

**Camden County
Municipal Joint Insurance Fund**

Period Covered: March 31, 2014 – March 30, 2015
For On-Site Review

Municipality Name:

Be Sure to Include the following:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Safety Committee Meetings: Provide agendas, minutes, and attendance information from Safety Committee Meetings held during this Reporting Period (Please ensure each attendee's department is listed along with their name). |
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- | | |
|--------------------------|--|
| <input type="checkbox"/> | Safety Improvement Objectives <ul style="list-style-type: none">▪ Provide written status on progress on safety improvement objectives |
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- | | |
|--------------------------|---|
| <input type="checkbox"/> | Department Summary Reports – from each department, signed and completed with copies of: <ul style="list-style-type: none">▪ Job Site Observation Reports▪ Safety Inspection Reports (representative sample)▪ Tool Box Meetings and Safety Video Training sessions▪ List of safety training classes attended |
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- | | |
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| <input type="checkbox"/> | MVR reports <ul style="list-style-type: none">▪ Provide letter requesting MVRs. Provide documentation of driver hiring criteria or fleet safety program. |
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- | | |
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| <input type="checkbox"/> | Accident Review Panel
Provide copies of: <ul style="list-style-type: none">▪ Supervisor Investigation reports (representative sample) or▪ Notes from Accident Review Committee or Safety Committee comments |
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Please use this page as a guide to organize your Safety Incentive Program Reports. Keep all documentation in a central file to be reviewed on site during loss control visits

Department Safety Summary Report
_____ **Department**

1st Quarter Report

For period March 31, 2014 – June 30, 2014

Does this Department have more than 2 employees? _____

Participation in Municipal Safety Committee

How many municipal safety committee meetings were attended by this department? _____

Job Site Observations:

How many JSO reports were completed by members of this department? _____

Attach representative sample (at least 1 per month) of completed reports.

Safety Inspection Reports:

How many Safety Inspection Reports were completed for this department? _____

Attach representative sample (at least 1 per month) of completed Safety Inspection Reports*

Safety Training Classes

How many MSI topics (or safety training classes) were attended by employees from this department? _____ *List course titles below.*

- 1.
- 2.
- 3.
- 4.
- 5.

**Note: for MSI classes, only list title of class attended (no need to send Certificate)
For non-MSI classes, provide class title, sign in sheets, course description and instructor's name*

Tool Box or Safety Video Training Sessions:

How many department safety meetings were held by this department? _____

Attach representative sample (at least 1 per month) of completed sign-in sheets.

Name & Title of Person Completing this Report:

Date:

Department Safety Summary Report
_____ **Department**

2nd Quarter Report

For period June 15, 2014 – September 15, 2014

Does this Department have more than 2 employees? _____

Participation in Municipal Safety Committee

How many municipal safety committee meetings were attended by this department? _____

Job Site Observations:

How many JSO reports were completed by members of this department? _____

Attach representative sample (at least 1 per month) of completed reports.

Safety Inspection Reports:

How many Safety Inspection Reports were completed for this department? _____

Attach representative sample (at least 1 per month) of completed Safety Inspection Reports*

Safety Training Classes

How many MSI topics (or safety training classes) were attended by employees from this department? _____ *List course titles below.*

- 1.
- 2.
- 3.
- 4.
- 5.

**Note: for MSI classes, only list title of class attended (no need to send Certificate)
For non-MSI classes, provide class title, sign in sheets, course description and instructor's name*

Tool Box or Safety Video Training Sessions:

How many department safety meetings were held by this department? _____

Attach representative sample (at least 1 per month) of completed sign-in sheets.

Name & Title of Person Completing this Report:

Date:

Department Safety Summary Report
_____ **Department**

3rd Quarter Report

For period **September 16, 2014 – December 15, 2014**

Does this Department have more than 2 employees? _____

Participation in Municipal Safety Committee

How many municipal safety committee meetings were attended by this department? _____

Job Site Observations:

How many JSO reports were completed by members of this department? _____

Attach representative sample (at least 1 per month) of completed reports.

Safety Inspection Reports:

How many Safety Inspection Reports were completed for this department? _____

Attach representative sample (at least 1 per month) of completed Safety Inspection Reports*

Safety Training Classes

How many MSI topics (or safety training classes) were attended by employees from this department? _____ *List course titles below.*

- 1.
- 2.
- 3.
- 4.
- 5.

**Note: for MSI classes, only list title of class attended (no need to send Certificate)*

For non-MSI classes, provide class title, sign in sheets, course description and instructor's name

Tool Box or Safety Video Training Sessions:

How many department safety meetings were held by this department? _____

Attach representative sample (at least 1 per month) of completed sign-in sheets.

Name & Title of Person Completing this Report:

Date:

Department Safety Summary Report
Municipal Complex / Administration Department
4th Quarter Report
For period **December 16, 2014 – March 15, 2015**

Does this Department have more than 2 employees? _____

Participation in Municipal Safety Committee

How many municipal safety committee meetings were attended by this department? _____

Job Site Observations:

How many JSO reports were completed by members of this department? _____

Attach representative sample (at least 1 per month) of completed reports.

Safety Inspection Reports:

How many Safety Inspection Reports were completed for this department? _____

Attach representative sample (at least 1 per month) of completed Safety Inspection Reports*

Safety Training Classes

How many MSI topics (or safety training classes) were attended by employees from this department? _____ *List course titles below.*

- 1.
- 2.
- 3.
- 4.
- 5.

**Note: for MSI classes, only list title of class attended (no need to send Certificate)
For non-MSI classes, provide class title, sign in sheets, course description and instructor's name*

Tool Box or Safety Video Training Sessions:

How many department safety meetings were held by this department? _____

Attach representative sample (at least 1 per month) of completed sign-in sheets.

Name & Title of Person Completing this Report:

Date: