

Warren County
SUPPORT SERVICES COMMITTEE
(INSURANCE)

December 2, 2009 9:30am

Information Submitted By: Amy Clute, Insurance Administrator

1. Safety Consultant Update:

Mike Needham, Safety Consultant will bring the committee up to date on the services provided under the Safety Consultant contract.

Resolution requested to continue the agreement with Needham Risk Management for safety services consulting for an additional 2 years, at an annual fee of \$31,270 for 2010 and \$33,140 for 2011. (R914/2008 & R225/2009). Attached page #2.

Resolution requested approving the "Warren County Injury Management Guidelines". Attached pages #3-16.

2. Workers' Compensation Board Electronic Notices:

Resolution requested authorizing the Chairman of the Board to sign a memorandum of understanding with the NYS Workers' Compensation Board to allow the Self-Insurance Administrator electronic access to Workers' Compensation Board notices. Attached pages #17-19.

3. Excess Workers' Compensation and Employers Liability:

Resolution requested authorizing the payment of the 2010 invoices for Excess Workers' Compensation and Employers Liability. Attached pages #20 & 21.

4. Inter-Fund Transfers:

Resolution requested authorizing inter-fund transfers within the self-insurance department budget. Attached page #22.

Health and Safety Activities

January 1 – November 30, 2009

Purpose

The Warren County Self-Insurance Plan contracted with Needham Risk Management Resource Group, LLC to plan, develop, and implement a comprehensive safety and training program as specified in Section II, Part B of the RFP put forward in 2008 which included departmental standards for the protection of employees, and the public use of municipal-owned properties and facilities.

As part of the RFP, Needham Risk Management developed a proposed implementation plan. This plan was designed to cover activities for the 3 years of the life of the contract. Warren County issued the initial contract for a period of one year, with an option to renew for a further two years at the end of the first year. This report outlines the activities conducted by Needham Risk Management for Warren County Self-Insured participants from January 1st, 2009 through the end of November 2009.

Needham Risk Management had a number of staff work with County Departments and participants to provide safety and health programming and training during the current year, including Michael Needham, CSP, RES, CFPS, CET; Tracy Ackison, PHR, CELS; Jeff Yelle; Bethany McMahon, and Jackie Vye. The number of hours spent to date on providing services is: 434 (though end of November).

Proposed Implementation Plan

1. Meet with the countywide safety committee and other stakeholders to review organizational structure, culture and operational needs. In that group, Needham Risk Management would also catalog managerial and employee safety concerns and priorities.

Comments: Needham Risk Management reworked the structure of the County's Safety and Health Management program and developed a policy that was subsequently adopted by the County. This policy created a Risk Management Steering Committee and an Employee Safety and Health Committee. These committees have been meeting regularly, and have been instrumental in evaluating safety and health needs within the County.

2. Needham Risk Management will review current safety and health programming and policies, loss runs, DOSH 900 logs, OSHA accident rates, employee handbooks, employee safety and health training records, union contracts and workers' compensation documentation to develop a baseline for compliance and safety performance among the Program members.

Comments: Needham Risk Management has used the data listed above, both to evaluate all losses to the self-insurance fund, as well as drill down to specific facilities and operations, i.e. DPW's, healthcare facilities where specific loss analysis has been conducted.

3. Needham Risk Management will conduct audits of relevant facilities to establish a baseline of OSHA compliance and facility safety.

Comments: Based on a priority of size and exposure by nature of operation, Needham Risk Management has conducted facilities and procedural audits. See table below.

4. Needham Risk Management will analyze and prepare a report with recommendations and priorities that will be presented to the Warren County Self Insured Workers' Compensation Program members through the countywide safety committee. This meeting will serve to set priorities for the development of safety programs, training needs and facilities enhancements which can be characterized with implementation time periods for each prioritized activity.

Comments: Through the committees and the minutes of each meeting which are published and communicated to committee members, Needham Risk Management ensures that individuals are aware of progress, upcoming initiatives, etc. Additionally mass mailings to insured participants are used to notify them of upcoming opportunities and compliance activities.

5. Based on the priorities established by working with the committee, Needham Risk Management will develop safety policies that will apply to all members, e.g. Hazard Communication/Right-to-Know, Material Safety Data Sheet management, Emergency Action Planning, and identify specific operational needs at certain facilities, e.g. Lockout/Tagout, Permit-required Confined Space entry.

Comments: Needham Risk Management has developed safety and health binders for a number of the insured participants and Warren County facilities with programming such as Hazard Communication, Bloodborne Pathogens Exposure Control programs, Lockout/Tagout, Respirator Protection program, Workplace Violence programs.

6. Needham Risk Management will schedule periodic safety and health training programs in different areas of the county that can be accessed by current employees, as well as new employees; develop employee orientation videos for emergency action planning, security programming and safety and health topics (for those topics where video training is authorized by OSHA). In addition, Needham Risk Management will examine the potential for other employee training media, for example, DVD, computer-based, distance learning.

Comments: Needham Risk Management has scheduled a series of open enrolment OSHA training opportunities throughout the year in different areas of the County allowing participants to send employees for required training at a convenient time and location. Additionally, Needham Risk Management has held monthly or bi-monthly safety management and compliance topics on an open enrolment basis for self-insured employers to attend. See table below.

7. Needham Risk Management will maintain laminated wallet cards or wall postings (depending on what works best for participants) with an emergency phone number contact list that Program members can use when accident investigation is necessary, or when facilities emergencies, and/or regulatory inspections occur.

Comments: Not completed at this time.

8. Needham Risk Management will maintain OSHA record keeping for Program members and will provide reports to the countywide safety committee of accidents, injuries and illnesses as well as proposed solutions at regularly scheduled meetings.

Comments: Needham Risk Management reviews monthly accident reports for trends and presents information to both the Employee and Risk Management Steering Committee for

discussion and follow-up. Needham Risk Management has developed a model injury management policy and will begin training managers and supervisors on its requirements, as well as accident investigation techniques, over the next month. Needham Risk Management has run open enrolment OSHA 1904 Record-keeping Requirement training programs.

Breakdown of Activities

Activity
Safety and Health Programming implemented in participant facilities to date:
<ul style="list-style-type: none">• Hazard Communication• Safety Policy Statement• Lockout/Tagout Program• Bloodborne Pathogens Exposure Control Plan• Personal Protective Equipment assessments• Injury Management Policy• Workplace Violence Policy• Respiratory Protection Program• Hearing Conservation Program• Material Safety Data Sheet Management
Training offered for Employee Participation
<ul style="list-style-type: none">• Annual Hazard Communication/NYS Right-to-Know• Bloodborne Pathogens• Rabies and Lyme Awareness• Personal Protective Equipment• Lockout/Tagout• Workplace Violence• Work zone Flagger Training
Training Offered for Management Participation
<ul style="list-style-type: none">• OSHA Recordkeeping• Workplace Safety Audits• Confined Space training• Workplace Violence• Drug and Alcohol• Emergency Management

Assistance with New York State Department of Labor PESH Inspections and Citations

- Horicon
- Johnsbury
- Town of Chester

Committees

- Employee Safety and Health Committee
- Risk Management Steering Committee
- Westmount Safety and Health Committee
- Countryside Safety and Health Committee
- Glens Falls Department of Public Works

Other Activities

- Accident investigations/reviews
- Environmental air quality/indoor air quality surveys
- Facilities reviews/safety inspections

Summary

In a busy and exciting first year of working with Warren County, Needham Risk Management has been very pleased with the evolution of the structure of the funds program. We feel that we have brought our technical expertise as a valuable resource to the fund and its participants; have assisted a number of the participants in dealing with complex safety and health compliance issues; we have trained hundreds of participants on a variety of safety and health topics; have performed analysis of sources of loss, and are working with individual facilities towards controlling accidents and costs associated with these incidents. On behalf of Needham Risk Management and all of our consultants, we are both proud to be, and grateful for, the opportunity to perform this valuable function within the County.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

**Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.*

DEPARTMENT NAME: Self-Insurance

DATE: 12/2/09

- (a) Purpose of Request: Authorizing Warren County Injury Management Guidelines Policy

- (b) Details: The Warren County Risk Management Steering Committee and Needham Risk Management have prepared a policy titled, "Injury Management Guidelines Policy". The policy should be used by all Warren County departments when an injury occurs to either an employee or a visitor or when property damage occurs. Department Heads should make themselves familiar with the policy and utilize the guidelines to determine the cause of incidents in an effort prevent similar incidents from occurring.

- (c) Previous Resolution Number: n/a

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: n/a

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Self-Insurance

DATE: 12/2/09

- (a) Purpose of Contract Change: To extend the contract for Safety Services consulting with Needham Risk Management for an additional two years.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R914 of 2008 / R225 of 2009
- (c) Name of Contractor: Needham Risk Management
- (d) Address of Contractor: PO Box 295, West Lebanon, NY 12195
- (e) Contractor's Contact Person and Telephone Number: Michael Needham,
518-794-6489
- (f) Commencement Date of Extension: 1/1/2010
- (g) Termination Date of Extension: 12/31/2011
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$31,270 for 2010 & \$33,140 for 2011
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. 1/12 of annual to be paid monthly)
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: S1710 437

Warren County Incident Management Guidelines

POLICY

It is Warren County's policy that all unsafe incidents, injuries, near misses and property damage occurrences are reported to Department Heads for the purpose of evaluating data to prevent further occurrence. All injuries occurring as a result of work activities will be recorded on the appropriate accident reporting forms.

The Employee Safety and Health Committee and the Risk Management Steering Committee shall be responsible for evaluating incident trends and making recommendations to the County for corrective actions.

IMPLEMENTATION

In order to optimize management of injuries and loss in the County's operating facilities and those affecting County employees, these guidelines describe a set of forms and establish timelines designed to assist departments in documenting near misses, property damage and injuries. Any questions about these guidelines should be addressed to the Insurance Administrator.

It is the policy of Warren County that management investigates the following:

- All accidents resulting in injury.
- Significant loss or damage to property.
- Any incident that did not result in injury, damage or loss, but could have under different circumstances (near misses).

DOCUMENTATION

Verbal Procedures for Reporting of Employee Occupational Injuries and Illnesses

All Warren County employees are required to report near misses, incidents, and accidents to their supervisor immediately. The supervisor should notify the Department Head of an incident within the following time lines:

- **Minor Injuries and Illnesses** (first aid treatment) - Must be reported to the Department Head within one business day.
- **Serious injuries** (medical care or hospitalization) – Must be reported to the Department Head within the same day who will then report immediately to the Insurance Administrator.
- **Catastrophes** – Fatalities and accidents that result in 3 or more employees being hospitalized must be reported to the Department Head, County Administrator, County Attorney and the Insurance Administrator immediately (night or day).
- **Non-employee Accidents** - Incidents involving contractors and guests are subject to the same verbal reporting requirements as employees. The affected individual should not be asked to complete the Employee's Report. The area Supervisor shall complete a Supervisor's Report of Accident, take photographs of the accident scene, if relevant, and collect witness statements. All of the documentation related to the incident shall be forwarded to the Department Head,

who will complete the proper claim form and forward to the County Attorney.

1. Procedures for Reporting of Employee Occupational Injury/Illnesses

All injuries and illnesses, regardless of severity, will be reported to the area Supervisor in accordance with the *Injury/Loss Management Reporting Schedule (Appendix A)*. The following forms should be used to report an employee injury or illness:

Employee's Report of Incident

For occupational injury and/or illness, the employee should complete the *Employee's Report of Incident (Appendix B)* as soon as they have received appropriate treatment and are capable of returning to the site. The completed report should be provided immediately to his/her supervisor. In certain instances, the employee may be unable to complete the Employee's Report due to hospitalization or transportation directly home from the health care facility. In such cases, reasonable effort should be made to have the Employee's Report completed as soon as the employee is capable of doing so, even though he/she may not be cleared to work.

Accident Investigation Witness Statement

A separate *Witness Statement (Appendix C)* must be completed by each employee that witnessed an accident, injury, near miss or property loss incident and, when possible, by each non-employee witness. The fully completed form should be returned immediately to the witness' supervisor who, in turn, will provide them to the Department Head.

Supervisor's Report of Accident Investigation

A *Supervisor's Report of Accident Investigation (Appendix D)*, must be completed for every incident that requires an Employee's Report. The report must be fully completed and should represent a thorough investigation of the incident, including the root cause. The statement of actions taken to prevent similar accidents or illnesses, and recommendations for additional action, should be well thought out. In many situations, sketches or photographs of the area involved are useful in conveying information regarding the location and circumstances related to an accident. Where possible, sites should retain a digital or disposal camera for this purpose. The photographs should be taken as soon after the accident as possible and the date and time of each photograph recorded. Additional sheets should be attached if the spaces provided on the form are inadequate or the situation warrants supplemental clarification. The originals of the Supervisor's Report, Employee's Report and Witness Statements should be forwarded to the Department Head.

In those instances where it is infeasible to complete the report within the specified time frame, the supervisor can forward supplemental information as soon as the information becomes available. However, this exception only applies to information that it is not possible to obtain at the time of the incident, e.g. if the employee is not capable of completing the Employee's Report or being interviewed. This document is to be attached to the Employee's Report and forwarded to the Department Head as soon as possible.

2. Procedures for Reporting of Non-Employee Occupational Injuries and Illnesses

To the extent possible, the timeframes for reporting and documenting non-employee (contractors, customers and guests) incidents are the same as for employees. It is especially important that photographs be taken for all non-employee accidents.

For contractors, the Supervisor or Departmental Head should complete a Supervisors Report.

3. Procedures for the Reporting of Employee Near Misses

The County's objective is to encourage its employees to report all near misses so that deficiencies in equipment, procedures and training can be identified and corrected.

Near Miss Incident Report (Appendix E)

This form is to be completed when an incident occurs that did not result in an injury or significant loss but may have under similar circumstances. If there are multiple employees involved, each employee should complete his/her own report. All reports should be submitted to the Supervisor who will forward it to the Department Head.

Accident Investigation Witness Statement (Appendix C)

A separate Witness Statement must be completed by each employee that witnessed the near miss and, when possible, by each non-employee witness. The fully completed form should be returned immediately to the Supervisor, who in turn, will forward the completed forms to the Department Head, along with the Near Miss Incident Report within 3 business days.

Supervisor's Report of Accident Investigation (Appendix D)

A Supervisor's Report must be completed for every near miss that requires an Employee's Near Miss Incident report. The report must be fully completed and should represent a thorough investigation of the near miss including the root cause. The statement of actions taken to prevent similar incidents, and recommendations for additional action should be well thought out. In many situations, sketches or photographs of the area involved are useful in conveying information regarding the location and circumstances related to a near miss. Where possible, sites should retain a digital camera or disposal camera for this purpose. The photographs should be taken as soon after the incident as possible and the date and time of each photograph recorded. Additional sheets should be attached if the spaces provided on the form are inadequate or the situation warrants supplemental clarification. The originals of the Supervisor's Report, Employee's Near Miss Report and Witness Statements should be forwarded to the Department Head within 3 business days.

4. Procedures for Reporting of Non-Employee Near Misses

To the extent possible, the timeframes for reporting and documenting non-employee (contractors, customers and guests) near misses are the same as for employees. For contractors, the Supervisor or Department Head should complete the Supervisor's Report.

5. Procedures for Reporting of Property Damage (including Motor Vehicle Accidents involving a County Vehicle)

Customer and Company Property Damage Report (Appendix F)

The County Property Damage Report must be completed any time an incident results in loss for the County. This loss could be to County facilities and be caused by County employees, contractors or visitors, or it could be to the property of others such as to vehicles, property or equipment, both on and off the County's facilities. Losses to the property of others would have to be caused by a County employee and/or equipment. Photographs of the actual damage and the area involved should be taken as soon after the incident as possible and the date and time of each photograph recorded. The photographs and supporting information should be included with the Damage Report. A copy of the report should be forwarded to the Department Head

within 3 working days. The portions of the form that cannot be completed within 3 days (e.g. total costs of repair) are to be completed when final invoices are received. The complete original is to be forwarded to the Department Head.

Accident Investigation Witness Statement (Appendix C)

Each employee that witnessed the accident that resulted in the loss, and when possible, each non-employee witness, must complete a separate Witness Statement. The fully completed form should be returned immediately to the Supervisor, who in turn, will forward the completed forms to the Department Head along with the Property Damage Report within 3 business days.

INJURY/LOSS MANAGEMENT REPORTING SCHEDULE (Appendix A)

Event	Form(s) Required	Action
Property damage to County property OR Damage to non-County property by County employee	County Property Damage Report Witness Report(s) **In addition to insurance forms	Immediate verbal notification to Supervisor Forward documentation to the Department Head within 3 business days
Near Miss Incident	Near Miss Incident Report Supervisor's Report of Investigation Witness Report(s)	Same-day verbal notification to Supervisor Forward documentation to the Department Head within 3 business days
Employee illness or injury: Minor injury (first aid treatment or outpatient medical care) Serious Injury (admitted to hospital) Catastrophes	Employees Report of Incident Supervisor's Report of Investigation Witness Report Employee's Report of Incident Supervisor's report of Investigation Witness Report Photos & Diagrams Documentation as requested by County Executive or County Attorney **In addition to insurance forms	Immediate verbal notification to Supervisor (in all cases) Call Department Head within 1 business day. Send forms to Department Head within 3 business days. Call Department Head within 8 hrs. Send forms to Department Head within 3 business days. Call the Department Head, County Administrator, County Attorney and Insurance Administrator immediately (24/7).
Non-employee Accidents	Witness Report(s) Supervisor's Report of Investigation Photos & Diagrams	Same verbal reporting requirements as employees.
Fleet Accidents	Employee's Report of Incident Supervisor's Report of Investigation Witness Report DMV-104 form **In addition to insurance forms	Call Supervisor immediately. Super to call Sherriff's Office. Send forms to Department Head within 3 business day

Note: All forms can be found at www.co.warren.ny.us/insurance

Warren County
Employee's Report of Incident (Appendix B)
 (To be completed immediately)

Personal Information

Name		Age	
Address			
City, State, Zip			
Phone		Gender	

Employment Information

Department		Work Site	
Occupation		Supervisor	
Date of Hire		Time in current position	

Accident Information

Date of Accident		Time of Accident	
Location of Accident		Weather Conditions at Time of Accident	

What Task Were You Performing at the time of the Accident?

How did the Injury Occur?

How Could the Accident Have Been Prevented?

PART OF BODY:

- | HEAD | TRUNK | INTERNAL | ARM | HAND | LEG | FOOT |
|---------|------------|------------|-------------|-----------|-------------|--------------|
| • Eye | • Neck | • Heart | • Left | • Left | • Left | • Left |
| • Ear | • Hip | • Lungs | • Right | • Right | • Right | • Right |
| • Nose | • Chest | • Systemic | • Shoulder | • Thumb | • Thigh | • Great toe |
| • Mouth | • Stomach | | • Upper arm | • Fingers | • Knee | • Other toes |
| • Teeth | • Groin | | • Elbow | | • Lower leg | |
| • Face | • Back | | • Forearm | | • Ankle | |
| • Skull | • Multiple | | • Wrist | | | |

NATURE OF INJURY:

- Abrasion
- Bruise
- Minor Cuts
- Laceration
- Puncture
- Amputation
- Fracture
- Crushing injury
- Concussion
- Dermatitis
- Burn
- Scald
- Foreign body
- Hearing Loss
- Heart Attack
- Hernia
- Strain
- Sprain
- Occ. Disease
- Electric Shock
- Chemical
- Bite
- Other
- Aggravation of previous injury or condition

TYPE OF ACCIDENT:

- Slip/Trip
- Fall - Same level
- Fall - Diff. level
- Struck by
- Struck against
- Caught on
- Caught between
- Lifting
- Bending
- Twisting
- Pushing
- Pulling
- Carrying
- Inhalation
- Ingestion
- Absorption
- Foreign Body
- Burn
- Electric Contact
- Physical Agent
- Occ. Illness
- Personal Illness
- Vehicle Accident
- Other (Identify) _____

AGENT OF INJURY:

- Steam
- Hot liquid
- Cold liquid
- Chemical
- Radiation
- Dust/Particles
- Hand held tools
- Hand powered equipment
- Conveyors
- Hoisting equip
- Electrical equip
- Walking/working surfaces
- Ladders/scaffolds
- Furniture
- Animal/Insect
- Temp. extreme
- Vehicle
- Other (Identify): _____

Protective Equipment in Use at the time of the Accident:

Type of Treatment: (Please circle)

First Aid on Site	Medical Treatment by Physician	Medical Treatment in ER	None
-------------------	--------------------------------	-------------------------	------

Witnesses (Complete Witness Statement Form):

Name	
Name	

Signed:

Employee Name		Date	
Supervisor		Date	
Department Head		Date	

Warren County Accident Investigation Witness Statement (Appendix C)

Personal Information

Name			
Address			
City, State, Zip			
Phone			

Employment Information

Department		Work Site	
Occupation		Supervisor	
Date of Hire		Time in current position	

Accident Information

Date accident occurred		Time of Accident	
Location of accident		Weather Conditions at time of Accident	

In your words, give a brief description of the accident:

How did the Injury Occur?

How Could the Accident Have Been Prevented?

Signed:

Employee Name		Date	
---------------	--	------	--

Warren County
Supervisor's Report of Accident Investigation (Appendix D)
 (To be completed immediately)

Date of Investigation:	Investigator:
Injured Person:	
Address:	
Age:	Gender:
Department:	Work Site:
Occupation:	Supervisor:
Date of Hire	Time in Current Position:
Date of Accident:	Time of Accident:
Location of Accident:	Time of Treatment:
Date last worked:	Date returned to work:

Severity: (Please circle)

First Aid	Medical Treatment	Lost Workday	Restricted Work	Fatality
-----------	-------------------	--------------	-----------------	----------

Type of Injury/Illness and Part of Body Affected:

Describe the accident in detail (include physical surroundings, equipment in use)

SPECIFY THE UNSAFE ACTS AND CONDITIONS WHICH LED TO THE ACCIDENT:

UNSAFE ACTS:

- | | |
|--|---|
| <ul style="list-style-type: none">• Improper lifting, carrying, handling• Improper use of tools or equipment• Operating without authority• Failure to wear personal protective equipment• Failure to use safety devices• Failure to use proper tools/equipment• Failure to obey rules/procedures• Failure to secure ladders• Lack of adequate training | <ul style="list-style-type: none">• Transitioning to/from ladder• Misstep on ladder• Over-reaching on ladder• Using defective equipment• Overriding safety devices• Horseplay• Taking shortcuts or hurrying• Action of others• Other: _____ |
|--|---|

UNSAFE CONDITIONS:

- | | |
|--|---|
| <ul style="list-style-type: none">• Wet and/or slippery working surface• Defective floor and/or walking area• Congested work area• Poor housekeeping• Inadequate lighting• Inadequate guards• Inadequate design or maintenance | <ul style="list-style-type: none">• Lack of available personal protective equip• Lack of proper tools or equipment• Defective tools or equipment• Inadequate warning system• Projection hazards• Hazardous atmosphere• Other: _____ |
|--|---|

PERSONAL FACTORS:

- | | |
|---|---|
| <ul style="list-style-type: none">• Improper work habits• Unaware of work hazard• Improper motivation | <ul style="list-style-type: none">• Improper attire• Improper attitude• Unwilling to follow work rules• Other: _____ |
|---|---|

Was there an infraction of a Safety/Health Rule, Regulation, Procedure or Specific Instruction?

Was the Employee Properly Instructed and/or Trained (Please describe):

What corrective measures are being taken to prevent similar accidents?

Signed:

Supervisor:	Date:
Department Head:	Date:

Warren County Property Damage Report (Appendix E)

Department/Facility:	Report Submitted By:
Date of Damage:	Time: a.m. p.m.
Address of Incident:	
Equipment or Structure Damaged (<i>include equipment number if appropriate</i>):	
Describe Damage:	

Damage Caused By Natural Event: (Please circle if appropriate)

Wind	Ice	Snow	Water
Lightning			

Damage Caused By Human Error: (Please circle if appropriate)

Operating Equipment	Unsafe	Lack of or inadequate training	Lack of experience	Careless or Irresponsible Attitude
Failure to follow instruction		Other:		

Damage Caused by Equipment/Structural Failure (Please state cause)

Personnel Information (Must be given in all cases involving an employee in the incident)

Name:	Department:
Employee Account of Incident:	
Action taken to prevent recurrence:	

SUPERVISOR TO COMPLETE:

Action taken to repair or replace customer's property or belongings:
<p>Direct Costs of Repair/Replacement:</p> <p>Mechanical \$ _____</p> <p>Electrical \$ _____</p> <p>Structural \$ _____</p> <p>Vehicular \$ _____</p> <p>Property \$ _____</p> <p>Other (_____) \$ _____</p> <p>Total Direct Cost Loss Incurred from Incident: \$ _____</p>
<p>Estimated Indirect Costs Associated with Incident:</p> <p>Product Loss \$ _____</p> <p>Equipment Rental \$ _____</p> <p>Administrative/Investigative \$ _____</p> <p>Insurance Deductibles \$ _____</p> <p>Other (list) \$ _____</p> <p>Total Indirect Cost Loss Incurred from Incident: \$ _____</p>

Please attach additional pages for sketches and diagrams of the incident scene as appropriate.

SIGNED:

Employee:	Date:
Supervisor:	Date:
Department Head:	Date:
Insurance Administrator:	Date:

Warren County Near Miss Accident/Incident Report (Appendix F)

This form is to be used to report near-miss incidents/accidents, which did not, but could have resulted in personal injury or loss to an employee or the company.

Date of Incident	Location of Incident:
Time of Incident:	Department:
Work Area:	Area Supervisor:

Employees and/or Visitors Involved:

Name	Department/Location or Address

Describe the incident in detail (include physical surroundings, equipment in use)

In your opinion, what caused the incident?

In your opinion, what can be done to prevent a recurrence?

What corrective action have you taken?

Signed:

Name: _____ Date: _____

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Self-Insurance

DATE: 12/2/09

- (a) Purpose of Request: Memo of Understanding with the NYS WCB about electronic case notices.

- (b) Details: Authorizing the Chairman of the Board to sign the "Parallel Test Memorandum of Understanding for Retrieval of Documents via The Workers' Compensation Board Web Site". Allowing the Self-Insurance Administrator to retrieve case notices electronically.

- (c) Previous Resolution Number: n/a

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: n/a

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS



STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
100 BROADWAY - MENANDS
ALBANY, NY 12241

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION

**Parallel Test Memorandum of Understanding For Retrieval of Documents via
The Workers' Compensation Board Web Site**

WHEREAS, the undersigned organization known as Warren County SIF
(hereinafter "Undersigned"), with Board-assigned
identifier W874754, wants to retrieve electronic claims forms and notices from the Workers'
Compensation Board's (hereinafter "Board") web site regarding claims for which the Undersigned is
or represents a party of interest, and

WHEREAS, in order for the Undersigned to retrieve electronic claims forms and notices from
the Board's web site it must enter into a parallel test with the Board.

NOW, THEREFORE, the Undersigned understands and agrees as follows:

1. The Undersigned agrees to go through a testing process where the Undersigned will receive
forms and notices from the Board in the paper form in conjunction with retrieving the electronic
equivalent through the Board's web site.

2. The Undersigned agrees to designate the following person as the Undersigned's contact for the
parallel test with the Board:

Name: Amy Clute
Title: Insurance Administrator
Phone: 518 761 6529
Email: clutea@co.warren.ny.us

3. The Undersigned agrees to notify the Board immediately if the Undersigned's contact for the
parallel test with the Board changes at any time during the period of the parallel test.

4. The Board's server will sometimes be unavailable due to maintenance or other reasons. The
Undersigned is responsible for checking the availability pages on the Board's web site to learn
about non-availability maintenance periods and other information about the process.

5. The Undersigned agrees that access to the electronic claims forms and notices retrieved from
the Board's web site will be limited to appropriate personnel to prevent unauthorized receipt of
electronic transactions and to prevent unauthorized alteration of electronic transactions.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Self-Insurance

DATE: 12/2/09

- (a) Purpose of Request: Authorize the renewal of Excess Workers' Compensation coverage with Midwest Employers Casualty Company for 2010

- (b) Details: Excess Workers Compensation coverage with Midwest Employers Casualty Company for 2010 in an amount not to exceed \$124,314 to be paid to TD Banknorth as insurance broker.

- (c) Previous Resolution Number: R820 of 2008

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: S1710.469

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Self-Insurance

DATE: 12/2/09

- (a) Purpose of Request: Authorize the renewal of Employers Liability coverage with United States Liability Insurance Company for 2010

- (b) Details: Employers Liability Coverage for 2010 in an amount not to exceed \$21,722 to be paid to TD Banknorth as insurance broker.

- (c) Previous Resolution Number: R821 of 2008

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: S1710.469

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Self-Insurance

DATE: 12/2/09

- (a) Purpose of Request: Authorizing interfund transfers

- (b) Details: Authorizing the Warren County Treasurer to transfer unencumbered monies in the Self-Insurance Fund up to the maximum limit of Four Million Five Hundred Thousand Dollars(\$4,500,000), as of December 31, 2009, into the Contributory Reserve Fund.

- (c) Previous Resolution Number: R822 of 2008

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: S.1710 10 Self-Insurance Fund Administration & S.1720 10 Self-Insurance Fund - Benefits and Awards.

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: Information Technology
Name of Department

SIGNED: **DATE:** 4/28/2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1680 120	Salaries - Regular	A.1680 120	Overtime	5,000

Please state reason for transfers requested: Line was omitted from budget in error, per budget folks.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 13

Request to Increase or Decrease Salary of Non-Union Position

DEPARTMENT NAME: .IT

DATE: 12/2/2009

- (a) Employee Name, Title and Employee No.: Robert Metthe, Director Information Technology, #10635
- (b) Current Annual **Base** Salary (and Grade if Applicable): 63,170
- (c) Former Annual **Base** Salary (and Grade if Applicable): 78,963
- (d) Effective Date for Salary Change:* next board meeting
*Please do not backdate request unless the purpose is to correct an error.
- (e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
- (f) Justification of Request: Board Action: 20% decrease in salary and work hours. Contingent upon retaining benefits.

Per County Attorney:

Must do affirmative resolution providing for health insurance coverage as special circumstance

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Admin. & Fiscal Services

Title of Position Messenger

Base salary \$26558.

Budget code and title A.1670 2.03 Mail Room

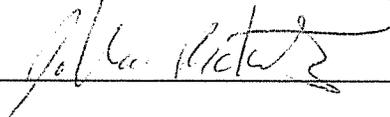
This position is vacated due to: Retirement Resignation Termination Promotion
 Other

Employee No. 4055

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Support Services Date 12/1/09

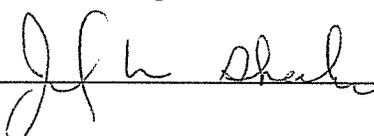
- The Commissioner has no objection to the filling of the vacancy.
 The Commissioner objects to the filling of the vacancy.

Commissioner Signature 

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Support Services Date 12/2/09

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature 

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel Committee has no objection to the filling of the vacancy.
 The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee's Name: JoAnn McKinstry

2. Position: Deputy Commissioner 3. Department: Admin & Fiscal Services

4. Course Title: Program Planning and Evaluation

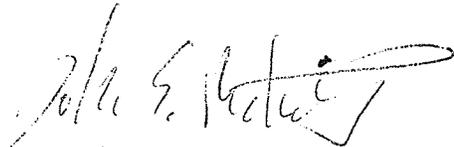
5. Institution or School: Empire State College

6. How Course Relates to Current Position: This course educates students to critically plan, implement and evaluate programs which is essential for public administrators.

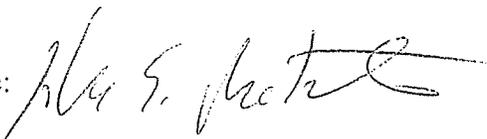
7. Starting Date: 1/19/2010

8. Completion Date: 4/30/2010

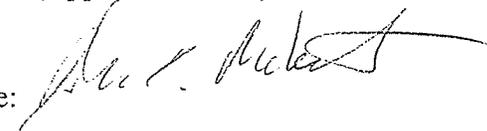
9. Cost: \$491.20

10. Employee's Signature:  Date: 12/2/09

11. Supervisor's Comments (Approval/Denial)

Supervisor's Signature:  Date: 12/2/09

12. Department Head's Comments (Approval/Denial)

Department Head's Signature:  Date: 12/2/09

13. Committee's Recommendation:

Committee Chairman Signature: _____ Date: _____

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a "C", its

Course Name: Program Planning and Evaluation (CHS-263544)

Section Information:

section: 01 O'Connell, Michael Seats left: 15

Offered in these terms: Jan, Sep

Credits: 4

Liberal Study? NO

Level: Advanced

Area of Study: Community & Human Services

Subject: Political Science and Public Affairs

GenEd Area 1:

GenEd Area 2:

Description: The ability to critically plan, implement and evaluate programs is essential for human service managers and public administrators at all levels. This course is the middle of a sequence of courses that normally begins with Human Service Management or Introduction to Public Administration and concludes with Resource Development in Human Service or Public Finance and Budgeting. Students develop a program of their choice from start to finish and may focus on newly created grassroots initiatives, a new program focus for an existing non-profit, or a new initiative for a public agency. The course provides an opportunity for students to meet and converse with fellow professionals from across many fields.

Note: this course was previously offered as number CHS-163044 (print) and CHS-263044 (online). Students who have successfully completed this course using the number CHS-163044 or CHS-263044 should not enroll in this course.

Prerequisites: Human Services Management or Introduction to Public Administration or equivalent.

Prerequisite:

[Close This Window](#)

Section Information Ed Planning:

Warren County
Support Services
Information Technology
Meeting Agenda

1. transfer funds
2. reduction in salary

WARREN COUNTY
Budget Performance Report

Fiscal Year To Date: 12/1/2009

Account Number	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions
Fund: A General						
Revenue						
Department: 1680 Information Technology						
2228 Information Tech. Fees	\$200,000.00	\$0.00	\$200,000.00	\$0.00	\$0.00	\$87,253.72
2680-05 Ins Recoveries - Info Technology	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Department: 1680 Information Technology totals:	\$200,000.00	\$0.00	\$200,000.00	\$0.00	\$0.00	\$87,253.72
Department: 1681 Telecommunications						
2227 Telecommunications	\$80,000.00	\$0.00	\$80,000.00	\$0.00	\$0.00	\$68,928.39
2701-01 Refund of Telephone Bills	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Department: 1681 Telecommunications totals:	\$80,000.00	\$0.00	\$80,000.00	\$0.00	\$0.00	\$68,928.39
Revenue Totals	\$280,000.00	\$0.00	\$280,000.00	\$0.00	\$0.00	\$156,182.11
Expense						
Department: 1680 Information Technology						
110 Salaries - Regular	\$413,704.00	\$0.00	\$413,704.00	\$0.00	\$0.00	\$338,561.20
120 Salaries - Overtime	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$976.23
130 Salaries - Part Time	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
140 Salaries - Sick Leave Incentive	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00
210 Furniture/Furnishings	\$500.00	\$0.00	\$500.00	\$0.00	\$0.00	\$0.00
220 Office Equipment	\$32,000.00	\$0.00	\$32,000.00	\$0.00	\$0.00	\$4,782.71
250 Technical Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
410 Supplies	\$7,000.00	\$937.00	\$7,937.00	\$0.00	\$0.00	\$7,904.79
421 Equipment Rental	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00
422 Repair/Maint-Equipment	\$25,000.00	(\$1,000.00)	\$24,000.00	\$0.00	\$0.00	\$18,801.52
423 Telephone	\$2,200.00	\$0.00	\$2,200.00	\$0.00	\$0.00	\$1,344.16
424 Postage	\$175.00	\$0.00	\$175.00	\$0.00	\$0.00	\$11.06
425 Reproduction Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
426 Subscriptions	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00
427 Memberships & Dues	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$50.00
428 Data Processing & Internet Fees	\$7,000.00	\$63.00	\$7,063.00	\$0.00	\$1,156.28	\$5,906.40
436 Advertising Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
437 Consulting Fees	\$0.00	\$3,000.00	\$3,000.00	\$0.00	\$3,000.00	\$0.00

WARREN COUNTY
Budget Performance Report
 Fiscal Year To Date: 12/1/2009

Account Number	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions
439 Misc Fees & Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
444 Travel/Education/Conference	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$486.44
470 Contract	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Department: 1680 Information Technology totals:	\$492,079.00	\$3,000.00	\$495,079.00	\$0.00	\$4,156.28	\$378,824.51
Department: 1681 Telecommunications						
110 Salaries - Regular	\$50,642.00	\$0.00	\$50,642.00	\$0.00	\$0.00	\$45,188.26
120 Salaries - Overtime	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$255.64
140 Salaries - Sick Leave Incentive	\$400.00	\$0.00	\$400.00	\$0.00	\$0.00	\$0.00
210 Furniture/Furnishings	\$400.00	\$0.00	\$400.00	\$0.00	\$0.00	\$0.00
220 Office Equipment	\$7,000.00	\$0.00	\$7,000.00	\$0.00	\$0.00	\$124.33
410 Supplies	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$516.53
422 Repair/Maint-Equipment	\$23,800.00	\$0.00	\$23,800.00	\$0.00	\$0.00	\$19,442.28
423 Telephone	\$64,000.00	\$0.00	\$64,000.00	\$0.00	\$0.00	\$52,266.73
424 Postage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
428 Data Processing & Internet Fees	\$45.00	\$0.00	\$45.00	\$0.00	\$0.00	\$0.00
444 Travel/Education/Conference	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00
470 Contract	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Department: 1681 Telecommunications totals:	\$152,487.00	\$0.00	\$152,487.00	\$0.00	\$0.00	\$117,793.77
Revenue Totals:	\$280,000.00	\$0.00	\$280,000.00	\$0.00	\$0.00	\$156,182.11
Expenditure Totals:	\$644,566.00	\$3,000.00	\$647,566.00	\$0.00	\$4,156.28	\$496,618.28
Fund Totals: General	(\$364,566.00)	(\$3,000.00)	(\$367,566.00)	\$0.00	(\$4,156.28)	(\$340,436.17)
Revenue Grand Totals:	\$280,000.00	\$0.00	\$280,000.00	\$0.00	\$0.00	\$156,182.11
Expenditure Grand Totals:	\$644,566.00	\$3,000.00	\$647,566.00	\$0.00	\$4,156.28	\$496,618.28
Grand Totals:	(\$364,566.00)	(\$3,000.00)	(\$367,566.00)	\$0.00	(\$4,156.28)	(\$340,436.17)