



Polk County, Texas

## PROPOSED FY16 SAFETY PROGRAM STANDARDS

### *Individuals:*

1. Provide safety awards for each 5, 10, 15, 20 and 25 years of full-time work with no lost-time **accident**. The safety calendar begins after a complete year of employment. Lost-time accidents require the safety calendar to start over. For example, John Doe hires on 5/6/09, and would not be eligible for a safety award until 2010. Mary Black receives a five-year safety award in 2010 but on her seventh year of employment she has a lost-time accident. Mary will be eligible for another five-year safety award five years after the year of her lost-time accident.
2. Safety awards will consist of gift cards of \$100 for the five-year award and increase \$100 every five years thereafter. Employees working 19 years with no lost-time accident do not receive a safety award on their nineteenth year but will receive \$400 for their twentieth year of working with no lost-time accidents.
3. Labor pool employees are compensated at one half the full-time employee rate for each year they are compensated for 1040 working hours or more. For example, Tim Brown works labor pool for five years, and four of the five years he worked more than 1040 hours. He will not be eligible for the \$50 (half-rate) award until he works one more year at more than the required 1040 hours.
4. Safety awards will be **distributed in December each year**. This will give the added incentive to work safely and remove the misconception that safety awards are an entitlement.
5. **An Excellence in Safety Award (\$250 gift card) will be awarded to a County employee in December each year. The award criteria are as follows: The employee must be nominated by their department head or direct supervisor by submitting an Excellence in Safety Award Application to the Safety Committee no later than November 1<sup>st</sup> each year. The employee must be a regular, full-time employee and have been employed by the County for no less than one year with no breaks in service. The employee must not have any major safety violations or lost-time accidents within 1 year of nomination. The employee must be current on all required safety training. The department head or direct supervisor must demonstrate how the employee has gone above and beyond to improve and/or promote safety on behalf of his/her department and/or the County within the application.**

### *Departments:*

1. All departments are eligible for yearly safety awards for each employee that has a minimum of one year of full-time employment with Polk County.
2. The safety awards will be compensated at a rate of \$12.50 per employee.
3. Each lost-time accident will result in a 10 percent reduction of the total award earned.
4. Departments that do not hold a minimum of 12 safety meetings annually will have 10 percent of the department's earned total reduced from their award.

5. Departments that do not have a minimum of **60 percent** of their full-time employees CPR/AED/First-Aid certified will have 10 percent of the department's earned total reduced from their award. *(Each employee's certification must be current in order for the department to receive credit.)*
6. Departments that have not completed an Office Safety Inspection Checklist each month will have 10 percent of the department's earned total reduced from their award. *(12 Office Safety Inspection Checklists total - 1 each month)*

# POLK COUNTY, TEXAS FY16 EXCELLENCE IN SAFETY AWARD APPLICATION

I, \_\_\_\_\_ DEPARTMENT HEAD/DIRECT SUPERVISOR  
OF THE \_\_\_\_\_ DEPARTMENT/OFFICE NOMINATE  
\_\_\_\_\_ FOR THE EXCELLENCE IN SAFETY AWARD.

**EMPLOYEE'S STATUS INFORMATION**

HAS THE EMPLOYEE BEEN EMPLOYED BY THE COUNTY FOR AT LEAST 1 YEAR?

PLEASE CIRCLE: YES or NO EMPLOYEE HIRE DATE: \_\_\_\_\_

HAS THE EMPLOYEE BEEN OF FULL-TIME STATUS SINCE HIS/HER DATE OF HIRE ABOVE?

PLEASE CIRCLE: YES or NO

IF NO, WHEN DID THEY SWITCH TO FULL-TIME? \_\_\_\_\_

HAS THE EMPLOYEE HAD ANY BREAKS IN SERVICE? PLEASE CIRCLE: YES or NO

IF YES, WHAT IS THEIR LATEST DATE OF HIRE? \_\_\_\_\_

**EMPLOYEE'S SAFETY RECORD**

HAS THE EMPLOYEE HAD ANY MAJOR SAFETY VIOLATIONS WITHIN THE PAST YEAR?

PLEASE CIRCLE: YES or NO

IF YES, PLEASE PROVIDE THE DATE & EXPLAIN

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

HAS THE EMPLOYEE HAD ANY LOST-TIME ACCIDENTS WITHIN THE PAST YEAR?

PLEASE CIRCLE: YES or NO





