

SAFETY POLICY

Cherokee County does have a safety policy and intends to conduct all operations as safely and efficiently as possible. The responsibility, authority and accountability for safety are assigned to all department heads and supervisory personnel within their individual areas of operation.

Robin Caldwell is the Safety Coordinator for the County. All employees and managers are responsible for active participation in the safety program activities; the Coordinator's role is to support and coordinate this participation to ensure the safety program functions efficiently.

All employees will have the responsibility of performing their own work in a safe and efficient manner and to report unsafe conditions to their department head or supervisor for prompt correction. All employees are also to report all work-related injuries to their supervisor in a timely manner. All work-related injuries, regardless of severity, must be reported to the Human Resources Manager within 24 hours of the injury. A copy of the worker's compensation report form is on the back of this document.

In the case of vehicle operations, drivers will be expected to follow the principles of "Defensive Driving", to drive so as to prevent accidents in spite of the incorrect action of others, and in spite of adverse driving conditions.

**CHEROKEE COUNTY
WORKER'S COMP INCIDENT
REPORT FORM**

Employee Name _____ Home Phone _____

Home Address _____ Cell Phone _____
(Mailing address, include city)

Number of dependents _____ Marital status _____ Date of incident _____

Time you began work _____ Hours worked per day _____ Days of week worked _____

Where did the incident occur? _____
(give an exact address if you can)

Time of incident _____ Supervisor's Name _____

Did anyone witness the incident? _____ If so, whom _____

Body part injured (i.e. right knee, left hand, etc) _____
(be as specific as possible)

Were you using any equipment or tools? _____ If so, what? _____

Describe how injury occurred, giving as much detail as possible _____

Time incident reported to supervisor _____ Did you receive medical care? _____

If medical care received, give provider name? _____

Do you have a follow-up appointment? _____ If so, with whom? _____

Date of follow-up appointment _____

Other than the day of the incident, has any work time been missed? _____ How much _____

This form must be completed within 24 hours of time of injury and returned to the Human Resource Director so the incident can be reported to our Worker's Compensation adjustors. THANK YOU.