



# NOTICE AND AGENDA OF REGULAR MEETING

Pursuant to the Oklahoma Open Meeting Act (25 O.S. Sec. 301, et seq.), notice is hereby given that the Board of County Commissioners, Pittsburg County, will hold a regular meeting as follows

FILED

FEB 21 2025

TIME 8:43 AM  
HOPE TRAMMELL COUNTY CLERK  
PITTSBURG COUNTY  
BY \_\_\_\_\_ DEPUTY

DATE: February 24, 2025

TIME: 9:00 A.M.

PLACE: COUNTY COMMISSIONERS CONFERENCE ROOM  
PITTSBURG COUNTY COURTHOUSE  
115 EAST CARL ALBERT PARKWAY, ROOM 100B  
MCALISTER, OKLAHOMA

\*\*\*CONSIDERATION, DISCUSSION AND POSSIBLE ACTION TO BE TAKEN ON THE  
FOLLOWING LISTED ITEMS ON THE AGENDA\*\*\*

## AGENDA

1. CALL MEETING TO ORDER

2. ROLL CALL:	CHARLIE ROGERS	CHAIRMAN
	ROSS SELMAN	VICE-CHAIRMAN
	MIKE HAYNES	MEMBER

3. APPROVAL OF AGENDA

4. APPROVE/DISAPPROVE MEETING MINUTES

A. Regular Meeting from February 18, 2025

5. RECOGNITION OF GUESTS/PUBLIC COMMENTS

PERSONS ADDRESSING THE BOARD SHOULD STATE THEIR NAME AND ADDRESS FOR THE RECORD AND WILL BE LIMITED IN DURATION TO THREE (3) MINUTES. COMMENTS ARE LIMITED TO ITEMS ON THE AGENDA. ANY COMMENTS BY THE PUBLIC ON ITEMS NOT ON THE AGENDA CANNOT BE ACKNOWLEDGED OR DISCUSSED BUT CAN BE PLACED ON AN UPCOMING AGENDA FOR DISCUSSION AND POSSIBLE ACTION.

6. OFFICIALS – DEPARTMENT REPORT

None.

7. FISCAL TRANSACTIONS

A. Claims and Purchase Orders

B. Transfers

C. Monthly Reports

D. Blanket Purchase Orders

E. Payroll

8. UNFINISHED BUSINESS

None.

9. AGENDA ITEMS

- A. Discussion, Consideration and Possible action regarding the Pittsburg County 5-year road and bridge plan as presented by Tommy Garrett and Jimmy Westbrook
- B. Discussion, Consideration and Possible Action to Approve Quote between ONE Boat and Pittsburg County Emergency Management for the purchase of One (1) Swiftwater Rescue Boat and accessories American Rescue Plan Act, State-Local Fiscal Recovery Fund (ARPA-SLFRF), Emergency Response Capability and Impacts Grant Program, Grant Agreement for Grant# SLFRP4646 – Emergency Management
- C. Discussion, Consideration and Possible Action to Approve Quote from Inmar Marine Group for One (1) Inflatable Boat, purchased through the American Rescue Plan Act, State-Local Fiscal Recovery Fund (ARPA-SLFRF), Emergency Response Capability and Impacts Grant Program, Grant Agreement for Grant# SLFRP4646 – Emergency Management
- D. Discussion, Consideration and Possible Action to Approve Renewal Maintenance Contract Proposal between Miller Office and Pittsburg County Election Board
- E. Resolution 25-222 to Advertise for Bids for Swiftwater Equipment, to be purchased through the American Rescue Plan Act, State-Local Fiscal Recovery Fund (ARPA-SLFRF), Emergency Response Capability and Impacts Grant Program, Grant Agreement for Grant# SLFRP4646 – Emergency Management
- F. Resolution 25-223 to Advertise for Bids for One (1) 15.5 feet Rescue Boat and One (1) Mobile Line Deployment Kit, to be purchased through the American Rescue Plan Act, State-Local Fiscal Recovery Fund (ARPA-SLFRF), Emergency Response Capability and Impacts Grant Program, Grant Agreement for Grant# SLFRP4646 – Emergency Management
- G. Resolution 25-224 Approving the 2025 Policies and Procedures Handbook for all County Employees

10. ROAD CROSSING PERMITS

- A. 25-014, Riverside Midstream Water Resources, LLC to Bore Permanent Water Line in Section 8 & 9, Township 7N, Range 13E- District 3

11. NEW BUSINESS

CONSIDERATION AND POSSIBLE ACTION WITH RESPECT TO ANY OTHER MATTERS NOT KNOWN ABOUT OR WHICH COULD NOT HAVE BEEN FORESEEN PRIOR TO THE POSTING OF THIS AGENDA.

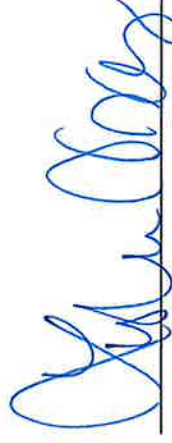
12. 10:00 A.M. – PUBLIC HEARINGS

None.

13. 10:00 A.M. – BID OPENINGS

None.

14. RECESS/ADJOURNMENT



Commissioners' Assistant

**PITTSBURG COUNTY COMMISSIONERS  
FEBRUARY 24, 2025  
MINUTES**

The Board of County Commissioners, Pittsburg County, met in regular session on February 24, 2025 at 9:00 A.M., Meeting held in County Commissioners Conference Room, after proper notice and agenda were posted indicating time and date. Agenda was posted at 8:43 A.M., February 21, 2025.

**1. CALL THE MEETING TO ORDER:** The meeting was called to order by Chairman Rogers.

**2. ROLL CALL:**       Charlie Rogers                   Present  
                          Ross Selman               Present  
                          Mike Haynes           Present

**3. APPROVAL OF AGENDA:** Selman made a motion to approve the agenda; seconded by Haynes.

AYE: Charlie Rogers  
      Ross Selman  
      Mike Haynes

NAY: None.

Motion Passed.

**4. APPROVE/DISAPPROVE MEETING MINUTES:**

**A. REGULAR MEETING FROM FEBRUARY 18, 2025:** The minutes from the previous meeting, February 18, 2025 regular meeting were read. Selman made a motion to approve the minutes; seconded by Haynes.

AYE: Charlie Rogers  
      Ross Selman  
      Mike Haynes

NAY: None.

Motion Passed.

**5. RECOGNITION OF GUESTS/PUBLIC COMMENTS:** None.

**6. OFFICIALS – DEPARTMENT REPORTS:** None.

**7. FISCAL TRANSACTIONS:**

**A. CLAIMS AND PURCHASE ORDERS:** Rogers made a motion to approve the purchase orders for payment after review and signature; seconded by Selman.

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AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**B. TRANSFERS:** Rogers made a motion to approve the transfers; seconded by Selman.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**C. MONTHLY REPORTS:** None.

**D. BLANKET PURCHASE ORDERS:**

DEPT	PO	AMOUNT	VENDOR
District 2	7373	\$ 5,000.00	Michael A Price
Sheriff	7374	\$15,000.00	Comdata
Sheriff	7375	\$ 4,000.00	Custom Technologies
Jail	7376	\$ 800.00	Pepsi Cola
Jail	7377	\$ 500.00	Compliance Resource
Jail	7378	\$ 2,500.00	Comdata
Jail	7379	\$ 2,000.00	Dr. Christopher Beene
Blanco Fire	7383	\$35,000.00	Banner Fire Equip

Rogers made a motion to approve the blanket purchase orders; seconded by Selman.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**E. PAYROLL:** Selman made a motion to approve the month-end payroll; seconded by Rogers.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.



**8. UNFINISHED BUSINESS:** None.

**9. AGENDA ITEMS:**

**A. DISCUSSION, CONSIDERATION AND POSSIBLE ACTION REGARDING THE PITTSBURG COUNTY 3-YEAR ROAD AND BRIDGE PLAN AS PRESENTED BY TOMMY GARRETT AND JIMMY WESTBROOK:** Jimmy Westbrook explained the 3-year road and bridge plan. Tommy Garrett stated that we will need an engineer for the Chun Creek and Cabiness Road projects. Selman stated that the plan is a 3 year plan instead of a 5 year plan. Selman made a motion to approve the bridge plan; seconded by Rogers.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**B. DISCUSSION, CONSIDERATION AND POSSIBLE ACTION TO APPROVE QUOTE BETWEEN ONE BOAT AND PITTSBURG COUNTY EMERGENCY MANAGEMENT FOR THE PURCHASE OF ONE (1) SWIFTWATER RESCUE BOAT AND ACCESSORIES AMERICAN RESCUE PLAN ACT, STATE-LOCAL FINANCE RECOVERY FUND (ARPA-SLFRF), EMERGENCY RESPONSE CAPABILITY AND IMPACTS GRANT PROGRAM, GRANT AGREEMENT FOR GRANT# SLFRP4646 – EMERGENCY MANAGEMENT:** Leo Baughman stated that the quote is for a trail to carry the boats. Rogers made a motion to approve the quote; seconded by Selman.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**C. DISCUSSION, CONSIDERATION AND POSSIBLE ACTION TO APPROVE QUOTE FROM INMAR MARINE GROUP FOR TWO (2) INFLATABLE BOATS, PURCHASED THROUGH THE AMERICAN RESCUE PLAN ACT, STATE-LOCAL FISCAL RECOVERY FUND (ARPA-SLFRF), EMERGENCY RESPONSE CAPABILITY AND IMPACTS GRANT PROGRAM, GRANT AGREEMENT FOR GRANT# SLFRP4646 – EMERGENCY MANAGEMENT:** Leo Baughman stated that the quote is for 2 boats. Rogers made a motion to approve the quote; seconded by Selman.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**D. DISCUSSION, CONSIDERATION AND POSSIBLE ACTION TO APPROVE RENEWAL MAINTENANCE CONTRACT PROPOSAL BETWEEN MILLER OFFICE AND PITTSBURG COUNTY ELECTION BOARD:** Selman made a motion to approve the maintenance contract; seconded by Haynes.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**E. RESOLUTION 25-222 TO ADVERTISE FOR BIDS OF SWIFTWATER EQUIPMENT, TO BE PURCHASED THROUGH THE AMERICAN RESCUE PLAN ACT, STATE-LOCAL FISCAL RECOVERY FUND (ARPA-SLFRF), EMERGENCY RESPONSE CAPABILITY AND IMPACTS GRANT PROGRAM, GRANT AGREEMENT FOR GRANT# SLFRP4646 – EMERGENCY MANAGEMENT:** Rogers read the resolution. Rogers made a motion to approve the resolution; seconded by Selman.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**F. RESOLUTION 25-223 TO ADVERTISE FOR BIDS OF ONE (1) 15.5 FEET RESCUE BOAT AND ONE (1) MOBILE LINE DEPLOYMENT KIT, TO BE PURCHASED THROUGH THE AMERICAN RESCUE PLAN ACT, STATE-LOCAL FISCAL RECOVERY FUND (ARPA-SLFRF), EMERGENCY RESPONSE CAPABILITY AND IMPACTS GRANT PROGRAM, GRANT AGREEMENT FOR GRANT# SLFRP4646 – EMERGENCY MANAGEMENT:** Leo Baughman stated that the boat is for ice rescues. Rogers read the resolution. Rogers made a motion to approve the resolution; seconded by Selman.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**G. RESOLUTION 25-224 APPROVING THE 2025 POLICIES AND PROCEDURES HANDBOOK FOR ALL COUNTY EMPLOYEES:** Sandra Crenshaw explained the changes to the holidays leave benefits and to the emergency procedures. Rogers stated that the holidays were changed from 8 hours to be the standard full day depending on the department hours. Selman made a motion to approve the resolution; seconded by Rogers.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**10. ROAD CROSSING PERMITS:**

**A. 25-014, RIVERSIDE MIDSTREAM WATER RESOURCES, LLC TO BORE PERMANENT WATER LINE IN SECTION 8 & 9, TOWNSHIP 7N, RANGE 13E – DISTRICT 3:** Sandra Crenshaw stated that they are needing a floodplain permit. Selman made a motion to table the item from the agenda; seconded by Rogers.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**11. NEW BUSINESS:**

**CONSIDERATION AND POSSIBLE ACTION WITH RESPECT TO ANY OTHER MATTERS NOT KNOWN ABOUT OR WHICH COULD NOT HAVE BEEN FORESEEN PRIOR TO THE POSTING OF THIS AGENDA:** None.

**12. 10:00 A.M. – PUBLIC HEARINGS:** None.

**13. 10:00 A.M. – BID OPENINGS:** None.

**The board moved back up the agenda to item 3.**

**3. APPROVAL OF AGENDA:** Rogers made a motion to correct item 9A to read 3-year instead of 5-year, item 9B to read board trailer and item 9C to read 2 instead of 1; seconded by Selman.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed.

**The board moved back down the agenda to item 14.**

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**14. ADJOURNNMENT/RECESS:** There being no further business brought before the board; Rogers made a motion to sign all approve claims and adjourn; seconded by Selman.

AYE: Charlie Rogers  
Ross Selman  
Mike Haynes

NAY: None.

Motion Passed. Meeting Adjourned.

Purchase Orders By Account

Fiscal Year : 2024-2025  
Date Range: 02/24/2025 to 02/24/2025

PO	Warrant No.	Vendor Name	Purpose	Amount
Econ Dev Trust				
7603-4-0500-2005				
007324	000351	STACEY, MAKAYLA	CONTRACT LABOR	\$ 170.00
007333	000352	LINGO COMMUNICATIONS	MONTHLY SERVICE	\$ 187.37
			Total:	\$ 357.37
Emergency Mgmt				
1212-2-2700-2005				
007342	000182	KIAMICHI ELECTRIC COOPERATIVE	MONTHLY SERVICE	\$ 48.45
007343	000183	PUBLIC SERVICE CO. OF OKLAHOMA	MONTHLY SERVICE	\$ 11.98
			Total:	\$ 60.43
General				
0001-1-0100-2005				
006938	002888	WALKER COMPANIES	NOTARY RENEWAL	\$ 95.00
007015	002889	STAPLES	OFFICE SUPPLIES	\$ 46.92
			Total:	\$ 141.92
0001-1-0800-2005				
007347	002890	ACCO	REGISTRATION	\$ 70.00
			Total:	\$ 70.00
0001-1-1000-2005				
007303	002891	MILLER OFFICE EQUIPMENT	COPIER MAINTENANCE	\$ 150.15
007350	002892	ACCO	REGISTRATION	\$ 95.00
			Total:	\$ 245.15
0001-1-1400-2005				
007279	002893	STAPLES	OFFICE SUPPLIES	\$ 1,724.53
			Total:	\$ 1,724.53
0001-1-1600-2005				
005502	002894	EMBASSY SUITES NORMAN	LODGING	\$ 636.00
006831	002895	STAPLES	OFFICE SUPPLIES	\$ 64.65
007309	002896	CANON FINANCIAL SERVICES	COPIER LEASE	\$ 210.00

PO	Warrant No.	Vendor Name	Purpose	Amount
<b>General</b>				
<b>0001-1-1600-2005</b>				
<b>Total:</b>				<b>\$ 910.65</b>
<b>0001-1-2200-1310</b>				
007316	002897	BENSON, PAUL	TRAVEL	\$ 15.68
<b>Total:</b>				<b>\$ 15.68</b>
<b>0001-1-2200-2005</b>				
006381	002898	A. RIFKIN CO.	CERTIFICATE HOLDER	\$ 719.82
007314	002899	VYVE BROADBAND	MONTHLY INTERNET SE	\$ 129.95
<b>Total:</b>				<b>\$ 849.77</b>
<b>0001-1-3300-2005</b>				
006428	002900	KELLPRO SOFTWARE & TECHNOLOG	ACA FORMS	\$ 715.82
007302	002901	SUMMIT UTILITIES OKLAHOMA INC	MONTHLY SERVICE	\$ 311.80
007352	002902	MCALESTER NEWS CAPITAL & DEM.	PUBLICATION	\$ 884.20
007362	002903	LOCKE HEATING & COOLING SUPPLY	KEYS	\$ 15.88
<b>Total:</b>				<b>\$ 1,927.70</b>
<b>0001-2-2700-2005</b>				
007311	002904	SUMMIT UTILITIES OKLAHOMA INC	MONTHLY SERVICE	\$ 1,499.76
<b>Total:</b>				<b>\$ 1,499.76</b>
<b>Health</b>				
<b>1216-3-5000-1110</b>				
007336	000255	OKLA. STATE DEPT. OF HEALTH	PERSONAL SERVICES	\$ 32,498.54
<b>Total:</b>				<b>\$ 32,498.54</b>
<b>1216-3-5000-2005</b>				
006685	000256	WITTKOPF, SHELLY	CONTRACT SERVICES	\$ 1,020.00
007087	000257	PITNEY BOWES INC	INK CARTRIDGES ETC.	\$ 265.58
007192	000258	BARCODES LLC	SCANNERS	\$ 368.77
007337	000259	VIP VOICE SERVICES LLC	MONTHLY SERVICE	\$ 3,544.85
<b>Total:</b>				<b>\$ 5,199.20</b>
<b>Highway</b>				
<b>1102-6-6520-2005</b>				
002954	002004	KC FARM MACHINERY INC.	GEAR BOX	\$ 500.00

PO	Warrant No.	Vendor Name	Purpose	Amount
Highway				
1102-6-6520-2005				
006527	002005	KC FARM MACHINERY INC.	PLASTIC PIPE	\$ 297.00
			<b>Total:</b>	<b>\$ 797.00</b>
Hwy-ST				
1313-6-8041-2005				
006732	001785	O REILLY AUTO PARTS	PARTS & SHOP SUPPLIE	\$ 458.56
007124	001786	DOLESE	1 1/2" CRUSHER RUN	\$ 3,002.37
007180	001787	RAM INC	FUEL	\$ 2,354.22
007232	001788	RAM INC	FUEL	\$ 5,699.64
007247	001789	TRUE VALUE HARTSHORNE	SENSOR	\$ 29.99
007257	001790	FASTENAL COMPANY	NUTS & BOLTS ETC.	\$ 66.72
007264	001791	TRUE VALUE HARTSHORNE	NIPPLE ETC	\$ 18.27
007275	001792	GOODWIN, BRENNEN	ANTIFREEZE ETC	\$ 2,699.25
007276	001793	OK TIRE	TIRE & MOUNT	\$ 1,016.00
007277	001794	FLEET PRIDE	AIR LINE	\$ 173.27
007325	001795	O REILLY AUTO PARTS	FILTERS ETC	\$ 324.57
007349	001796	ACCO	REGISTRATION	\$ 130.00
			<b>Total:</b>	<b>\$ 15,972.86</b>
1313-6-8042-2005				
006156	001797	DUB ROSS COMPANY	GRADER BLADES	\$ 4,764.80
006376	001798	KC FARM MACHINERY INC.	CHAINSAW CHAINS	\$ 65.98
007081	001799	PRICE, MICHAEL A	RED GRAVEL	\$ 3,600.00
007304	001800	KC FARM MACHINERY INC.	GREY PIPE	\$ 1,159.60
007308	001801	HATCO FARM & RANCH	STOCK SALT	\$ 6,247.50
007348	001802	ACCO	REGISTRATION	\$ 95.00
			<b>Total:</b>	<b>\$ 15,932.88</b>
1313-6-8043-2005				
007310	001803	CANON FINANCIAL SERVICES	COPIER LEASE	\$ 102.00
007351	001804	ACCO	REGISTRATION	\$ 95.00
			<b>Total:</b>	<b>\$ 197.00</b>
Jail-ST				
1315-2-8034-4110				
006620	000550	MILLER OFFICE EQUIPMENT	COPIER	\$ 9,650.00
			<b>Total:</b>	<b>\$ 9,650.00</b>

PO	Warrant No.	Vendor Name	Purpose	Amount
Rural Fire-ST				
1321-2-8202-2005				
006915	000736	MIDWEST FIRE	GAUGE	\$ 85.35
			<b>Total:</b>	<b>\$ 85.35</b>
1321-2-8204-2005				
006375	000737	MUSKOGEE COMMUNICATIONS	RADIO'S ETC	\$ 9,017.00
007097	000738	BULLET TRUCK REPAIR LLC	TRUCK REPAIR & PARTS	\$ 3,850.18
007361	000739	KIAMICHI ELECTRIC COOPERATIVE	MONTHLY SERVICE	\$ 199.98
			<b>Total:</b>	<b>\$ 13,067.16</b>
1321-2-8208-2005				
005647	000740	COMDATA	FUEL	\$ 230.07
007366	000741	RURAL WATER DIST #18	MONTHLY SERVICE	\$ 200.00
007367	000742	OKLATEL COMMUNICATIONS INC	MONTHLY SERVICE	\$ 47.88
007368	000743	OKLA. NATURAL GAS COMPANY	MONTHLY SERVICE	\$ 612.39
			<b>Total:</b>	<b>\$ 1,090.34</b>
1321-2-8212-2005				
007326	000744	CITY OF MCALESTER	MONTHLY SERVICE	\$ 89.54
			<b>Total:</b>	<b>\$ 89.54</b>
1321-2-8216-2005				
006676	000745	STEWART MARTIN EQUIPMENT	UTV REPAIR	\$ 695.20
007076	000746	W.E. ALLFORD PROPANE	PROPANE	\$ 387.75
007359	000747	PUBLIC SERVICE CO. OF OKLAHOMA	MONTHLY SERVICE	\$ 98.49
			<b>Total:</b>	<b>\$ 1,181.44</b>
1321-2-8217-2005				
007322	000748	RAM INC	PROPANE	\$ 1,410.71
			<b>Total:</b>	<b>\$ 1,410.71</b>
1321-2-8219-2005				
006648	000749	BE SCENE OUTFITTING LLC	TRUCK REPAIR	\$ 8,765.09
			<b>Total:</b>	<b>\$ 8,765.09</b>
1321-2-8225-2005				
007363	000750	OKLA. NATURAL GAS COMPANY	MONTHLY SERVICE	\$ 297.27
			<b>Total:</b>	<b>\$ 297.27</b>



PO	Warrant No.	Vendor Name	Purpose	Amount
Rural Fire-ST				
1321-2-8228-2005				
005636	000751	KIAMICHI AUTOMOTIVE WAREHOUSE	AUTO PARTS ETC.	\$ 310.95
		<b>Total:</b>	<b>\$ 310.95</b>	
SH Commissary				
1223-2-0400-2005				
007083	000138	CUSTOM TECHNOLOGIES LLC	INHOUSE COMMISSARY	\$ 3,304.85
007199	000139	COMMISSARY EXPRESS	INHOUSE COMMISSARY	\$ 3,657.50
007287	000140	COMMISSARY EXPRESS	KIOSK FEES	\$ 81.25
007301	000141	CUSTOM TECHNOLOGIES LLC	INHOUSE COMMISSARY	\$ 2,484.22
		<b>Total:</b>	<b>\$ 9,527.82</b>	
SH Svc Fee				
1226-2-0400-2012				
007235	001258	BEN E. KEITH OKLAHOMA	INMATE GROCERIES	\$ 7,527.39
007327	001259	BEN E. KEITH OKLAHOMA	INMATE GROCERIES	\$ 99.33
		<b>Total:</b>	<b>\$ 7,626.72</b>	
1226-2-3400-2005				
001227	001260	JOHNNYS A STREET MARKET	INMATE LUNCHES	\$ 189.91
005350	001261	WALMART COMMUNITY CARD	K-9 SUPPLIES	\$ 133.63
005351	001262	PRUETTS FOOD	INMATE WORK CREW ET	\$ 357.83
005673	001263	HOLMANS FAST LUBE	OIL CHANGES	\$ 960.75
005679	001264	PEPSI-COLA BOTTLING CO.	INMATE WORK CREW	\$ 651.88
006501	001265	U LINE	STORAGE RACKS	\$ 1,536.38
006838	001266	HAPPY DESIGN CO.	ANNUAL SERVICE	\$ 1,000.00
007231	001267	BEMAC SUPPLY	DIAPHRAGM KIT	\$ 519.30
007286	001268	T & W TIRE	FLAT REPAIR	\$ 25.00
007320	001269	MILLER OFFICE EQUIPMENT	COPIER MAINTENANCE	\$ 613.18
007328	001270	VIP TECHNOLOGY SOLUTIONS GROU	PHONE REPAIR	\$ 175.00
007329	001271	KIAMICHI ELECTRIC COOPERATIVE	MONTHLY SERVICE	\$ 56.93
007330	001272	TRANE US INC	HEAT & AIR REPAIR	\$ 1,916.00
007346	001273	CHISUM, TRAVIS	LABOR & INSTALL	\$ 900.00
007364	001274	PEPSI-COLA BOTTLING CO.	INMATE WORK CREW	\$ 396.55
		<b>Total:</b>	<b>\$ 9,432.34</b>	
1226-2-3400-2011				
007250	001275	TULSA RADIOLOGY ASSOCIATES	X RAY SERVICES	\$ 25.00
		<b>Total:</b>	<b>\$ 25.00</b>	

PO	Warrant No.	Vendor Name	Purpose	Amount
SH Svc Fee				
1226-2-3400-2030				
007289	001276	COMMISSARY EXPRESS	DEBIT PHONE TIME FEE	\$ 155.00
			Total:	\$ 155.00
			Grand Total:	\$ 141,115.17

Local Government Status Report - For County 61

01/13/2025

Div FFY County JP WorkType

Program Scope Date Completed Sponsor Agreement Date Completed Consultant Selection Date Completed Notice to Proceed Date Completed Design30% F. Review Date Completed Design90% R. Review Date Completed NEPA Submit Date Completed NEPA Document Date Completed RW Sub Date Completed RW ACQ Date Completed Rail Certificate Date Completed Utili Relo Date Completed Submit 404 Date Completed Permit 404 Date Completed Ready to Let Date Completed Resource Proj Mgr.

County: 61 PITTSBURG

2	2030	PITTSBURG PITTSBURG COUNTY	2999504	J2-9995(004)CI	BRIDGE & APPROACHES	BR AND APPRO OVER CHUN CREEK ON NS-403 (S BREWER RD, MC 6160C), 3.0 MIS E. AND 1.5 MIS N. OF KIOWA, LN144. NBI 9205	12/01/2012	12/04/2012	12/06/2012	03/31/2015								04/20/2020																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Record Count: 3

✓ on Guy soon  
FOR CONTRACT

select a designer



13481 Highway 31 • Athens, AL 35611 • (800) 737-2831

Price Quotation - 2/18/2025 - Valid for 30 days

Pittsburg County Emergency Management  
705 Eoc Dr  
McAlester, OK 74501

Dear Denton,

Thank you for your interest in ONE Boat. It was good talking with you and learning how our boats can meet your agency's needs. I have put together a quote covering the products and options that we discussed.

Product Name	Description	Qty	Unit Price	Total Price
2000 Double Stack Trailer	Double Stack Transport Trailer for (2) R ONE Series® 1660s or R ONE iSeries® Boats, Dual Axles with Surge Brakes, Dual Spare Tires, Warn VR-10 EVO Winch for Lowering/Raising Upper Platform	1	\$13,674.00	\$13,674.00
Spare Motor Davit - Electric	Spare Motor Davit System, for Lifting/Lowering Motors from Spare Motor Mounts via Warn® DC800 Electric Hoist w/ Synthetic Rope. Rotates 360-degrees, Adjustable Arm Length	1	\$2,095.00	\$2,095.00
Telescoping Ramps	Telescoping Ramps to allow launching inflatable boat from upper platform without launching the bottom boat or lowering the upper platform	1	\$885.00	\$885.00
Motor Mount - Hinged	Swinging Spare Motor Mount, hinges outward for easier & safer loading/unloading of spare motors	2	\$375.00	\$750.00
Ladder	Ladder to Access Upper Platform of DSTT	1	\$264.00	\$264.00
Tool Box	Diamond Plate Tool Box Mounted at Tongue of DSTT for Additional Gear Storage	1	\$1,200.00	\$1,200.00
Expanded Metal Platform	Expanded Metal Platform, Inside Tongue Area of DSTT	1	\$330.00	\$330.00
Adjustable Bunks	Adjustable Bunk System on lower platform of DSTT. Allows for height/width adjustment to accommodate a variety of boats	1	\$303.00	\$303.00
Trickle Charger	Trickle Charger to Maintain Battery Power Level	1	\$226.00	\$226.00
LED Work Lights	(1) LED Spreader Light at mast, and (2) Submersible LEDs at Rear of DSTT to Enhance Visibility during Night Operations	1	\$184.00	\$184.00
7-pin Connector	Round 7-Pin Connector for DSTT	1	\$77.00	\$77.00

**Grand Total:**

**\$19,988.00**

Notes:

Tax exemption assumed

All Prices F.O.B. Athens, AL

Factory Pickup - Free

Delivery - \$3.50 per loaded mile

Specifications subject to change without notice

*Professional Equipment for Emergency Professionals*



13481 Highway 31 • Athens, AL 35611 • (800) 737-2831

---

Let me know if you have any questions and when would be convenient for me to follow up with you. We appreciate the opportunity to serve you.

Sincerely,

Cody Loggins  
Office Manager/Sales  
ONE Boat Rescue Boats  
Direct Line: (800) 737-2831  
Fax Number: (256) 206-8037  
Email: [cody.loggins@theoneboat.com](mailto:cody.loggins@theoneboat.com)  
Website: [www.theoneboat.com](http://www.theoneboat.com)



**INMAR**  
**MARINE GROUP**  
6020 PROGRESSIVE AVE, SUITE 800  
SAN DIEGO, CA 92154

  
**PROFESSIONAL PRODUCTS**  
MILITARY • RESCUE • COMMERCIAL  
(800) 729-1665  
SALES@INMARBOATS.COM

# ESTIMATE

DATE	ESTIMATE #
2/18/2025	E4341

## CUSTOMER INFO:

PITTSBURG COUNTY EMERGENCY  
MANAGEMENT  
MANAGEMENT  
1210 NW ST  
MCALLESTER, OK 74501

## SHIP TO:

FEDERAL ID NO.	PHONE / ACCT #	TERMS	PO NO.	F.O.B.	AGENT
84-3361101	918-423-5655/918-...	PREPAID			Bill
QTY	ITEM	DESCRIPTION	M.S.R.P.	PRICE	AMOUNT
2	380-SR-HD	380-SR-HD ( 12.5 FT ) RESCUE/RED - INFLATABLE BOAT ( NO SPEED TUBES ) SOLAS PANELS - MEHLAR (WELDED SEAMS) HULL:		3,695.95	7,391.90
2	SOM - MARINE	PART #:Lettering - Standard Font		400.00	800.00
	SHIPPING - GENE...	DESCRIPTION: PITTSBURG CNTY 1 & PITTSBURG CNTY 2 SHIPPING CHARGES - GENERAL		544.80	544.80
	NOTES - SCREEN	PITTSBURG COUNTY EMERGENCY MANAGEMENT MANAGEMENT 1210 NW ST MCALLESTER, OK 74501 Mr. Denton Cossey 918-429-3161 dcossey@pittsburgcountyem.org			0.00

\* Our liability for defective product is limited only to replacement of parts, if, in our judgement, defect exists.  
We are not responsible for costs of machine work, transportation or other charges.

\* Claims for defects or shortages must be made within 5 days after receipt of goods.

\* Our responsibility ceases after we hold receipt in good order from transportation company.

\* All sales final, unless stated. Defective merchandise will be exchanged,  
or given credit within 15 days of purchase.

\* Deposits on special order merchandise, are non-refundable.

\* No returns / exchanges on Electrical products.

\* Prices subject to change without notice.

**SubTotal** \$8,736.70

**Tax (7.75%)** \$0.00

**Invoice Total (USD)** \$8,736.70

POWERED BY



CUSTOMER  
SIGNATURE x

407 E. Main  
Antlers, OK 74523  
(800) 522-3889 Phone  
(580) 298-3335 Fax

"Serving Our Customers Since 1975"



600 N. Broadway Ave  
Ada, OK 74820  
(580) 332-6300 Phone  
(580) 332-0107 Fax

Remit To: 900 E. Wyandotte Ave  
McAlester, OK 74501  
(888) 332-3431 Phone  
(918) 426-3626 Fax

Pittsburg County Election Board  
7 E Chickasaw  
McAlester, OK 74501

Pittsburg County Election Board  
7 E Chickasaw  
McAlester, OK 74501

**Renewal Maintenance Contract Proposal**

Contract # MOEC101994-02

Renewal Date Range 3/12/2025 - 3/11/2026

1/12/2025

Dear Valued Customer:

The maintenance contract for your office equipment(s) is/are scheduled for renewal. Please review the attached Renewal Maintenance Contract Proposal, fill in all blanks in the spaces below, and initial the reverse side of this agreement. If your contract needs have changed or you have any questions or concerns, please contact our Contract Department so that we may address them and better serve you. An unreturned Renewal Maintenance Contract Proposal will constitute agreement on your part.

**Your Contract Renewal Rate will be \$1,014.93 billing Annual  
Maint-Supply Incl Excl Paper/Networking**

Equipment covered under this contract agreement include:

C8716	IMR-C3835i	3FX02540	7 E Chickasaw		
Meter	Meter Group	Meter Group Covered Copies	Overage Rate	Overage Cycle	
B/W-109	Black and White	9,000.00	0.01	Quarterly	
Color	Color	800.00	0.05	Quarterly	

Miller Office Equipment thanks you for the opportunity to provide service for all of your office needs.

This is not a bill ....  
Please Sign and Return.  
Invoice to follow.

Sincerely,

Rachel McPherson  
Contract Administrator  
rmcpherson@milleroffice.com  
Phone

Contract# MOEC101994-02

Printed Name:

Signature:

Title:

Date:

New Purchase Order#

\* This agreement includes and is subject to the terms and conditions on the reverse side of this document.

# Miller Office Equipment

## MAINTENANCE AGREEMENT

This Maintenance Agreement shall become effective upon its acceptance by MOE Systems, LLC (hereinafter referred to as Miller) on the date indicated on the face hereof.

1. Maintenance Agreement base rate charges, if applicable, are payable in advance. The payment due date for a coverage period is the first day of the coverage period specified on the face hereof. Anything herein contained to the contrary notwithstanding, Miller shall have no obligation to provide any of the services called for hereunder to customer unless customer is current in all payments made to Miller on all billings on any equipment provided by or serviced by Miller or its affiliates or subsidiaries, including but not limited to service, supply, maintenance and maintenance related billings, and equipment lease billings. Miller may charge interest at the rate of one and one-half percent (1.5%) per month on all payments overdue, and in the event of failure of payment, to pursue any available remedies at law or in equity for breach of this Agreement. In the event collection of any amount due hereunder is turned over to an attorney, buyer agrees to be responsible for all fees and expenses incurred in said effort.
2. Miller shall provide inspections as required, which may be made in conjunction with regular or emergency service calls. Inspections, as well as all service calls, shall be made during normal business hours.
3. During the terms of the Agreement, Miller will provide, depending on contract type chosen, parts which have been broken or worn through normal use, labor which is necessary for servicing and maintenance adjustments, and equipment supplies (not including paper), with no charge. This agreement shall not apply to network connectivity as it is not provided under our maintenance agreements, but rather as separate chargeable service provided at Miller's established rates.
4. All service calls under this Agreement will be made by Miller during normal business hours on the equipment described on the face hereof. Should the equipment be moved to an alternate location, there will be an adjustment to the normal maintenance base and/or copy rate as set forth by Miller. The move of equipment is not included in maintenance agreement and will be done by Miller at a rate determined by Miller based on distance from Miller's service office to new customer location via most convenient route determined by Miller. If service at a time other than during Miller's normal business hours is furnished upon customer's request, it will not be included in customer maintenance agreement and customer will be charged at Miller's established rates for labor and travel then in effect.
5. This Agreement shall not apply to service or repairs made necessary by accident, misuse, abuse, neglect, theft, riot, vandalism, lightning, electrical power failure, fire, water, or other casualty, or to repairs made necessary as a result of either service by personnel other than Miller personnel or repeated use of supplies other than supplies meeting Miller's published supply specifications for the equipment. Separate charges for repairs or replacements due to the foregoing shall be borne by the customer, at Miller's established rate for parts and labor from time to time in effect.
6. This Agreement covers only the equipment described on the face hereof and does not include any accessories listed thereon.
7. This Agreement may not be assigned by the customer.
8. This Agreement does not include applicable taxes. All taxes levied or imposed, now or hereafter, by any Governmental authority shall be paid by the customer in accordance with law.
9. Standard Freight and Fuel Surcharge items are included in established Miller's maintenance price rates for contracts types that include parts and supplies. Any contracts excluding parts and/or supplies will be subject to Freight and Fuel Surcharge charges being added to supply order and service call invoices. Rush orders are not considered standard and will result in an extra fee.
10. This Agreement (consisting of the face and reverse side of this page) supersedes any and all prior oral or written maintenance agreements between the parties, and constitutes the entire agreement between the customer and Miller with respect to the service to be provided hereunder.
11. If, during the term of this Agreement or any subsequent terms, Miller is unable to obtain parts for the equipment covered under this Agreement, Miller may, at its sole discretion, terminate this Agreement and refund to the customer the prorated unused portion.
12. This Agreement shall remain in full force and effect for the coverage period noted on the face hereof. Customer's obligation to pay all charges which have accrued shall survive any termination of this Agreement. Pricing is for the first year only unless otherwise stated on the face of this Agreement contract. Changes to this contract may only be made with the consent of the customer and Miller. At the expiration of the original or any renewal term, this Agreement, with all of its terms, covenants and conditions, including this paragraph, shall be deemed to have been automatically renewed for a term of twelve (12) months and at a rate established by Miller, unless either party has given thirty (30) days prior written notice to the other of its intention to terminate this agreement as of the end of such term.

(Initial) OB



RESOLUTION  
25-222  
To Advertise

The Board of County Commissioners, Pittsburg County, met in regular session on Monday, February 24, 2025.

WHEREAS, Pittsburg County Emergency Management wishes to advertise for the following:

**Swiftwater Equipment**

to be purchased through the American Rescue Plan Act, State-Local Fiscal Recovery Fund (ARPA-SLFRF), Emergency Response Capability and Impacts Grant Program, Grant Agreement for Grant# SLFRP4646

A bid package containing complete specifications and an "Invitation to Bid" are available at the Pittsburg County Clerk's Office, 115 E. Carl Albert Pkwy, Room 103, McAlester, Oklahoma 74501 or online at [pittsburg.okcounties.org](http://pittsburg.okcounties.org)

THEREFORE, each competitive bid submitted to the County must be accompanied with an affidavit for filing with the competitive bid form, as required by Oklahoma Statute, Title 19 O.S. § 1501.

Sealed bids will be received and filed with the Pittsburg County Clerk until Friday, March 7, 2025 at 4:00 p.m. All bids received after 4:00 p.m. on Friday, March 7, 2025 WILL NOT BE OPENED. Bids will be opened on Monday, March 10, 2025 at 10:00 a.m. in the Board of County Commissioners Conference Room, 115 E. Carl Albert Pkwy, McAlester, Oklahoma. The Board of County Commissioners, Pittsburg County, reserves the right to reject any and all bids and re-advertise.

BOARD OF COUNTY COMMISSIONERS  
PITTSBURG COUNTY, OKLAHOMA

ATTEST:

CHAIRMAN



VICE-CHAIRMAN



MEMBER



COUNTY CLERK



# BID SPECIFICATIONS FOR SWIFTWATER RESCUE GEAR

BID CLOSING DATE: MARCH 7, 2025

ITEM DESCRIPTION	SIZE	COLOR	QUANTITY	PRICE/EACH	AMOUNT
NRS EXTREME DRY SUIT, OR EQUIVALENT	LARGE	RED	4		
NRS EXTREME DRY SUIT, OR EQUIVALENT	X-LARGE	RED	2		
NRS EXTREME DRY SUIT, OF EQUIVALENT	XX-LARGE	RED	2		
NRS RAPID RESCUER	N/A	RED	8		
NRS HAVOC LIVERY HELMET, OR EQUIVALENT	N/A	BLUE	10		
NRS HAVOC LIVERY HELMET, OR EQUIVALENT	N/A	WHITE	10		
NRS HAVOC LIVERY HELMET, OR EQUIVALENT	N/A	RED	10		
NRS PILOT KNIFE, OR EQUIVALENT	N/A	RED	8		
NRS TACTICAL GLOVES, OR EQUIVALENT	LARGE	BLACK	10		
NRS TACTICAL GLOVES, OR EQUIVALENT	X-LARGE	BLACK	10		
PRINCETON TEC AQUA STROBE LED, OR EQUIVALENT	N/A	N/A	20		
FOX 40 SAFETY WHISTLE, OR EQUIVALENT	N/A	ORANGE	20		
NRS RESCUE DUFFLE BAG, OR EQUIVALENT	80L	RED	15		
NRS NFPA ROPE RESCUE THROW BAG, OR EQUIVALENT - 75'		ORANGE	20		
NRS SLIQ SCREW LOCK CARABINER, CE EN12275 CERTIFICATION		BLUE	40		
NRS Z-DRAW KIT, 1/2" HTP STATIC ROPE KIT, OR EQUIVALENT			8		
NRS CREW UNIVERSAL PFD FOR ADULT, OR EQUIVALENT	33"-58"	GREEN	15		
NRS CREW UNIVERSAL PFD FOR YOUTH, OR EQUIVALENT	24"-29"	RED	10		
NRS CREW UNIVERSAL PFD FOR CHILD, OR EQUIVALENT		GREEN	10		
MUSTANG ICE COMMANDER RESCUE SUIT, OR EQUIVALENT, BODY WEIGHT: 110-330 LBS, HEIGHT: 4'11"-6'7"			4		
NRS QUICK FILL KIT, INFLATION KIT FROM SCBA, OR EQUIVALENT			1		
NRS PICK-OF-LIFE ICE AWLS, OR EQUIVALENT			4		
CMC PRUSIK CORD, OR EQUIVALENT, 8MM RED MBS 14kN (3,147 lbf)			500		
FREIGHT/SHIPPING CHARGES					
TOTAL BID					

NRS EXTREME DRY SUIT, OR EQUIVALENT

SPECS

Weight:	3.4 lbs
Fit:	Relaxed fit
Material:	320-denier, 3 layer TriTon™
Material Type:	TriTon™
Entry Style:	Front-Entry
Waterproof:	Yes
Breathable:	Yes
Neck Gasket:	Latex
Neck Closure:	Latex gasket with adjustable hook-and-loop
Wrist Closure:	Latex Gasket with 3 mm neoprene overcuff
Waist System:	Buckle-closure waist belt
Ankle Closures:	Gathered elastic
Pockets:	1 - Cargo
Latex Neck Gasket:	Yes
Latex Wrist Gaskets:	Yes
Socks:	Fabric
Relief Zipper:	Yes
Reflective Detailing:	Yes
Gender Sizing:	Men
Features:	Hook-and-loop patches for attaching department badges
	SOLAS reflective tape
	Padding in the elbows and knees

# NRS RAPID RESCUER, OR EQUIVALENT

## SPECS

Weight:	3.3 lbs
Category:	Rescue Life Jackets Front-Zip Life Jackets High-Float Life Jackets
US Coast Guard Type:	V
Profile:	High
Design Flotation:	95N 22 lbs.
Outer Fabric:	400-denier ripstop nylon
Entry System:	Front zip
Pockets:	2 - Front
Lash Tabs:	3 - Front 4 - Side
Adjustment System:	2 - Shoulder 2 - Waist SOLAS reflective strips Quick-release harness Tether attachment point Webbing loops for leg straps (sold separately)
Features:	Placarding patches Universal Plus fit 32" - 56" chest US Coast Guard Certification

# NRS HAVOC LIVERY HELMET, OR EQUIVALENT

## Specs

<b>Certification:</b>	CE EN 1385
<b>Weight:</b>	1 lb
<b>Shell Material:</b>	ABS plastic
<b>Liner Material:</b>	Closed-cell EVA foam
<b>Vented:</b>	Yes
<b>Adjustment:</b>	DialFit adjustment
<b>Ear Coverage:</b>	No
<b>Features:</b>	6 ventilation/drain holes

NRS PILOT KNIFE, OR EQUIVALENT

Specs

Weight:	Total: 4.4 oz
	Knife: 3.65 oz
	Sheath: 0.75 oz
Blade Material:	420 HC Stainless Steel
Handle Material:	Glass-reinforced polypropylene w/rubber overlay
Sheath Material:	Glass-reinforced polypropylene w/rubber touch points
Total Length:	7.25"
Blade Length:	3.6"
Blade Edge:	Smooth and serrated
Blade Tip:	Blunt
	Tumble polish blade
	Glass-reinforced polypropylene w/rubber overlay handle
Features:	Jimping along blade edge
	Thumbs Up™ Sheath
	Oxygen valve wrench

# NRS TACTICAL GLOVES, OR EQUIVALENT

## Specs

Weight:	5 oz
Glove Use and Conditions:	Professional Series
Material:	2 mm neoprene
Seams:	Single needle with high tenacity thread
Taped Seams:	No
Palm Material:	Rubberized synthetic leather
Wrist Closure:	Adjustable hook-and-loop strap
Gender Sizing:	Unisex
Features:	Soft fleece panels on thumb and wrist Wrist pairing snaps

# PRINCETON TEC AQUA STROBE LED, OR EQUIVALENT

## Specs

Category:	Strobe
Dimensions:	5.5
Lumens:	100
Type of Bulb:	1 White Maxbright LED Strobe
Burn Time on Flash Mode:	12 hours
Type of Battery:	1 - AA alkaline
Weight (without batteries):	3 oz (86 g)
Batteries Included:	Yes
Includes:	Hook-and-Loop strap



## FOX 40 SAFETY WHISTLE, OR EQUIVALENT

### Product Details

The 3-chamber pealess design has no moving parts to freeze, jam or deteriorate.

Chambers are designed to self-clear when submerged in water.

Sound will be heard up to a mile away.

### Specs

Dimensions:

2.25"L x .75"W

Includes:

Split ring

NRS RESCUE DUFFEL BAG, OR EQUIVALENT

Specs

Weight:

80L: 1.4 lbs

Filled & Rolled Dimensions:

28.5"L x 14.75"W x 14.75"H

Material:

420 denier ripstop nylon, power mesh (PVC free)

Closure System:

Zipper

Detachable shoulder strap

Mesh top panel

SOLAS reflective accents

Zippered side pocket

Hook & loop attachment for rescue placard

Easy grab end handles

Removable shoulder strap

Features:

# NRS NFPA ROPE RESCUE THROW BAG, OR EQUIVALENT

## Specs

Weight:	2.7 lbs.
Rope Length:	75'
Rope Material:	Grabline™ by Sterling
Rope Diameter:	3/8"
Load Max:	3282 lbs. (14.6 kN)
Features:	NFPA 1983,2012 Certified rope Mesh topped bag for quicker drying Reflective tape on throw bag Webbing loop for glow stick

# NRS SLIQ SCREW LOCK CARABINER, OR EQUIVALENT

## Specs

### Material:

Anodized aluminum alloy AL-7075 with stainless rivets and wires

### Carabiner Strength Closed:

25 kN = 5625 lbs.

### Strength Open:

9 kN = 2025 lbs.

### Dimensions:

98 mm L x 60 mm W

### Gate Opening:

17 mm

### Weight:

54 g

### Locking Mechanism:

Screw lock

### Features:

Certified CE EN12275

## NRS Z-DRAG KIT, OR EQUIVALENT

### Specs

Weight:

7.8 lbs

Rope Options:

1/2" Sterling HTP Static Rope - 9081 pound strength

Includes:

150' of Rope

3 - Nuq Screw Lock Carabiners

2 - SMC 2" Swiftwater Pulleys

2 - 15' pieces of Red 1" Tubular Webbing

1 - 10' piece of Yellow 1" Tubular Webbing

2 - 6' pieces of 6 mm Prusik Cord (8 mm for Static Kit)

1 - NRS 40L Purest Mesh Duffel Bag

## NRS CREW UNIVERSAL PFD, OR EQUIVALENT

### Specs

Weight:

1.70 lbs.

Category:

Commercial Life Jackets

Front-Zip Life Jackets

Performance Level:

Level 70

75N

Design Flotation:

16.7 lbs.

Outer Fabric:

200-denier nylon

Entry System:

Front zip

Adjustment System:

1 - Front

4 - Side

Features:

Universal Plus size fits >90 lbs, 33"-58" chest  
UL Certified, USCG and TC Approved Level 70  
Bouyancy Aid

# NRS CREW YOUTH PFD, OR EQUIVALENT

## Specs

### Weight:

1.26 lbs.

Kids' Life Jackets

### Category:

Commercial Life Jackets

Front-Zip Life Jackets

### Performance Level:

Level 70

### Profile:

Medium

50N

### Design Flotation:

11.4 lbs.

### Outer Fabric:

200-denier nylon

### Entry System:

Front zip

1 - Front

4 - Side

### Adjustment System:

Fits youth 55-88 lbs, 24"-29" chest

UL Certified, USCG and TC Approved Level 70  
Bouyancy Aid

### Features:

# NRS CREW CHILD PFD, OR EQUIVALENT

## Specs

**Weight:**

1.04 lbs.

**Category:**

Kids' Life Jackets

Commercial Life Jackets

Front-Zip Life Jackets

Performance Level:

Level 70

Profile:

Medium

**Design Flotation:**

33N

7.4 lbs.

**Outer Fabric:**

200-denier nylon

**Entry System:**

Front zip

**Adjustment System:**

1 - Front

4 - Side

**Features:**

Fits youth 33-55 lbs, 22-25" chest

Adjustable leg strap

UL Certified, USCG and TC Approved Level 70  
Bouyancy Aid



# MUSTANG ICE COMMANDER RESCUE SUIT, OR EQUIVALENT

## SPECS

Material:	Urethane coated nylon outer shell Detachable inner Mustang AirSoft™ buoyancy/insulation 2.5mm neoprene on knees Seat and elbows reinforced with yellow shell
Weight:	12.2 lbs.
Entry Style:	Front-Entry
Waterproof:	Yes
Breathable:	No
Pockets:	2 - Sleeve
Reflective Detailing:	Yes
Gender Sizing:	Unisex
Features:	Heavy duty full-length flexible zipper Watertight hood Redesigned integral self-adjusting safety harness Durable rubber soles Adjustable ankle straps Compact storage 5 fingered abrasion resistant gloves 32 pound buoyancy rating

## NRS QUICK FILL KIT, OR EQUIVALENT

### Specs

<b>Fittings Material:</b>	Stainless Steel and Aluminum
<b>Weight:</b>	SCBA: 1.8 lbs
<b>Hose Length:</b>	8'
<b>Hose Diameter:</b>	1/4"
<b>Hose Capacity:</b>	5000 psi / 345 bar hose
<b>Valve Type:</b>	Pressure-fit Leaffield Adapter
	Hose
<b>Includes:</b>	Valve Adapter
	Tank fitting

NRS PICK-OF-LIFE ICE AWLS, OR EQUIVALENT

Specs

Dimensions:

5 1/4' cord

4" handles

1" picks

Features:

Auto retracting pick sheaths

Reflective ticking in cord

# CMC PRUSIK CORD, OR EQUIVALENT

## Specs

### Dimensions:

8mm

### Features:

Red

MBS 14 kN (3,147 lbf)

RESOLUTION  
25-223  
To Advertise

The Board of County Commissioners, Pittsburg County, met in regular session on Monday, February 24, 2025.

WHEREAS, Pittsburg County Emergency Management wishes to advertise for the following:

**One (1) 15.5 feet Rescue Boat & One (1) Mobile Line Deployment Kit**  
to be purchased through the American Rescue Plan Act, State-Local Fiscal Recovery Fund (ARPA-SLFRF), Emergency Response Capability and Impacts Grant Program, Grant Agreement for Grant# SLFRP4646

A bid package containing complete specifications and an "Invitation to Bid" are available at the Pittsburg County Clerk's Office, 115 E. Carl Albert Pkwy, Room 103, McAlester, Oklahoma 74501 or online at [pittsburg.okcounties.org](http://pittsburg.okcounties.org)

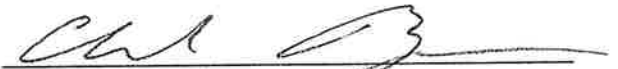
THEREFORE, each competitive bid submitted to the County must be accompanied with an affidavit for filing with the competitive bid form, as required by Oklahoma Statute, Title 19 O.S. § 1501.

Sealed bids will be received and filed with the Pittsburg County Clerk until Friday, March 7, 2025 at 4:00 p.m. All bids received after 4:00 p.m. on Friday, March 7, 2025 WILL NOT BE OPENED. Bids will be opened on Monday, March 10, 2025 at 10:00 a.m. in the Board of County Commissioners Conference Room, 115 E. Carl Albert Pkwy, McAlester, Oklahoma. The Board of County Commissioners, Pittsburg County, reserves the right to reject any and all bids and re-advertise.

BOARD OF COUNTY COMMISSIONERS  
PITTSBURG COUNTY, OKLAHOMA

ATTEST:

CHAIRMAN



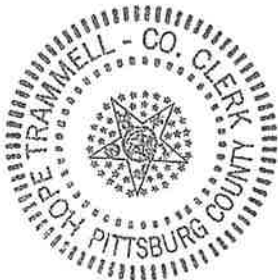
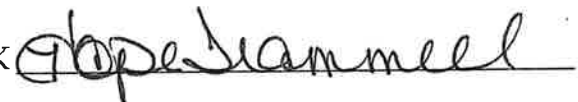
VICE-CHAIRMAN



MEMBER



COUNTY CLERK



**BID CLOSING DATE: MARCH 7, 2025**

**FREIGHT/SHIPPING CHARGES**

## NRS ASR 155 RESCUE BOAT, OR EQUIVALENT

### Specs

Length:	15' 5"
Width:	49"
Weight:	87 lbs.
Tube Diameter:	12"
Diminishing Tube Diameter:	9"
Bow Kick:	34"
Stern Kick:	34"
Number of Air Chambers:	5
Valve Type:	Leaflet C7 & D7
Self Bailing:	Yes
Type of Material:	PVC
Weight/Denier of Tube Material:	52/2000
Weight/Denier of Floor Material:	52/2000
Number of D-rings:	26
Number of Handles:	32
Repair Kit:	Yes
Warranty:	3 Years Retail, 3 Years Commercial
Includes:	Heavy-Duty Carry Bag: 48"L x 31"W x 13"D
	Two 280cm Red PTR SAR Paddles
Notes:	Drop-Stitch Center Deck: 25" x 96"
	End Openings: 25" x 34"

## RESQMAX LINE DEPLOYMENT KIT, OR EQUIVALENT

### **Includes:**

ResQmax Launcher with Folding Stock

Streamline Line Projectile with two spare molded projectile protectors

500 ft (152 m) Dacron® messenger line with compact line container (2.2 kN/500 lbf)

Spares Kit

Corrosion Block Lubricant/Rust Inhibitor, 4 oz (113 g)

Streamline Filler Hose Assembly

Cordura® Nylon Carry Bag, Red/Black

Streamline Nozzle Protectors, (Pack of 5)

Operations Manual



RESOLUTION  
25-224

The Board of County Commissioners, Pittsburg County met in regular session on Monday, February 24, 2025.

WHEREAS, the Board of County Commissioners, Pittsburg County, carefully reviewed the 2025 Policies and Procedures, and added and removed sections as needed.

WHEREAS, the Board of County Commissioners, Pittsburg County, do hereby adopt the following policies and procedures as revised and attached:

Employee Personnel Handbook  
Travel Policy  
Drug & Alcohol Testing Policy  
Safety Manual  
Safety Award Policy  
Bloodborne Pathogens Plan  
Hazardous Communications Program  
Suspicious Package/White Powder Guidelines  
Active Shooter Policy

THEREFORE, BE IT RESOLVED, the Board of County Commissioners, Pittsburg County, do hereby adopt the 2025 Policies and Procedures for all Pittsburg County employees, effectively immediately, to be distributed to all current employees and newly hired employees until such a time as a newer version is available.

BOARD OF COUNTY COMMISSIONERS  
PITTSBURG COUNTY, OKLAHOMA

ATTEST:

CHAIRMAN



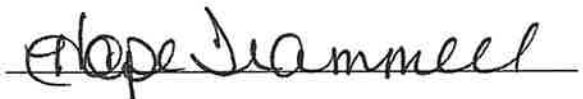
VICE-CHAIRMAN



MEMBER



COUNTY CLERK





# PITTSBURG COUNTY

## POLICIES AND PROCEDURES

Revised March, 2025

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# PITTSBURG COUNTY EMPLOYEE PERSONNEL HANDBOOK

Revised March, 2025

## EMPLOYMENT POLICIES

### EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The County provides equal employment opportunity for all employees and applicants regardless of race, color, religion, sex, age, national origin, citizenship status, disability, genetic information, veteran status, gender or sexual orientation. This commitment to equal employment opportunity extends to all aspects of employment, including hiring, promotion, training, working conditions, compensation and discipline. The County complies with all applicable federal and state equal employment opportunity laws. Furthermore, the County will make reasonable accommodations for qualified individuals with known disabilities, unless doing so would result in an undue hardship, health or safety concern.

### RECRUITMENT/JOB POSTING

All job openings shall be posted publicly and/or filled from applications filed with the Elected Official. Postings generally include the title, the salary range, the minimum hiring specifications and the closing date for filing applications. Applications will only be accepted when there is a job opening, and applications submitted will be maintained on file for one year.

### SAFETY SENSITIVE POSITIONS

The following positions have been designated safety-sensitive by the Board of County Commissioners:

- All highway department employees
- All sheriff and jail employees, including reserve employees
- All maintenance/housekeeping employees
- All field appraisers (assessor's office)
- All animal shelter employees
- All emergency management employees, including volunteers

### HIRING PROCEDURES

Each elected official shall be responsible for hiring and/or appointing the employees in his/her office. The number of persons hired or appointed shall be based on the budget appropriation for the fiscal year in which the hiring/appointment is made.

Applicants may only be offered a conditional offer of employment until a drug test is administered and a negative result is obtained. Drug test results take a minimum of three days to be received after the drug test is administered. Any applicant who fails a pre-employment drug test cannot re-apply for one (1) year.

Employees serve at the pleasure of the elected official.

All new employees, upon instruction from the elected official, will report to the County Clerk's Office for enrollment as a county employee.

Applicants and employees will be required to demonstrate their eligibility to work in the United States as provided by federal and state laws.

## POLICY AGAINST HARASSMENT AND DISCRIMINATION AND COMPLAINT PROCEDURE

Discrimination, harassment, and/or retaliation in any form constitute misconduct that undermines the integrity of the employment relationship with the County. The County prohibits discrimination and/or harassment that is sexual, racial, or religious in nature or is related to anyone's gender, national origin, age, disability, sexual orientation, or any other basis protected by federal, state, or local law. Furthermore, the County will make reasonable accommodations for qualified individuals with known disabilities, unless doing so would result in an undue hardship, health, or safety concern. Unwelcome sexual advances, requests for sexual favors, or other verbal, visual, or physical conduct of a harassing and/or discriminatory nature will constitute harassment and/or discrimination. Employees must be allowed to work in an environment free from unsolicited and unwelcome sexual overtures. Sex discrimination and sexual harassment are against the law.

The following are some examples of conduct which may be legally actionable sexual harassment:

- Use of any offensive or demeaning terms which have sexual connotation.
- Objectionable physical proximity or physical contact.
- Unwelcome suggestions regarding, or invitations to, social engagements or work-related social events.
- Any indication, express or implied, that an employee's job security, job assignment, conditions of employment, or opportunities for advancement depend or may depend on the granting of sexual favors to any other employee, supervisor, or manager.
- Any action relating to an employee's job status which is in fact affected by consideration of the granting or refusal of social or sexual favors.
- The deliberate or careless creation of an atmosphere of sexual harassment or intimidation.
- The deliberate or careless expression of jokes or remarks of a sexual nature to or in the presence of employees who may find such jokes or remarks offensive.
- The deliberate or careless dissemination of materials (such as cartoons, articles, pictures, etc.), which have a sexual content and which are not necessary for our work, to employees who may find such materials offensive.

The County expects that everyone will act responsibly to establish a professional work environment. However, if an employee feels he/she has been subjected to any form of harassment, discrimination and/or unfair treatment, the employee should promptly report that conduct to his/her immediate supervisor, another member of supervision, or a member of the Board of Commissioners. Employees are not required to approach the person who is harassing and/or discriminating against them, and they may bypass any offending member of supervision. The person the harassment or discrimination is reported to will take the necessary steps to initiate an investigation of the discrimination and/or harassment claim. Employees who believe they have been discriminated against on the basis of a disability or who believe they have not been properly afforded a reasonable accommodation for a disability should utilize this same complaint and reporting process.

The County will conduct its investigation in as confidential a manner as possible. However, the County will not allow the goal of confidentiality to be a deterrent to an effective investigation. A timely resolution of each complaint will be reached and communicated to the employee. Appropriate corrective action, up to and including termination, will be taken promptly against any employee engaging in discrimination and/or harassment. The corrective action issued will be

proportional to the severity of the conduct. The alleged harasser's employment history and any similar complaints of prior unlawful discrimination and/or harassment will be taken into consideration.

The County prohibits retaliation of any kind against employees, who, in good faith, report harassment, discrimination and/or unfair treatment or assist in investigating such complaints. If an employee feels he/she has been subjected to any form of retaliation, the employee should promptly report that conduct to his/her immediate supervisor, another member of supervision, or Board of Commissioners. Employees are not required to approach the person who is retaliating against them, and they may bypass any offending member of management. Employees are encouraged to use the Complaint Resolution Procedure (Open Door Policy) set-out in the Handbook, as well.

#### MEDICAL EXAMS

As a condition of employment, it may be necessary for job applicants to pass a medical evaluation by a County selected physician after a conditional offer of employment has been made. An applicant who has received a conditional offer of employment and who fails to appear for a medical examination will be disqualified from further employment consideration. Medical exam expenses shall be provided by the County.

***Okla. Stat. Ann. tit. 40, § 191***

#### NEPOTISM

An elected official shall not hire, appoint or approve the employment or appointment of any person who is related by blood or marriage within the third degree.

"Any person who is related by blood or marriage within the third degree" includes, but is not limited to, spouse, child, step-child, child-in-law, step-child-in-law, grandchild, step-grandchild, parent, step-parent, parent-in-law, sibling, step-sibling, sibling-in-law, grandparent, grandparent-in-law, aunt, uncle, niece, nephew, or cousin.

***Okla. Stat. Ann. tit. 21, §§ 481-487***

#### PERSONNEL RECORDS

Personnel records of all County employees shall be kept by the County Clerk and are the property of the County. Whenever there is a change in address, phone number, dependents or beneficiaries, it is the responsibility of the employee to report such change to the County Clerk.

Personnel records will be maintained and requests for personnel records or information will be handled in accordance with Federal and Oklahoma law and Oklahoma's Open Records Act.

Employees may request a copy of their own personnel file.

No employment inquiries or verifications are to be released except by the County Clerk or by persons who have received authorization from the County Clerk.

***Okla. Stat. Ann. tit. 51, § 24A.7***

#### COMPENSATION POLICIES

##### TIME RECORDING (NON-EXEMPT EMPLOYEES)

The County is required by law to keep accurate records of the actual hours worked by the nonexempt employees, including hours worked each day and total hours worked each work week. Nonexempt employees must use time clocks, timecards, or other similar means of accurately recording their regular hours worked, meal periods, overtime, absences, holiday and vacations. Time records

should be carefully checked for accuracy as paychecks will be calculated according to the information shown on them unless the information is determined to be erroneous. Nonexempt employees are required to accurately record their time and the following rules must be observed:

1. You should arrive at the workplace allowing sufficient time to clock or check in (if appropriate) and start work on time.
2. To be valid, corrections or alterations on a time record must be initialed as soon as possible by the employee's supervisor. Employees who fail to clock or check in or out or otherwise accurately record their time may be subject to discipline up to and including immediate discharge.
3. Employees are prohibited from working overtime that is not approved and authorized by a supervisor.
4. Employees should clock or check in or otherwise accurately record their time immediately prior to starting work, immediately before and after their meal periods and when leaving at the end of the work shift or when leaving the premises for approved personal reasons.
5. Employees are not permitted to clock or check in for another employee or to otherwise record another employee's time

#### PAYMENT OF WAGES

All County officials and employees shall be paid semi-monthly. The first pay period begins at 12:01 a.m. on the first day of the month and ends at 12:00 a.m. on the fifteenth day of the month. The second pay period begins at 12:01 a.m. on the sixteenth day of the month and ends at 12:00 a.m. on the last day of the month. The regular pay day of the first pay period will be the fifteenth of the month and the pay day for the second period will be the last of the month. If the fifteenth or the last day of the month falls on a Friday, Saturday or Sunday, pay day will be the Thursday before. Checks will normally be distributed by 4:00 p.m. on the regular pay day. When pay day falls on a holiday, employees will normally be paid on the last preceding work day.

#### PAYROLL DEDUCTIONS

Only deductions required and/or permitted by law and/or authorized by the employee will be withheld from an employee's paycheck. Those required by law are as follows:

- FEDERAL INCOME TAX
- STATE INCOME TAX
- SOCIAL SECURITY TAX
- MEDICARE TAX
- LEVIES
- GARNISHMENTS

Examples of deductions which may be authorized by the employee include:

- GROUP HEALTH INSURANCE

- OPTIONAL INSURANCE PLANS
- CREDIT UNION

Any questions about a paycheck should be addressed first to the employee's supervisor or department head, then to the elected official under whom the employee works. The elected official will make further checks, if necessary, with the County Clerk.

Whenever an employee's employment terminates, the employer shall pay the employee's wages in full, less offsets, at the next regular designated payday established for the pay period in which the work was performed either through the regular pay channels or by certified mail postmarked within the deadlines herein specified if requested by the employee.

***Okla. Stat. Ann. tit. 19, § 153; Okla. Stat. Ann. tit. 40, §§ 165.2 to 165.3***

#### HOURS OF WORK:

The Pittsburg County Courthouse will normally be open Monday through Friday from 8:00 a.m. to 5:00 p.m. Employees may not work overtime or in excess of their normal schedule without prior approval by a supervisor or manager.

Most County employees will follow a normal schedule of forty (40) hours per week plus an unpaid one-hour lunch period each day. Each elected official shall set the lunch periods and break periods, if any, for his/her office, but at no time shall an office be left without adequate staff to perform necessary duties.

The activities of some departments require alternative schedules to meet their work needs. In those departments, the elected official may authorize a deviation from the normal work schedule.

#### WORK WEEK AND WORK PERIOD:

The work week for all employees, except law enforcement commences at 12:01 A.M. on Monday and ends at 12:00 midnight the following Sunday. For law enforcement employees who meet the following requirements:

1. A uniformed or plain clothed member or a body of officers who are empowered by statute or local ordinance to enforce laws designed to maintain public peace and order and to protect both life and property from accidental or willful injury, and to prevent and detect crimes;
2. Has the power of arrest; and
3. 3) Presently undergoing, has undergone, or will undergo on-the-job training and/or a course of instruction and study which typically includes physical training, self-defense, firearm proficiency, criminal and civil law principles, investigation and law enforcement techniques, community relations, medical aid, and ethics.

#### **29 C.F.R. § 553.211(a)**

The work period begins at midnight on Sunday and continues on a 28-day cycle ending at midnight on Sunday four weeks later. This latter work period for all law enforcement is intended to qualify for the exemption permitted under Section 7(k) of the Fair Labor Standards Act, as amended.



**NOTE: Jailers whose duties are limited to controlling and maintaining custody of prisoners may qualify for the 7(k) partial overtime exemption and be subject to the 28-day cycle. However, jailers who spend more than 20% of their time on other duties (e.g.: dispatch, radio, administrative, clerical, etc.), are not qualified for the 7(k) partial overtime exemption and are not subject to the 28-day cycle.**

**EARNING OVERTIME:**

Pittsburg County's overtime policy conforms to overtime provisions of the Federal Fair Labor Standards Act and applicable Oklahoma Laws. Exemptions from these provisions will be claimed only when the necessary basis is established.

Pittsburg County Employees who are not exempt and who are not law enforcement personnel shall be entitled to earn compensatory time off at the rate of 1 ½ times their regular rate of pay for all hours **worked** in a work week in excess of 40 hours.

In the case of law enforcement personnel who are not exempt compensatory time will be earned for hours worked in excess of 171 hours in the 28-day period. Such compensatory time will be earned at the rate of 1 ½ times the employee's regular rate of pay.

**Note: Only nonexempt employees are entitled to earn compensatory time as describe above. Exempt employees are not entitled to overtime pay.**

**COMPENSATORY TIME OFF FOR OVERTIME:**

Pittsburg County has adopted as its policy, practice and procedure, a method of compensating employees for overtime whereby employees are required to utilize compensatory time off in lieu of cash overtime payments. As an exception to this policy, and at the sole discretion of the elected official, the elected official may decide to make cash overtime payments. Compensatory time off will be granted to an employee at the rate of 1 ½ hours for each hour of overtime worked.

All compensatory time off will be scheduled within a reasonable period after requested, if it does not unduly disrupt operations. Except in the case of law enforcement personnel, each employee can accrue up to 240 hours of compensatory time off in lieu of overtime payment. Employees will be paid cash for any compensatory time accrued in excess of 240 hours.

**NOTE: Elected Officials/Department Heads have the authority to instruct an employee to use their comp time when said employee has accrued more than forty (40) hours. It is at the elected official/department head's discretion to require an employee to schedule unused comp time.**

In the case of law enforcement personnel who are not exempt, each employee can accumulate up to 480 hours of compensatory time off. After the accrual of 480 hours of compensatory time, a law enforcement employee will thereafter be paid cash payment for overtime. In all cases where compensatory time off is authorized, once the employee has utilized compensatory time off to reduce the maximum accrual below the applicable limit, then additional overtime will be paid in the form of additional compensatory time off.

**74 O.S. § 840-2.15; 29 U.S.C. § 207(o).**

*Note: 74 O.S. § 840-2.15 requires that any County employees working in "an institutional setting" (i.e., jailors and perhaps others) must be allowed to take their compensatory time off within 180 days of when it is accrued.*

## LEAVE BENEFITS

Pittsburg County has adopted a paid general leave program for regular employees which incorporates forms of leave such as annual, sick leave, military leave, emergency leave, funeral leave, and education leave. It is the intent of the general leave program to allow eligible employees greater flexibility in the use and application of paid absence from work while maintaining necessary and appropriate operation levels. Each elected official shall be responsible for keeping records of the leaves taken by his/her employees and shall make monthly reports to the County Clerk. Such records shall include type and length of leave. All vacation and leave benefits shall be calculated from the date of employment.

### MILITARY LEAVE:

Full-time employees who are members of any military reserve component will be granted military leave for such time as they are in the military service on field training or active duty for periods not to exceed an accumulation of five (5) years while working for Pittsburg County. In order to be eligible for such leave, the employee must:

1. Provide Pittsburg County with advance written or verbal notice of the leave;
2. Return to work or apply for reemployment in a timely manner after conclusion of service; and
3. Have not been separated from service with a disqualifying discharge or under other than honorable conditions.

During the first thirty (30) calendar days for Pittsburg County employees in any federal fiscal year, employees shall continue to receive their full regular rate of pay for such military leave of absence. During the remainder of such leave of absence in any federal fiscal year, employees shall receive the difference between their full pay and their military base pay. The federal fiscal year is October 1st to September 30th. This time may not be used for weekend drills. Such requested leave shall be supported with copies of the armed forces orders.

### **Okla. Stat. Ann. tit. 72, § 48**

### BEREAVEMENT LEAVE:

Employees shall be granted time off with pay not to exceed (3) three consecutive scheduled working days to attend the funeral in the event of the death of the employee's parent, child, spouse, brother, sister, grandparent, grandchild, great grandparent, great grandchild, uncle, aunt, nephew, or niece. Any additional time shall be charged to annual leave.

At the discretion of the elected official, employees may be granted necessary time off with pay to attend the funeral of other relatives or friends.

### EDUCATION LEAVE:

Full-time employees may be granted leave with pay for attendance at conferences, seminars, or short-courses of instruction designed to advance the technical or professional skills of the person

attending. Such education or training leave must be authorized by the elected official prior to the leave being taken, and the education or training must be determined by the County to be related to the employee's job responsibilities for the County.

***Okla. Stat. Ann. tit. 19, § 130.6***

**INCLEMENT WEATHER AND UNSAFE WORKING CONDITIONS LEAVE:**

If Pittsburg County offices are closed because of an imminent peril threatening the public health, safety, or welfare of county employees or the public, or when county offices are temporarily closed or reduced due to hazardous weather conditions, the person designated by the Board of County Commissioners for Pittsburg County will place employees who are scheduled to work in the affected work areas on paid administrative leave or, if applicable, shall assign them to work in another location. During their normal duty hours, employees on paid administrative leave due to unsafe working conditions are on stand-by or on-call status. The person designated by the Board of County Commissioners for Pittsburg County may call employees to return to their normal duties or respond to the demands of the situation as necessary.

Paid administrative leave means leave granted to affected employees if offices are closed because of an imminent peril threatening the public health, safety, or welfare of county employees or the public, or when county offices are temporarily closed or reduced due to hazardous weather. Examples of reasons for temporarily closing an office due to unsafe working conditions are: leaks of toxic fumes in buildings; life threatening damage to building structures; or emergency operations which would be disrupted by the presence of the usual work force; or any other condition which poses a significant threat to the safety of the work force.

Paid administrative leave will be allowed to all affected employees only when a county office is temporarily closed or services are temporarily reduced due to hazardous weather. The granting of administrative leave applies only to employees scheduled to work during the time period of the closure or reduced services. It does not apply to employees who are absent during the closure or reduction on any previously approved leave. Employees who are not eligible to accrue leave, such as temporary employees, shall not be granted administrative leave when county services are temporarily closed or reduced due to hazardous weather conditions.

When the person designated by the Board of County Commissioners authorizes offices or departments to maintain basic minimum services because hazardous weather conditions impede or delay the movement of employees to and from work, employees responsible for providing minimum services shall report to work. The elected or appointed officials of each office will be responsible for determining essential department functions and ensuring that employees who staff such functions are informed. Employees who are considered responsible for basic minimum services and who are required to work when county services are temporarily reduced due to hazardous weather conditions will be entitled to accrue administrative leave on a straight-time basis up to eight hours per day for hours worked in their regularly scheduled work periods during such reduction. Administrative leave accrued under this provision must be taken within 180 days of its accrual or the employee shall be paid for the leave. An extension of the time period for taking the leave may be approved for up to an additional 180 days, providing the elected or appointed official approves. Accrued administrative leave must be used before granting of any annual leave except when the employee may lose accrued leave.

Employees who are responsible for basic minimum services who do not report to work have the following options to account for leave:

- (1) Charge the absence to accumulated compensatory time;
- (2) Charge the absence to accumulated annual leave;
- (3) Make up lost time in a manner consistent with the FLSA, if the Appointing Authority determines that office hours and schedules permit.

An employee who leaves earlier than a designated early dismissal time, or who arrives later than a designated late arrival time, shall be charged leave for the excess time.

***Okla. Stat. Ann. tit. 74, § 840-2.20A; Okla. Admin. Code § 260:25-15-71***

#### **JURY AND COURT DUTY:**

Pittsburg County desires that all employees fulfill their duty to serve as members of juries or to testify when called in Federal, State or municipal courts. Therefore, the following procedures shall regulate when an employee is called for jury duty or subpoenaed to court:

- The employee will be granted a leave of absence when the employee is subpoenaed or directed by proper authority to appear in Federal, State or municipal court as a witness or juror. The employee will be required to provide satisfactory documentation requiring their appearance as a witness or juror.
- The employee will receive his/her regular compensation during the time he/she is serving on jury duty and, the employee may retain all compensation or fees which he/she receives for serving as a juror. [Alternative] The employee may retain all compensation or fees which he/she received for serving as a juror. The employee will receive his/her regular compensation during the time he/she is serving on jury duty, less all compensation or fees received from serving as a juror. Alternatively, the employee may endorse or "sign-over" any checks for compensation or fees received for serving as a juror.
- If the employee is relieved from court or jury duty during working hours, the employee must report back to his/her worksite.
- The above provisions concerning compensation for time in court do not apply if the employee is involved in private litigation. On these occasions, the employee must take annual leave, compensatory time or leave without pay.

***Okla. Stat. Ann. tit. 38, §§ 34-35***

#### **LEAVE WITHOUT PAY:**

Leave without pay of specified length may be granted at the sole discretion of the elected official. While on leave without pay, an employee will not accrue vacation time or sick leave.

An employee granted leave without pay remains a county employee and does not lose his/her work experience status. **The absence without pay leave shall not extend for a period in excess of thirty days, except when FML applies.**

***Okla. Stat. Ann. tit. 74, § 840-2.21***

## FAMILY AND MEDICAL LEAVE ACT

Pittsburg County will comply with the federal Family and Medical Leave Act of 1993, as amended in 2010 (the "FMLA"). Employees must have been employed by Pittsburg County for more than 12 months over the past seven (7) years and must have worked at least 1,250 hours in the 12 months preceding any leave to be eligible for the Family and Medical Leave described in this Policy (note: this seven (7) year measurement is adjusted if the leave is due to certain military service). Employees must also work in or within 75 miles of a location at which Pittsburg County employs 50 or more individuals to be eligible for the Family Medical Leave described in this Policy.

Pittsburg County provides up to a total of 12 weeks of leave in any "forward rolling" 12-month period. The 12 month forward rolling period during which time you may take up to 12 weeks of unpaid FMLA Leave is a period measured forward from the date the employee first takes FMLA leave. For example, if an eligible employee first takes FMLA Leave on May 1, they are entitled to no more than 12 weeks of FMLA Leave through April 30 of the following calendar year. Additionally, eligible employees have the right to take up to 26 weeks of unpaid leave in a single 12-month period (less any FMLA leave taken during the period for other purposes under this Policy) to care for a family service member in connection with a serious military illness or injury. See "Military Caregiver Leave" below.

Upon submission and approval of a leave of absence request, eligible employees are entitled to leaves of absence for the following purposes:

**Birth/Adoption/Foster Care Leave.** An employee may take leave in connection with the birth of the employee's natural child or the placement of a child with the employee for adoption or foster care. An employee's entitlement to leave for birth or placement of a child expires 12 months after the birth or placement.

**Family Leave.** An employee may take leave to care for his or her son or daughter, spouse or parent with a serious health condition.

**Medical Leave.** An employee may take leave in connection with his or her own serious health condition which renders the employee unable to perform his or her job duties.

**Military Qualifying Exigency Leave.** An employee with a spouse, son, daughter, or parent on "covered active duty" may use their 12-week leave entitlement to address certain qualifying exigencies.

**Military Caregiver Leave.** An employee is also entitled to take up to 26 weeks of leave during a single 12-month period (less any FMLA leave taken during the period for other purposes under this Policy) to care for a "covered service member" with a serious injury or illness, if the employee is the spouse, son, daughter, parent, or next of kin of the covered service member. This leave is applied on a per-covered-service member, per-injury basis, provided that no more than 26 workweeks of leave may be taken during a single 12-month period.

### Definitions

As used in this Policy and under the federal FMLA regulations, the following terms are defined as follows:

#### "CHILD OR SON OR DAUGHTER"

Child, son or daughter means a biological, adopted, or foster child, a stepchild, a legal ward or a child of a person standing in loco parentis, who is either under age 18, or age 18 or older and "incapable of self-care because of a mental or physical disability."

#### "Contingency Operation"

A military operation that is designated by the Secretary of Defense or otherwise created by operation of law as an operation in which members of the Armed Forces are or may become involved in military actions, operations or hostilities against an enemy or opposing forces of the U.S.

#### “Continuing Treatment”

A serious health condition involving continuing treatment by a health care provider includes any one or more of the following: (i) A period of incapacity (i.e., inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery there from) of more than three consecutive full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that involves an in-person visit to a health care provider with the first in-person treatment visit coming within seven (7) days of the first day of incapacity, that also involves: (a) Treatment two or more times, within 30 days of the first day of incapacity, unless extenuating circumstances exist, by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or (b) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider; (ii) Any period of incapacity due to pregnancy, or for prenatal care; (iii) Any period of incapacity or treatment for such incapacity due to chronic serious health conditions (requires at least two visits to a health care provider per year; continues for an extended period of time; and may cause episodic rather than continuing periods of incapacity); (iv) A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continued supervision of a health care provider (e.g. Alzheimer’s, severe stroke, etc.); (v) Any period of absence to receive multiple treatments (or to recover from same) conducted or ordered by a health care provider for a condition which, if untreated, would result in a serious health condition.

#### “Covered Active Duty”

Your spouse, son, daughter, or parent, who is either: a) in the case of a member of a regular component of the Armed Forces, duty during the deployment of the member of the Armed Forces to a foreign country; or b) in the case of a member of a reserve component of the Armed Forces, duty during deployment of the member with the Armed Forces to a foreign country under a call or order to active duty under a contingency operation, as defined in 10 U.S.C. § 101(a)(13)(B).

#### 5. “Covered Service Member” or “Covered Military Member”

Either: a) a member of the Armed Forces, including a member of the 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; or b) a veteran who is undergoing medical treatment recuperation, or therapy, for a serious injury or illness and who was discharged or released under conditions other than dishonorable as a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

#### 6. “Equivalent Position”

An equivalent position must have the same pay, benefits, and working conditions, including privileges, perquisites, and status. It must involve the same or substantially similar duties and responsibilities, which must entail substantially equivalent skill, effort, responsibility, and authority.

#### 7. “Health Care Provider”

A health care provider is: (i) a doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the State in which the doctor practices; or (ii) any other person determined by the Secretary of Labor to be capable of providing health care services. These include podiatrists,

dentists, clinical psychologists, clinical social workers, optometrists, chiropractors, nurse practitioners and nurse-midwives who are authorized to practice by the State. Christian Science practitioners listed with the First Church of Christ Scientists in Boston; Massachusetts are also included.

8. "Key Employee"

A key employee is a salaried employee who is among the highest paid 10 percent of all the employees employed by Pittsburg County within 75 miles of the employee's worksite.

9. "Next of Kin"

The nearest blood relative of a covered service member, other than the covered service member's spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the covered service member by court decree or statute, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered service member has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of Military Caregiver Leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered service member, all such family members shall be considered the covered service member's next of kin and may take FMLA leave to provide care to the covered service member consecutively or simultaneously.

10. "Qualifying Exigency"

Qualifying exigencies include the following:

a. *Short-Notice Deployment:*

An allotment of up to 7 days of leave to address any issue that arises from the fact that the employee's spouse, son, daughter, or parent, who is on covered active duty has been notified of an impending call or order to active duty in support of a contingency operation seven or less calendar days prior to the date of deployment.

b. *Military Events and Related Activities:*

Leave to attend an official ceremony, program, or event sponsored by the military that is related to the active duty or call to active duty status of an employee's spouse, son, daughter, or parent, who is on covered active duty or to attend family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that are related to the active duty or call to active duty status of an employee's spouse, son, daughter, or parent, who is on covered active duty.

c. *Childcare and School Activities:*

Leave to arrange for or provide for childcare or school-related activities when the active duty or call to active-duty status of an employee's spouse, son, daughter, or parent, who is on covered active duty, necessitates a change in the existing childcare arrangement for a child, as defined in number one (1) of these definitions above.

d. *Financial and Legal Arrangements:*

Leave to make or update various financial and legal arrangements to address an employee's spouse, son, daughter, or parent, who is on covered active duty's absence while on active duty or call to active-duty status.

e. *Counseling:*

Leave to attend counseling provided by someone other than a health care provider for oneself, for an employee's spouse, son, daughter, or parent, who is on covered active duty, or for the child of an employee's spouse, son, daughter, or parent, who is on covered active duty, provided that the need for counseling arises from the active duty or call to active-duty status of an employee's spouse, son, daughter, or parent, who is on covered active duty.

*f. Rest and Recuperation:*

An allotment of up to fifteen (15) days for each instance of rest and recuperation leave to spend time with an employee's spouse, son, daughter, or parent, who is on covered active duty who is on short-term, temporary, rest and recuperation leave during the period of deployment.

*g. Post-Deployment Activities:*

Leave to attend arrival ceremonies, reintegration briefings and events, and any other official ceremony or program sponsored by the military for a period of 90 days following termination of an employee's spouse, son, daughter, or parent, who is on covered active duty's active-duty status and to address issues that arise from the death of an employee's spouse, son, daughter, or parent, who is on covered active duty.

*h. Leave to Care for Military Member's Parent:*

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. Such are may including arranging for alternative care, providing care on an immediate need basis, admitting or transferring the parent to a care facility, or attending meetings with staff at a care facility.

*Additional Activities:*

Leave to attend other activities arising out of an employee's spouse, son, daughter, or parent, who is on covered active duty's active-duty status' active duty or call to active-duty status provided at the employer and employee both mutually agree: a) that such leave should qualify as an exigency; and b) to the timing and duration of the leave.

11. "Parent"

Parent means a biological parent or an individual who stands or stood in loco parentis to an employee when the employee was a child. The term does not include parents "in-law."

12. "Serious Health Condition"

A serious health condition is an illness, injury, impairment or physical or mental condition that involves: (1) inpatient care (an overnight stay in a hospital, hospice, or residential medical care facility) and any corresponding period of incapacity or subsequent treatment in connection with the inpatient care, or (2) "continuing treatment," as defined above, by a health care provider. "Incapacity" means the inability to work, attend school, or perform other regular daily activities due to a serious health condition, treatment therefore or recovery therefrom. "Treatment" includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical, eye, or dental examinations. Ordinarily, unless complications arise, the common cold, the flu, ear aches, upset stomach, minor ulcers, headaches or other migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that do *not* meet the definition of a serious health condition and do not qualify for FMLA leave.



### 13. "Serious Injury or Illness"

A serious injury or illness is either: a) in the case of a current member of the Armed Forces (including a member of the National Guard or Reserves), means an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; or b) in the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period 5 years preceding the date on which the veteran undergoes medical treatment, recuperation, or therapy, means a qualifying injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that manifested itself before or after the member became a veteran.

### 14. "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:

- (1) A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the service member unable to perform the duties of the service member's office, grade, rank, or rating; OR
- (2) A physical or mental condition for which the covered veteran has received a VA Service-Related Disability Rating (VASRD) of 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
- (3) 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
- (4) 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.

### 15. "Spouse"

Spouse means a husband or wife as defined or recognized under state law for purposes of marriage, including common law marriage in states where it is recognized.

#### **Employee Notice or Pittsburgh County Election of FMLA Leave**

When it is foreseeable for the birth or placement of a child or for planned medical treatment, an employee who wishes to take leave under this Policy must give reasonable, advance notice and must submit a written leave of absence request for approval prior to the commencement of the leave. In most circumstances, a "reasonable, advance notice" means 30 days. When planning medical treatment, the employee must consult with the Human Resources Department and make a reasonable effort to schedule the treatment so as not to unduly disrupt Pittsburgh County's operations, subject to the approval of the health care provider. Advance notice of the need to take Military Caregiver Leave is also required when such leave is foreseeable. The employee has a responsibility to provide notice sufficient to make Pittsburgh County aware that the employee needs FMLA qualifying leave, and the anticipated timing and duration of the leave. Failure to provide notice sufficient to make Pittsburgh County aware that the employee needs FMLA qualifying leave could result in a denial of the employee's leave application.

When it is not possible to give advance notice—for example, in connection with an unforeseeable medical emergency or for Military Qualifying Exigency Leave—the employee must notify the Human Resources Department as soon as practicable, ordinarily within one (1) or two (2) business days of when the employee learns of the need for leave. Employees must follow Pittsburg County's customary call-in procedures, unless unusual circumstances require a deviation from them.

When an employee requests FMLA leave, the Human Resources Department will notify the employee of the employee's eligibility for and obligations and expectations of taking FMLA leave within five (5) business days, absent extenuating circumstances. After the Human Resources Department has enough information to determine whether the leave is being taken for an FMLA-qualifying reason, the Human Resources Department will notify the employee of whether the leave will be designated and will be counted as FMLA leave within five (5) business days, absent extenuating circumstances. Pittsburg County also has the right to designate an absence as Family and Medical Leave on its own volition, consistent with applicable laws and regulations, even if the employee does not request it.

If an employee has credited vacation and/or sick leave, he or she must take advantage of those paid leaves in connection with any leave under this Policy. That means that the employee's paid leave will run concurrently with their FMLA leave. Accordingly, the period of unpaid leave is shortened by the period of paid leave so that the maximum leave taken is no more than 12 weeks.

If such paid leaves do not apply or have been exhausted, leaves under this Policy will be without pay. Employees who are absent and receiving benefits under worker's compensation insurance are not required to substitute credited vacation or sick leave. Nonetheless worker's compensation or other disability absences qualifying as serious health conditions will be designated by Pittsburg County as Family and Medical Leave and the leave would be counted as running concurrently for purposes of both worker's comp/long-term disability and FMLA.

#### Certification of FMLA Leave

Pittsburg County will require a health care provider's complete and sufficient certification of either the employee's or the family member's serious health condition, whichever is applicable, to be completed within 15 calendar days of the leave request. For Military Qualifying Exigency Leave, Pittsburg County will require complete and sufficient certification for the first instance of a request for leave in accordance with 825.309 of the FMLA, to be completed within 15 calendar days of the leave request. For Military Caregiver Leave, Pittsburg County will require confirmation of a covered family relationship to the covered service member pursuant to 825.122(j) of the FMLA. Also, for Military Caregiver Leave, the employee must provide complete and sufficient certification to Pittsburg County in accordance with 825.310 of the FMLA, to be completed within 15 calendar days of the leave request. Pittsburg County will notify the employee of the requirement to provide certification and the penalties for failing to do so upon the employee's notice of a request for FMLA leave; within five (5) business days thereafter; or within five (5) business days of the leave commencing in cases of unforeseen leave. Where the employee's need for leave due to the employee's own serious health condition, or the serious health condition of the employee's covered family member, lasts beyond a single year, Pittsburg County will require the employee to provide a new medical certification in each subsequent leave year.

If the certification the employee provides is incomplete (blank entries) or insufficient (vague or non-responsive answers), the Human Resources Department will advise the employee of the deficiencies in writing and the employee will be allotted seven (7) additional calendar days (unless not practicable under the particular circumstances despite the employee's diligent good faith

efforts) to cure the certification. Failure to provide complete and sufficient certification could result in a denial of the employee's FMLA leave request.

Furthermore, upon the employee's authorization pursuant to HIPAA, the Human Resources Department may contact the health care provider for purposes of clarification and authentication of any medical certification. Pittsburg County will, under no circumstances, utilize the employee's direct supervisor when making such contact. Despite Pittsburg County's ability to make such contact, it remains the employee's sole responsibility to provide the employer with a complete and sufficient certification, and a failure to do so could result in a denial of the employee's FMLA leave request.

Pittsburg County may request recertification for leave taken because of the employee's own serious health condition or the serious health condition of a family member every thirty (30) days if the employee continues to be absent. If the medical certification indicates that the minimum duration of the condition is more than thirty (30) days, Pittsburg County will wait until the minimum duration expires before requesting a recertification. In all cases Pittsburg County can request recertification of a medical condition every six (6) months in connection with an absence of the employee. In all cases Pittsburg County may request recertification in less than thirty (30) days if: (a) the employee requests an extension of leave; (b) circumstances described by the previous certification have changed significantly; (c) Pittsburg County receives information that casts doubt upon the employee's stated reason for the absence or the continuing validity of the certification. All recertification requested shall be at the employee's expense.

As a condition for restoring an employee whose FMLA leave was occasioned by the employee's own serious health condition that made the employee unable to perform the employee's job, Pittsburg County will require the employee to obtain and present certification from the employee's health care provider that the employee is able to resume work. The employee has the same obligations to participate and cooperate in the fitness-for-duty certification process as in the initial certification process. The certification from the employee's health care provider must certify that the employee is able to resume work. Additionally, the certification must specifically address whether the employee is able to perform the essential functions of the employee's job. Pittsburg County will supply the employee with a list of essential job functions with its designation notice described above. The cost of certification will be borne by the employee.

#### Husband and Wife Leave under the FMLA

When a husband and wife are both employed by Pittsburg County, they are limited to a combined total of 12 workweeks during any rolling 12-month period if leave is taken for birth of a child, care for the child after the birth, placement of a child with the employee for adoption or foster care, or to care for the employee's parent with a serious health condition. The limitation does not apply, however, to leave taken by either spouse to care for the other who is seriously ill and unable to work, to care for a child with a serious health condition, or for his or her own serious illness.

Also, an aggregate of 26 workweeks during any single 12-month period may be taken by a husband and wife who are both employed by Pittsburg County for Military Caregiver Leave. The number of workweeks of leave available to each will be reduced by the number of workweeks taken by that individual (but not his or her spouse) during the 12-month period for other purposes under this Policy.

#### Intermittent or Reduced Leave Schedule under the FMLA

An employee taking leave after the birth or because of placement for adoption or foster care of a healthy child is permitted to take leave intermittently or by working a reduced workweek only with the approval of an officer of Pittsburg County. However, intermittent or reduced work leave to care for a seriously ill family member, because of the employee's own serious health condition, or for Military Caregiver Leave, may be taken whenever medically necessary. Military Qualifying Exigency Leave may also be taken on an intermittent or reduced leave basis. Pittsburg County may require a medical certification of the need for intermittent or reduced schedule leave and periodic recertification of the continued need for the leave consistent with the regulations issued by the Department of Labor. In some instances, Pittsburg County may transfer an employee temporarily to an available alternative position with equivalent pay and benefits when this would better accommodate recurring periods of intermittent or reduced schedule leave based on planned medical treatment. Actual time taken should be reported as Family and Medical Leave on the employee's time sheet. Employees on intermittent leave should contact their Human Resources representative with any questions concerning actual hours worked and overtime compensation. When an employee takes FMLA leave on an intermittent or reduced leave schedule basis, Pittsburg County will account for the leave using an increment no greater than the shortest period of time that Pittsburg County uses to account for use of other forms of leave provided it is not greater than one hour and provided that the employee's FMLA leave entitlement will not be reduced by more than the amount of leave actually taken.

Pittsburg County will require a certification of fitness to return to duty from intermittent or reduced leave schedule for each absence up to once every thirty (30) days if reasonable safety concerns exist regarding the employee's ability to perform his or her duties, based upon the serious health condition for which the employee took such leave.

#### Benefits During FMLA Leave

Employees on Family or Medical Leave will continue to be covered under Pittsburg County's benefits program. If the employee has coverage through Pittsburg County's health plan, the employee must continue to pay the employee's share of the premiums to keep this coverage in effect, just as if he or she was working. If the employee does not return to work at the end of the leave, Pittsburg County may charge the employee for the full premium cost of the health coverage during the leave. However, the employee will not be charged if he or she does not return due to:

The continuation, recurrence or onset of a serious health condition which would entitle the employee to Family and Medical Leave; or  
Other circumstances beyond the employee's control.

#### Holidays While on FMLA Leave

The fact that a holiday may occur within the week that an employee has taken as FMLA leave has no effect; the week *is* counted as a week of FMLA leave. However, if the employee is using FMLA leave in increments of less than one week, the holiday *will not* count against the employee's FMLA entitlement unless the employee was otherwise scheduled and expected to work during the holiday. Furthermore, if for some reason Pittsburg County's business activity has temporarily ceased and employees are generally not expected to report for work one or more weeks, the days the employer's activities have ceased *do not* count against the employee's FMLA leave entitlement.

#### Return to Work Following FMLA Leave

On return to work from Family and Medical Leave, an employee is entitled to be returned to the same position the employee held when leave commenced, or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment. Ordinarily an employee will be restored to the same position the employee held prior to the leave, with the same pay and benefits, if the position remains available. However, an employee has no right to return to the same position. If an employee is certified as able to return to work in a light duty job, the employee has the option of declining to return and remaining on Family and Medical Leave until fully released or the 12-week entitlement period is exhausted, whichever occurs earlier. The decision not to accept light duty, however, may result in the loss of worker's compensation benefits, at which point the provision for substitution of paid leave (vacation and sick leave) would apply. Voluntary acceptance of light duty does not waive an employee's right to restoration to the same or an equivalent position. Although time spent on light duty does not count against the annual 12-week FMLA allotment, an employee's right to restoration will expire at the end of the 12-month FMLA leave period.

#### Key Employees under FMLA

Pittsburg County retains the right to deny reinstatement to "Key Employees" upon its determination that substantial and grievous economic injury will result. The employee will be given notice that he or she is considered a "Key Employee" as soon as practicable after receipt of a request or designation by Pittsburg County of an absence as Family and Medical Leave. If a determination is made of substantial and grievous economic injury, the employee will be notified in writing, with such notice being served in person or by certified mail. Leave cannot be denied, but reinstatement can.

#### Other Work Prohibited During FMLA Leave

Employees may not engage in work for another employer during employee's normal business hours, whether full or part-time, while on Family and Medical Leave from Pittsburg County. Any violation of this provision may jeopardize the employee's right to return to work. Pittsburg County will also require both periodic reports during the course of the leave of an employee's status and his or her projected date of return to work and a written release from his or her physician to return to work.

#### Unlawful Acts under FMLA

It is unlawful for Pittsburg County to: a) interfere with, restrain, or deny the exercise of any right provided for under FMLA; or b) 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.

#### Enforcement of FMLA

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against Pittsburg County for any violation of FMLA.

### LEAVE SHARING POLICY

Pittsburg County has adopted a Leave Sharing Policy which is similar to, but is not totally consistent with, the Leave Sharing Program for State employees. A county employee may donate annual or sick leave or compensatory time to another county employee only pursuant to the following conditions:

- The receiving employee has exhausted, or will exhaust, all annual leave, sick leave and compensatory time (if applicable) due to illness, injury, impairment, or physical or mental condition, which is of an extraordinary or severe nature;
- The condition has caused, or is likely to cause, the employee to go on leave without pay or terminate employment; and
- The supervising officials of both the Recipient Employee and the Donor Employee approve the leave sharing arrangement.

The maximum amount of shared leave an employee may receive during their employment with the county is two hundred sixty-one (261) days of shared leave.

All donated leave shall be converted to sick leave at time of donation. NO EXCEPTIONS.

## FRINGE BENEFITS

The County pays for unemployment insurance, social security (with the employee paying an equal percentage), and worker's compensation insurance. The County also pays the premium for health care insurance, including medical, RX, dental, vision, life (up to \$50,000 per employee).

Air Ambulance Insurance will be provided to all permanent full-time employees.

The County will not pay an employee the difference if he/she chooses to opt out of the County paid fringe benefits. I.E. uniforms, health insurance.

*Please obtain a description of current health care insurance provided by the County from Cindy Young, 1st Deputy, County Clerk's Office*

## County's Payment of Employer Share of Health Insurance Premiums during Leave of Absence

If an employee is on medical leave, including workers' compensation leave, the County will continue to pay the County's portion of health insurance premiums for the first 12 weeks of the absence (if the absence qualifies under the County's FMLA policy). For employees on workers' compensation leave exceeding 12 weeks, the County *may* elect to voluntarily continue paying the County's portion of health insurance premiums for up to a total of one year of the leave - which is the limit of such benefit afforded to State employees under the Oklahoma Personnel Act.

## RETIREMENT

Pittsburg County is a member of the Oklahoma Public Employees Retirement System. Please refer to your OPERS Handbook for details.

## HOLIDAYS

The Pittsburg County Commissioners and members of the Pittsburg County Excise Board shall designate and publish between the 1st and 20th of January each year which holidays the County Offices will be closed.

When a holiday falls on a Saturday, it shall be observed on the preceding Friday. When a holiday falls on a Sunday, it shall be observed on the following Monday. Any County employee, who is on leave without pay status, and who does not work the working day immediately preceding and the working day immediately following a holiday, shall not be paid for that holiday.

**Okla. Stat. Ann. tit. 19, § 350; Okla. Stat. Ann. tit. 25, § 82.1**

#### ANNUAL LEAVE

All full-time Pittsburg County employees shall be entitled to annual leave that is accrued on a monthly basis in accordance with the schedule outlined below:

Accrual Rates		
Years of Service	Annual leave	Accumulation Limits
Thru End of Year 2	5.33 hours per month	63.96 hours
Thru End of Year 9	8.67 hours per month	104.04 hours
Thru End of Year 19	12.00 hours per month	144.00 hours
20+ Years	15.33 hours per month	184.00 hours

Annual leave must be earned before it is taken. No vacation will be longer than 10 consecutive working days without permission of the appropriate elected official. Vacation schedules are subject to elected official approval. Annual leave must be taken in increments of full days, unless approved prior to leave by the elected official. Hours over accumulation limit on December 31 of any given year shall be forfeit. Annual leave will be accrued on a monthly basis and pro-rated, as appropriate, for less than full-time service.

Upon separation, an employee will be paid for the balance of accrued annual leave.

**Note: For coordination, see the section on Employment Separation below.**

**Okla. Stat. Ann. tit. 19, § 1301; Okla. Stat. Ann. tit. 74, § 840-2.20**

#### SICK LEAVE

All full-time Pittsburg County employees shall be entitled to sick leave with pay that is accrued on a monthly basis in accordance with the schedule outlined below:

Accrual Rates	
Sick Leave	Accumulation Limits
8.00 hours per month	No limit

An employee may utilize sick leave for the following reasons:

- Personal illness.
- Illness of a spouse, child, parent, or legal dependent.

In the event the leave is due to your own serious health condition, or for the seriously ill condition of a family member, the sick leave will also constitute family/medical leave where appropriate. During an approved FML, Pittsburg County will maintain your health benefits, as if you continue to be actively employed. (See previous section on Family and Medical Leave). If your need for sick leave is foreseeable, you must give Pittsburg County 30 days prior written notice. Where the need for sick leave is not foreseeable, you are expected to notify Pittsburg County within 1 or 2 business days of learning of your need for sick leave, except in extraordinary circumstances. Failure to provide such notice may be grounds for denial of the leave as sick leave.

If you are requesting sick leave, you and the relevant health care provider may be asked to supply appropriate medical certification. Failure to provide requested medical certification in a timely manner may result in disciplinary action up to and including termination and/or denial of leave until is provided. Pittsburg County, at its expense, may require an examination by a second health care provider designated by Pittsburg County, if it reasonably doubts the medical certification, you initially provide. Pittsburg County may require subsequent medical certification on a reasonable basis.

When terminating employment with the County, an employee may not collect pay for accrued sick leave. Abuse of sick leave is grounds for termination.

An employee who will be gone more than five (5) working days for any medical issue shall report their absence as directed in the above paragraphs.

**An employee who calls in sick for three (3) or more working days straight must present a doctor's note upon return to work.**

FML will run concurrent with an employee's leave, be it sick, vacation or comp, during an employee's illness.

***Okla. Stat. Ann. tit. 19, § 1301; Okla. Stat. Ann. tit. 74, § 840-2.20.***

#### UNIFORMS AND SAFETY EQUIPMENT

The Oklahoma State Constitution places significant restrictions on the use of county-provided property. In addition, the federal Internal Revenue Service Code has significant provisions to determine whether the use of county-provided property will be considered as a taxable fringe benefit for individual employees. Therefore, in order to comply with the legal requirements of the Oklahoma Constitution, and in order to not have the use of county-provided uniforms and safety equipment inappropriately viewed as a taxable fringe benefit by the IRS, the following policies and procedures must be closely followed by all employees:

- Uniforms and safety equipment will be provided only to employees in a position where the written, formal job description for that position includes the issuance of county-provided uniforms and/or safety equipment as part of the compensation package. If the issuance of county-provided uniforms and/or safety equipment is not included in the written, formal job description as part of the compensation package, the employee will not be provided with uniforms and (except in emergency situations) will not be provided with safety equipment.
- All clothing and uniforms provided by the county are a taxable fringe benefit except where all of the following conditions are present:
  - a. Clothing or uniforms must be specifically required as a condition of employment; and
  - b. Clothing or uniforms are not adaptable to general use as ordinary clothing; and
  - c. Clothing or uniforms are, in fact, not worn for general use



- All safety equipment provided by the county (except in emergency situation) is a taxable fringe benefit except where the equipment is specifically determined to help an employee perform his/her job in a safer environment.
- Clothing, uniforms and safety equipment provided by the county shall not be worn or used by employees except in the performance of their county duties and in direct travel to and from their place of employment. Further use of clothing, uniforms and safety equipment may constitute a violation of the Oklahoma State Constitution and/or the I.R.S. Code and shall subject an employee to disciplinary action up to and including discharge.
- All uniforms shall be returned no later than the last day of employment with Pittsburg County. Any outstanding uniforms will be withheld from last payroll check. Once all uniforms are returned, payment will be rendered to the employee. If employment separation is without notice, payment will be withheld from annual leave or comp time payments. If employee does not have any annual leave or comp time, an invoice shall be issued and payment shall be made within 30 days of invoice date. If payment is not received within 30 days of invoice date, we will turn over to the District Attorney for prosecution.

#### LIGHT DUTY

Only clerical positions will be considered for light duty following an injury and/or surgery. A checklist of duties will be available to each employee or department. This checklist must be reviewed and signed by the employee's physician before the employee can return to work under light duty. A work release will also need to be signed by the physician once the employee is released from the physician's care.

#### VEHICLE USAGE

The Oklahoma State Constitution places significant restrictions on the use of county-owned vehicles. In addition, the federal Internal Revenue Service Code has significant provisions to determine whether the use of county-owned vehicles (or any other "listed property" under the I.R.S. Code) will be considered as a taxable fringe benefit for individual employees. Pittsburg County also has policies for the purpose of limiting liability of the County. Therefore, in order to comply with the legal requirements of the Oklahoma Constitution, in order not to have the use of county-owned vehicles inappropriately classified as a taxable fringe benefit by the I.R.S., and in order not to expose the County to unwarranted liability, the following policies and procedures must be closely followed by all employees.

- County-owned vehicles may only be used for purposes which are solely for the benefit of the county. Employees who use county-owned vehicles for purposes which are not specifically for the benefit of the county shall be subject to disciplinary action up to and including discharge.
- Only County employees on official County business, and official guests of the County, may operate or be a passenger in County-owned vehicles. County employees shall not allow family members or other non-authorized, non-employees to operate or be a passenger in County-owned vehicles.
- Under certain circumstances, employees may be ~~instructed~~ by the appropriate elected official to drive a county-owned vehicle to and from the employee's home to the

employee's regular place of work. Although, such use may be proper under the Oklahoma State Constitution (under appropriate circumstances), such use may still be considered as a taxable fringe benefit by the I.R.S. Code.

- Except for "Qualified Non-Personal Use Vehicles", all personal use of county-owned vehicles is considered as a taxable fringe benefit by the I.R.S. Code. This includes normal commuting to and from the employee's regular place of work, even where at the direction of the appropriate elected official. Under the I.R.S. Code, commuting is personal use even if the county requires the employee to take the vehicle home for a bona fide business reason such as being "on call."
- "Qualified Non-Personal Use Vehicles" include the following (see U.S. Treasury Regulation 1.274-5T):
  - Clearly marked police and fire trucks driven by police and fire officers;
  - Unmarked vehicles used by law enforcement officers, if the use is officially recognized;
  - Ambulances or hearses;
  - Vehicles designed to carry cargo with a loaded gross weight over 14,000 pounds;
  - Delivery trucks with seating for the driver only;
  - School buses;
  - Tractors and other special purpose farm vehicles;
  - A pick-up truck with a loaded gross vehicles weight of less than 14,000 pounds if it has been specially modified so that it is not likely to be used more than minimally for personal reasons. Modifications must include being marked with permanently affixed decals, painting or other indications of county ownership and either (see IRS Revenue Ruling 86-97):

It is equipped with at least one of the following items:

1. A hydraulic lift gate;
2. Permanent tank or drums (filling up the bed size);
3. Permanent side boards or panels that materially raise the level of the sides of the truck bed;
4. Other heavy equipment (such as electric generator, welder, boom, or crane used to tow automobiles and other vehicles);

OR

It is used primarily to transport a particular type of load (other than over the public highways) in a construction, manufacturing, processing, farming, mining, drilling, timbering, or other similar operation for which it was specifically designed or significantly modified.

- County-owned vehicles (other than Qualified Non-Personal Use Vehicles) will be utilized for personal use (such as commuting to and from work) only in situations where the use is considered by the elected official to be solely for the benefit of the county. If the personal use of a county-owned vehicle has not specifically been determined by the elected official as solely for the benefit of the county, the employee will not utilize a county-owned vehicle for personal use.

- For those employees in positions where the elected official has determined that the personal use of a county-owned vehicle is solely for the benefit of the county, (such as to commute to and from work), each employee will be required to complete a Personal Use of County-Owned Vehicle Agreement. In this Agreement, each employee will select, from among the valuation methods for which they qualify, the valuation method to be used in determining the amount of the taxable fringe benefit (All employees will not qualify for all three of these valuation methods – see IRS Publication 15B):
  - The Cents Per Mile Rule;
  - The Commuting Rule; or
  - The Annual Lease Value Rule

**Note: Some employees may not qualify for all three of these valuation methods – see IRS Publication 15B).**

The County will periodically audit the usage of county-owned vehicles to ensure that the valuation of the amount of the taxable fringe benefit is appropriate. Adjustments to the amount included on the employee's wages as a taxable fringe benefit will be made at least annually and on the Form W-2 at the end of the year.

Employees who repeatedly under-report the personal usage of a county-owned vehicle, or who knowingly use a county-owned vehicle in excess of the reported usage, may be committing a violation of the Oklahoma State Constitution and/or the I.R.S. Code and shall be subject to disciplinary action up to and including discharge.

## GUIDELINES FOR APPROPRIATE CONDUCT

As an integral member of the Pittsburg County team, you are expected to accept certain responsibilities, adhere to acceptable business principles in matters of personal conduct, and exhibit a high degree of personal integrity at all times. This not only involves sincere respect for the rights and feelings of others, but also demands that both in your business and personal life you refrain from any behavior that might be harmful to you, your co-workers, and/or Pittsburg County, or that might be viewed unfavorably by the public at large.

Whether you are on duty or off, your conduct reflects on Pittsburg County. You are, consequently, encouraged to observe the highest standards of professionalism at all times.

Types of behavior and conduct that Pittsburg County considers inappropriate include, **but are not limited to** the following. This is **NOT** a complete list and the County reserves the right to investigate, make judgments and take appropriate disciplinary action in each individual incident. The level of severity of any infraction is solely at the discretion of the Elected Official.

- Falsifying employment or other County records.
- Violating the County's non-discrimination and/or sexual harassment policy.
- Soliciting or accepting gratuities.
- Excessive absenteeism or tardiness.
- Excessive, unnecessary, or unauthorized use of County supplies, particularly for personal purposes.
- Reporting to work intoxicated or under the influence of non-prescribed drugs, and illegal manufacture, possession, use, sale, distribution or transportation of drugs.
- Bringing or using alcoholic beverages on County property or using alcoholic beverages while engaged in County business off County premises, except where authorized.

- Fighting or using obscene, abusive, or threatening language or gestures.
- Theft of property from co-workers or the County.
- Disregarding safety or security regulations.
- Insubordination or willful refusal to follow an order.
- Failing to maintain the confidentiality of protected County information.
- Conviction of a crime.
- Falsifying time keeping records with intent to defraud.
- Deliberate or willful misrepresentation of County policy.
- Willful damage or destruction of County property.
- Loafing, loitering or sleeping during work time.
- Neglect of duty or incompetence.
- Unsatisfactory job performance.
- Violation of County policy or a provision of this Handbook.
- Failure to follow supervisory instructions or directions.
- Improper recording of time worked.
- Work performance which is below the standards of performance required by the department.
- Distribution or posting of written or printed matter that is not authorized by the Elected

Officer.

- Inefficiency or lack of effort in the performance of duties.
- Careless, negligent or improper use of County property or equipment.
- Thoughtless conduct which results in injury to others or in more than minor property damage.
- Willfully causing damage or destruction of equipment or property belonging to the County or to fellow employees.
- Falsification of records or misrepresentation of material information.
- Thievery.
- Failure to maintain satisfactory and/or harmonious relationships with the public or with fellow employees.
- Refusing to sign a consent form permitting the County to inspect and/or search an employee's personal property on County premises for intoxicants, controlled or illegal substances or any other substance which impairs job performance.
- Abusing the sick leave policy.

Should your performance, work habits, overall attitude, conduct or demeanor become unsatisfactory in the judgment of Pittsburg County, based on violations either of the above or of other County policies, rules, or regulations, you will be subject to disciplinary action, up to and including dismissal.

#### ABSENTEEISM/TARDINESS

Every employee is expected to attend work regularly. Attendance on a regular basis is an absolute essential part of every position at Pittsburg County. Excessive absenteeism or tardiness shall subject the employee to discipline, up to and including discharge.

One absence or one tardiness occurrence will be recorded for each day absent or tardy for any reason which is not for an acceptable excuse in the judgment of Pittsburg County or otherwise excusable by law. Occurrences of absences and tardiness will be documented and considered as grounds for discipline.

Punctuality is essential to the proper functioning of this organization. "Tardy" is defined as not being in the department at the scheduled time ready to begin work or leaving work before the scheduled ending time for any reason which is not an acceptable excuse in the judgment of Pittsburg County or otherwise excusable by law. Failure to clock in or to clock out will be considered a tardy. Occurrence of tardiness will be documented and considered as grounds for discipline.

Continued, unexplained absenteeism for a period of two working days will be considered voluntary termination and the vacant position will be filled.

## EMPLOYEE CONDUCT

### PERSONAL APPEARANCE AND Demeanor

Employees are expected, at all times, to present a professional and business-like image for Pittsburg County. Dress, grooming and personal cleanliness standards contribute to the morale of all employees. All dress should be in good taste and appropriate for your work activity environment. **Each office/department's dress code will be established by its elected official/department head**

Any employee violating the standards of this policy may be sent home and directed to return in appropriate attire. Non-exempt employees will not be compensated for time away from work.

### POLITICAL ACTIVITY

No regular county employee (not including elected officers) shall participate in partisan politics during normal county working hours. This means the devoting of time or labor during usual office hours toward the campaign of any candidate for office or for the nomination to any office. Use of County property, funds or facilities for campaigning is prohibited.

### USE OF COUNTY PROPERTY

No County official or employee may use County property for his or her own personal use or for any other use not required by their duties with Pittsburg County.

### CELL PHONE POLICY

The Oklahoma State Constitution places significant restrictions on the use of county-paid cell phones. In addition, the federal Internal Revenue Service Code has significant provisions to determine whether the use of county-paid cell phones (or any other "listed property" under the I.R.S. Code) will be considered as a taxable fringe benefit for individual employees. Therefore, in order to comply with the legal requirements of the Oklahoma Constitution, and in order not to have all cell phones inappropriately viewed as a taxable fringe benefit by the I.R.S., the following policies and procedures must be closely followed by all employees:

- County-paid cell phones will be utilized only for county business. County-paid cell phones will not be used for **any** personal calls (either incoming or outgoing).
- The County will periodically audit the usage of county-paid cell phones to ensure that these phones are not being used for personal calls.

- Employees who use a county-paid cell phone for personal calls (either incoming or outgoing) may be committing a violation of the Oklahoma State Constitution and/or the I.R.S. Code and shall be subject to disciplinary action up to and including discharge.
- If an employee wishes to use a cell phone for personal calls, there are two acceptable options available:
  1. The employee may carry two cell phones; a county-paid cell phone exclusively for county business; and an employee-paid cell phone for personal calls; or
  2. The employee may obtain and pay for a personal cell phone which is used for both county business and personal calls.

## ELECTRONIC COMMUNICATIONS

The purpose of this policy is to set forth Pittsburg County's policy regarding access to, use of and disclosure and retrieval of messages sent and/or received by employees who have access to the County's communications systems.

### DEFINITIONS

"Communications Systems" refers to systems owned and/or used by the county to send and receive messages, images, data or content, which include but may not be limited to facsimile systems, telephone systems, computer systems, internet systems, websites, electronic mail, voice mail and pagers.

"Messages" refers to information sent and/or received via Communications Systems including but not limited to electronic messages, text messages, voice messages, written messages, typed messages, documents, drawings, images, photographs, charts, graphs and numbers.

### USE OF COMMUNICATIONS SYSTEMS.

Pittsburg County's Communications Systems should be used for County business purposes only. The Communications Systems shall not be used for personal messages, solicitation or distribution of material that does not further County business purposes. Use of the system to make solicitations other than for County approved purposes, to communicate confidential or privileged information to unauthorized recipients, or for communications of a personal, political, or religious nature is prohibited.

Employees are strictly prohibited from sending, or knowingly receiving, electronic communications of a harassing, intimidating, offensive or discriminatory nature. The guidelines set forth in the Policy Against Harassment are fully applicable to electronic communications. Such conduct, or any other conduct in violation of this policy, may result in immediate dismissal or other disciplinary measures. Messages received through the Communications Systems should not be disclosed except to authorized persons. Except as set forth below, employees are prohibited from accessing each other's E-mail without the express consent of the employee. Each employee has a password which allows access to the E-mail system. Your password is personal and should not be shared with other persons.

Pittsburg County reserves the right in its discretion to monitor the Communications Systems and access electronic communications, at any time and for any reason without notice to the employees, to assure its property is being used for business or training purposes only and to prevent or detect

harassment or other improper use. Pittsburg County further reserves the right to disclose the County employee's electronic communications to others, if the County in its sole discretion determines that such action is warranted.

Employees do not have a personal privacy right in any message created, received, stored in or sent via the County's Communications Systems, and employees should not expect that the Communications Systems and the electronic communications thereon, are confidential or private. Employees are not permitted to maintain personal information on any of the County's Communications Systems.

Deleting an E-mail message does not guarantee that it has been erased from the system. Pittsburg County retains backup copies of certain media, including E-mail correspondence, in the normal course of management of the Communications Systems.

Employees should be aware that Messages received by outside callers or senders are subject to monitoring.

You should consider E-mail as any other written means of communication. Please do not transmit anything in an E-mail message that you would not be comfortable writing in a letter or memorandum. Remember to exercise good judgment and common sense when creating and distributing messages. Employees found violating this policy will be subject to the disciplinary process of the company which may include verbal or written warning, probation, suspension or termination.

Employees will be required to sign an acknowledgment and authorization confirming familiarity with this policy permitting the County to monitor all electronic communications.

*NOTE: All county employees must sign a telephone, e-mail, internet and voice mail employee acknowledgment form. This is a separate employee acknowledgment form that should be endorsed by all county employees apart and separate from the general employee acknowledgement form.*

## COMPLAINT RESOLUTION PROCEDURE (OPEN DOOR POLICY)

Pittsburg County believes it is in the best interest of both the County and its employees to promote free and open communication between employees and all levels of management. Pittsburg County encourages employees to discuss work-related concerns with their supervisor, other management personnel, and elected officials. However, even in such discussions, misunderstandings occur. In order to resolve such instances as quickly and easily as possible, we suggest the following to ensure a policy of free and open communication:

**Step 1:** Should you have a concern, bring it to your supervisor's attention (if appropriate) verbally or in writing. After reviewing the facts, your supervisor will meet with you to discuss your concerns and to respond.

**Step 2:** If you are not satisfied with your supervisor's response (or if meeting with him or her is not appropriate) then you may present your concern to the next immediate supervisor or to the appropriate elected official who will follow the same evaluation process.

**Step 3:** If you wish to pursue this matter further, then you may present your concern to the Chairman of the Board of County Commissioners, who will investigate the matter.

After considering your position and the available facts, the Chairman of the Board of County Commissioners will make a final determination on how Pittsburg County will respond to your concern.

## STATEMENT OF POLICY REGARDING DRUG AND/OR ALCOHOL USE BY EMPLOYEES

The County is committed to providing its employees with a safe workplace and an atmosphere which allows them to protect property and other assets placed in their care. Employees are expected to be in a suitable mental and physical condition while at work, allowing them to perform their jobs effectively and safely.

Whenever use or abuse of any mood-altering substance (such as alcohol or other drugs) interferes with a safe workplace, appropriate action must be taken. The County has no desire to intrude into its employees' personal lives. However, both on-the-job and off-the-job involvement with any mood-altering substances can have an impact on our workplace, the County's interests and reputation, and on the County's ability to achieve its objectives of safety and security. Employees are expected to report to the County's premises, work sites, vehicles, client locations or customer work sites with no mood-altering substances in their body. Further, the possession, sale or use of mood-altering substances at work, or coming to work under the influence of such substances will be a violation of safe work practices and may result in disciplinary action, including possible dismissal.

All employees are prohibited from the unlawful use, sale, dispensing, distribution, possession, or manufacture of illegal drugs or alcoholic beverages on the County's premises, work sites, vehicles, client locations or customer work sites. In addition, employees are prohibited from the off-premises use of alcohol and possession, use, or sale of illegal drugs when such activities adversely affect job performance, job safety, or the County's reputation. All employees will be subject to disciplinary action, up to and including dismissal, for violations of this Policy.

Any employee who is charged and/or convicted under any federal or state criminal drug and/or alcohol statute must notify their elected official or department head within five (5) days of the charge and/or conviction and may receive some form of disciplinary action, including dismissal.

The proper use of controlled medications or over-the-counter drugs as part of a prescribed medical treatment program of the individual does not constitute, by that fact alone, a violation of this Policy, but it may be important for an employee's supervisor to be aware such use is occurring in order to determine job assignments. Such use may provide a basis for reassignment, a leave of absence or dismissal because of medical reasons. An employee undergoing prescribed medical treatment with a controlled medication that could impair his/her physical, mental or emotional faculties must immediately report this treatment to his/her supervisor. Failure to do so will constitute a violation of this Policy.

The County may also search Employer owned property or premises used by the employees, as well as the personal effects of employees (to include clothing, vehicles, containers, tool boxes, lunch pails, lockers and the like) brought onto the County's property. The County may take into custody any illegal, unauthorized or prohibited items and may turn them over to the proper law enforcement agencies. Refusal to allow a search or interference with a search may result in disciplinary action, including possible dismissal.

## EMPLOYMENT SEPARATION

Pittsburg County offers no employment contracts nor does it guarantee any minimum length of employment. Just as any employee may terminate employment at any time, so may Pittsburg County terminate an employee at any time "at-will," with or without cause, with or without notice. There are several types of separation:



#### RESIGNATION:

Employees who find it necessary to terminate their employment with Pittsburg County are expected to give two weeks' notice to their supervisor.

#### Reduction in Force (Layoff):

An employee may be subject to a non-disciplinary, involuntary termination through layoff in connection with a shortage of funds, abolition of a position, or lack of need for the work performed by an employee or group of employees. The elected official should make every effort to give at least two weeks' notice of the layoff. In such case, the employee is eligible to receive the value of their accrued and unused annual leave.

#### Retirement:

Employees planning to retire are required to give proper two weeks' notice of retirement. In such case, the employee is eligible to receive the value of their accrued and unused annual leave.

#### Discharge:

In order for Pittsburg County to carry out its obligations and priorities in the most efficient manner possible, the County adheres to the principles of at-will employment whereby the County and employees alike can terminate the employment relationship at any time and for any reason or for no reason, not prohibited by Federal, State or Municipal law. If an employee is separated for cause (i.e., for misconduct, or for violations of County policy, or for continued misconduct after repeated warnings), the employee is not eligible to receive the value of their accrued and unused annual leave. Upon separation the employee must report to the Clerk's office for an exit interview and to make arrangements for the final paycheck.

### AUTHORITY TO SEARCH

Desks, lockers, and other storage devices within the workplace may be provided for the convenience of employees, but remain the sole property of the County. Accordingly, they, as well as any containers or articles found within them, can be inspected by any member of management, at any time, with or without prior notice. Containers may include, but are not limited to, any packet, package, purse, briefcase, or lunch container. Containers are subject to search whether or not they are locked. Pittsburg County has the right to search containers whether they are locked by a device provided by the County or by the employee. Additionally, Pittsburg County has the right to search work areas, clothing and vehicles.

Pittsburg County provides a computer network system, including voice-mail, e-mail and Internet access, to employees for business use only. Employees should not expect privacy with respect to any of their activities using County-provided computer equipment, telephone equipment, computer services, or Internet access. Pittsburg County reserves the right to review, duplicate and disclose any files, messages, or communications sent, received, or stored on the County's computer or telephone systems.

### NO SOLICITATION/NO DISTRIBUTION POLICY

Pittsburg County employees are prohibited from engaging in solicitation to other County employees or the public during the work time and in working areas of either the employee doing the solicitation or the employee being solicited. Solicitation includes, but is not limited to, contacting other employees or the public for the purpose of encouraging their participation or support for functions or activities which are not related to the official business of the County. Examples include

encouraging participation in or support for political campaigns, fundraisers, raffles, organization membership drives, sales of any product, etc. Solicitation is restricted to non-working hours such as lunch breaks, before work, and after work. Pittsburg County employees are prohibited from distributing materials that are not work related in working areas during working time. Material of this nature may only be distributed in non-working areas such as lunch rooms or break rooms during non-working times.

*NOTE: There are a number of other areas where your individual County may want to consider adding policies on subjects that are not currently covered. The following policies are suggestions only and can be added if your County feels they are necessary.*

## SMOKE FREE POLICY

All buildings owned or operated by the Pittsburg County are designated as nonsmoking, this includes any tobacco products that expels smoke or vapor. In addition, smoking/vaping will not be allowed within twenty-five (25) feet of any entrance or exit of any building owned or operated by Pittsburg County.

**Okla. Stat. Ann. Tit, 21 § 1247**

## TELEPHONE USE

Employees may use County telephones to make or receive personal telephone calls during a scheduled break or lunch hour as long as such calls and telephone usage do not interfere with County business. In the case of an emergency, employees may make or receive personal telephone calls during regular business hours. Employees are prohibited from making long distance phone calls on County phones for personal or non-business matters. Violation of the policy will be grounds for discipline, up to and including discharge.

## VOTING

If an employee's work day begins three hours or more after the time that the polls are opened, or ends three hours or more before the time the polls are closed, the employee will be expected to vote either before or after work. If an employee's work hours are not within the above schedule, then the employee will be granted two hours of time during the period when the election polls are open in which to vote and will not be subject to loss of compensation or any other penalty for absence, as long as they notify their department head either orally or in writing of the intent to be absent at least one day prior to the election and provide to their department head proof of voting.

**Okla. Stat. tit. 26, § 7-101.**

## COUNTY IDENTIFICATION CARDS

All County and Courthouse Employees will be issued an I.D. Badge upon hire or as needed for replacement of worn-out I.D.'s. Employees are required to wear their I.D. Badge at all times.

If an employee is terminated or quits, said employee shall be required to relinquish their I.D. Badge before final paycheck is released.

County employees who lose their I.D. Badge shall notify the Commissioners' Office as soon as possible so that the I.D. Badge can be deactivated and shall be required to pay a fee to replace a lost I.D. Badge.

## EMPLOYEE PARKING

Employee parking is available in the parking lot located on the southwest corner 3<sup>rd</sup> Street and Carl Albert Parkway, in the lower-level parking lot located behind the McAlester Public Schools Administration Building and in the small lot directly behind First Baptist Church (off of 1<sup>st</sup> Street, upper level only). These are the three areas that the County prefers you to park. Parking on the street is at your own risk and could result in fines from the City of McAlester. Parking on the east side of the courthouse is prohibited at all times unless it is 30 minutes or less and unless you have an assigned parking space. The west parking lot will be handicap except for spaces for the Historical Society and Courthouse Maintenance.

## FIREARMS/WEAPONS POLICY

Pittsburg County wishes to maintain a work environment that is free of unauthorized firearms, weapons, explosives and other dangerous materials. To achieve this goal, the County prohibits (except by other specific authorization) the use of the following items on county premises: dangerous chemicals and explosives. Other objects carried for the purpose of injuring or intimidating other people may be considered dangerous items. This prohibition includes all handguns even if the individual has a valid license to carry a handgun that have not signed an information waiver. Firearms may be present in an employee's unattended or attended vehicle on County property only if the vehicle is locked at all times. Employee's violating this policy will be subjected to disciplinary action, up to and including termination. If any employee observes any dangerous items in violation of this policy on County property, the employee is under duty to report such item to the appropriate elected official.

A copy of the Oklahoma Self Defense Act, Title 21, Oklahoma Statutes, Section 1290.1 et seq. can be found online at [oklegislature.gov/osStatutesTitle.aspx](http://oklegislature.gov/osStatutesTitle.aspx) or you may contact the Board of County Commissioners Office for a list of elected officials who have access to the Oklahoma Statutes in written form.

Each elected official or department head will have the responsibility to petition the Board of County Commissioners for authorization to participate in the policy/program.

Pittsburg County will not purchase firearms for any employee other than those specifically provided for by state statute.

Each authorized employee shall be required to sign the Firearms/Weapons Policy Acknowledgement and Waiver Form before being allowed to carry on County property or in a county vehicle.

The following is a list of requirements/rules that Pittsburg County will require for any employee to be allowed to carry a firearm during working hours and/or in a county vehicle:

1. A County employee understands that carrying or discharging a firearm in compliance pursuant to the Oklahoma Self Defense Act shall not and be part of their job description.
2. ANY employee that removes a weapon from a holster excluding self-defense, shall be considered for termination. Never any show and tell.
3. Policy may include that there may be times where concealed carry is only permitted at the discretion of leadership to contend with public or fellow employees' discomfort to those

visually carrying a weapon. The objective is to be able to defend yourself, not to show off a firearm as bling.

4. Pittsburg County's Firearms/Concealed Weapons policy does not allow a person to carry into the courthouse or any other building specifically prohibited by law.
5. Any County employee violating this policy or the Self Defense Act shall be subjected to termination.
6. Pittsburg County is not responsible for loss or damage of any individual private property including a firearm or related articles.
7. An individual is completely responsible for loss or damage by the use of a firearm and fully is responsible for their own legal fees both civilly and criminally. The County shall not provide legal counsel for their actions.
8. Handguns are to be carried holstered or stored in a tethered lock box designed for handgun storage when left unattended on public property (outside of a private vehicle) or in a public vehicle.
9. The above shall not prevent an employer, employee, or person who has suffered loss resulting from the discharge of a weapon to seek redress or damages.
10. Employees shall be required to participate in any drills or what is expected of them until law enforcement arrives on scene.
11. Any changes to this policy shall require notification to each individual employee by written acknowledgement of the employee.
12. If an employee is involved in an act of self-defense while on county time, on or in county property, the employee shall agree not to give a statement until they have been advised by an attorney that the employee is responsible for all attorney's fees and damages as a result of the act.

*NOTE: All county employees must sign a Firearms/Weapons Policy employee acknowledgment form. This is a separate employee acknowledgment form that should be endorsed by all county employees apart and separate from the general employee acknowledgement form.*

# ***EMPLOYEE PERSONNEL POLICY HANDBOOK***

## ***ACKNOWLEDGEMENT FORM***

***Read carefully before signing below***

This is to acknowledge that I have received a copy of the Employee Personnel Policy Handbook adopted by Pittsburg County and understand that it outlines the policies and practices that apply to me as an employee with Pittsburg County.

I understand it is my responsibility to familiarize myself with all information in the Handbook.

Since the information, policies and benefits described in this handbook are subject to change; I understand and agree that such changes can be made by the County at its sole and absolute discretion. Any changes to the policies and practices described in the Handbook must be made in writing by the County, in order to be effective. I understand this Handbook represents the sole policy of the County and replaces and supersedes any and all other oral or written personnel policies or procedures.

I understand this Handbook is not nor is it intended to be a contract of employment. I understand I am an employee-at-will and understand the County Elected Officer retains the right to terminate his/her employees at any time for any reason not prohibited by Federal, State or Municipal law, and I also understand employees can terminate their own employment at any time.

I further understand that this signed statement will be placed in my personnel file.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness Signature

**PLACE SIGNED COPY IN EMPLOYEE'S PERSONNEL FILE**

## ***COMPENSATORY TIME OFF FOR OVERTIME AGREEMENT***

*Read carefully before signing below*

I, \_\_\_\_\_, Social Security # \_\_\_\_\_, have read, understand and have in my possession Pittsburg County's Employee Personnel Policy Handbook. I agree as a condition of employment to follow the policies in this handbook, and if there is at any time something that I do not understand, I agree to ask a county representative. I further understand that if I am an employee who is entitled to overtime pursuant to the Fair Labor Standards Act, I will be paid compensatory time off in lieu of cash overtime payment according to the Fair Labor Standards Act and as provided in the County's Employee Personnel Policy Handbook. I further understand that this signed statement will be a permanent record in my personnel file.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness Signature

PLACE SIGNED COPY IN EMPLOYEE'S PERSONNEL FILE

**Pittsburg County Personal Use of County-Owned  
Vehicle Agreement**

*Read carefully before signing below*

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

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

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

Regularly assigned vehicle: \_\_\_\_\_

I have read and understand Pittsburg County's policy on the use of county-owned vehicles. I have been instructed by (Elected Official) \_\_\_\_\_ to use a county-owned vehicle for limited personal use solely for the benefit of the county. Based on my regular use of a county-owned vehicle for personal use (such as in commuting), I understand the valuation of the amount of taxable fringe benefits attributed to me will be calculated by: (mark one)

The Cents Per Mile Rule                      \_\_\_\_\_  
The Commuting Rule                              \_\_\_\_\_  
The Annual Lease Value Rule                      \_\_\_\_\_

**Note: Some employees may not qualify for all three of these valuation methods – see IRS Publication 15B).**

AND, I agree to provide the information and documentation necessary to make this calculation. The amount so calculated in each calendar year will be included in my taxable wages as a fringe benefit. Falsification of statements concerning vehicle usage, use of the county-owned vehicle beyond the specific instructions of the elected official, or failure to provide required documentation may result in discipline up to and including discharge.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness Signature

PLACE SIGNED COPY IN EMPLOYEE'S PERSONNEL FILE

**Telephone, E-mail, Internet, and  
Voice-mail Employee Acknowledgement Form.**

***Read carefully before signing below***

I read and understand the County's Electronic Communication Policy included in the Employee Personnel Policy Handbook. I understand that all electronic communication systems and all information transmitted by, received from, or stored in these systems are the property of Pittsburg County. I also understand that these systems, including facsimile, telecopier, telephone, voice-mail, copy machine, computer, Internet, E-mail, and telephone systems, are to be used primarily for job-related purposes and not for personal purposes, and that I have no expectation of privacy in connection with the use of this equipment or with the transmission, receipt, or storage of information in this equipment.

I agree not to use a code, access a file, or retrieve any stored communication unless authorized. I acknowledge and consent to [Insert County name] monitoring my use of this equipment at any time, at its discretion. Such monitoring may include monitoring telephone communication, printing up and reading all E-mail entering, leaving, or stored in these systems as well as listening to my voice-mail messages. [Insert County name] reserves and may exercise the right to review, audit, intercept, access, disclose, delete, and purge all messages or content created, received or sent over the Internet or E-mail access systems for any purpose. An employee's use of the Internet and E-mail systems grants management permission to review any and all transactions or sites.

I understand that unauthorized, excessive or inappropriate use of any of the electronic communication systems may be grounds for discipline, up to and including discharge.

---

Name of Employee (Please print)

---

Date

---

Name of Management Witness (Please print)

---

Date

PLACE SIGNED COPY IN EMPLOYEE'S PERSONNEL FILE



## ***FIREARMS/WEAPONS POLICY***

### **Acknowledgement**

***Read carefully before signing below***

This is to acknowledge that I have received a copy of the Firearms/Weapons Policy adopted by Pittsburg County and understand that it outlines the policies and practices that may apply to me as an employee within Pittsburg County.

I further understand that this acknowledgement is not permission to carry a firearm/weapon and that permission to do so would only be granted as outlined in the policy.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

# TRAVEL POLICY

## Official County Business

- The County may pay traveling expenses or reimburse traveling expenses for certain individuals as described in this policy for travel related to official County business.
  - Elected Officials.
  - County employees.
  - Volunteers performing substantial services for the County.
  - The County **will not** pay travel expenses for guests accompanying the County official or employees that are not employed by the County (spouse, children, etc.).

## Travel Expenses related to Official County Business include the following:

- Mileage (according to current IRS provisions) for use of a personal vehicle while conducting official County business.
  - Elected officials opting to receive the monthly travel allowance as allowed by 19 O.S. § 165 will only be eligible for mileage reimbursement for travel in a personal vehicle outside of the county. Such mileage will begin at the point in which the official leaves for the out of county travel. This could be the individual's home, the county barn, etc.
- Hotel expenses for overnight travel when overnight travel is necessary.
  - If the travel on official county business can be conducted within the hours of a normal work day, the county will not be responsible for overnight lodging.
- Meals (unless the County has adopted a per diem policy):
  - The County will pay per diem up to the GSA allowable amount, including incidentals.
- Tolls – with proper documentation:
  - Receipts
  - Printout from Oklahoma Turnpike Authority detailing tolls associated with a particular route.
- Airfare.
- Parking fees.
- Other means of travel as deemed necessary by the County.

## Travel in a County-Owned Vehicle

- Upon approval of the department head, county employees may drive a county-owned vehicle for travel on official county business.
  - No mileage reimbursement may be claimed by an individual for travel in a county-owned vehicle.
- Commuting: when it is necessary for the employee or County Official to drive a county-owned vehicle to and from work, the county will account for the taxable fringe benefit as required by the current IRS regulations. See IRS publication 15-B related to the following:
  - Commuting Rule for employees.
  - Lease-value Rule for Elected Officials.

- *This does not apply to deputies driving patrol cars.*
- When an elected official opts to receive the monthly travel allowance in accordance with 19 O.S. § 165, he or she will not be eligible to drive a county-owned vehicle.

#### Lodging Tax/Sales Tax

- When the County pays for in-state lodging directly, no lodging tax may be charged.
- If an individual pays personally for lodging and claims reimbursement, lodging tax may apply.
- This is also applicable for in-state sales tax; the county is exempt but an individual paying personally is not. The employee/official may include sales tax on their travel claim for reimbursement.

#### Travel Claims

- Individuals shall submit OSAI form #163 for reimbursement of travel expenses related to official County business. Form #163 is available on OSAI website: <https://www.sai.ok.gov>
- The travel claim shall have the following documentation attached:
  - Itemized receipts
  - For toll roads the employee may obtain receipts or print and attach documentation from the Oklahoma Turnpike Authority at <https://www.pikepass.com/toll/TollCalculator.aspx>
  - For overnight travel – documentation of official county business (meeting agenda, class certification letter, etc.).
- The map mileage will be figured using the statewide mileage table on the Oklahoma Department of Transportation Website
- <http://www.okladot.state.ok.us/hqdiv/p-r-div/howfar/okmile.htm>
- Vicinity mileage is the mileage incurred in addition to the map mileage available on the statewide mileage table. For example, business miles traveled to location not listed on the table, miles traveled around a metro location to conduct official business, business miles traveled from an individual's residence which is not located in or near the cities listed in the mileage table. Vicinity miles will be figured using:
  - MapQuest
  - Odometer readings
  - Other mapping programs (choose any or all deemed appropriate for your county)

This official travel policy of Pittsburg County was adopted by the governing board on August 22, 2016 and revised March, 2025.

***Acknowledgement of Receipt Of  
Pittsburg County's Travel Policy***

***Read carefully before signing below***

This is to certify that I have received a copy of the Pittsburg County Travel Policy.

I understand the contents of the Policy and the reasons behind the Policy. I agree to adhere to the terms of the Policy as a condition of my employment with Pittsburg County or as a condition of my continued employment with Pittsburg County.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

PLACE SIGNED COPY IN EMPLOYEE'S PERSONNEL FILE

# PITTSBURG COUNTY DRUG AND ALCOHOL TESTING POLICY

Revised March, 2025

## **PITTSBURG COUNTY IS A ZERO TOLERANCE COUNTY UNLESS REQUIRED BY STATE LAW.**

To enforce the policy against drugs and alcohol in the workplace and the policy against employees reporting to work under the influence of illegal or abused drugs or alcohol, PITTSBURG County will/may require an individual to undergo a test for drugs and/or alcohol under the following circumstances.

It is the County's intention to comply fully with the Oklahoma Statute on drug and alcohol testing, and the regulations of the U.S. Department of Transportation (49 CFR, Parts 40 and 382). In the event the State laws, State regulations or the DOT regulations are changed, this policy will be amended to reflect those changes and to remain consistent with State laws and regulations and DOT regulations. In such event, the County will notify all employees of these changes.

Paragraphs "1" through "17" below apply to all employees of PITTSBURG County except those covered by federal law or regulation through the Department of Transportation because they drive Commercial Motor Vehicles (CMV) requiring a Commercial Driver's License (CDL).

Drug or alcohol testing of all drivers of Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL) is required by and conducted pursuant to federal law or regulation through the Department of Transportation. This testing is exempt from the provisions of paragraphs "1" through "17" below and is covered by paragraphs "18" through "33" below.

Any employee who seeks medical treatment must inform their physician if they perform a safety-sensitive function. If the physician must prescribe a medication that may affect the employer's safe work performance, a physician's note stating the effects of the medication may have on the employee and whether the employee can perform their regular job. It will be the responsibility of the employee to provide the physician's note regarding work restrictions required to their elected official.

### **OKLAHOMA MARIJUANA USE, POSSESSION OR IMPAIRMENT POLICY FOR NON-CDL/CMV EMPLOYEES**

County prohibits all employees – including those with valid Oklahoma medical marijuana licenses – from using or possessing marijuana while on County's premises or during the hours of an employee's employment. This prohibition against marijuana use or possession applies to any of County's properties or work sites, including exterior areas, parking locations, personal vehicles or County vehicles and during any hours of employment when an employee is performing work or providing services. The prohibition also applies to customer, client or other third-party locations or premises where an employee is performing work or providing services. If an employee's hours of employment include transportation or travel, then the prohibition against marijuana use or possession applies to that transportation or travel time.

County prohibits all employees – including those with valid Oklahoma medical marijuana licenses – from being under the influence or impaired by marijuana during any hours of employment, regardless of location. An employee is under the influence or impaired when marijuana use adversely affects ability to perform a job, interact with others, exercise judgment and/or work safely.

Violation of this Policy may result in discipline up to and including termination. If you have any questions about this Policy or its application, please contact Sandra Crenshaw, Chief Deputy, Board of County Commissioners.

## TESTING POLICY FOR NON-CDL/CMV EMPLOYEES

### 1. INDIVIDUALS SUBJECT TO DRUG OR ALCOHOL TESTING

All employees, applicants who have received a conditional offer of employment, independent contractors, subcontractors, and/or employees of independent contractors or subcontractors are subject to drug or alcohol testing and the provisions of this Policy.

### 2. APPLICANT TESTING:

Applicants who have received a conditional offer of employment will be required to submit to drug and/or alcohol testing. A positive test or a refusal to undergo testing may result in a refusal to hire.

### 3. FOR-CAUSE TESTING:

Anytime the County reasonably believes an individual is under the influence of drugs or alcohol, the County may require a drug or alcohol test. Circumstances causing the County to require testing of an individual may include, but are not limited to:

- A. Drugs or alcohol on or about the individual's person or an individual's vicinity;
- B. Conduct on the individual's part that suggests impairment or influence of drugs or alcohol;
- C. A report of drug or alcohol use while at work or on duty;
- D. Information that an individual has tampered with drug or alcohol testing at any time;
- E. Negative performance patterns; or
- F. Excessive or unexplained absenteeism or tardiness.

### 4. POST-ACCIDENT TESTING:

If an employee's conduct could have contributed to an accident while at work which results in an injury to the employee or another person or damage to property, including damage to equipment, the employee may be required to undergo drug and or alcohol testing. If the County conducts a post-accident test, the County will require employees whose conduct could have contributed to the accident to undergo a drug or alcohol test, whether or not they reported an injury.

### 5. RANDOM TESTING:

The County may require the following individuals to undergo drug or alcohol testing at random and may limit its random testing to particular employment classifications or groups:

- A. Are police or peace officers;
- B. Have drug interdiction responsibilities;
- C. Are authorized to carry firearms;
- D. Are engaged in activities which directly affect the safety of others;
- E. Are working for a public hospital, including any hospital owned or operated by a municipality, county, or public trust; or
- F. Work in direct contact with inmates in the custody of the Department of Corrections or work in direct contact with juvenile delinquents or children in need of supervision in the custody of the Department of Human Services.

### 6. SCHEDULED PERIODIC TESTING:

The County may require the following individuals to undergo scheduled, periodic drug or alcohol testing scheduled routinely as part of the County's written policy:

- A. Are police or peace officers;



- B. Have drug interdiction responsibilities;
- C. Are authorized to carry firearms;
- D. Are engaged in activities which directly affect the safety of others;
- E. Are working for a public hospital, including any hospital owned or operated by a municipality, county, or public trust; or
- F. Work in direct contact with inmates in the custody of the Department of Corrections or work in direct contact with juvenile delinquents or children in need of supervision in the custody of the Department of Human Services.

#### **7. POST-REHABILITATION TESTING:**

In those instances, in which the County offers or requires an employee the opportunity to successfully complete a drug and/or alcohol rehabilitation program in lieu of dismissal or following a positive test that did not result in dismissal, the employee may be required to undergo drug or alcohol testing for a period of up to two years commencing with the employee's return to work.

#### **8. TRANSFER/REASSIGNMENT:**

If an employee transfers to a new position or job, or if an employee is reassigned to a different position or job.

#### **9. FITNESS FOR DUTY OR RETURN FROM LEAVE:**

As part of a routinely scheduled fitness for duty examination or as required by the County in connection with an employee's return to duty from a leave of absence as part of the County's written policies.

#### **10. POSITIVE MARIJUANA TEST RESULTS AND MEDICAL MARIJUANA LICENSES:**

Employees and applicants who test positive for marijuana or its components under this Policy will be required to establish they hold a valid Oklahoma medical marijuana license.

#### **11. SUBSTANCES WHICH MAY BE TESTED**

Under this Policy, the County shall test for drugs, including marijuana, and alcohol.

#### **12. TESTING METHODS AND COLLECTION PROCEDURES**

- A. Samples shall be collected and tested only by individuals deemed qualified by the State Department of Health and may be collected on the premises of the employer;
- B. Only samples deemed appropriate by the State Department of Health for drug and alcohol testing shall be collected;
- C. The collection of samples shall be performed under reasonable and sanitary conditions;
- D. A sample shall be collected in sufficient quantity for splitting into two separate specimens, pursuant to rules of the State Board of Health, to provide for any subsequent independent analysis in the event of challenge of the test results of the main specimen;
- E. Samples shall be collected and tested with due regard to the privacy of the individual being tested. In the instances of urinalysis, no employer or representative, agent or designee of the employer shall directly observe an applicant or employee in the process of producing a urine sample; provided, however, collection shall be in a manner reasonably calculated to prevent substitutions or interference with the collection or testing of reliable samples;

- F. Sample collection shall be documented, and the documentation procedures shall include:
  - 1. labeling of samples so as reasonably to preclude the probability of erroneous identification of test results, and
  - 2. an opportunity for the applicant or employee to provide notification of any information which the applicant or employee considers relevant to the test, including identification of currently or recently used prescription or nonprescription drugs, or other relevant information;
- G. Sample collection, storage, and transportation to the testing facility shall be performed so as reasonably to preclude the probability of sample contamination or adulteration;
- H. Sample testing shall conform to scientifically accepted analytical methods and procedures. Testing shall include confirmation of any positive test result by gas chromatography, gas chromatography-mass spectroscopy, or an equivalent scientifically accepted method of equal or greater accuracy as approved by Board rule, at the cutoff levels as determined by Board rule, before the result of any test may be used as a basis for refusal to hire a job applicant or any action by an employer pursuant to 40 O.S. § 562 of this act;
- I. A written record of the chain of custody of the sample shall be maintained from the time of the collection of the sample until the sample is no longer required; and
- J. The County will use testing services and facilities which have been licensed by the State Department of Health to test for the presence of or abuse of drugs or alcohol.

### 13. RECORDS

Records of all drug and alcohol test results and related information are the property of the County. However, upon written request, those test results and related information will be made available for inspection and copying to the individual tested. The drug and alcohol test results and related information will be treated as confidential and will be maintained separate from other personnel records. Testing records may be provided to County employees, agents or representatives who need access to such records in the administration of the Standards for Workplace Drug and Alcohol Testing Act. The County may share drug and alcohol test results and related information regarding employees of independent contractor or subcontractors with the respective independent contractor or subcontractor, as provided by the County's contractual agreement.

The employee grants permission to the County to release testing records and/or results for purposes of unemployment, Workers' Compensation and other employment-related legal actions. Additionally, testing records are admissible as evidence in a case or proceeding before a court of record or administrative agency if either the County or the individual tested are named parties in the case or proceeding. Further, testing records shall be released in order to comply with a valid judicial or administrative order.

The testing facility, or any agent, representative or designee of the facility, or any review officer, will not disclose to the County, based on the analysis of a sample collected from an individual under this Policy, any information relating to the general health, pregnancy or other physical or mental condition of the individual. The testing facility will release the results of the drug or alcohol test, and any analysis and information related thereto, to the individual testing upon request.

### 14. CONSEQUENCES FOR VIOLATING THE TESTING POLICY

- A. Refusal to be Tested: Any individual who refuses to submit to the County's request for drug and/or alcohol testing, or refuses to complete the required forms will be subject to

termination from employment, or will not be eligible for employment, as the case may be. Interfering with and/or failing to cooperate with the testing process will be treated as refusal to be tested.

- B. Adulteration, Tampering or Manipulation of Samples: The actual or attempted tampering, adulteration and/or manipulation of drug and alcohol testing samples is prohibited. Any individual who attempts to alter, tamper or manipulate any testing samples will be subject to termination from employment, or will not be eligible for employment, as the case may be.

- C. Personnel Action Which May Be Taken as a Result of Policy Violation or a Positive Test Result:

1. Any individual who violates this Policy regarding consumption, use, transfer, solicitation or sale of illegal drugs, illegal possession or inappropriate or moderate use of alcohol or the abuse of prescription or over-the-counter drugs will be subject to disciplinary action, including but not limited to termination.
2. Any employee who tests positive will be subject to discipline up to and including termination. However, the County may, in its sole discretion, suspend disciplinary action or impose discipline less than termination, on the condition that the employee successfully completes a program of rehabilitation or treatment satisfactory to the employer. An employee who refuses such an opportunity or who has been afforded this opportunity, but who does not successfully complete their rehabilitation or treatment of the program will be subject to termination from employment.
3. Employees and applicants who test positive for marijuana or its components may be subject to disciplinary action up to and including termination under the County's Marijuana Use Possession or Impairment Policy.
4. For employees and applicants with a valid Oklahoma medical marijuana license and who are not in safety-sensitive positions, no employment action will be based solely upon a positive test for marijuana components or metabolites.
5. Safety-sensitive positions: Any applicants who apply for positions designated by County as safety-sensitive are not eligible for hiring if they test positive for marijuana components or metabolites. Any employees who hold positions designated by County as safety-sensitive are subject to discipline up to and including termination if they test positive for marijuana components or metabolites. These safety-sensitive prohibitions apply to applicants and employees who have valid Oklahoma medical marijuana licenses.

#### 15. CONFIDENTIAL EXPLANATION BY INDIVIDUAL

Any individual who receives a positive drug test result or has otherwise violated this Policy will be given an opportunity to offer an explanation, in confidence, to a representative of the County.

#### 16. APPEAL PROCEDURES

Within 24 hours of receiving notice of a positive test, an individual may request a subsequent confirmation test of a sample. The individual shall pay all costs of the subsequent confirmation test, unless the subsequent confirmation test reverses the findings of the challenged positive test. In those cases where the confirmed test reverses the initial findings, the County will reimburse the individual for the cost of the subsequent confirmation test.

An individual who is aggrieved by an alleged violation of the Oklahoma Standards for Workplace Drug and Alcohol Testing Act may file a civil action within one year of the alleged willful violation.

#### 17. CHANGES TO THIS POLICY

Any part of this Policy can be changed by the County with ten (10) days written notice.

## TESTING POLICY FOR CDL/CMV EMPLOYEES

### 18. EMPLOYEES SUBJECT TO TESTING.

All drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL) are subject to controlled substance and alcohol testing. This policy follows Department of Transportation and Federal Motor Carrier Safety Administration regulations found in 49 CFR Parts 40 and 382 (attached). If there are any conflicts or omissions between this policy and the federal regulations, the federal regulations shall control.

Testing of Applicants or Transfers: All applicants for employment with PITTSBURG County and all current employees who are requesting transfer to a position covered by this paragraph "18" shall be subject to this policy. This includes applicants for, or requests for transfer to, full-time or part-time employment and applicants for regular or temporary employment.

All employees covered by this paragraph "18" shall be subject under this policy to the following listed testing. This includes full-time or part-time employees and regular or temporary employees.

- Post-Accident Testing
- Random Testing
- Reasonable Suspicion Testing
- Return-To-Duty Testing
- Scheduled, Periodic Testing
- Follow-Up Testing

### 19. TESTING OF APPLICANTS OR TRANSFERS.

Prior to the first time that a driver performs safety-sensitive functions for the County, the driver shall undergo testing for alcohol and controlled substances. This testing shall be in accordance with 49 CFR §382.301. The employee shall not be allowed to perform any safety-sensitive functions unless the County has received:

- a. a controlled substances test result indicating a verified negative test result for that driver;
- b. an alcohol test result indicating an alcohol concentration of less than 0.04; and
- c. an authorization and release signed by the employee for each employer during the previous three years authorizing the County to obtain the information required by 49 CFR §391.23.

Under very limited circumstances, a driver may be exempted from this requirement if the driver meets the requirements of 49 CFR §382.301(b).

### 20. POST-ACCIDENT TESTING.

As soon as practical following an occurrence involving a CMV operating on a public road, the driver shall be tested for alcohol and controlled substances if any of the following circumstances apply:

- a. the occurrence involved the loss of human life;
- b. the driver employed by the County receives a citation under State or local law for a moving traffic violation arising from the occurrence and either:

- i. the occurrence involved bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the occurrence; or
- ii. one or more motor vehicles incurred disabling damage as a result of the occurrence, requiring the motor vehicle to be transported away from the scene by tow truck or other motor vehicle.

*This testing shall be in accordance with 49 CFR §382.303.*

**21. RANDOM TESTING.**

The County shall randomly select a sufficient number of drivers for testing each calendar year to equal an annual rate not less than the minimum annual percentage rate for random alcohol and controlled substances testing determined by the Administrator of the Federal Motor Carrier Safety Administration. Each driver selected for random testing shall have an equal chance of being tested each time selections are made. This means that some drivers may be tested more than once during a year while other drivers are not tested. This testing shall be in accordance with 49 CFR §382.305.

**22. REASONABLE SUSPICION TESTING.**

If PITTSBURG County has reasonable suspicion that a driver has violated DOT Regulations in regards to alcohol or controlled substances, the County shall require a driver to submit to an alcohol and/or controlled substance test. In the case of alcohol, the testing will occur only if the reasonable suspicion arises during, just preceding, or just after the period of the work day that the driver is required to be in compliance with DOT Regulations. This testing shall be in accordance with 49 CFR §382.307.

**23. RETURN-TO-DUTY TESTING.**

If a driver has violated DOT Regulations in regards to alcohol and controlled substances, the County has the sole discretion as to whether to return the driver to a safety sensitive function. However, if the appropriate authority determines that the driver has successfully completed a prescribed education and/or treatment program, and if the County decides to return the driver to a safety sensitive function, the driver shall be required to submit to an alcohol and/or controlled substance test. The driver must have a negative controlled substance test result and/or an alcohol test with an alcohol concentration of less than 0.02 before resuming safety sensitive functions. This testing shall be in accordance with 49 CFR §382.309 and 40 CFR §§40.305, 40.307 and 40.311.

**24. SCHEDULED PERIODIC TESTING.**

PITTSBURG County may request or require a driver to undergo drug or alcohol testing when scheduled routinely for all drivers subject to scheduled, periodic tests. A refusal to take the test or a confirmed positive test may result in discipline up to and including termination of employment. This testing shall be in accordance with 49 CFR §382.111.

**25. FOLLOW-UP TESTING.**

If PITTSBURG County decides to return a driver to safety-sensitive functions under paragraph "23" above, the driver will be subject to follow-up testing. Such testing shall be in accordance with the plan established by a Substance Abuse Professional, but shall not be less than six unannounced follow-up tests in the first 12 months of safety sensitive duty following the driver's return to safety

sensitive functions. Such testing shall be in accordance with 49 CFR §382.311 and 40 CFR Subpart O, §§40.281-313.

## 26. DEFINITIONS.

For the purposes of this policy, the definitions found in 49 CFR §382.107 shall apply and are incorporated herein. The following definitions are repeated for convenience only:

- a. **ALCOHOL.** Means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohol including methyl and isopropyl alcohol.
- b. **ALCOHOL CONCENTRATION (or CONTENT).** Means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.
- c. **ALCOHOL USE.** Means the drinking or swallowing of any beverage, liquid mixture or preparation (including any medication) containing alcohol.
- d. **CONFIRMATION (or CONFIRMATORY) DRUG TEST.** Means a second analytical procedure performed on a urine specimen to identify and quantify the presence of a specific drug or drug metabolite.
- e. **CONTROLLED SUBSTANCES.** Means only the following six drugs or classes of drugs:
  - i. marijuana metabolites;
  - ii. cocaine metabolites;
  - iii. amphetamines;
  - iv. opiate metabolites;
  - v. phencyclidine (PCP).
  - vi. Opioids, including hydrocodone, hydromorphone, oxymorphone and oxycodone;
- f. **DISABLING DAMAGE.** Means damage which precludes departure of a motor vehicle from the scene of an occurrence in its usual manner in daylight after simple repairs.
  - i. Includes damage to motor vehicles that could have been driven, but would have been further damaged if so driven
  - ii. Excludes:
    - 1. damage which can be remedied temporarily at the scene of the occurrence without special tools or parts;
    - 2. tire disablement without other damage even if no spare tire is available;
    - 3. headlight or taillight damage;
    - 4. damage to turn signals, horn, or windshield wipers which makes them inoperative.
- g. **PERFORMING (a Safety Sensitive Function).** Means a driver is considered to be performing a safety sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety sensitive function.

- h. **REFUSE TO SUBMIT** (to an alcohol or controlled substance test). Means that a driver:
- i. fails to appear for any test (except a pre-employment test) within a reasonable time after being directed to do so;
  - ii. fails to remain at the testing site until the testing process is complete;
  - iii. fails to provide a urine specimen for any required drug test;
  - iv. in the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of a specimen;
  - v. fails to provide a sufficient amount of urine when directed, and it has been determined through a required medical evaluation, that there was no adequate medical explanation for the failure;
  - vi. fails or declines to take a second test the driver has been directed to take;
  - vii. fails to undergo a medical examination or evaluation, as directed by a Medical Review Officer or by the Designated Employer Representative;
  - viii. fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process); or
  - ix. is reported by the Medical Review Officer as having a verified adulterated or substituted test result.
- i. **SAFETY SENSITIVE FUNCTION**. Shall include:
- i. All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;
  - ii. All time inspecting equipment as required by 49 CFR, Subchapter B, or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
  - iii. All time spent at the driving controls of a commercial motor vehicle in operation;
  - iv. All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (as defined in 49 CFR, Subchapter B);
    - i. 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; and
    - ii. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

- j. **STAND DOWN.** Means the practice of temporarily removing an employee from the performance of safety sensitive functions based only on a report of a laboratory to the Medical Review Officer of a confirmed positive drug test or drug metabolite, an adulterated test, or a substituted test, before the Medical Review Officer has completed verification of the test results.
- k. **PROHIBITED CONDUCT.** Means that no driver shall:
  - i. report for duty or remain on duty requiring the performance of safety sensitive functions with an alcohol concentration of 0.04 or greater;
  - ii. use alcohol while performing safety sensitive functions;
  - iii. perform a safety sensitive function within 4 hours after using alcohol;
  - iv. if required to take a post-accident alcohol test (under paragraph "P" above), use alcohol for 8 hours following the occurrence, or until he/she undergoes a post-accident alcohol test, whichever occurs first;
  - v. refuse to submit to any required alcohol or controlled substances test;
  - vi. report for duty or remain on duty requiring the performance of safety sensitive functions when the driver uses any controlled substance, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in 40 CFR, Subchapter B, who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a CMV. (Any driver using any therapeutic drug pursuant to the instructions of a licensed medical practitioner must inform his/her supervisor of such use prior to performing any safety sensitive functions.);
  - vii. report for duty, remain on duty, or perform any safety sensitive function if the driver has tested positive or has adulterated or substituted a test specimen for controlled substances.

## 27. TEST PROCEDURES.

All regulations and procedures used to test for controlled substances and alcohol in order to protect the integrity of the testing process, safeguard the test validity, and ensure results are attributed to the correct driver are found in 49 CFR §§40 and 382. They are incorporated into this policy by reference herein and copies are attached hereto.

## 28. CONSEQUENCES OF VIOLATIONS OF THIS POLICY.

Drivers who violate this policy or who commit any of the prohibited conduct in paragraph "26(k)" above will experience the following consequences in accordance with Federal Regulations:

- a. Immediate removal from any and all safety sensitive functions;
- b. Will not be able to again perform safety sensitive functions for any employer until he/she has completed the evaluation, referral and education/training set forth in 49 CFR, Part 40, Subpart O;



- c. In addition, will not be able to again perform safety sensitive functions for any employer until he/she has successfully completed a Return-To-Duty Test as described in paragraph "21" above;
- d. Shall be subject to civil and/or criminal penalties as recommended by the Secretary of Transportation under the provisions of 49 U.S.C. §521(b).

Also, any driver tested for alcohol under the provisions of this policy who is found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall immediately be removed from any safety sensitive functions and shall not be allowed to resume safety sensitive functions until the start of the driver's next regularly scheduled duty period, or 24 hours from the administration of the test, whichever is longer.

## 29. DISCIPLINARY ACTION.

In addition to the consequences in paragraph "28" above, and under authority separate from the Federal Regulations, drivers who violate this policy or who commit any of the prohibited conduct in paragraph "26(k)" above;

- a. will immediately be placed on unpaid, disciplinary suspension for any period when they are not eligible to perform safety sensitive functions. Such disciplinary action will not be imposed based solely on a laboratory report of a confirmed positive test for a drug or drug metabolite, an adulterated test, or a substituted test, until the Medical Review Officer has verified the test results; and
- b. if the violation is based upon a positive test result, and if the positive test result is confirmed by a second test and the results are verified by the Medical Review Officer, will be subject to discipline up to and including discharge.
- c. If the violation is based on some action other than a positive test result (e.g., refusing to submit to a test, using alcohol within 4 hours prior to performing safety sensitive functions), will be subject to discipline up to and including discharge.

## 30. EFFECTS OF ALCOHOL AND CONTROLLED SUBSTANCE USE.

Attached is information concerning:

- a. the effects of alcohol and controlled substance use on an individual's health, work, and personal life;
- b. symptoms of an alcohol or a controlled substance problem (either the driver or a co-worker); and
- c. available methods of intervening when an alcohol or a controlled substance problem is suspected, including confrontation, referral to an employee assistance program, and/or referral to management.

## 31. APPEALS.

As in all cases of job-related problems, concerns or questions regarding the County's drug and alcohol policy should be referred initially to the employee's supervisor and, if necessary, to the elected official. Within PITTSBURG County, **Sandra Crenshaw** has been designated to answer questions about this policy or any of the attached materials.

### 32. TREATMENT PROGRAM FOR RETURN TO DUTIES.

For an employee who drives a CMV requiring a CDL, the employee will be permitted to return to safety sensitive duties only upon successful completion of an educational or treatment program, as determined by a drug and alcohol abuse evaluation expert. Also, prior to the employee returning to safety sensitive duties, the employee shall undergo:

- a. a return to duty alcohol test with a result indicating an alcohol concentration of less than 0.02; and/or
- b. a return to duty-controlled substance test with a verified negative test result for controlled substances use.

All employees undergoing an educational or treatment program will be subject to follow-up testing in accordance with Paragraph "25" above.

### 33. DOT CLEARINGHOUSE REPORTING

Notwithstanding any other provision of this Policy, PITTSBURG County and/or its MRO are required report the following information to the DOT Motor Carrier Safety Administration Clearinghouse as required by applicable laws and regulations:

1. A verified positive, adulterated or substituted drug test result;
2. An alcohol confirmation test with a concentration of 0.04 or higher;
3. A refusal to submit to a drug or alcohol test;
4. Actual knowledge that a driver has used alcohol or drugs in violation
5. of this Policy;
6. A substance abuse professional's report of successful completion of
7. the return-to-duty process;
8. A negative return-to-duty test; and
9. A report of completion of follow-up testing.

Prospective employees and current employees are required to provide consent to PITTSBURG County, in order for the County to conduct queries with the Clearinghouse regarding drug and alcohol violations as required by applicable laws and regulations.

***Acknowledgment of Receipt of  
Pittsburg County's Drug and Alcohol Testing Policy***

***Read carefully before signing below***

***(Not for use with applicants and employees covered by DOT Regulations.)***

This is to certify that I have received a copy of the PITTSBURG County Drug and Alcohol Testing Policy and understand that paragraphs 1 through 16 apply to me.

I understand the contents of the Policy and the reasons behind the Policy. I agree to adhere to the terms of the Policy as a condition of my employment with PITTSBURG County or as a condition of my continued employment with PITTSBURG County.

\_\_\_\_\_  
Employee Name

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

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

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

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

PLACE SIGNED COPY IN EMPLOYEE'S DRUG & ALCOHOL FILE

# ***Acknowledgment of Receipt of Pittsburg County's Drug and Alcohol Testing Policy***

***Read carefully before signing below***

***(Only for use with applicants and employees covered by DOT Regulations.)***

This is to certify that I have received a copy of:

1. the PITTSBURG County Drug and Alcohol Testing Policy; and
2. The Federal Motor Carrier Safety Regulations Pocketbook, which contains the complete text of 49 CFR Parts 40, 382, 383, 387, 390-397, and 399.
3. A Driver Handbook entitled *Drug & Alcohol Testing: Training and Awareness* which contains significant information about:
  - a. 49 CFR Part 40;
  - b. 49 CFR Part 382; and
  - c. material on the effects of alcohol and controlled substance use.

I understand that paragraphs 18 through 32 of the PITTSBURG County Drug and Alcohol Testing Policy apply to me.

I understand the contents of the Policy and the reasons behind the Policy. I agree to adhere to the terms of the Policy as a condition of my employment with PITTSBURG County or as a condition of my continued employment with PITTSBURG County.

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Employee Name

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Employee Signature

---

Date Signed:

---

Witness Name

---

Witness Signature

---

Date Signed:

PLACE SIGNED COPY IN EMPLOYEE'S DRUG & ALCOHOL FILE

**Pittsburg County, Oklahoma**  
**Drug and Alcohol Testing Consent Form**  
(Not for use with applicants and employees covered by DOT regulations.)

*Read carefully before signing below*

I, \_\_\_\_\_ on this date \_\_\_\_\_

\_\_\_\_\_ DO consent to provide a sample specimen for drug and/or alcohol testing.  
(Initial)

\_\_\_\_\_ DO NOT consent to provide a sample specimen for drug and/or alcohol testing.  
(Initial)

I acknowledge that the testing personnel will determine which test to use (i.e., urine, blood, breath, etc.)

I am currently using the following medication (indicate "none" if applicable):

Type of drug/brand name/dosage	Last taken	Prescribing physician or over-the-counter
--------------------------------	------------	---

\_\_\_\_\_

I have been in contact with or exposed to the following substance which may have an effect on a drug and/or alcohol test (indicate "none" if applicable):

\_\_\_\_\_

I understand that my refusal to provide a sample specimen will result in the rejection of my application for employment or grounds for disciplinary action up to and including termination from my current employment with PITTSBURG County. I further understand that a confirmed positive test without satisfactory explanation will be grounds for the rejection of my application for employment and will be grounds for disciplinary action up to and including termination from my current employment with PITTSBURG County.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

PLACE SIGNED COPY IN EMPLOYEE'S DRUG & ALCOHOL FILE

**General Consent for Limited Queries of The  
Federal Motor Carrier Safety Administration (FMCSA)  
Drug & Alcohol Clearinghouse**

*Read carefully before signing below*

I, \_\_\_\_\_, hereby provide consent to Pittsburg County to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that this consent will be for the duration of my employment with Pittsburg County and that a limited query will be conducted each year of my employment.

I understand that if the limited query conducted by Pittsburg County indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Pittsburg County without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Pittsburg County to conduct a limited query of the Clearinghouse, Pittsburg County must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations and that such action could result in disciplinary action, up to and including termination.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
DER Signature

PLACE SIGNED COPY IN EMPLOYEE'S DRUG & ALCOHOL FILE

# SAFETY MANUAL

## PITTSBURG COUNTY

*This document is furnished in part by CompSource Oklahoma for informational purposes only. It is not intended to be a condition of coverage, nor will it be construed as legal advice or a recommendation by CompSource Oklahoma*

## SAFETY POLICY STATEMENT

As a Pittsburg County employee, you are a valuable asset to the organization. The policy of Pittsburg County is to provide a working environment free of uncontrolled hazards in support of its goal in providing a safe and healthy workplace. We want, and expect you to perform your job in a safe manner in response to the circumstances that may arise during the course of your employment.

## INTRODUCTION

This manual contains safety policies developed to control the risks associated with your operations. It is understood that it is impossible to attempt to write a rule for every future work scenario and therefore, while many policies are detailed in this manual, others dealing with your specific job responsibilities may be given to you by your supervisor or their designee specific to the recognized job tasks at hand. This manual has been designed for a single purpose; to assist you in avoiding workplace injuries or illness.

If you have a suggestion that could reduce the potential for accidents in your work operations and would make your place of employment even safer, please talk with your supervisor or supervisor designee. Please remember that at Pittsburg County, accident prevention is a part of every employee's job.

Accidents are the result of unsafe conditions and/or unsafe acts or practices. Many accidents are caused by the use of unsafe equipment, using tools in an unsafe manner, or by neglecting to follow the safe methods of doing your job.

Please note that violations of safety policies, or unsafe practices could result in severe and painful injury, as well as termination of employment as compliance with safety policies is a condition of employment. Failure to follow either established policies or supervisor's directions subject the employee to disciplinary procedures.

Questions and requests for additional information relative to the contents of this manual will be directed to your immediate supervisor/manager/foreman or their designee.

## SAFETY RESPONSIBILITY

### 1. MANAGEMENT RESPONSIBILITIES

Every employee of Pittsburg County is responsible for their own personal safety. This begins with management and extends throughout the organization. Management is responsible for providing a safe work site and adequate supervision of its operations. This includes, as applicable, the provision of tools and equipment, proper safety equipment/clothing, training and on-site direction. In addition, management is responsible for implementing the following:

- a. Periodic inspections.



- b. Ensure that prompt preventative and corrective action is taken on unsafe conditions/actions.
- c. Ensure that all accidents are investigated and reported.
- d. Review reports of accidents and ensure appropriate corrective actions are taken.

## 2. SUPERVISOR'S RESPONSIBILITIES

- a. Promote safety awareness and demonstrate a proper safety attitude by example.
- b. Train all employees in the safest way to do their jobs, and point out where hazards exist.
- c. Make sure that the necessary safety equipment and protective devices for each job are provided and properly used.
- d. Conduct frequent safety inspections of all work areas and operations in order to improve housekeeping and eliminate unsafe conditions while encouraging safe work methods.
- e. Take prompt corrective action whenever unsafe conditions and unsafe actions are observed.
- f. Investigate and report to management all accidents and incidents involving personnel and/or property.
- g. Review work change practices and newly purchased equipment or supplies for potential risks being introduced in to the operations.
- h. Inform employees regarding disciplinary policy for violations of safety policies and take appropriate action when warranted.

## 3. EMPLOYEE'S RESPONSIBILITIES

- a. Follow safety practices, policies, procedures and specific supervisor instructions.
- b. Report unsafe conditions and practices to the supervisor.
- c. Keep work areas clean and orderly at all times.
- d. Operate only equipment you have been authorized and instructed to safely use.
- e. Report all accidents/incidents immediately to the supervisor and complete an accident report as soon as possible.

## IF YOU HAVE AN ACCIDENT

- a. All accidents/incidents, no matter how minor, will be reported immediately to your supervisor. Prompt reporting will ensure proper treatment (if required) and a rapid correction of unsafe conditions or behavior causing or contributing to the accident.
- b. The supervisor will arrange for transportation and accompany the injured employee to the medical facility to facilitate paperwork and address questions by both the treating physician and injured/ill employee.
- c. The supervisor and employee must complete the accident report forms as soon as possible and route as directed.
- d. First aid and CPR will be performed only by trained personnel.

- e. All employees will follow established Bloodborne Pathogens procedures.

#### **RECORDKEEPING**

Documentation is a critical component of any effective safety effort. As such the following records will be develop and maintained in company files:

- a. Employee training records
- b. Certifications
- c. Accident/Incident reports
- d. Workers Compensation Form 2's
- e. Hazard identification and correction actions
- f. Signed acknowledgements
- g. DOT required records
- h. Equipment inspection/certifications
- i. ODOL 300

# EMERGENCY ACTION PLANS AND UNIFORM PROCEDURES

Emergency Action Plans are location specific and shall be updated as needed. A copy of your primary location's emergency action plan shall be kept in an area accessible to all employees in case of an emergency. Once per year it is the responsibility of each department's safety director to provide a refresher training on the emergency action plan. Training should include where your department's sheltering area is in case of a tornado and your department's evacuation route and rally points in case of evacuation.

Copies of the emergency action plan are not given to each individual employee for their own records. It is a confidential document only to be viewed by your elected official or safety director.

Emergencies (fire, severe storms, etc.) require immediate action by all employees and visitors. The following is a list of uniform procedures that have been developed with supervisors/managers or their designee responsible for monitoring and overseeing the evaluation/activities.

Supervisors/Managers or designee for their respective areas will: direct actions of personnel; be familiar with the location of fire extinguishers; be aware of individuals who have first aid or CPR training; familiarize employees with evaluation procedures; ensure the building or construction site area is clear and account for all personnel after site evacuation.

## 1. Fire Evacuation

- a. When the fire alert is sounded, turn off all equipment and walk in the most direct route to a safe area away from the fire location. Proceed to an upwind location where heat/smoke will not affect safety of employees.
- b. Assemble away from the building at the manager's designated area.
- c. Managers or their designee will account for all individuals from their areas. Employees will remain at assembly area until the all clear is given.
- d. Sheriff's or Detention offices will implement their plan for ensuring employee and inmate safety.

## 2. Severe Storms

*Heavy Rainfall-* Avoid driving into areas where heavy flooding is noted to have occurred. Do not drive into standing water if you are not certain of the depth. Reduce your speed and if necessary, pull over to side of the roadway, park in a safe location and activate your emergency flashers.

*Lightning Activity-* Remain in your car and listen to local weather on your radio. Proceed to a safe location outside of the lightning activity.

*High Winds-* When driving in high winds be alert to the potential effect of strong side winds on the vehicle, specifically at highway speeds. Reduce your speed and if necessary, pull over to side of the roadway, park in a safe location and activate your emergency flashers.

*Tornadoes-* Never try to outrun a tornado. Get out of the car and find shelter. If you are unable to get to a safe structure, lie down in a ditch or low area. Lie face down to protect yourself from flying debris and cover the back of your head and neck with your hands.

*Ice/Snow-* Bridges and overpasses freeze first, so always slow down and avoid sudden changes in speed or direction. Clear all window glass and light lenses and covers prior to driving. Keep windows clear and keep your speed steady and slow. Use your brakes cautiously. If you get stuck in the snow, straighten the wheels and accelerate slowly. Avoid spinning the tires.

## VIOLENCE IN THE WORKPLACE

Violence in the workplace by customers, inmates, and/or co-workers is becoming more common. For this reason, it is the policy of Pittsburg County that physical violence, or the threat of violence, even in a joking manner, is not appropriate in the workplace and may result in disciplinary action.

Employees are to report all violence or threats of violence to their supervisor and/or manager at the earliest opportunity. Report the actual behavior or threats that were made, give the facts of where and when it happened, who witnessed it, and what was said.

Any employee who observes anyone with a weapon on the job site will report the observation immediately to their supervisor and/or a manager at the earliest opportunity.

Animals are yet another segment of workplace violence. If you come into contact with potentially aggressive dogs or other animals while performing your job, leave the work area and notify your supervisor. They will either contact the owner or animal control specialist.

## BIOLOGICAL EXPOSURE CONTROL PLAN

During the course and scope of your job you may come into contact with co-workers, and/or members of the public who pose a risk of communicating blood and/or airborne diseases. For your protection, do not allow yourself to come into unprotected contact with co-worker/public blood or other body fluids. You should report the presence of blood or other body fluids to a supervisor or safety director immediately. Within county jails, universal precautions should be applied in aiding or controlling individuals concerning blood or other body fluids. Latex/Nitrile/Vinyl type gloves, face shields, dust masks, etc. should be worn if possible. Other universal precautions would include never recapping a syringe, sweep up rather than pick up contaminated glass, etc. You should also report any exposure you may have to your supervisor. *See Blood/Airborne Pathogens Program*

## DRUG POLICY

Pittsburg County has a vital interest in maintaining a safe and efficient workplace for its employees and the public at large. The use of alcohol, illegal drugs and/or performance impairing drugs can cause avoidable injuries to employees, damage to property and productivity losses. Drinking alcoholic beverages or possessing and/or using illegal substances during working hours is prohibited. Any employee reporting to work while under the influence of alcohol or illegal substances will be subject to disciplinary action up to and including termination.

To ensure a safe and productive work environment, Pittsburg County has chosen to implement a drug testing procedure that provides for post offer, post-accident, random and reasonable suspicion/for cause drug testing of employees. *See Drug Testing Policy*

#### EXTREME TEMPERATURE CONDITIONS

Some operations may expose employees to temperature extremes in the workplace. These exposures may result in possible injury or illness and as such the Pittsburg County has developed procedures to address and control these situations. Employees are responsible for monitoring their own physical condition both on and off the job as they relate to their ability to tolerate these conditions. *See Temperature Extremes Program*

#### GENERAL POLICIES FOR ALL OPERATIONS

You will be familiar with and practice safe methods of doing your job. If in doubt, ask your supervisor!

Illness and/or extreme fatigue may affect your ability to perform your job safely. You are responsible for monitoring your personal physical condition and taking appropriate actions to ensure that you receive adequate rest and that any medications do not impact your job performance.

Horseplay of any kind is strictly forbidden and employees who willfully engage in horseplay are subject to disciplinary procedures, up to, and including termination.

Clean and orderly work areas and equipment are a requirement for both accident and fire prevention. Take the time to keep your work area clear of unnecessary materials, cords, tools and/or equipment. Do not leave drawers open. Clean up or report spills immediately. Do not ignore the unsafe acts of others, report them.

Keep fire extinguishers clear of materials and stored equipment. In an emergency situation, this equipment needs to be readily accessible.

All exits and stairways will be maintained clear and free of storage and other obstructions.

Only approved, grounded electrical extension cords will be used at a job site. All extension cords, will be inspected for damage and replaced when deemed to be unserviceable. Cords when not in use, will be unplugged, coiled and stored in their designated locations.

Lifting and other material handling will be performed using proper lifting techniques to include the assistance of other personnel as necessary. When using lifting equipment (hoists, cranes, etc.) the equipment will be checked for proper condition/operation prior to actual loading.

The use of personal music device (IPOD, MP3, radio) or other sound producing devices in the work area (to include vehicles) will be at the discretion of the immediate supervisor. At no time, however, will any device volume be in excess of 85 decibels.

Smoking is prohibited outside of designated "Smoking Areas."

Make visual checks for unsafe conditions before starting any machinery or equipment. Make all daily operator checks before starting machinery or equipment.

Do not leave any machines or equipment running while unattended.

Loose clothing, long hair and/or jewelry will not be worn by personnel who work around or near moving machinery or equipment.

All guards must be in place before, and while operating tools, equipment & machinery.

Appropriate Lockout/Tagout procedures will be followed prior to any repair work being performed on any machinery or equipment.

#### MOTOR VEHICLE OPERATION

In recognition of the high risks associated with motor vehicle operation, Pittsburg County has implemented the following requirements:

- a. All employees who drive County vehicles must have a valid Oklahoma driver's license, operator, commercial or chauffeur's license as required for the equipment being operated.
- b. Cell phones or other electronic devices will not be used by the driver while the vehicle is in motion.
- c. Only County employees are permitted to operate or ride in County owned equipment/vehicles.
- d. Employees are required to obey all Oklahoma traffic regulations. Cost for violations of traffic laws is the responsibility of the employee. Employees convicted of two or more traffic moving violations within a 12-month period will not be allowed to operate County vehicles.
- e. Employees must report all vehicle accidents as required by city and state accident reporting procedures. Employees involved in vehicle collisions will report the incident to their supervisor or designee immediately after contacting the local law enforcement agency.

Additional requirements involving motor vehicle operations are included in the County *vehicle Program*

#### TRAFFIC CONTROL

All street/ road/ bridge construction and maintenance and some law enforcement and courthouse activities have inherent hazards due to the presence of traffic. Make sure that proper safety controls are in place to define the work zone and avoid assigning collateral duties to safety personnel that will distract them from their safety duties. At a minimum, reflective apparel shall be worn. Contractors and sub-contractors should be required to prepare site specific hazard assessments that include identification of hazards and a description of how they will be eliminated or controlled. Additional requirements/suggestions involving traffic safety can be found at [www.mutcd.fhwa.dot.gov](http://www.mutcd.fhwa.dot.gov) which is titled Manual on Uniform Traffic Control Devices.

#### PERSONAL PROTECTIVE EQUIPMENT

##### Eye Protection

Appropriate safety glasses, goggles, or face shields will be worn when the work may result in a potential risk of injury to your face/eyes. Safety glasses and goggles will be provided by management and employees are responsible for keeping track of, and maintaining the equipment in good condition. Damaged equipment must be replaced immediately.

Some work examples where proper eye protection must be worn include exposure to:

- a. Relatively large flying particles (operating a chainsaw, cutting piping, Hammering metal objects, etc.).
- b. Dust and small flying particles (grinding, shredding, using power tools, etc.).
- c. Splashing liquid (transfer, application of products, etc.).
- d. Injurious sprays and mist (spraying, use of chemical products, etc.).
- e. Injurious radiant energy (welding arcs, bright sunlight, etc.).
- f. Body fluids such as blood, spit urine etc.

#### Head Protection

Approved head protection (hard hats) must be worn when the work may result in a potential risk of injury to your head. Head protection must be worn as recommended by the manufacturer to include replacement by the stamped date. Employees are responsible for keeping track of, and maintaining this equipment in good condition. Caps/hats are recommended to be worn to insure protection from heat, cold, and/or wind during normal activities.

Full face helmets will be worn when operating any ATV type vehicle.

#### Hearing Protection

Pittsburg County has elected to implement a Hearing Conservation Program to control the risks associated with high noise levels in the work area. Approved ear protection will be worn under all work conditions that have been determined by management to exceed acceptable noise levels. Hearing protection will be provided by management and employees are responsible for keeping track of, and maintaining the equipment in good condition. See *Hearing Conservation Program*

#### Respiratory Protection

Pittsburg County has elected to implement a Respiratory Protection Program to control the risks associated with workplace exposure to dusts, vapors, fumes and/or another airborne particulate. Employees are responsible for keeping track of, and maintaining the equipment in good condition. See *Respiratory Protection Program*

#### Foot and Hand Protection

Shoes or boots suitable to the type of work and work area conditions will be worn at all times. Slip resistant soles may be required in some operations. Safety-toed footwear will be required at all job site locations where a higher-level risk of foot injury exists. Open toe shoes are prohibited from all job site work areas outside of the courthouse.

Hand protection will be chosen based on the risk potential and utilized by the employee during the performance of their assigned work activities. However, in operations such as pedestal grinding or other situations where the glove may cause or contribute to an injury, other methods of hand protection will

be used. Consult your supervisor in regard to glove selection and use. All gloves required at a job site will be provided by management.

#### OUTERWEAR PROTECTION

Regular work clothing will be of cotton or other natural fiber. Shorts and tank top shirts are prohibited. Employees are responsible for keeping track of, and maintaining their clothing and other provided gear in good condition or replaced as necessary. Contaminated clothing or gear will be removed and replaced when the contaminants pose a health or fire hazard.

Reflective vests, shirts or jackets will be worn anytime employees are performing work in the presence of traffic. Reflective apparel will be provided by management. Employees are responsible for keeping track of, and maintaining the safety apparel in good condition.

#### HAZARD COMMUNICATION

All potentially harmful products used at your job are to be evaluated and the risks associated with these products communicated to the affected employees prior to use and/or exposure to these products. Annual training on this subject will be provided with additional training as new products are introduced in the work area. Employees will read safety data sheets before using chemicals. Employees will wear personal protective equipment as instructed in the safety data sheet. Employees will use chemicals only as directed by the safety data sheets. See *Hazard Communication Program*

#### ERGONOMICS

Musculoskeletal disorders develop over time. Usually they cause damage to muscles, tendons and nerves in wrists, backs, necks, elbows, shoulders and hands. Many of these conditions can be prevented by simply changing the ways we perform our jobs. You should evaluate your workstation and avoid repetitive movements or take breaks from them whenever possible. Keep your workstation such as your desk or equipment cab as comfortable as possible. Adjust your seat or chair for comfort and good posture. Keep your wrists straight. Use power tools rather than manual tools whenever possible. Organize your work area to minimize the amount of reaching, bending or stooping. If you experience discomfort due to repetitive work issues, report it to your supervisor.

#### LOCK OUT/TAG OUT

Due to the serious risk of injury and possible death, this policy establishes the requirements necessary to safeguard employees while performing, servicing, or maintenance tasks, by the removal of energy sources (electrical, hydraulic, pneumatic, chemical, thermal and kinetic) that may cause serious injury to employees or property damage by accidental start-up of machinery, equipment, or processes. Employees will not remove or ignore devices locking or tagging equipment out of use. See *Lock Out/Tag Out Program*.

#### FALL PROTECTION

Work on raised platforms, ladders, bridges or other elevated work locations creates the risk of serious injury. Employees will only use ladders or other devices designed for such purposes. The use of chairs, desks, boxes, buckets, or other devices not designed for climbing is prohibited. Appropriate fall



protection in the form of railings, safety cables, barriers or personal fall protection harnesses will be used anytime work is performed above normal grade or finished floor. *See Fall Protection Program*

#### SCAFFOLDING

Pittsburg County will ensure that all potential hazards regarding scaffolding at our job sites are evaluated. The standard practice will address the issues of; evaluating and identifying potential deficiencies, evaluating the associated potential hazards, communicating information concerning these hazards, and establishing appropriate procedures and protective measures for employees. To ensure safety and serviceability, general precautions concerning the care and use of scaffolding will be observed: *See Scaffolding Program*

#### LADDERS

Do not use chairs, boxes or other objects in lieu of approved ladders.

Ladders must be regularly inspected before use. All defective ladders (weakened, broken or missing steps, broken side rails, etc.), must be tagged, removed from service and reported to the supervisor immediately. All portable ladders will have non-skid bases.

In placing an extension ladder, the ladder will be one foot out for every 4 feet up and the ladder will extend at least 3 feet above the roofline and be tied off at the top.

When using a step-ladder longer than ten feet high, another person must hold the ladder.

Use both hands when ascending and descending ladders and always face the ladder.

Only one employee is to use a ladder at any time.

Do not climb higher than the 2<sup>nd</sup> step from the top of a step-ladder. Do not climb straight ladders higher than the third step from the top.

Do not use metal ladders near energized electrical circuits.

#### HAND TOOLS

Hand tools are to be used only for the purpose for which they are designed. They will be inspected before use and replaced as required.

Tools with burrs, cracks, mushroom heads, broken, loose or splintered handles will not be used. Turn them in for repair or replacement.

Do not leave tools on overhead work areas or other where they pose a potential risk of injury where they will fall and strike someone working below.

Never leave tools lying around where they may be tripped over or interfere with other work in progress.

Do not carry an edged or pointed tool in pockets or belts unless the point or edge is protected.

## PORTABLE POWER TOOLS

Do not attempt to operate any power tools without proper instruction and authorization.

Never use any portable power tools without checking for both proper safeguard operation, (e.g., grinder guards, weed eater guards) and electrical continuity. Questionable items will be inspected and tested by qualified personnel. Always report defects or minor shocks on any piece of equipment. Any electrical equipment or cord without a ground prong intact will not be used.

Ground fault circuit interrupters (GFCIs) will be used in all wet locations.

Electrical cords will be protected from damage by oil or wear and not left in aisles where they may be run over by trucks or other equipment or cause a tripping hazard. Never run an electrical cord through a doorway.

## MATERIAL HANDLING AND STORAGE

Employees will evaluate the object(s) to be lifted prior to attempting the lift. Get help or divide the load and always utilize proper body mechanics when lifting. All employees will help watch out for others attempting to lift heavy objects. Employees should provide assistance if able or notify others to assist with lifting heavy objects. Proper lifting techniques should be used. Lift with your legs, not your back. Hold the load close to your body and never twist your body while carrying an object.

Never stack file cabinets.

Lifting aids such as portable cranes, front loaders, back hoes, hand trucks, skids, hoists or power lift trucks will be used to move heavy objects whenever possible.

Work gloves will be worn when handling heavy or rough objects. Foot protection is required when there is a potential risk of foot injury.

When moving materials on hand trucks or dollies, push rather than pull whenever possible.

Do not stand under loads, which are suspended by ropes, chains or cables. Stand clear when ropes, cables and chains are under tension. Check the rope, cable or chain prior to use as a lifting aid.

When power equipment is being used to raise or lower materials outside of the operator's direct view, one person in clear view of both the load and the operator will give standard hand signals and the operator will accept his signals only.

Stack materials/containers securely, using cross tier or pyramid methods.

Damaged containers will be isolated for evaluation prior to storage or use.

All pallet/containers protruding nails must be bent over or removed as soon as possible.

Adequate lighting will be provided for all work areas. If in doubt about the light level, notify your supervisor for evaluation.

## FORKLIFTS, AERIAL LIFTS, SCISSOR LIFTS

Due to the risks associated with working on and around forklifts, aerial lifts, and scissor lifts, Pittsburgh County has implemented programs that include the following requirements:

- a. Only authorized and certified personnel will operate lift trucks.

- b. Operators are responsible for attentive driving and personal awareness of their surroundings and possible changes in the work area. Seatbelts will be worn by the forklift operator at all times while operating the equipment.
- c. Fall protection will be worn when working from man baskets.

Additional requirements involving forklift operations are included in the *Forklift Program and Aerial and Scissor Lift Program*.

## TRACTORS, AND MOWING EQUIPMENT

Do not attempt to operate any power equipment without proper instruction and authorization.

Always wear appropriate personal protective equipment. *Refer to the PPE section.*

When walking in proximity of equipment operations, keep clear of equipment when operators cannot see you.

Only the operator is allowed on the equipment.

When working in close proximity to moving traffic, ensure that proper barricades have been placed around the work zone.

When leaving the seat, the operator will disengage the PTO, engage the brake, stop the engine, and wait for all parts to stop before dismounting.

Never refuel equipment while the engine is running or extremely hot.

Ensure all roll over protective devices and seat belts are in place on equipment.

When operating equipment on loose soil or slanted surfaces, operator will take caution to ensure equipment does not roll over or into open ditch area.

If an area is too sloped or the ground is deemed too uneven to operate the mower safely, use a weed eater.

Areas with high grass and weeds will be mowed to an intermediate height, inspected for debris, then mowed again to the desired height.

## HEAVY EQUIPMENT

Improper equipment operating procedures used by our employees can cause injury, disability, or death. By outlining and following safe operating procedures for use of heavy equipment, we learn to prevent injury and safeguard ourselves and our coworkers. Our goal is to ensure all employees know and understand the safe operating procedures for the safe operation and maintenance of heavy equipment.

When using heavy equipment, there are basic guidelines that employees must always follow to ensure safety:

1. Know how to properly operate the equipment you are using. Supervisors will verify that operators are capable and qualified on equipment before allowing the equipment to be operated.
2. Operators will wear seat belts and shoulder harnesses as provided.
3. When mounting or dismounting equipment, always maintain three points of contact. Use steps and handholds provided, do not jump from the equipment.

4. Inspect your equipment to ensure that it is in good working condition before beginning a job. Equipment will have seat belts, rollover protection (ROP's), horn, and backup alarms. In addition, ensure that regular inspections and maintenance are conducted as appropriate.
5. Never get on or off moving equipment or allow additional riders on trucks or other equipment unless they are designed for this purpose and you are authorized to do so.
6. All employees on the ground will keep clear of heavy equipment, especially when at the rear where operators cannot see you. Do not get caught in a position where you can be struck without warning. Under no circumstances are you permitted to work under a suspended load.

For additional requirements involving heavy equipment operation, refer to the *Heavy Equipment Program*.

#### TRENCHING AND SHORING

The purpose of the Trenching & Shoring Safety Program is to put in place work practices and procedures that will protect employees from hazards that may be found in or around trenches or excavations. A trench is a narrow excavation below the ground. Trenches are typically deeper than they are wide; however, the width of a trench is less than 15 feet.

Shoring systems, trench boxes or appropriate sloping/benching are necessary to protect these spaces and reduce the chance for cave-ins. A shoring system consists of a structure that supports the sides of an excavation and is designed to prevent cave-ins. See *excavation/ Trenching and Shoring Program*

#### CONFINED SPACE ENTRY

Pittsburg County will identify all confined spaces in the workplace and will distinguish between confined spaces and permit required confined spaces. If the workplace contains permit spaces, the manager will inform exposed employees by posting danger signs or by any other equally effective means of the existence and location of and the danger posed by the permit spaces.

Storm sewers, sanitary sewers, lift stations, culverts and other underground structures are considered confined spaces. Electrical vaults, storage tanks and other above ground structures may pose the same risks and are considered confined spaces as well. Entry into these spaces will be in strict accordance with the confined space program.

All employees performing work in confined spaces will be required to be trained in and follow safety procedures as outlined in the Confined Space Entry Program. See *Confined Space Entry Program*.

Remember, safety is everyone's responsibility. Improving the safety culture in our workplace will occasionally require a change in the way we have always done things. No one wants to see someone injured. If everyone in Pittsburg County works together, we can improve our work environment and reduce the number of accidents and injuries.

# Safety Policy/Procedure Acknowledgement

*Read carefully before signing below*

By my signature below, I acknowledge that:

1. I have received and read the county safety policy/procedures and I have been given the opportunity to ask questions and have received clarification of any area of the policy/procedures that I questioned. I agree to abide by the provisions in the policy/procedures and I understand that failure to do so may result in disciplinary actions, up to and including, termination of my employment.
2. I have received training by the county for the duties associated with my job and I understand the potential hazards and physical requirements of these duties as well as the necessary precautions to control these hazards.
3. I have been informed and I understand that I am to report any accident and injury while performing the duties of my job to my immediate supervisor immediately, or if in their absence, the next available senior representative. An Accident Investigation Report must be completed and signed immediately (as is reasonable under the injury circumstances) by me after my injury.
4. I have been informed and I understand that I am to immediately report any unsafe acts and/or conditions that I discover during the performance of my job duties.

Employee's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Dated: \_\_\_\_\_

PLACE SIGNED COPY IN EMPLOYEE'S PERSONNEL FILE

# SAFETY AWARD POLICY

To purchase, rent or lease-purchase uniforms, safety devices and equipment for the Officers and employees of the County and provide incentive awards for safety-related job performance. However, no employee shall be recognized more than once per calendar year and the award shall not exceed the value of Two Hundred Fifty Dollars (\$250.00); further, no elected official shall be eligible to receive a safety award. The County Commissioners may pay for any safety training or safety devices and safety equipment out of the general county funds or any county highway funds available to the County Commissioners.

O.S. 19 § 339(A)(10)

Pittsburg County is dedicated to rewarding the employees of Pittsburg County who have not had any incidents or accidents during the year. However, safety awards will only be approved during years when the budget allows.

#### ELIGIBLE EMPLOYEES

An employee must have been employed by Pittsburg County on or before the first working day of January of any given year to be eligible for a safety award and must still be employed by Pittsburg County on December 31 of that same year to qualify. Safety awards will be approved for the previous year the following January.

To be eligible, an employee must be considered permanent (full-time or part-time). Temporary employees do not qualify for this program. However, part-time employees must work no less than 750 hours any given year and will only qualify for one-half of the total dollars of the award.

#### INELIGIBLE EMPLOYEES

An employee who is involved in an incident or accident that is deemed the employee's fault will be ineligible to receive a safety award for the year the incident or accident occurred.

#### FORMS AND REPORTS

YOU HAVE THREE (3) DAYS TO TURN IN ALL ACCIDENT REPORTS TO THE COUNTY COMMISSIONERS' OFFICE BEFORE NOTICE OF VIOLATION IS ISSUED.

**EMPLOYEE INCIDENT REPORT** – A copy of this report is on file in the Safety Manual that should be located in each office. The safety coordinator for each department will be responsible for completing the employee incident report and turning it into the Safety Director. A copy of this report should be kept on file in the office where the incident occurred. All departments shall turn the employee incident report into the Commissioners' Office where the Safety Director will review the report and determine if a notice of violation should be issued.

**SUPERVISOR'S INCIDENT REPORT** – A copy of this report is on file in the Safety Manual that should be located in each office. The elected official/department head will be responsible for completing the supervisor's incident report. A copy of this report should be kept on file in the office where the incident occurred and the original shall be turned into the Commissioners' Office with the Employee Incident Report.

**NOTICE OF VIOLATION** – The Safety Director for Pittsburg County will review the employee incident report and the supervisor's incident report for each incident and on an as needed basis interview those who were involved with or witness to the incident. After careful review the Safety Director will determine if the employee was at fault and if a Notice of Violation should be issued. If a Notice of Violation is issued, the employee will forfeit their safety award for the year in which the incident occurred.

## **SAFETY MEETING AND REPORTS**

A copy of the Safety Meeting Minutes for Pittsburg County is on file in the Safety Manual that should be located in each office.

Safety Meeting Minutes must be turned into the Commissioners' Office by all departments on a quarterly basis. If quarterly meeting minutes are not turned into the Commissioners' Office the following actions shall be taken:

1. Written warning if no reports are turned in during a three (3) month period.
2. 1st Notice of Violation will be issued to the department.
3. Final Notice of Violation will be issued to the department and ALL Employees within the department will forfeit their safety awards the year in which the violation occurred.

**IF IT IS FOUND THAT AN INCIDENT OR ACCIDENT OCCURRED AND NOT REPORTED TO THE COMMISSIONERS' OFFICE, THAT DEPARTMENT SHALL BE IN DANGER OF LOSING THEIR SAFETY AWARD.**

## **WHEN AWARDS ARE ISSUED**

Safety awards will be awarded the following January for the previous calendar year. A resolution from each department will be turned into the Commissioners' Office for approval by the Board of County Commissioners during a regular or special meeting. Those receiving monetary awards will receive them no later than the end of January.

Those receiving Safety awards in the form of safety equipment will receive their awards for the previous year no later than the end of January.



# Safety Award Policy Acknowledgement

*Read carefully before signing below*

I have read and understand the Pittsburg County Safety Award Policy. I further understand that if I am found to be in violation of the Safety Award, I will forfeit my safety award for the year in which I am in violation.

\_\_\_\_\_  
Name of Employee (Please Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

PLACE SIGNED COPY IN EMPLOYEE'S PERSONNEL FILE

# Pittsburg County Occupational Exposure to Bloodborne Pathogens Plan

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed for Pittsburg County on this date, September 8, 2015.

## 1. PURPOSE

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM) as detailed in the Bloodborne Pathogens standard.

## 2. EXPOSURE DETERMINATION

In accordance with the OSHA Requirements, Pittsburg County has conducted an exposure determination to identify the potential for occupational exposure which employees may incur to blood or other potentially infectious materials. This exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination lists all job classifications in which all employees may be expected to incur occupational exposure, regardless of frequency.

“Occupational Exposure” is one of the key terms upon which the standard rests. It contains the criteria which triggers application of the hepatitis vaccination requirement and is defined as:

“Reasonably anticipated skin, eye, mucous membrane, or Parenteral (e.g., puncturing or piercing) contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties”.

Designated first aid providers who have occupational exposure must be offered the hepatitis B vaccine before they are exposed unless the following conditions are in place:

- A. The primary job assignment of such designated first aid provider is not the rendering of first aid or other medical assistance.
- B. Any first aid rendered by such person(s) is rendered only as a collateral duty, responding solely to injuries resulting from workplace incident, generally at the location where the incident occurred. At this agency the following job classifications are in this category:
  - Designated First Aid Providers (Those employees to whom Pittsburg County have provided first aid, CPR and AED training)

Non-trained employees of the agency are expected to call the police (9-911) and are not expected or required to perform first aid or any type of medical treatment to any person.

“Good Samaritans” are those who voluntarily give assistance to an injured co-worker or a member of the public outside the course of their normal job. In such a case, Pittsburg County will offer these individuals the same follow-up care in accordance with the OSHA standard. At this agency the following job classifications are in this category:

- All other Pittsburg County employees

The control plan will make provisions of the Hepatitis B vaccine to all unvaccinated first aid providers who render assistance in any work-related situation involving the presence of blood or other potentially infectious materials as well as the provision of appropriate evaluation, post-exposure prophylaxis, and follow-up for those employees who experience an "exposure incident".

### 3. IMPLEMENTATION SCHEDULE AND METHODOLOGY

OSHA also requires that this plan also include a schedule and method of implementation for the various requirements of the standards. The following complies with this requirement:

All elements of this bloodborne pathogens program will be implemented and in place by October 8, 2015. The original program will be maintained by the Safety Director and will be available for viewing by all employees.

### 4. COMPLIANCE METHODS

Universal precautions will be observed at Pittsburg County, 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.

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. Hand washing facilities are available at all Pittsburg County locations in all restrooms and breakrooms.

#### Work Practices

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which will be employed at this agency to accomplish this goal are:

Employees who become injured will treat themselves, whenever possible. In the event that self-treatment is not feasible, personnel who are fully trained in first aid and to handle blood spills, or other contaminated matter, will assist, utilizing the following work practices:

- Isolate the area so no one else is exposed.
- Prepare a fresh bleach solution (10:1) or use premixed cleaning agents labeled as tuberculocidal. Alcohol and other cleaning agents are not considered appropriate for dealing with potentially infectious materials. Bloodborne pathogens spill kits and a container of bleach will be maintained by the maintenance departments at the courthouse and jail and will be maintained in the first aid kits at all other locations.
- Don personal protective equipment (face shield, gloves, apron, etc.)
- Use non-aggressive means to clean up spill, avoiding splashing or splattering any potentially infectious material.

#### Personal Protective Equipment

All personal protective equipment used at Pittsburg County 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 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.

Protective clothing will be provided to employees in the following manner:

- First aid kits will include (as a minimum) latex or latex-free gloves, safety glasses with side shields or a mask with an eye shield, CPR masks. First aid kits are currently present in all Pittsburgh County locations.

All garments which 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.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available in the first aid kits. Gloves will be used for the following procedures:

- Assisting in injured co-worker
- Providing emergency first aid to anyone
- Cleanup of all potentially infectious materials.

Disposable gloves used at the agency are not to be washed or decontaminated for reuse and are to be disposed of 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 reuse provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured or they exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

#### Housekeeping

Decontamination of areas which have been contaminated with blood or other potentially infectious materials will be accomplished by utilizing the following materials: a fresh bleach solution (10:1) not older than 24 hours or a premixed cleaning solution labeled as tuberculocidal. Alcohol or any other cleaning products are not considered acceptable or effective on potentially infectious materials.

The cleaning solution will be provided by OSHA department upon notification of an incident at the agency. Bloodborne Pathogens spill kits and bleach will be maintained by the maintenance departments at the courthouse and jail and will be maintained in the first aid kits of all other locations.

All contaminated work surfaces will be decontaminated as soon as possible.

#### Hepatitis B Vaccine

All employees who incur a work-related exposure to blood or other potentially infectious materials will be offered the post-exposure evaluation and follow-up for Hepatitis B vaccine series, at no cost to them unless:

- They have previously received the vaccine series.
- Antibody testing has revealed they are immune.
- The vaccine is contra-indicated for medical reasons.

In these cases, they need not be offered the series.

The vaccine will be offered to employees as soon as possible, but in no event later than 24 hours.

All incidents of first aid will be reported by the end of the work shift to same location in order to ensure that proper precautions concerning the incident are followed.

In any employee is exposed to blood or potentially infectious materials on the job, they may request a Hepatitis B vaccination at that time. If the vaccine is administered immediately after exposure, it is extremely effective at preventing the disease.

The Hepatitis B vaccination is given in a series of three shots. The second shot is given one month after the first and the third shot follows five months after the second. This series gradually builds up the body's immunity to the Hepatitis B virus.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the working in Appendix A of the OSHA standard. See Appendix B of this document.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. The Board of County Commissioners has responsibility for assuring that the vaccine is offered, the waivers are signed, etc. Also, the Board of County Commissioners should list who will administer the vaccine.

## EVALUATION OF CIRCUMSTANCES EXPOSURE INCIDENTS

If an employee sustains an exposure incident (such as a stick with a contaminated object or a splash of potentially infectious material in the eye, mouth, mucous membrane, or non-intact skin), the exposed person should immediately:

Report the incident to: 1. The immediate supervisor, 2. The Safety Director, 3. The Board of County Commissioners.

This follow-up will include the following:

- The route of exposure and the circumstances related to the incident shall be documented by completing the Pittsburgh County Exposure Incident Report (Appendix C)
- If possible, the identification of the source individual, and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed above the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. (Employers may need to modify this provision in accordance with applicable local laws on this subject.) Modifications should be listed here.

The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decided prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.

The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. See **Appendix A** of this document.

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.

The following person(s) has been designated to assure that the policy outlined here is effectively carried out, as well as maintain records related to this policy:

Denton Cossey, and Safety Director, 918-423-5655  
Sandra Crenshaw, first Deputy, Board of County  
Commissioners 918-423-1338

#### Interaction with Health Care Professionals

Certain information is required to be provided to the health care professional responsible for providing an employee with the Hepatitis B vaccine and also certain information is required to be provided to the health care professional who conducts an evaluation of an employee following an exposure incident. This informational requirement is listed in 29 CFR 1910.1030(f)(4) of the standard. The Board of County Commissioners will provide the health care provider any forms and documentation required. A written opinion shall be obtained from the health care professional who evaluates employees of this agency. **Written opinions will be obtained in the following instances:**

- When the employee is sent to obtain the Hepatitis B vaccine.
- Whenever the employee is sent to health care professional following an exposure incident.

Health care professional shall be instructed to limit their opinion to:

Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following the incident.

That the employee has been informed of the results of the evaluation, and

That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (NOTE that the written opinion to the employer is not to reference any personal medical information.)

#### TRAINING

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur and annually thereafter. Training will be conducted in the following manner:

**Training for employees will include the following and explanation of:**

1. An accessible copy of the regulatory text of the OSHA standard and an explanation of its contents;



2. A general explanation of the epidemiology and symptomatology of bloodborne diseases
3. Modes of transmission of bloodborne pathogens
4. Pittsburg County exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.)
5. Procedures which might cause exposure to blood or other potentially infectious materials at Pittsburg County
6. Control methods which will be used at Pittsburg County to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at Pittsburg County and who would be contacted concurring:
8. Post-exposure evaluations and follow-up
9. Signs and labels that are required
10. Hepatitis B vaccine program
11. Hepatitis B vaccine program at the facility, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered at no cost to the employees.
12. Information on the appropriate actions to take, and persons to contact in an emergency involving blood or other potentially infectious material
13. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

Training will be conducted in house, through in-house orientation and annual lessons using videotapes, computer-based training, written material, classroom sessions on specific policies, and recertification provided by professional training organization every two years. The Safety Director is responsible for conducting the training and ensuring recertification of designated first aid responders.

All employees who have occupational exposure to bloodborne pathogens will receive training conducted by the Safety Director.

The outline for the training material is located in the Safety Director's office.

#### RECORDKEEPING

The Safety Director will maintain the records of training for at least three (3) years. Documentation of training performed by the division or by personnel other than the OSHA Personnel should be forwarded to the Safety Director for inclusion in the safety training records.

The training records include:

- The dates of training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training.
- The names and job title of all persons attending the training session.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be in written form and addressed to Denton Cossey, c/o Board of County Commissioners, Pittsburg County, 115 E. Carl Albert Pkwy., Room 100, McAlester, OK 74501.

#### Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records".

The Board of County Commissioners is responsible for maintenance of the required medical records. These confidential records are kept at the office of the Board of County Commissioners for at least the duration of employment plus 30 years.

The employee's Hepatitis B vaccination status including the dates of each of the Hepatitis B vaccinations in the series will be maintained by the Board of County Commissioners.

#### OSHA Recordkeeping

Copies of any injury/exposure report from filed with the workers' compensation insurance carrier will be forwarded by the Board of County Commissioners to the Safety Director for review/investigation and where the exposure incident will be evaluated to determine if the case meets OSHA's Recordkeeping requirement (29 CFR 1904).

#### Annual Review

The Bloodborne Pathogens plan will be reviewed annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure.

# BLOODBORNE PATHOGENS PLAN APPENDIX A

## Post-Exposure Prophylaxis for Hepatitis B Virus

HBV vaccine is used in the post-exposure prophylaxis setting to augment the immune response to Hepatitis B. Two HBV vaccines are approved for use in adults; both require administration of three separate injections into the deltoid muscle. In addition, if the HCW has an additional indication from receiving Hepatitis A vaccine, they can receive the combination HAV and HBV vaccine. The efficiency of the combination of HBIG and HBV vaccine in reducing the rate of HBV infection acquired through occupational exposure has not been demonstrated directly, but its advantage is inferred because the combined regimen demonstrated an 85 – 95% efficacy in preventing prenatal transmissions of HBV. The use of HBIG is considered safe for women who are pregnant or lactating.

## Recommended Post-Exposure Treatment for Hepatitis B Virus

Employee Status	Recommended Treatment		
	Source HBsAG Positive	Source HBsAG Negative	Source Unknown or Unavailable
Unvaccinated	HBIG x 1 and HBV vaccine*	HBV vaccine*	HBV vaccine*
Previous Vaccinated			
Responder Anti-HBs, 10mIU/ml	No Treatment	No Treatment	No Treatment
Non-Responder Anti-HB, 10mIU/ml	1. HBIGx1 and HBV vaccine* or 2. HBIG now and in one month**	No Treatment	If Source High Risk 1. HBIGx1 and HBV vaccine* or 2. HBIG now and in one month**
Response Unknown	Test Empl. Anti-HBs 1. If titer >10mIU/ml, No Treatment 2. If titer <10mIU/ml, HBIG and booster	No Treatment	Test Empl. Anti-HBs 1. If titer >10mIU/ml, No Treatment 2. If titer <10mIU/ml, Vaccine booster and recheck titer in 1-2 months

\*Initiate and complete HBC vaccine series (3 doses).

\*\*Two doses of HBIG preferred for individuals who failed to respond to two completed HBV vaccine series.

HBIG = Hepatitis B immune globulin HBsAG=

Surface antigen of Hepatitis B virus

Anti-HBs=An antibody to the surface antigen of the Hepatitis B virus Titer=

Measurement of how much antibody an organism has produced.

***Pittsburg County Employee's Acknowledgement Form  
For the Pittsburg County Bloodborne Pathogens Plan***

***Read carefully before signing below***

I hereby acknowledge that I have read or have had read to me the Pittsburg County Bloodborne Pathogens Plan.

I further state that I understand and agree to abide by these rules at all times while an employee of Pittsburg County. I understand that failure of any employee to comply with the rules of this manual, or the failure of any supervisor to enforce the same, will be considered insubordination and repeated failures to comply will be grounds for dismissal.

---

Employee's Printed Name

---

Employee's Signature

---

Date

---

Witness' Signature

PLACE SIGNED COPY IN EMPLOYEE'S PERSONNEL FILE

# HAZARD COMMUNICATIONS PROGRAM

The following is a brief outline intended to cover those employees who are involved with the handling or supervision of those handling hazardous materials and their responsibilities

Please see the Written Hazard Communication Program supplied to you with a copy of these policies and procedures. Each program is developed specifically by location.

# HAZARD COMMUNICATIONS PROGRAM GUIDE TO MANAGEMENT PERSONNEL

All public employers who use hazardous substances in the workplace are required by the Oklahoma Department of Labor to have a Hazard Communications program that will inform employees of the potential acute and chronic health hazards that they come into contact with in the course of a normal workday.

Complete Hazard Communication information is contained in the Pittsburg County Hazard Communication Program, a separate document.

Employees have both a right and need to know the properties and potential safety and health hazard of substance to which they may be exposed and that such knowledge is essential for reducing the incidence and the costs of occupational illness and injury. These regulations apply to any person who imports and sells a hazardous substance to any public employer in the state and to the proprietor of any location where hazardous substances are used, which are subject to fire protection by employees under this rule. These regulations apply to hazardous substances which are present in the workplace as a result of workplace operations in such a manner that employees may be exposed under normal conditions of work in a reasonably foreseeable emergency from workplace operations.

It will be the responsibility of management and supervisors to ensure that the proper information is obtained and disseminated to the appropriate employees. It will be the employer's responsibility to follow practices as outlined in the Hazard Communications Manual and the Material Safety Data Sheets (MSDS).

The following is a brief outline intended to cover those employees who are involved with the handling or supervision of those handling hazardous materials and their responsibilities.

## SECTION ONE - RESPONSIBILITIES

### 1 – 1 SAFETY DIRECTOR'S RESPONSIBILITIES

Ensure all management personnel are aware of the Hazard Communications Program.

Periodically audit the progress of the program.

Provide and document training for employees in the safe use and handling of hazardous materials.

Make routine surveys of the work area to ensure safe work practices are being followed.

Coordinate emergency procedures and fire department activities relating to hazardous materials.

### 1 – 2 SAFETY COORDINATOR'S RESPONSIBILITIES

Determine which jobs require Hazard Communication Training.

Maintain up to date records of employees required to handle hazardous materials.

Identify all jobs requiring the use of hazardous materials and list those chemicals.

Make routine surveys of work area to ensure safe work practices are being followed.

Ensure that all employees know where the Hazard Communications manual is located as how to use it.

Ensure that the most current Material Safety Data Sheets are filed in an orderly manner and that out-of-date MSDS's are removed from the current file.

Periodically inspect engineering controls and personal protective equipment and replace all that are defective.

Ensure that required practices are being followed.

Ensure that the receiving agent obtains the Material Safety Data Sheets from all hazardous material suppliers and copy forwarded to the Safety Director for the master file.

Ensure that the necessary personal protective equipment is used properly.

Enforce all applicable safety and health rules and regulations.

Know what materials are hazardous and the safe way to use them.

Provide for the safety of all employees under their supervision.



### 1-3 RECEIVING AGENT'S RESPONSIBILITIES

Ensure that Material Safety Data Sheets are received with the initial shipment of hazardous materials, and that the Safety Coordinator is notified to give proper training before the material is used in the workplace.

Ascertain that proper labels are affixed to containers.

Store hazardous materials in designated locations.

Use prescribed personal protective equipment when handling hazardous materials.

Report damaged containers or spills to appropriate personnel immediately.

Sample products will not be accepted without the Material Safety Data Sheet, return to supplier.

### 1-4 EMPLOYER'S RESPONSIBILITIES

#### Chemical Information Lists (CIL)

Each employer shall develop and maintain Chemical Information Lists containing the common and trade names of all hazardous substances present in the workplace. Such CIL's shall be maintained in alphabetical order and cross references to their chemical names.

A CIL shall be maintained on each employee indicating the type of chemical exposure received, if any, throughout their employment in the workplace and this information shall:

Be stored for not less than 40 years; or

Be given to the employee on a regular basis, or upon termination, in a form that includes the following statement: "You should preserve this report for future reference."

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

Each employer shall obtain or develop a material safety data sheet for each hazardous substance which has been identified on the CIL.

Each MSDS shall reflect the information contained in the sources consulted by the manufacturer in their hazard determination and shall contain at least the required information specified by 29 CFR 1915.97(B).

Provision of a U.S. OSHA Form 20 MSDS, or equivalent shall constitute prima facie evidence of compliance with this section.

If the employee becomes aware of any information which is significant regarding the health hazard of a substance, and which does not appear on the MSDS this shall be added to the MSDS within a reasonable time period, but not to exceed thirty (30) days. Where trade secrets are involved, the manufacturer shall be informed in writing and a copy shall be sent to the Oklahoma Department of Labor for follow up.

Where the job itself can be hazardous to the employees the procedures for these operations shall be written in the Hazard Communication Manual.

## SECTION TWO - CONTAINER MARKING

### 2-1 CONTAINER MARKING

Labels, signs, and placards will be used to provide information to employees, identifying the hazards of the materials and the appropriate warnings.

Hazardous materials must be properly labeled and stored in the correct method and area.

All containers that have hazardous materials should in them shall be labeled including:

In-house containers used for production purposes.

In-coming and out-going containers that have not been previously labeled.

Any areas where hazardous dusts or fumes may exist.

## SECTION THREE - TRAINING PROGRAM

### 3-1 TRAINING PURPOSE

Training is provided to inform employees who handle potentially hazardous materials of the following.

Requirements of the Hazard Communication Standard.

Any operations in their area where hazardous materials are used.

How to obtain the information for personal protection from the Material Safety Data Sheets (MSDS).

The location in the workplace of the Hazard Communication Manual, the MSDS, and the Chemical Information Lists (CIL).

To train employees on the proper and safe way to perform their job, and the necessary personal protective equipment to use.

The training program will include all of the following employees:

Current employees that work with or in an area where hazardous materials are used.

Newly hired employees that work with or in the area where hazardous materials are used within 30 days of hire.

Employees assigned to new departments will receive training prior to exposure to any hazardous materials or who work in any area where hazardous materials are used.

The training program will normally consist of both audio-visual and classroom training. The training will be re-enforced by:

- . Handouts for the employees to keep.
- . Posters explaining the labeling system.
- . Testing of employees to ensure that learning has taken place.
- . Signing of attendance documents.

Training will be given when there is a non-routine task to be performed. The supervisor will notify the Safety Director prior to the performance of any non-routine task, so that the proper training may be given.

For training purposes, individuals doing daily work under contract for the county, shall be considered employees and shall receive training.

All contractors shall be informed of hazardous materials present in the area where their employees will be working.

MSDS's will be provided to the contractor's management personnel so that they may train their employees.

Contractors must supply MSDS's to Pittsburg County for any substance that is hazardous and brought onto Pittsburg County property or the workplace.

Contractors must demonstrate that they are in compliance with State and Local laws covering Hazard Communications.

## SECTION FOUR EXCEPTIONS

### 4-1 EXCEPTIONS

Hazard Communications does not cover:

Hazardous wastes regulated by the Environment Protection Agency

Tobacco and tobacco products

Wood and wood products

Food, drugs and cosmetics intended for personal use by the employee

Articles are also exempt. Articles are products which have been found to specific shapes or designs which determine how they will be used, and which do not release hazardous substances in normal use, such as a telephone.

Additionally, these regulations do not apply to consumer products and food stuffs, packaged for distribution and intended for use by the general public.

## TEST FOR MSDS INFORMATION AND INSTRUCTIONS

What hazardous chemicals will you be exposed to (or potentially exposed to) in the workplace?

Is the work area of each chemical so identified?

How will you detect the presence of the chemical in the work area, should it be released?

What effect does the chemical have on you if you are exposed?

What kind of personal protective equipment are you required to wear to prevent exposure to each chemical?

Where is the Hazard Communication Manual kept?

Where is the MSDS file kept?

How many sections are there on a MSDS? What does each section tell you about each chemical?

What do you do in the event of exposure, for yourself and your fellow employees in the area?

Where is emergency information (telephone number, hospital address, key personnel) posted in your work area?

GIVE A PRE-TEST AND A POST-TEST TO ASCERTAIN THAT LEARNING HAS TAKEN PLACE DURING THE MSDS INSTRUCTION.

*Pittsburg County Employee's Acknowledgement Form*

## ***For the Pittsburg County Hazard Communications Plan***

***Read carefully before signing below***

I hereby acknowledge that I have read or have had read to me the Pittsburg County Hazard Communications Plan.

I further state that I understand and agree to abide by these rules at all times while an employee of Pittsburg County. I understand that failure of any employee to comply with the rules of this manual, or the failure of any supervisor to enforce the same, will be considered insubordination and repeated failures to comply will be grounds for dismissal.

---

Employee's Printed Name

---

Employee's Signature

---

Date

---

Witness' Signature

PLACE SIGNED COPY IN EMPLOYEE'S PERSONNEL FILE

# Pittsburg County Suspicious Package/White Powder Guidelines

# Identifying Suspicious Package/White Powder:

Some characteristics of suspicious packages and envelopes include the following:

- Inappropriate or unusual labeling
- Excessive postage
- Handwritten or poorly typed addresses
- Misspellings of common words
- Strange return address or no return address
- Incorrect titles or title without name
- Not addressed to a specific person
- Marked with restrictions such as “Personal”, “Confidential”, or “Do Not x- ray”
- Marked with any threatening language
- Postmarked from a city or state that does not match the return address.
- Excessive tape
- Oily stains on paper

## IF YOU SEE A SUSPICIOUS OR WHITE POWDER PACKAGE OR ENVELOPE:

- If you suspect a package or envelope, do not touch
- Leave the mail or package where it was found
- Do not disturb
- Immediately contact your supervisor
- Clear the immediate area of all persons and keep others away
- Cordon off the immediate area
- Instruct people to wash hands and other exposed skin with soap and water
- Isolate exposed persons to a designated area away from the substance and await further instruction
- List the names of the persons in the immediate area of the mail or package



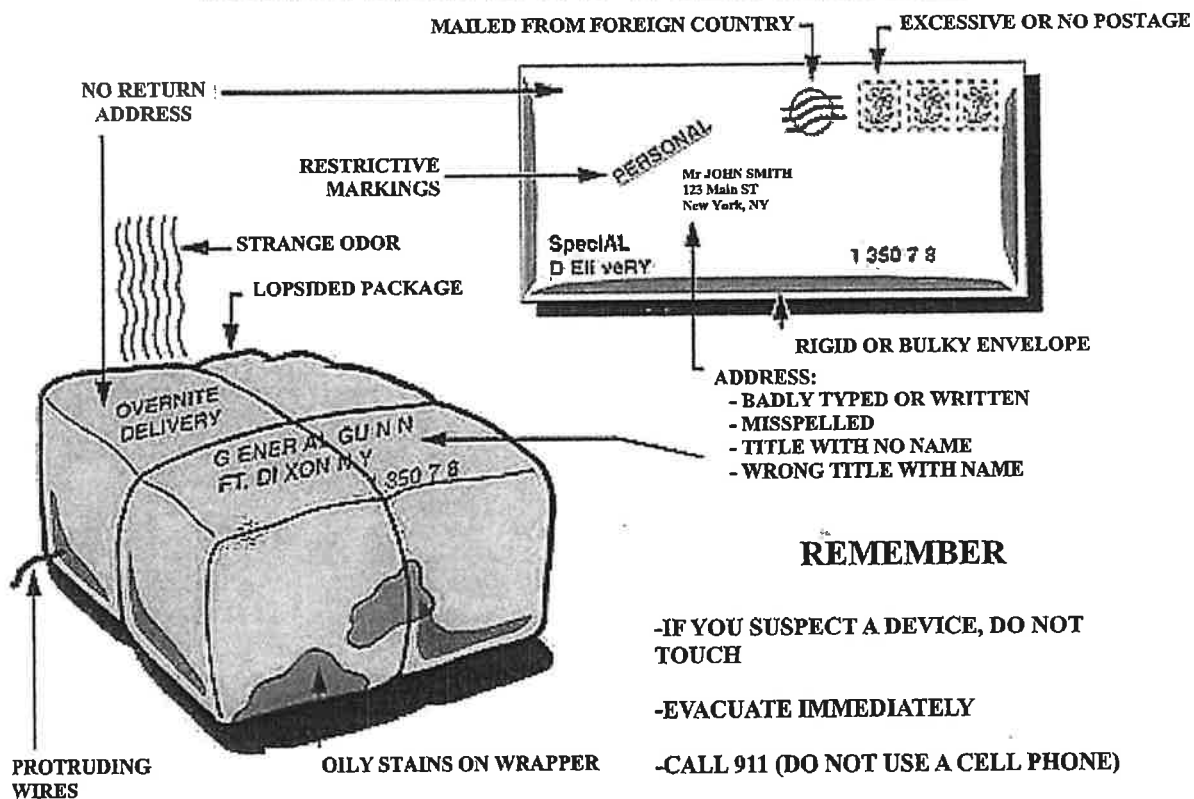
- Shut down all HVAC (heating, ventilation, air conditioning) systems
- Document the location of mail or package.

- **DO NOT USE YOUR PANIC BUTTON**

Supervisor:

- Notify courthouse security, if security is unavailable, contact the Sheriff at 918- 424-9201 or the Undersheriff at 918-424-9202
- Notify Emergency Management, Denton Cossey at 918-423-5655
- Notify Sheriff's Office at 918-423-5858
- Notify the Board of County Commissioners (ext. 5003) 918-423-1338
- Employee must fill out exposure report and incident report
- Supervisor must fill out incident report
- At the direction of HAZMAT and they have decontaminated the affected employee(s), employee(s) will be required to go to the hospital for medical evaluation to ensure health and safety.

# SUSPICIOUS PACKAGE



## REMEMBER

- IF YOU SUSPECT A DEVICE, DO NOT TOUCH
- EVACUATE IMMEDIATELY
- CALL 911 (DO NOT USE A CELL PHONE)

*Pittsburg County*  
**SUSPICIOUS PACKAGE/WHITE POWDER GUIDELINES**  
*Acknowledgement*

This is to acknowledge that I have received a copy of the Suspicious Package/White Powder Guidelines, to be added to the Emergency Procedures section of the Pittsburg County Policies and Procedures Handbook, adopted by Pittsburg County on Tuesday, January 16, 2018.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

PLACE SIGNED COPY IN EMPLOYEE'S PERSONNEL FILE

# Active Shooter Policy

## Profile of an Active Shooter:

An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms and there is no pattern or method to their selection of victims.

Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims.

Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

## Good Practices for Coping with an Active Shooter Situation:

Be aware of your environment and any possible dangers.

Take note of the two nearest exits in your office and any facility you visit. If you are in an office, stay there and secure the door.

If you are in a hallway, get into a room and secure the door.

As a last resort, attempt to take the active shooter down. When the shooter is at close range and you cannot flee, your chance of survival is much greater if you try to incapacitate him/her.

CALL 911

WHEN IT IS SAFE TO DO SO!

## How to Respond when an Active Shooter is in Your Vicinity:

Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

## EVACUATE

If there is an accessible escape path, attempt to evacuate the premises. Be sure to: Have a route and plan in mind.

Evacuate regardless of whether others agree to follow.

Leave your belongings behind.

Help others escape, if possible.

Prevent individuals from entering an area where the active shooter may be. Keep your hands visible.

Follow the instructions of any police officer. Do not attempt to move wounded people.

Call 911 when it is safe.

## HIDE OUT

If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:

Be out of the active shooter's view.

Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door).

Do not trap or restrict your options for movement.

To prevent an active shooter from entering your office or hiding place: Lock the door

Blockage the door with heavy furniture.

If evacuation and hiding out are not possible:

Remain calm

Dial 911, if possible, to alert police to the active shooter's location.

If you cannot speak, leave the line open and allow the dispatcher to listen.

## TAKE ACTION AGAINST THE ACTIVE SHOOTER

As a last resort, and only when your life is in imminent danger:

Attempt to disrupt and/or incapacitate the active shooter by:

Acting as aggressively as possible against him/her

Throwing items and improving weapons

Yelling

Committing to your actions

## HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

Officers usually arrive in teams of four (4)

Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment.

Officers may be armed with rifles, shotguns, handguns.

Officers may use pepper spray or tear gas to control the situation.

Officers may shout commands, and may push individuals to the ground for their safety.

## HOW TO REACT WHEN LAW ENFORCEMENT ARRIVES:

Remain calm, and follow officer's instructions.

Put down any items in your hands (i.e. bags, jackets)

Immediately raise hands and spread fingers.

Keep hands visible at all times.

Avoid making quick movements toward officers such as attempting to hold onto them for safety.

Avoid pointing, screaming and/or yelling.

Do not stop or ask officers for their help or direction when evacuating, just proceed in the direction from which officers are entering the premises.

## INFORMATION TO PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR:

Location of the active shooter.

Number of shooters, if more than one.

Physical description of shooter(s).

Number and type of weapons held by the shooter(s). Number of potential victims at the location.

The first officers to arrive to the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the premises.

Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and witnesses have been identified and questioned. Do not leave the safe location or assembly point until law enforcement authorities have instructed you to do so.

## REACTION TO MANAGERS DURING AN ACTIVE SHOOTER SITUATION

Employees and customers are likely to follow the lead of managers during an emergency situation.

During an emergency, managers should be familiar with their EAP, and be prepared to:

Take immediate action Remain calm

Lock and barricade doors

Evacuate staff and customers via a preplanned evacuation route to a safe area.

## ASSISTING INDIVIDUALS WITH SPECIAL NEEDS AND/OR DISABILITIES

Ensure the EAPs. Evacuation instructions and any other relevant information addressed to individuals with special needs and/or disabilities. Your building should be handicap-accessible, in compliance with ADA requirements.

## RECOGNIZING POTENTIAL WORKPLACE VIOLENCE

An active shooter is your workplace may be a current or former employee, or an acquaintance of a current or former employee. Intuitive managers and co-workers may notice characteristics of potentially violent behavior in an employee. Alert your Human Resources Department, County Commissioners, Courthouse Security or Sheriff if you believe an employee or co-worker exhibits potentially violent behavior.

## RALLY POINTS/SAFE ZONES:

If your office is located on the 1<sup>st</sup> floor of the courthouse, your rally point/safe zone will be at the pavilion at the intersection of First Street and Choctaw Avenue. When you arrive there, locate your supervisor so that they can mark you down as accounted for and safe. If your office is located on the 2<sup>nd</sup> or 3<sup>rd</sup> floor, your rally point will be at the covered parking for Bank NA employees, located directly behind the bank and across the street from the courthouse.

Supervisors will need to do a roll call to see who is present and who is not, so when you arrive at your safe zone, locate your supervisor, or their designee so that they can mark you down as accounted for and safe. Do not leave until you are released by your supervisor or designee. Should your supervisor and designee be unaccounted for, the next senior person in your office will step up and start a roll call on who is present and who is unaccounted for. This list will need to be provided to law enforcement.

***Pittsburg County***  
***ACTIVE SHOOTER POLICY***  
***Acknowledgement***

This is to acknowledge that I have received a copy of the Active Shooter Policy, to be added to the Emergency Procedures section of the Pittsburg County Policies and Procedures Handbook, adopted by Pittsburg County on Monday, April 23, 2018.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

PLACE SIGNED COPY IN EMPLOYEE'S PERSONNEL FILE

# APPENDIX A

This page is blank to insert Appendix A. Safety Forms



**PITTSBURG COUNTY  
EMPLOYEE INCIDENT REPORT**

FIRST NAME	MIDDLE INITIAL	LAST NAME	
OCCUPATION	DATE OF ACCIDENT	DAY OF WEEK	TIME
			A.M. P.M.
AT THE TIME OF THE ACCIDENT:			
What kind of job were you doing?			
What specific action caused the accident?			
What tools, material and/or equipment were being used?			
Were these tools, etc. defective or in an unsafe condition?			
Did you make a routine inspection of the tools, materials, etc. prior to use?			
What kinds of safety protection devices were being used?			
What steps should be taken to prevent similar accidents?			
EMPLOYEE'S SIGNATURE		DATE	
SAFETY COORDINATOR'S SIGNATURE		DATE	
SAFETY DIRECTOR'S SIGNATURE		DATE	
COMMISSIONER'S SIGNATURE		DATE	

# PITTSBURG COUNTY SUPERVISOR'S INCIDENT REPORT

EMPLOYEE		SSN#	
JOB TITLE		OFFICE/DISTRICT	
PHONE		SUPERVISOR	
DATE HIRED		DATE OF INCIDENT	
DATE OF LAST ACCIDENT		TIME OF INCIDENT	
EMPLOYMENT STATUS		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	
DOCTOR		CLINIC	
DATE			
1. TYPE OF ACTIVITY		2. TYPE OF ACCIDENT	
<input type="checkbox"/> ADMIN/CLERICAL <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OBSERVING/INSPECTING <input type="checkbox"/> PREPARATION/HANDLING <input type="checkbox"/> RECREATION <input type="checkbox"/> MOTION (WALKING/LIFTING) <input type="checkbox"/> MACHINERY OPERATIONS <input type="checkbox"/> EQUIPMENT OPERATIONS  <input type="checkbox"/> TOOL OPERATION <input type="checkbox"/> MATERIAL HANDLING <input type="checkbox"/> CONSTRUCTION/MAINTENANCE <input type="checkbox"/> TRANSPORT		<input type="checkbox"/> STUCK AGAINST/BY <input type="checkbox"/> FALL <input type="checkbox"/> SLIP/TWIST/PULL <input type="checkbox"/> CAUGHT IN/UNDER/BETWEEN <input type="checkbox"/> RUBBED/ABRADED <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> BODILY REACTION <input type="checkbox"/> RADIATION/CAUSTIC/TOXIC  <input type="checkbox"/> FIRE/EXPLOSION/HEAT <input type="checkbox"/> BITE <input type="checkbox"/> TEMPERATURE EXTREMES <input type="checkbox"/> VEHICLE	
3. NATURE OF INJURY/ILLNESS		4. PART OF BODY AFFECTED	
<input type="checkbox"/> AMPUTATE/CUT/LACERATE/PUNCTURE <input type="checkbox"/> BURN/RADIATION <input type="checkbox"/> CONTUSION <input type="checkbox"/> FRACTURE/CONCUSSION <input type="checkbox"/> SCRATCH/ABRASION <input type="checkbox"/> SHOCK <input type="checkbox"/> SPRAIN/STRAIN/DISLOCATE <input type="checkbox"/> FREEZE <input type="checkbox"/> STROKE/HEART ATTACK <input type="checkbox"/> HERNIA/RUPTURE <input type="checkbox"/> DERMATITIS <input type="checkbox"/> RESPIRATORY		<input type="checkbox"/> HEAD <input type="checkbox"/> FACE/NECK <input type="checkbox"/> EYE(S) <input type="checkbox"/> HAND/FINGER <input type="checkbox"/> ARM/WRIST <input type="checkbox"/> TOE(S) <input type="checkbox"/> FOOT/ANKLE <input type="checkbox"/> SHOULDER <input type="checkbox"/> BACK <input type="checkbox"/> BODY <input type="checkbox"/> INTERNAL	
5. SOURCE (What was done, contacted, etc)		<input type="checkbox"/> STRUCTURE/SURFACE <input type="checkbox"/> MATERIAL <input type="checkbox"/> CHEMICAL/VAPOR/MIST <input type="checkbox"/> FIRE/SMOKE/HEAT <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> MACHINE <input type="checkbox"/> TOOL <input type="checkbox"/> PLANT/TREE <input type="checkbox"/> ANIMAL/INSECT <input type="checkbox"/> HUMAN <input type="checkbox"/> VEHICLE	
6. HUMAN FACTOR		NUMBER OF LOST WORKDAYS (INCLUDED RESTRICTED ACTIVITY):	
<input type="checkbox"/> UNSAFE ACT <input type="checkbox"/> HORSEPLAY <input type="checkbox"/> FAILURE TO SECURE/WARN <input type="checkbox"/> IMPROPER USE  <input type="checkbox"/> ERROR <input type="checkbox"/> FAILURE TO USE PROTECTIVE EQUIPMENT <input type="checkbox"/> UNSAFE CONDITION <input type="checkbox"/> UNSAFE EQUIPMENT <input type="checkbox"/> PLANT/TREE <input type="checkbox"/> INATTENTIVE/DISREGARD <input type="checkbox"/> ATTITUDE <input type="checkbox"/> LACK OF KNOWLEDGE/SKILL		DESCRIPTION OF ACCIDENT/INCIDENT	
		A. WHO?	
		B. WHAT?	
		C. WHEN?	
		D. WHERE?	
		E. HOW?	

**PITTSBURG COUNTY  
SUPERVISOR'S INCIDENT REPORT**

CORRECTIVE ACTION TAKE TO PREVENT RECURRENCE

OTHER CONTRIBUTING FACTORS NOT LISTED ABOVE

OTHER PERTINENT DATA-DESCRIBE

SUPERVISOR SIGNATURE

DATE

SAFETY COORDINATOR'S SIGNATURE

DATE

SAFETY DIRECTOR'S SIGNATURE

DATE

COMMISSIONER'S SIGNATURE

DATE

**PITTSBURG COUNTY  
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

FIRST NAME	MIDDLE INITIAL	LAST NAME
DATE OF ACCIDENT		DEPARTMENT / DISTRICT
VEHICLE		
<b>PERSONAL INJURY</b>		
FIRST NAME	MIDDLE INITIAL	LAST NAME
OCCUPATION		PERSON WITH MOST CONTROL OF OBJECT
<b>PROPERTY DAMAGE</b>		
PROPERTY		COST ESTIMATE
ACTUAL COST		NATURE OF DAMAGE
OBJECT/EQUIPMENT INFLECTING DAMAGE		PERSON WITH MOST CONTROL OF OBJECT
<b>DESCRIPTION OF INCIDENT:</b>		
<b>ANAYLSIS: WHAT CONDITIONS CONTRIBUTED MOST DIRECTLY TO THIS INCIDENT?</b>		
<b>LOSS SEVERABILITY POTENTIAL:</b> Major <input type="checkbox"/> Check       Serious <input type="checkbox"/> Check       Minor <input type="checkbox"/> Check		
<b>Probably Recurrence Rate:</b> Frequent <input type="checkbox"/> Check       Occasional <input type="checkbox"/> Check       Rare <input type="checkbox"/> Check		
<b>RECOMMENDATIONS FOR CORRECTIVE ACTION</b>		

**PITTSBURG COUNTY  
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

CAUSE OF ACCIDENT		
UNSAFE ACT?	YES	NO
Operating machinery/equipment without authority. Examples: Starting machinery, operating mobile equipment, performing our of job scope.		
Operating equipment or working at unsafe speeds. (running, jumping, throwing, racing)		
Making Safety devices inoperative. (Removing, blocking, disconnection, misjudging)		
Protective equipment not used. (Safety glasses, respirators, hard hats, safety shoes, gloves)		
Using improper tools or devices. (Hazardous improvising, wrong tool for job)		
Working on moving or dangerous equipment (Getting off moving equipment, cleaning, oiling or adjusting moving equipment)		
Taking unsafe position or posture. (Standing under suspended load, lifting with bent back, exposing body to hazards)		
Failure to obtain assistance or use mechanical devices. (in lifting, moving, carrying excessive loads)		
Failure to wear safe personal attire. (Long sleeve near machine, rings, etc.)		
Failure to secure work or equipment to prevent movement.		
Horseplay.		
Failure to remove debris from floor/work area.		
Unsafe procedure not classified above.		
Describe		

**PITTSBURG COUNTY  
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

UNSAFE CONDITIONS?	YES	NO
Improperly guarded equipment or materials. (Examples: Unguarded, inadequately guarded, lack of protective barriers, etc.)		
Unsafe building conditions. (Broken stair treads, uneven floors, loose hand rails, etc.)		
Unsafe process conditions. (Hazardous layout, temporary installations, poor design, etc.)		
Safety rules not enforced.		
Bodily defect. (Deaf, poor eye sight, fatigue, illness, etc.)		
Physically unqualified for job		
<p>What has been done to prevent recurrence?</p> <p>N/A</p>		
Investigating Supervisor	Title	Date Prepared

# PITTSBURG COUNTY SAFETY MEETING MINUTES

Instructions: Minutes shall be taken at all departmental safety meetings and submitted to the Safety Director after each meeting.

Safety Coordinator:			Date:	
Employees attending this meeting:				
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			
	17			
	18			
	19			
	20			
Action taken on previous minutes				
Inspection/Safety Recommendations				
Action taken on Recommendations				

\_\_\_\_\_  
Safety Director's Signature

\_\_\_\_\_  
Chairman, BOCC

## Appendix B - Pittsburgh County Hepatitis B Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand 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 vaccination series at no charge to me.

---

Employee Name

---

Department

---

Signature

---

Date

---

Witness Name

---

Department

---

Signature

---

Date



# PITTSBURG COUNTY

## APPENDIX C - EXPOSURE INCIDENT REPORT

TO BE COMPLETED BY EMPLOYEE AND REVIEWED BY SUPERVISOR AND SAFETY COORDINATOR AND  
TURNED IN TO THE HUMAN RESOURCE OFFICE  
(PLEASE PRINT)

EMPLOYEE NAME:	SSN:
JOB TITLE:	DEPARTMENT/DISTRICT
WORK TELEPHONE#	HOME TELEPHONE#
EXPOSURE DATE:	EXPOSURE TIME
WHERE DID THE INCIDENT OCCUR?	
NATURE OF INCIDENT (CONTAMINATED PUNCTURE, SPLASH TO EXPOSED MEMBRANE, NON-INTACT SKIN, ETC.)	
DESCRIBE WHAT TASK(S) WERE BEING PERFORMED WHEN THE EXPOSURE OCCURRED:	
<b>TYPE OF EXPOSURE</b>	
<input type="checkbox"/> PARENTERAL (I.E. PUNCTURE, ABRASION TO THE SKIN)	
<input type="checkbox"/> MUCOSAL SPLASH (I.E. BODY FLUID SPLASH ONTO A MUCOSAL SURFACE LIKE THE EYE, MOUTH OR NOSE)	
<input type="checkbox"/> BLOOD, BODY FLUID, OR OTHER POTENTIALLY INFECTIOUS MATERIAL CONTACT ON CHAPPED, CUT SCRATCHED OR BROKEN SKIN	
<b>WHAT FLUIDS WERE YOU EXPOSED TO:</b>	
<input type="checkbox"/> BLOOD	
<input type="checkbox"/> SALIVA	
<input type="checkbox"/> BODY FLUIDS	
<input type="checkbox"/> URINE	
<input type="checkbox"/> MUCOUS SECRETIONS	
<input type="checkbox"/> STOOL	
<input type="checkbox"/> OTHER POTENTIALLY INFECTIOUS MATERIAL (EXPLAIN)	
WHAT PARTS OF YOUR BODY BECAME EXPOSED?	
WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, LIST	
DID THE PPE FAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN HOW:	

# PITTSBURG COUNTY

DO YOU RECOMMEND ANY CORRECTIVE ACTIONS OR PROCEDURES BE TAKEN? ☐ YES ☐ NO  
IF YES, WHAT CORRECTIVE ACTIONS OR PROCEDURES DO YOU RECOMMEND:

DID YOU RECEIVE MEDICAL TREATMENT? ☒ YES ☐ NO

IF YES, WHERE?

WHEN?

BY WHOM?

PHONE NUMBER:

## IDENTIFICATION OR SOURCE INDIVIDUAL

NAME

TELEPHONE NUMBER

ADDRESS

## WITNESSES

WITNESS NAME

JOB TITLE

WORK TELEPHONE#:

HOME/CELL #:

ADDRESS:

WITNESS NAME

JOB TITLE

WORK TELEPHONE#:

HOME/CELL #:

ADDRESS:

EMPLOYEE SIGNATURE

DATE

SUPERVISOR'S COMMENTS:

SUPERVISOR'S SIGNATURE

DATE

SAFETY DIRECTOR'S COMMENTS

SAFETY DIRECTOR'S SIGNATURE

DATE

ONCE COMPLETED, A COPY WILL BE FILED WITH THE SAFETY DIRECTOR IN ACCORDANCE WITH OSHA RECORDKEEPING STANDARD AND THE ORIGINAL WILL BE PLACED ON FILE IN THE EMPLOYEES PERMANENT RECORD LOCATED IN THE PERSONNEL OFFICE.

## PITTSBURG COUNTY EMPLOYEE EXPOSURE REPORT

INSTRUCTIONS: Use the forms in this package to document routes and circumstances of a hazardous chemical exposure incident.

HAZARDOUS CHEMICAL EXPOSURE INCIDENT REPORT		
NAME OF FORM	PAGE	ACTION
Part 1	1 - 2	<ol style="list-style-type: none"> <li>1. Completed by employee</li> <li>2. Employee receives a copy</li> <li>3. Board of County Commissioners receives a copy</li> <li>4. Board of County Commissioners sends copy to ACCO-SIF</li> </ol>
Part 2	3	<ol style="list-style-type: none"> <li>1. Completed by County Safety Coordinator</li> <li>2. Employee receives a copy</li> <li>3. Board of County Commissioners receives a copy</li> <li>4. Board of County Commissioners sends copy to ACCO-SIF</li> </ol>
Part 3	4	<ol style="list-style-type: none"> <li>1. Completed by Exposed Employee's Medical Care Provider</li> <li>2. Medical Care Provider mails direct to Board of County Commissioners</li> <li>3. Medical Care Provider mails direct to Safety Coordinator.</li> <li>4. Board of County Commissioners sends copy to ACCO-SIF</li> </ol>
Part 3A	6	<ol style="list-style-type: none"> <li>1. Completed by Exposed Employee's Medical Care Provider</li> <li>2. Medical Care Provider mails direct to Board of County Commissioners</li> <li>3. Medical Care Provider mails direct to Safety Coordinator.</li> <li>4. Board of County Commissioners sends copy to ACCO-SIF</li> </ol>
Part 3B	7	<ol style="list-style-type: none"> <li>1. Completed by Exposed Employee's Medical Care Provider</li> <li>2. Medical Care Provider mails direct to Board of County Commissioners</li> <li>3. Medical Care Provider mails direct to Safety Coordinator.</li> <li>4. Board of County Commissioners sends copy to ACCO-SIF</li> </ol>

# Hazardous Chemical Exposure Incident Report

## Part 1 (to be completed by Employee)

Please print or type all information

DEMOGRAPHICS					
Date (of form completion):		Department:		Work Telephone:	
Employee's Last Name:			Employee's First Name:		
Date of Birth:			Social Security #:		
Home Telephone #:			Other Contact # (i.e. mobile):		
EXPOSURE INCIDENT					
Date of Exposure:			Time of Exposure (be sure to note a.m. or p.m.):		
Where Did the Incident Take Place (be as specific as possible)?					
Nature of the Incident (i.e. injured body part, difficulty breathing, chemical burn, etc.)?					
What Tasks Were You Performing When the Exposure Took Place (please indicate if task(s) were routine or if they varied from your regular work duties. If varied, please explain why you were engaging in said activity(ies) [include additional page(s), as necessary]?					
List chemical(s), amount and concentration in use at time of exposure [include additional page(s), as necessary]:					
1.	Chemical Name	Amt.	Conc.	2.	Chemical Name
3.				4.	

### CONTROLS MEASURES

Provide details about any control measures in use at the time of exposure (i.e. Fume Hood, Dust Mask, etc.):

### PERSONAL PROTECTIVE EQUIPMENT - PPE

Were you wearing any Personal Protective Equipment (PPE) [i.e. safety glasses, ear muffs, nitrile gloves, etc.]? ☐ YES ☐ NO

If YES, Describe what type:

Did the PPE Fail? ☐ YES ☐ NO

If YES, Describe how (provide additional detail below, as needed):

Additional detail:

### INCIDENT EXPOSURE

What Part(s) of your Body was Exposed?

Estimate the Size or Area of your Body that was Exposed:

How Long Did The Exposure Last (# of seconds, min., hours, etc.)?

Is a Safety Data Sheet (SDS) attached to this Report?

☐ YES

☐ NO

### SIGNS AND SYMPTOMS

Did you develop or experience any signs or symptoms as a result of the exposure?

☐ YES

☐ NO

If yes, list them below (i.e. headache, nausea, rash, etc.):

1.

2.

3.

4.

5.

6.

Are signs and symptoms currently present (at time of form completion)?

☐ YES

☐ NO

Are the signs and symptoms those documented on the SDS?

☐ YES

☐ NO

☐ N/A

Is Exposure monitoring data available?

☐ YES

☐ NO

☐ N/A

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

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Hazardous Chemical Exposure Incident Report

### Part 2 (to be completed by Safety Officer)

Please print or type all information

DEMOGRAPHICS		
Date (of form completion):	Name of EH&S Officer Completing Form:	EH&S Officer Work Telephone:
Employee's Last Name:	Employee's First Name:	
Employee Date of Birth:	Employee Social Security #:	
Employee Home Telephone #:	Employee Other Contact # (i.e. mobile):	
<div style="display: flex; justify-content: space-between;"> <span>Is a Comprehensive Accident Report Detailing This Incident On file?</span> <span><input type="checkbox"/> YES <input type="checkbox"/> NO</span> </div>		
<div style="display: flex; justify-content: space-between;"> <span>Is a SH 900 and Related Documents Detailing this Incident On File?</span> <span><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</span> </div>		
EH&S Officer Comment:		
SAFETY OFFICER TO SUBMIT COMPLETED COPIES OF FORMS PART 1 AND 2 TO:		
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	Board of County Commissioners Pittsburg County 115 E. Carl Albert Pkwy, Room 100 McAlester, OK 74501 <a href="mailto:bocc@pittsburg.okcounties.org">bocc@pittsburg.okcounties.org</a>	

\_\_\_\_\_  
Safety Officer's Signature

\_\_\_\_\_  
BOCC Chairman Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*This form and related documentation will remain confidential. Personal identifying information will be released with your written consent only.*

**Hazardous Chemical Exposure Incident Report****Part 3 (to be completed by Exposed Employee's Medical Care Provider)****Please print or type all information**

EXPOSED EMPLOYEE	
Employee's Last Name:	Employee's First Name:
Date of Birth:	Social Security #:
Work Site Name:	Work Telephone:
MEDICAL CARE PROVIDER	
Health Care Professional Name:	Title:
Office Location (Street and Number, City, State, Zip):	
Office Telephone:	Office Fax Number:
MEDICAL CARE PROVIDER'S REPORT	
Did You Treat The Patient/Employee Directly? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Specify Treatment Regimen [include additional page(s), as necessary]:	
Other Pertinent Information [include additional page(s), as necessary]:	

\_\_\_\_\_  
Medical Care Provider's Signature\_\_\_\_\_  
Date

*This form and related documentation will remain confidential. Personal identifying information will be released with your written consent only.*

MEDICAL CARE PROVIDER  
TO SUBMIT COMPLETED  
COPY OF FORM PART 3 TO:

Board of County Commissioners  
Pittsburg County  
115 E. Carl Albert Pkwy, Room 100  
McAlester, OK 74501  
Phone: 918-423-1338  
Fax: 918-423-0722  
[bocc@pittsburg.okcounties.org](mailto:bocc@pittsburg.okcounties.org)

Pittsburg County Safety Coordinator  
Denton Cossey  
Emergency Management  
705 EOC Drive  
McAlester, OK 74501  
Phone: 918-423-5655  
[dcossey@pittsburgcountyem.org](mailto:dcossey@pittsburgcountyem.org)



## Hazardous Chemical Exposure Incident Report

**Part 3A** (to be completed by Exposed Employee to record Medical Evaluation follow up)

Please print or type all information

EXPOSED EMPLOYEE		
Date (of form completion):	Department:	Work Telephone:
Employee's Last Name:	Employee's First Name:	Social Security #:
Job Title at Time of Exposure:	Date and Time of Exposure:	
Date of Follow Up:	Name and Location of Medical Treatment Facility:	
Reason for Follow Up:		
EMPLOYEE TO SUBMIT COMPLETED COPY OF FORM PART 3A TO:		
Board of County Commissioners Pittsburg County 115 E. Carl Albert Pkwy, Room 100 McAlester, OK 74501 Phone: 918-423-1338 Fax: 918-423-0722 bocc@pittsburg.okcounties.org	Pittsburg County Safety Coordinator Denton Cossey Emergency Management 705 EOC Drive McAlester, OK 74501 Phone: 918-423-5655 dcossey@pittsburgcountym.org	
Supervisor's Statement/Comments (enter "N/A" if no additional information/detail warranted):		

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

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*This form and related documentation will remain confidential. Personal identifying information will be released with your written consent only.*

## Hazardous Chemical Exposure Incident Report

**Part 3B** (to be completed by the Exposed Employee's Medical Care Provider to record Medical Evaluation follow up)

**Please print or type all information**

MEDICAL CARE PROVIDER	
Health Care Professional Name:	Title:
Office Location (Street and Number, City, State, Zip):	
Office Telephone:	Office Fax Number:
MEDICAL CARE PROVIDER'S REPORT	
Employee Health File Reviewed? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Review:	
Medical Care Provider's Findings & Observations:	
Is Additional Follow Up Needed (if so, explain why):	
Other Pertinent Information:	
MEDICAL CARE PROVIDER TO SUBMIT COMPLETED COPY OF FORM PART 3B TO:	
Board of County Commissioners Pittsburg County 115 E. Carl Albert Pkwy, Room 100 McAlester, OK 74501 Phone: 918-423-1338 Fax: 918-423-0722 bocc@pittsburg.okcounties.org	Pittsburg County Safety Coordinator Denton Cossey Emergency Managment 705 EOC Drive McAlester, OK 74501 Phone: 918-423-5655 dcossey@pittsburgcountyem.org

\_\_\_\_\_  
Medical Care Provider's Signature

\_\_\_\_\_  
Date

*This form and related documentation will remain confidential. Personal identifying information will be released with your written consent only.*

**PITTSBURG COUNTY**  
**CHECKLIST FOR BOMB THREATS, SCARES, SUSPICIOUS PACKAGES**  
**AND SUSPICIOUS VEHICLES**

This information sheet is intended for quick information and is not a complete guide to handling a bomb threat or scare.

<b>COMPLETE THE FOLLOWING INFORMATION AS THE CALL IS RECEIVED.</b>			
TIME:		DATE:	
REPORTED BY:			
HOW REPORTED (PHONE, LETTER, ETC.)			
CALLER'S EXACT WORDS:			
<b>QUESTIONS TO ASK CALLER</b>			
When is the bomb going to explode?			
Where is the bomb right now?			
Is it in a vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, <input type="checkbox"/> CAR <input type="checkbox"/> TRUCK	Is the vehicle itself a bomb? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Year:	Make:	Model	Color Tag#
Where is the vehicle parked?			
Did you place the bomb in any type of container? What type?			
What kind of bomb is it?			
What does it look like?			
Why did you place the bomb?			
Where are you calling from?			
<b>DESCRIPTION OF CALLER'S VOICE</b>			
<input type="checkbox"/> MALE	<input type="checkbox"/> YOUNG	ACCENT/TYPE:	
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MIDDLE AGE	TONE OF VOICE:	
	<input type="checkbox"/> OLD		
Background Noise:			
Is voice familiar? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, who did it sound like?		
Other caller characteristics:			
Time caller hung up:			
Other information you feel could be pertinent:			
Name of person who received c:			
Department/District:			

PITTBURG COUNTY  
NOTICE OF VIOLATION

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
EMPLOYEE'S NAME DEPARTMENT/DISTRICT

Pittsburg County is subject to laws and regulations governing operations which require us to provide a safe working environment by controlling conditions which can create hazards to employees, facilities, equipment and the public. Laws and regulations requiring compliance are mandated by:

1. Federal labor laws and the Occupational Safety and Health Act (OSHA)
2. State labor laws regulating employers, employees, equipment and materials.
3. State Worker's Compensation laws.
4. Loss control requirements set by our insurance carrier.
5. Safety rules and policy set by the county to protect employees, property and equipment as well as to avoid conditions which might produce liability claims.
6. State vehicle and traffic laws controlling the safe operation of vehicles and equipment or public thoroughfares.
7. State Department of Transportation requirements regulating traffic controls at high and street work sites and use of flaggers, signs, warning devices, etc.

Violation on Non-Compliance

On \_\_\_\_\_ at \_\_\_\_\_  
DATE LOCATION

you were observed or found to be in violation or non-compliance of a county rule or regulation.

Specifically you \_\_\_\_\_

Rules and regulations are in force principally for your protection and that of the general public. Compliance with these requirements is part of your job. Evaluation of your job performance is based on your acceptance of this responsibility. Repeated violations of the type described above or violation of other rules can result in your suspension and/or dismissal.

By: \_\_\_\_\_  
CHAIRMAN, BOARD OF COUNTY COMMISSIONERS

cc: Employee's Permanent Record  
County Safety Director

**PITTSBURG COUNTY  
SAFETY INSPECTION REPORT**

**INSPECTION CHECKLIST**

LOCATION: \_\_\_\_\_

Instructions: Routing inspections should be made by each Elected Official/Department Head.  
The completed checklist should be submitted to the Safety Director at the first of each month.

<b>FIRE HAZARDS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Are fire extinguishers checked, tagged and accessible?			
Are fire extinguishers the proper type for exposure?			
Are hoses, equipment and alarms in good condition?			
Are fire escapes adequate, accessible and safe?			
Are solvents/flammables properly stored and handled?			
Are all areas clear of flammable waste and rubbish?			
<b>FLOORS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is surface free of nails, breaks, slipperiness, etc.?			
Are permanent and temporary opening properly guarded?			
<b>STAIRS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Is lighting adequate and maintained?			
Are beams and stringers in safe condition?			
Are stairs free of broken or split treads?			
Are handrails adequate and secure?			
<b>RAMPS AND PLATFORMS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Are ramps and platforms of adequate strength?			
Are surfaces unobstructed and non-slip?			
<b>ELECTRICAL EQUIPMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Switchboard, Transformers, wiring and controls adequate?			
Apparatus marked, grounded and guarded?			
Are portable tools/equipment grounded?			
Are lines marked for voltage?			
Adequate lock-out devices?			
<b>HOIST, CRANES, CONVEYORS, LIFT TRUCKS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Properly guarded?			
Are cables, cable fastenings, slings in good condition?			
Is maintenance and storage of lift trucks adequate?			
<b>LADDERS, SCAFFOLDS, CATWALKS</b>			
Properly inspected and maintained?			
Safety feet where required?			
Adequately tied in?			

## INSPECTION CHECKLIST

[illegible]

Inspected by: \_\_\_\_\_

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

**PITTSBURG COUNTY  
FIRE PREVENTION REPORT**

INSPECTION CHECKLIST			
NAME OF BUILDING:			
ADDRESS:			
FIRE DOORS	YES	NO	N/A
Did you personally close all doors?			
Are all doors in good working condition?			
Are automatic closing devices in good order?			
Comments on any fire defects:			
EXTINGUISHERS	YES	NO	N/A
Did you arrange for all needed refills?			
Did you examine each unit?			
Are any units exposed or freezing?			
Were all units accessible?			
Were all units in good condition?			
List locations where housekeeping was not satisfactory:			
Will these be cleaned up?			
By Whom?	When?		
ELECTRICAL	YES	NO	N/A
Are all panel boards, switch and fuse cabinets clean?			
Are all outlet box covers in place?			
Are all cabinet doors latched shut?			
Are all motors clean?			
Are any circuits over fused?			
Any temporary wiring			
If yes, where?			
HEATING	YES	NO	N/A
Are all steam pipes and coils at least one inch clear of woodwork or any other combustible material and properly supported?			
Are all stoves, stove pipes, vents and chimneys safely arranged and in good condition?			
FLAMMABLE LIQUIDS	YES	NO	N/A
Are these materials needed where found?			
Were they safely stored and handled?			
Are quantities in building limited to one day's needs?			
Are safety cans used and in good condition?			

# PITTSBURG COUNTY FIRE PREVENTION REPORT

[illegible]



## PITTSBURG COUNTY ACCIDENT LOG

INSTRUCTIONS: Logs will be maintained by each Department and submitted to the Safety Director by the end of each month or upon request.

[illegible]

**PITTSBURG COUNTY  
SAFETY ORIENTATION FORM**

EMPLOYEE NAME:		
JOB ASSIGNMENT:	DATE HIRED	
Check One: <input type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> TRANSFER <input type="checkbox"/> REHIRE <input type="checkbox"/> PART-TIME		
Check Completed Items:		
<input type="checkbox"/>	1. Purpose of orientation.	
<input type="checkbox"/>	2. Reporting Accidents to Supervisor Immediately.	
<input type="checkbox"/>	3. Tour of facilities and equipment.	
<input type="checkbox"/>	4. First Aid	
	A. Obtaining treatment.	
	B. Location of facilities.	
	C. Location and names of first aiders.	
<input type="checkbox"/>	5. Potential hazards on the job.	
	A. What they are.	
	B. How to use equipment safely.	
	C. Care and use of personal protective equipment	
<input type="checkbox"/>	6. What to do in the event of emergencies.	
	A. Exits and evacuation routes.	
	B. Use of firefighting equipment (extinguishers, hoses, etc.)	
	C. Specific procedures (medical, chemical, fire, etc.)	
<input type="checkbox"/>	7. The total safety program	
	A. Function	
	B. Health and Safety policies and procedures and their value.	
<input type="checkbox"/>	8. Personal work habits.	
	A. Proper lifting techniques.	
	B. Horseplay, good housekeeping, smoking policy.	
	C. Safe work procedures.	
<input type="checkbox"/>	9. Vehicle Safety.	

We have discussed the items checked and believe we can perform our assigned duties safety.

Employee's Signature: \_\_\_\_\_

Safety Director's Signature: \_\_\_\_\_

**PITTSBURG COUNTY  
OPERATIONS OF VEHICLES/EQUIPMENT  
INSPECTION CHECKLIST**

Instructions:      Inspections should be made, on a rotating basis, by employees who operate County vehicles/equipment. Completed checklist should be submitted to the Safety Director by the first of each Month.

INSPECTED BY:		DEPARTMENT/DISTRICT:		
DATE:		YES	NO	N/A
Are vehicles kept clean and free of loose objects?				
Alcohol/drugs used prior to or during operations?				
Are pre-start inspections made?				
Do all operators know the weight and measure of vehicle?				
Is necessary traffic control used when working on roads?				
Do passengers ride only where original design allows?				
Is vehicle/equipment safely loaded within capacity?				
Is wheel blocked on non-motorized equipment with no brakes?				
Do operators dismount equipment while it is being loaded?				
Is vehicle/equipment safely parked so not a traffic hazard?				
Are towing units securely fastened/safety chain used?				
Are slow-moving vehicle signs used and properly located?				
Is vehicle/equipment locked when left unattended?				
Are blades and buckets laded at the end of work?				
Was Supervisor contacted before leaving equipment at job site?				
Is flag person used when backing equipment?				
Is extra caution used on sloped embankments/drop-offs?				
Is air in booster tank released at the end of the day?				
Are all guards inspected and kept in place?				
Are raised hydraulic beds blocked before inspections?				

# APPENDIX B

This page is blank to insert Appendix B. Emergency Action Plan

(Location specific)

# APPENDIX C

This page is blank to insert Appendix C. Hazard Communication Program

(Location specific)