

Marshall Municipal Utilities – Safety Committees

Approved by the Board of Public Works on October 29, 2008

Safety Committees Purpose: In an effort to support Marshall Municipal Utilities in “***Providing Hometown Reliability,***” safety committees will work toward ensuring a safety culture, thus adding “***safely***” to the existing “***Providing Hometown Reliability***”, yielding “ ***Providing Hometown Reliability, Safely.***”

Safety Committees membership: The committee will be composed of a diversified membership from existing jobs and titles from each MMU department. The safety committees will meet on a regular basis to brainstorm methods to improve safety, utility wide and to review recent incidents on a “limited knowledge” basis.

There will be two (2) safety committees, ***monthly safety committee*** and ***quarterly safety committee.***

Monthly Safety Committee: The monthly safety committee membership should be based on a voluntary cooperation of the employee and the department head. The desired makeup of the monthly safety committee is two people from each department, never to be two supervisors. The Safety Specialist will maintain membership on this committee.

Quarterly Safety Committee: The quarterly safety committee is the same as the monthly safety committee members with the addition of the respective department heads and the Human Resources Manager. Department heads and the Human Resources Manager shall have the same membership standing as the Safety Specialist or his/her designated representative.

Each volunteer shall demonstrate his/her willingness and competency by continually using personal protective equipment (PPE) and safety and health standards recognized by MMU and promoting the use of PPE.

The interest form shall consist of the following:

- (1) Signed documentation stating the employees’ willingness to follow MMU’s safety and health requirements to include donning correct PPE for any assigned task;
- (2) Written agreement to attend at least 75% of respective meetings;
- (3) A completed interest form, providing voluntary background experience and your interest in serving on the monthly safety committee. The interest form is to be submitted to the Safety Specialist. The Safety Specialist will notify those selected to serve.

The committee members shall serve on a rotational basis to limit the burden placed on any committee member. This rotation will be for a 6 month period. The exception will be the Safety Specialist who has an understood and expected standing membership on the monthly safety committee and quarterly safety committee.

Upon successful completion of a term, monthly safety committee members will be awarded 4 hours of personal time that can be used with department head approval. In order to successfully complete a

term, the individual must have demonstrated their commitment to MMU Safety and Health requirements, to include the selection and correct use of PPE and attending at least 75% of committee meetings.

Safety Committee Scope: It will not be necessary to assemble each member for a collective safety committee meeting but rather to hold monthly safety committee meetings, making every effort to meet a minimum of quarterly. The quarterly safety committee, including each department head, the Human Resources Manager and the Safety Specialist, should meet at least quarterly.

The Safety Specialist, or his/her designated representative, will invite each department head and the Human Resources Manager to the quarterly safety committee meeting with every effort made to accommodate respective schedules.

The quarterly safety committee will review the results from the monthly safety committee for direction and suggestions.

Any reviews of incidents that are selected for review shall be performed such that maximum integrity is maintained. Such reviews should follow the format of ***“an employee was injured/involved in a/an event/accident/incident which resulted in, or could have resulted in personal/property damage”***.

Under no circumstance shall any employee’s identity or any “leading” or “assumptive” information that could identify the involved employee be disclosed during a review. The committee members will receive, in hard copy, a brief narrative of each incident for the purpose of the review, and all copies will be returned after the committee meeting to the Safety Specialist or his/her designated representative. The Safety Specialist, or his/her designated representative, shall collect any material reviewed and see that all documentation is shredded or otherwise disposed of in a manner rendering the documents useless.

Monthly Safety Committee Interest form (Revised 11-17-21)

I _____ have interest in serving on the monthly safety committee for a term of 6 consecutive months.

Employee signature: _____ (DATE) _____

I understand this is a voluntary action on the part of the Department Head and me. I understand that I shall not receive any pay other than that of my typical scheduled earnings for the time requested for monthly meetings and quarterly safety committee meetings.

Employee signature: _____ (DATE) _____

I agree to demonstrate my commitment to follow MMU safety and health requirements and using all appropriate personal protective equipment (PPE) as I carry out my tasks or other assigned duties.

Employee signature: _____ (DATE) _____

I agree to attend at least 75% of the meetings (can be a combination of monthly safety committee/quarterly safety committee)

Employee signature: _____ (DATE) _____

I understand that **upon successful completion of my term, my successfully demonstrated commitment to the MMU safety and health requirements and my successfully demonstrated selection and correct use of PPE** that I shall be awarded 4 hours of "personal time." After the time has been earned, it can be used with department head approval.

My experiences or background that I feel would be an asset to the safety committee include (use reverse or attach additional sheets as necessary): _____

Employee signature: _____ (DATE) _____

Employee Email Address: _____

(To be completed by the Department Head) Approved: **YES** _____ or **NO** _____

Department Head signature: _____ (DATE) _____

Reviewed by HR Manager: _____ (DATE) _____

Received by Safety Specialist: _____ (DATE) _____

