK - STREET LIGHTS ON	<input type="checkbox"/> 4 <input type="checkbox"/> FLASHING RED	<input type="checkbox"/> 4 <input type="checkbox"/> INTERCHANGE (LOOP / RAMP)	<input type="checkbox"/> 4 <input type="checkbox"/> MAKING LEFT TURN			
5 <input type="checkbox"/> OTHER SPECIFY	5 <input type="checkbox"/> OTHER SPECIFY	5 <input type="checkbox"/> DARK - NO STREET LIGHTS	<input type="checkbox"/> 5 <input type="checkbox"/> FLASHING AMBER	<input type="checkbox"/> 5 <input type="checkbox"/> ALLEY	<input type="checkbox"/> 5 <input type="checkbox"/> MAKING U-TURN			
		6 <input type="checkbox"/> DARK - STREET LIGHTS OFF	<input type="checkbox"/> 6 <input type="checkbox"/> RR SIGNAL	<input type="checkbox"/> 6 <input type="checkbox"/> TWO WAY - LEFT TURN LANES	<input type="checkbox"/> 6 <input type="checkbox"/> SLOWING			
		7 <input type="checkbox"/> OTHER SPECIFY	<input type="checkbox"/> 7 <input type="checkbox"/> OFFICER / FLAGMAN	<input type="checkbox"/> 7 <input type="checkbox"/> DRIVEWAY	<input type="checkbox"/> 7 <input type="checkbox"/> STOPPED FOR TRAFFIC			
			<input type="checkbox"/> 8 <input type="checkbox"/> OTHER, SPECIFY		<input type="checkbox"/> 8 <input type="checkbox"/> STOPPED AT SIGNAL OR STOP SIGN			
			<input type="checkbox"/> 9 <input type="checkbox"/> NO TRAFFIC CONTROL		<input type="checkbox"/> 9 <input type="checkbox"/> STOPPED IN ROADWAY			
					<input type="checkbox"/> 10 <input type="checkbox"/> STARTING IN TRAFFIC LANE			
					<input type="checkbox"/> 11 <input type="checkbox"/> STARTING FROM PARKED POSITION			
					<input type="checkbox"/> 12 <input type="checkbox"/> MERGING (ENTERING TRAFFIC)			
					<input type="checkbox"/> 15 <input type="checkbox"/> BACKING			
					<input type="checkbox"/> GOING WRONG WAY			
					<input type="checkbox"/> OTHER SPECIFY			

ROADWAY CHARACTER: 5  CURVE & LEVEL, 6  CURVE & GRADE, 7  CURVE AT HILL CREST, 8  CURVE IN SAG

OR NOT SEEING DANGER: DID COLLISION OCCUR IN A CONSTRUCTION OR ROAD MAINTENANCE AREA? YES  NO

NAME ADDRESS SEX AGE

NAME OF PERSON COMPLETING REPORT ADDRESS DATE OF REPORT MO. DAY YEAR

UTION SHEET NO. 1: WASHINGTON STATE PATROL, 4242 MARTIN WAY, OLYMPIA, WA 98504 SHEET NO. 3: TO LOCAL LAW ENFORCEMENT AGENCY WHERE THE ACCIDENT OCCURRED. SHEET NO. 4: YOUR COPY WSP - AR - 161 10/89

167 SHEET NO. 2: TO DEPT. OF LICENSING DIVISION OF FINANCIAL RESPONSIBILITY - OLYMPIA, WASHINGTON 98504

STATE OF WASHINGTON  
MOTOR VEHICLE COLLISION REPORT

No. APPENDIX 10

DATE OF COLLISION DAY YR	DAY OF COLLISION SUN MON TUE WED THUR FRI SAT	TIME OF COLLISION HOUR MINUTES	AM <input type="checkbox"/> PM <input type="checkbox"/>	COUNTY	OFFICIAL USE ONLY COUNTY NO CITY NO	<input type="checkbox"/> SPR <input type="checkbox"/> URBAN <input type="checkbox"/> RURAL			
CITY OR TOWN		NAME & NO. OF STREET OR HIGHWAY		PRE. CLS	ADM. CLS	PREFIX	ROUTE OR STREET CODE	SECT.	
MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/> OF		ON		PREFIX	EQ.	MILEPOST			
H STREET OR ROAD		NON-INTERSECTION		STREET &		STREET			
SECTION		FEET		SHOW NEAREST INTERSECTING STREET, HIGHWAY, HOUSE NUMBER, BRIDGE, RAILROAD CROSSING, MILEPOST OR IDENTIFYING LANDMARK.		RAMP			DIAGRAM DATA
COLLISION INVOLVED L. NO. OF VEHICLES		<input type="checkbox"/> FUEL SPILLAGE <input type="checkbox"/> FIRE RESULTED		<input type="checkbox"/> HIT & RUN <input type="checkbox"/> STOLEN VEHICLE		HAZARDOUS MATERIALS BEING TRANSPORTED <input type="checkbox"/> FLAMMABLE LIQUID <input type="checkbox"/> CORROSIVE MATERIAL		<input type="checkbox"/> EXPLOSIVES <input type="checkbox"/> AMMUNITION <input type="checkbox"/> CHLORINE <input type="checkbox"/> RADIO ACTIVE MATERIALS <input type="checkbox"/> OTHER	
OBJECT STRUCK		(NAME OF OBJECT STRUCK)		OWNER OF OBJECTS NAME AND ADDRESS		ESTIMATED COST TO REPAIR OBJECT		SPEC. CODE USE	

VEHICLE NO. 1 (YOUR CAR)

VEHICLE NO. 2 (OTHER CAR)

CHECK (✓) IF YOU WERE DRIVING A COMMERCIAL VEHICLE				(PCW DEFINITION OF A COMMERCIAL VEHICLE IS ANY VEHICLE THE PRINCIPAL USE OF WHICH IS THE TRANSPORTATION OF COMMODITIES, MERCHANDISE, PRODUCE, FREIGHT, ANIMALS OR PASSENGERS FOR HIRE)															
DRIVER'S LAST NAME				FIRST NAME				MIDDLE											
STREET ADDRESS				ROUTE NO. AND BOX NO.															
STATE		ZIP CODE		DRIVER'S OCCUPATION				CITY		STATE		ZIP CODE		DRIVER'S OCCUPATION					
DRIVER'S LICENSE NO.		STATE		SEX M F		DATE OF BIRTH MO. DAY YR.		AGE		DRIVER'S LICENSE NO.		STATE		SEX M F		DATE OF BIRTH MO. DAY YR.		AGE	
VEHICLE YR.		MAKE (CHEV. DODGE)		MODEL (NOVA-DART)		BODY, STYLE (2 DR.)		VEHICLE YR.		MAKE (CHEV. DODGE)		MODEL (NOVA-DART)		BODY, STYLE (2 DR.)					
LICENSE PLATE NO.		STATE		TRAILER PLATE NO.		STATE		LICENSE PLATE NO.		STATE		TRAILER PLATE NO.		STATE					
VEHICLE IDENTIFICATION NO.				VEHICLE IDENTIFICATION NO.															
REGISTERED OWNER (LAST-FIRST-MIDDLE NAME)				DRIVER'S LICENSE NO.				REGISTERED OWNER (LAST-FIRST-MIDDLE NAME)				DRIVER'S LICENSE NO.							
ADDRESS (STREET, CITY AND STATE)				DATE OF BIRTH MO. DAY YR.		OWNER'S ADDRESS (STREET, CITY AND STATE)				DATE OF BIRTH MO. DAY YR.									
PARTS OF VEHICLE DAMAGED (ATTACH COPY OF THE ESTIMATE)				ESTIMATED COST TO REPAIR VEHICLE		PARTS OF VEHICLE DAMAGED (ATTACH COPY OF THE ESTIMATE)				ESTIMATED COST TO REPAIR VEHICLE									

LIABILITY INSURANCE INFORMATION - VEHICLE NO. 1

NAME OF INSURANCE COMPANY

POLICY NUMBER

LIABILITY INSURANCE INFORMATION - VEHICLE NO. 2

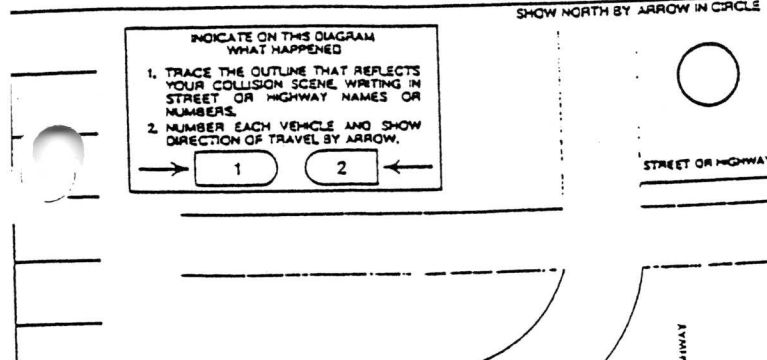
NAME OF INSURANCE COMPANY

POLICY NUMBER

1ST INJURY	AGE	TOTAL INJURED	2ND INJURY	(USE SEPARATE REPORT FOR ADDITIONAL INJURIES)	AGE
NAME	SEX M F		NAME		SEX M F
ADDRESS		NATURE AND EXTENT OF INJURIES	ADDRESS		
NATURE AND EXTENT OF INJURIES			NATURE AND EXTENT OF INJURIES		
DID INJURIES REQUIRE EXAMINATION BY A DOCTOR? YES NO		DID INJURIES REQUIRE EXAMINATION BY A DOCTOR? YES NO		DOCTOR'S NAME	
STATUS OF INJURED		STATUS OF INJURED		MARK FIRST ONE THAT APPLIES	
<input type="checkbox"/> DRIVER	<input type="checkbox"/> IN VEHICLE	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> KILLED	<input type="checkbox"/> DISABLING INJURY (SEVERE)	<input type="checkbox"/> NON-DISABLING INJURY (MINOR)
<input type="checkbox"/> PEDESTRIAN	NO. _____	<input type="checkbox"/> PEDESTRIAN	NO. _____	<input type="checkbox"/> 5	<input type="checkbox"/> 6
				<input type="checkbox"/> 7	<input type="checkbox"/> 7

MOTORCYCLE SAFETY:  HELMET USED  HELMET NOT USED

MOTORCYCLE SAFETY:  HELMET USED  HELMET NOT USED



DESCRIBE BELOW WHAT HAPPENED: (REFER TO VEHICLES BY NUMBER)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BENTON COUNTY  
 SUPPLEMENTARY RECORD OF OCCUPATIONAL INJURIES/ILLNESSES

INJURED OR ILL EMPLOYEE

1. Name \_\_\_\_\_ Claim No. \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
3. Department \_\_\_\_\_ Location \_\_\_\_\_
4. Date of Injury \_\_\_\_\_ Social Security Number \_\_\_\_\_
5. Age \_\_\_\_\_ 6. Sex \_\_\_\_\_ 7. Job Title \_\_\_\_\_

THE ACCIDENT OR EXPOSURE TO OCCUPATIONAL ILLNESS

If accident or exposure occurred on employer's premises, give address of establishment in which it occurred. If accident occurred outside employer's premises at an identifiable address, give that address. If it occurred on a public highway or at any other place which cannot be identified by number and street, please provide place references locating the place of injury as accurately as possible.

8. Was the place of accident or exposure on employer's premises?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

9. How did the accident occur? Describe fully the events which resulted in the injury/illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led to the accident. Use separate sheet for more details. (Be specific. If tools or equipment were being used, name and tell what the claimant was doing with them.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OCCUPATIONAL INJURY OR OCCUPATIONAL ILLNESS

10. Describe the injury/illness in detail and indicate the part of the body effected... (Example: Amputation of right index finger at second joint; fracture of ribs; lead poisoning; dermatitis of left hand, etc.)

\_\_\_\_\_  
 \_\_\_\_\_

11. Name the object or substance which directly injured the employee. (Example: the machine which struck claimant; the vapor or poison inhaled or swallowed; the chemical which irritated the skin; or in the cases of strains, the object which was lifted/pulled).

\_\_\_\_\_  
 \_\_\_\_\_

12. Date of initial diagnosis of occupational illness. \_\_\_\_\_

OTHER

13. Name and Address of Physician \_\_\_\_\_

14. If hospitalized, name and address of Hospital \_\_\_\_\_

\_\_\_\_\_

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

EMPLOYEE'S REPORT

How could this accident have been prevented? \_\_\_\_\_

I realize I have the right to complete a Self-Insurers Accident Report and see a physician of my choice. I do not wish to see a physician at this time, although I realize I have the right to do so within one year from the date of injury.

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

SUPERVISOR'S REPORT

Was this accident reported to you? \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Does the accident involve time loss? YES \_\_\_\_\_ NO \_\_\_\_\_ Number of Days \_\_\_\_\_

Last day worked \_\_\_\_\_ Date returned \_\_\_\_\_

Have restrictions been placed on the employee due to the accident? YES \_\_\_\_\_ NO \_\_\_\_\_

Did the employee provide a Benton County Occupational Injury Data Sheet? YES \_\_\_\_\_ NO \_\_\_\_\_ (Original Attached)

CHECK THE CONDITIONS WHICH APPLY

- \_\_\_ failure to use safety devices
- \_\_\_ improper use of safety devices
- \_\_\_ did not follow instructions
- \_\_\_ unsafe act or practice involved
- \_\_\_ violation of safety rules
- \_\_\_ existence of an unsafe condition
- \_\_\_ lack of safety devices or safeguard
- \_\_\_ other \_\_\_\_\_

What measures have you taken to prevent a recurrence? \_\_\_\_\_

What measures could have been taken to prevent this accident? \_\_\_\_\_

Have you discussed the accident with the injured employee? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you discussed the accident with other employees? YES \_\_\_\_\_ NO \_\_\_\_\_

Has any disciplinary action been taken regarding this accident? YES \_\_\_\_\_ NO \_\_\_\_\_ Explain \_\_\_\_\_

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Elected Official/Department Director Signature \_\_\_\_\_ Date \_\_\_\_\_

PHYSICIANS INITIAL REPORT

1 I.D. NUMBER

2 CLAIM NUMBER

MAIL TO SELF INSURED COMPANY

Instructions on Reverse side

SELF-INSURED EMPLOYER

ADDRESS

CITY STATE ZIP

3a NAME OF SELF-INSURED EMPLOYER'S SERVICE REPRESENTATIVE

ADDRESS

CITY STATE ZIP

EMPLOYER'S TELEPHONE NO. EMPLOYER'S SERVICE REP PHONE

**PATIENT INFORMATION**

4 NAME OF INJURED WORKER: FIRST MIDDLE LAST

5 WORKER'S TELEPHONE NO.

6 MAILING ADDRESS

7 SOCIAL SECURITY NUMBER

8 CITY STATE ZIP CODE

9 DATE OF BIRTH

10 DATE OF INJURY

11 TIME A.M. P.M.

12 SEX

13 MARITAL STATUS DEPENDENTS

14 Worker Statement of Incident

Physician — START HERE

17 Date patient first seen by you for this injury/condition

18 ICDM-9 CODE

18 Diagnosis - Specify Right/Left

15 I have read the Statement of Responsibility on Reverse side of this form!

Signature

16 Date

19 Are there objective findings to support this diagnosis

No  Yes, Specify

20 Answer to the best of your knowledge

a HAS WORKER EVER BEEN TREATED FOR PRESENT OR SIMILAR CONDITION? YES NO

b IS THERE ANY PRE-EXISTING IMPAIRMENT OF THE AREA INJURED? YES NO

c WILL ANY PRE-EXISTING CONDITION COMPLICATE TREATMENT OR RETARD RECOVERY? YES NO

d IS THE CONDITION DIAGNOSED THE RESULT OF THE INCIDENT DESCRIBED ON A MORE PROBABLE THAN NOT BASIS? YES NO

19a Referred for Diagnostic Studies (X-Ray)

No  Yes, Specify

21 Treatment Provided/Ordered

	YES	NO
a) Type		
Drugs Rx'd	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic / osteopath adjustment	<input type="checkbox"/>	<input type="checkbox"/>
Casted	<input type="checkbox"/>	<input type="checkbox"/>
Sutured	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalized	<input type="checkbox"/>	<input type="checkbox"/>
Where?	_____	

b) If further treatment needed, date of next visit \_\_\_\_\_

22 Employment Information

a) Can this Worker return to regular work? Yes  No  When \_\_\_\_\_

b) Can this Worker return to light duty? Yes  No  When \_\_\_\_\_

c) What restrictions are placed on RTW? Lifting \_\_\_\_\_ Bending \_\_\_\_\_ Standing \_\_\_\_\_ Sitting \_\_\_\_\_ Other \_\_\_\_\_

d) Estimate Time Loss in Days: \_\_\_\_\_

b Referred for Diagnostic Studies (Lab)

No  Yes, Specify

23 Referred to:

Dr. \_\_\_\_\_

City State Zip Phone

c Other Studies & Findings

Remarks

25 Phone

25 Date

27 Physician Name (Print or Type)

28 Address

Zip

29 Payee L & I Acct #

30 IRS Account #

FAILURE TO FILE THIS REPORT WITHIN 5 DAYS FROM DATE OF TREATMENT MAY RESULT IN A PENALTY OF \$100 IN ACCORDANCE WITH RCW 51.48.060.

Licensed Physician must sign before report is accepted

24 Signature \_\_\_\_\_

DO NOT SEND THIS FORM TO LABOR & INDUSTRIES



SELF INSURER ACCIDENT REPORT (SIF-2)

CLAIM NUMBER T 786776

WORKER START HERE ALL QUESTIONS BELOW MUST BE ANSWERED OR THERE MAY BE A DELAY IN PAYMENT OF BENEFITS.

Form with fields for U.S.I. #, CLASS, EMPLOYER'S TELEPHONE NO., MAILING ADDRESS, SOCIAL SECURITY NUMBER, CITY, STATE, ZIP CODE, EMPLOYER'S TELEPHONE NO., HEIGHT, WEIGHT, FULL NAME OF SPOUSE AT TIME OF INJURY, IF DIVORCED, GIVE FINAL DECREE DATE, YOUR JOB TITLE WHEN INJURED, SEX, DATE OF BIRTH, GIVE NAME AND BIRTH DATES OF YOUR CHILDREN UNDER 18 SUPPORTED BY YOU, NATURE OF INJURY OR DISEASE, PART OF BODY AFFECTED, DATE OF ACCIDENT, HOUR ACCIDENT OCCURRED.

DESCRIBE ACCIDENT FULLY. DESCRIBE WHAT YOU WERE DOING WHEN INJURED. IF YOU FELL, STATE IF IT OCCURRED INDOORS OR OUTDOORS. IF YOU WERE STRUCK, NAME THE OBJECT WHICH STRUCK YOU. WERE YOU LIFTING, PULLING, PUSHING, OR CARRYING? IF MACHINERY WAS INVOLVED, NAME MACHINERY AND DESCRIBE ITS FUNCTION. NAME CHEMICAL INVOLVED IF APPROPRIATE.

NAME OF ALL WITNESSES TO YOUR ACCIDENT

IF THE EMPLOYER IS DIFFERENT THAN ONE WHERE INJURED, GIVE NAME & ADDRESS DO YOU HAVE MORE THAN ONE PAYING JOB? YES NO

DATE LAST WORKED IF RETURNED TO WORK, GIVE DATE HOW LONG HAVE YOU WORKED FOR THIS EMPLOYER? WERE YOU DOING YOUR REGULAR WORK AT TIME OF ACCIDENT? YES NO WHERE DID ACCIDENT OCCUR? EMPLOYER'S PREMISES PARKING LOT OTHER

WAS THE ACCIDENT IN YOUR OPINION CAUSED IN ANY WAY BY SOMEONE NOT EMPLOYED BY YOUR EMPLOYER? YES NO ADDRESS OR LOCATION WHERE ACCIDENT OCCURRED COUNTY

TO WHOM REPORTED: (NAME & TITLE) DATE REPORTED TO EMPLOYER IF REPORTING OF ACCIDENT WAS DELAYED, WHY?

WAS ACCIDENT CAUSED BY FAILURE OF A MACHINE OR PRODUCT? YES NO HAVE YOU EVER BEEN TREATED FOR SIMILAR INJURY BEFORE? IF SO, DESCRIBE INJURY

NAME & ADDRESS OF ATTENDING PHYSICIAN PAYEE ACCOUNT NO. TODAY'S DATE

NAME OF HOSPITAL MEDICAL RELEASE AUTHORIZATION. I HEREBY AUTHORIZE MY PHYSICIAN, HOSPITAL, AGENCY OR ORGANIZATION TO DISCLOSE TO MY EMPLOYER OR HIS REPRESENTATIVE OR THE DEPT. OF LABOR & INDUSTRIES ANY MEDICAL RECORDS OR OTHER INFORMATION REGARDING TREATMENT WHICH HAS PREVIOUSLY BEEN FURNISHED TO ME. (WORKER'S SIGNATURE)

CITY HOSPITAL LOCATED SIGNATURE OF SUPERVISOR OR FOREMAN (OPTIONAL) I HAVE READ LEGAL WARNING ON REVERSE SIDE OF EMPLOYEE'S COPY (WORKER'S SIGNATURE)

EMPLOYER START HERE DATE RETURNED TO WORK WAS EMPLOYEE ENGAGED IN THE REGULAR COURSE OF EMPLOYMENT WHEN INJURED? YES NO RATE OF PAY (NO OVERTIME) WRITE AMOUNT, CIRCLE RATE. HRS/DAY WILL YOU PAY THIS EMPLOYEE FULL SALARY OR WAGES DURING PERIOD OF DISABILITY? YES NO DO YOU AGREE WITH EMPLOYEE'S DESCRIPTION OF THE ACCIDENT? IF NOT, EXPLAIN. DAYS/WK AVG. MO VALUE OF ALL BONUSES PD 12 MOS PRIOR TO INJURY \$

SEASONAL PART TIME OR INTERMITTENT YES NO AVG DLY EARNINGS FROM PIECEWORK, TIPS, & COMMISSIONS AS REPORTED TO IRS \$ L&I USE ONLY IF YES, PROVIDE 12 MOS. GROSS WAGES \$

FATALITY YES NO DATE REPORTED TO EMPLOYER 3RD PARTY INVOLVED?

I DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE BUSINESS LOCATION NAME TREATMENT ONLY: YES NO DATE CLOSURE MAILED WORKER'S COPY MAILED YES NO TREATMENT ONLY FOR LT. DUTY PROVIDED YES NO ASSOC. COSTS \$

EMPLOYEES ASSIGNED WORK LOCATION ADDRESS CITY ST. ZIP

**SUSPECT CHECKLIST**

**SEX:** Male \_\_\_\_\_  
 Female \_\_\_\_\_

**RACE:** White \_\_\_\_\_  
 Hispanic \_\_\_\_\_  
 Black \_\_\_\_\_  
 American Indian \_\_\_\_\_  
 Middle Eastern \_\_\_\_\_  
 Asian \_\_\_\_\_

**AGE:** 15-18 \_\_\_\_\_ 19-21 \_\_\_\_\_  
 22-25 \_\_\_\_\_ 26-30 \_\_\_\_\_  
 31-35 \_\_\_\_\_ 36-40 \_\_\_\_\_  
 41-45 \_\_\_\_\_ 46-50 \_\_\_\_\_  
 51-55 \_\_\_\_\_ > 56 \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **BUILD:** Small \_\_\_\_\_  
 Average \_\_\_\_\_  
 Large \_\_\_\_\_

**HAIR:** Color \_\_\_\_\_  
 Style: Neat \_\_\_\_\_ Unkept \_\_\_\_\_ Short \_\_\_\_\_ Long \_\_\_\_\_

**FACE:** Eye Color \_\_\_\_\_  
 Facial Hair: Beard \_\_\_\_\_ Mustache \_\_\_\_\_ Clean \_\_\_\_\_ Needs Shave \_\_\_\_\_  
 Sideburns: Short \_\_\_\_\_ Long \_\_\_\_\_

**GLASSES:** Yes \_\_\_\_\_ No \_\_\_\_\_

**PHYSICAL CHARACTERISTICS:** (i.e. LIMP, RIGHT VS. LEFT HANDED, TATTOO)  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPEECH:** (i.e. LISP, ACCENT) \_\_\_\_\_  
 \_\_\_\_\_

**CLOTHING:** Hat style & color \_\_\_\_\_  
 Coat style & color \_\_\_\_\_  
 Shirt style & color \_\_\_\_\_  
 Pants style & color \_\_\_\_\_  
 Shoes style & color \_\_\_\_\_

**WEAPON:** Handgun \_\_\_\_\_ Large \_\_\_\_\_ Small \_\_\_\_\_  
 Type \_\_\_\_\_ Blue \_\_\_\_\_ Silver \_\_\_\_\_  
 Knife handle and color \_\_\_\_\_  
 Length \_\_\_\_\_

**VEHICLE & DIRECTION OF TRAVEL:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BOMB THREAT PHONE REPORT**

**QUESTIONS TO ASK:**

1. When is the bomb going to explode? \_\_\_\_\_
2. Where is it right now? \_\_\_\_\_
3. What does it look like? \_\_\_\_\_
4. What kind of bomb is it? \_\_\_\_\_
5. What will cause it to explode? \_\_\_\_\_
6. Did you place the bomb? \_\_\_\_\_
7. Why? \_\_\_\_\_
8. What is your address? \_\_\_\_\_
9. What is your name? \_\_\_\_\_

**EXACT WORDING OF THREAT:** \_\_\_\_\_  
 \_\_\_\_\_

Sex of caller \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_ Length of call \_\_\_\_\_  
 Number at which call is received \_\_\_\_\_ Time \_\_\_\_\_  
 Date \_\_\_\_\_

**CALLER'S VOICE:**

Calm \_\_\_ Nasal \_\_\_ Angry \_\_\_ Stutter \_\_\_ Exited \_\_\_ Lisp \_\_\_  
 Slow \_\_\_ Raspy \_\_\_ Rapid \_\_\_ Deep \_\_\_ Soft \_\_\_ Ragged \_\_\_  
 Loud \_\_\_ Clearing throat \_\_\_ Laughter \_\_\_ Deep breather \_\_\_ Crying \_\_\_  
 Normal \_\_\_ Cracking voice \_\_\_ Disguised \_\_\_ Distinct \_\_\_ Accent \_\_\_  
 Slurred \_\_\_ Familiar \_\_\_ Whispered \_\_\_

Is voice familiar, who did it sound like? \_\_\_\_\_

**BACKGROUND SOUNDS:**

Street noises \_\_\_ Factory \_\_\_ Crockery \_\_\_ Machinery \_\_\_ Voices \_\_\_  
 Animal noises \_\_\_ PA system \_\_\_ Clear \_\_\_ Music \_\_\_ Static \_\_\_  
 House noises \_\_\_ Local \_\_\_ Motor \_\_\_ Long distance \_\_\_ Office \_\_\_  
 Booth \_\_\_ Other \_\_\_\_\_

**THREAT LANGUAGE:**

Well spoken \_\_\_ Incoherent \_\_\_ Foul \_\_\_ Taped \_\_\_ Irrational \_\_\_  
 Message read by threat maker \_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_

**CONTACT LAW ENFORCEMENT IMMEDIATELY:**

- ▶ Prosser Facilities **DIAL 9-911**
- ▶ Justice Center Departments **DIAL EXT. 3411**
- ▶ Kennewick & Richland Facilities **DIAL 9-911**

Name \_\_\_\_\_ Position \_\_\_\_\_