

**AGENDA**  
**SMOKY VALLEY LIBRARY DISTRICT**  
**BOARD OF TRUSTEES MEETING**  
**Round Mountain Public Library**  
**Tuesday, February 3, 2026 @ 5:00 PM**

Members: Sara Keehfuss, Chairperson                      Sara Sweeney, Vice-Chairperson  
              Jamie Grimes, Treasurer                         Lexus Tait, Secretary/Clerk  
              Natasha Quinonez, Member

**SPECIAL NOTE:** Below are the agenda items scheduled for consideration. All items are approximate except for bid openings, public hearings, and any other items agendaized at a specific time. Items on the agenda without a time designation may be taken out of order. The Board may combine two or more agenda items for consideration. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Action may be taken on those items denoted (FOR ACTION)

**ITEM/SUBJECT**

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1. Call meeting to order –
2. **GENERAL PUBLIC COMMENT** – (Three-minute time limit per person.) Action will not be taken on matters considered during periods unless specifically included on an agenda as an action item. **Comments that are irrelevant, repetitious, slanderous, offensive, inflammatory, willfully disruptive, or deemed personal attacks will not be permitted.**
3. Approval of Agenda – For action
4. Reading, correction, and approval of minutes for December 2, 2025, and January 6, 2026
5. **REPORTS, INFORMATIONAL ITEMS**
  - a. **Administrative Reports-**  
              SVLD Statistics, RMPL Children’s Report, correspondence:
  - b. SVLD Board Reports – Comments: 2<sup>nd</sup> extension request to the Department of Taxation from Daniel C, McArthur - Auditor
6. **OLD BUSINESS - For action**
7. **NEW BUSINESS – For action**
  - a. Discussion and possible decision concerning the Smoky Valley Library District written workplace health and safety program policy
  - b. Discussion and possible decision concerning the re-wording in employee policy
- 4.0 Basic Work Week
8. **FINANCE – For action,**
  - a. Approve and sign expenditures dated February 3, 2026
9. **GENERAL PUBLIC COMMENT** – (Three-minute time limit per person.) Action will not be taken on matters considered during periods unless specifically included on an agenda as an action item. **Comments that are irrelevant, repetitious, slanderous, offensive, inflammatory, willfully disruptive, or deemed personal attacks will not be permitted.**

10. SET DATE AND TIME FOR NEXT MEETING
11. ADJOURN

Supporting information for this agenda can be obtained from Andrea Madziarek at the Round Mountain Public Library at 775-377-2215 or [andream@svld.net](mailto:andream@svld.net)

**All agendas are posted at the following locations:**

Round Mountain Post Office	Round Mountain Public Library	Manhattan Public Library
83 Hadley Circle	73 Hadley Circle	7 Mineral Street
Round Mountain, NV 89045	Round Mountain, NV 89045	Manhattan, NV 89022

Also, it can be found on the Department of Administration website <https://notice.nv.gov>, County – Nye County - Smoky Valley Library Board and on the Smoky Valley Library District website [www.svld.net](http://www.svld.net)

Any member of the public who is disabled and requires accommodations or assistance at this meeting is requested to notify the Round Mountain Public Library in writing or call (775) 377-2215.

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**MINUTES**  
**SMOKY VALLEY LIBRARY DISTRICT**  
**BOARD OF TRUSTEES MEETING**  
**Round Mountain Public Library**  
**Round Mountain, Nevada**  
**Tuesday, December 2, 2025 – 5:00 PM**

Members present: Sara Keehfuss, Chairperson; Sara Sweeney, Vice-Chairperson  
Lexus Tait, Secretary/Clerk

Members absent: Jamie Grimes, Treasurer; Natasha Quinonez, Member

Also Present: Andrea Madziarek, Director, Smoky Valley Library District  
Amy Madziarek, HR, Smoky Valley Library District  
James Swigart – Town of Round Mountain

**ITEM/SUBJECT**

1. This meeting was called to order at 5:04PM by Sara K.
2. General Public Comment: James Swigart – Said that she was here to state that the Twon of Round Mountain supports the library 100%.
3. Approval agenda –Sara S. made a motion to approve the agenda. Lexus seconded. All voted in favor. Motion passed.
4. Reading, correction, and approval of minutes. Sara S. made a motion to accept minutes for November 4, 2025, with a correction to a second by Jamie Grimes. Lexus seconded. All voted in favor. Motion passed.
5. REPORTS, INFORMATIONAL ITEMS –
  - a. Administrative reports – SVLD Stats –
    1. The Board looked over the SVLD Report. – Board looked over reports, commented that things look good. Andrea shared the flyer with the board from the Department of Taxation concerning the One-Time special events vendor information. Andrea fears that this might be a problem for Harvest Festival.
    2. Children’s Wing report – No questions where asked. Book fair went well; this inventory was much better.
  - b. SVLD Board Reports –
6. OLD BUSINESS– For action
  - a. Nothing currently.
7. NEW BUSINESS– For action
  - a. Minimum Public Library Standards for Nevada – We have no special circumstances this year to report. This is a very standard year. Sara S. made a motion to accept the Minimum Public Library Standards for Nevada. Lexus seconded the motion. All voted in favor. Motion passed.
  - b. Interlibrary Loan Policy Agreement for the Nevada State Library and Archives & Public Records – Sara S. made a motion to accept the Interlibrary Loan Policy for State Library. Lexus seconded the motion. All voted in favor. Motion passed.
  - c. Nye County School District contract – Sara S. made a motion to accept the Nye County School District Contract for 2025-2026 school year. Lexus seconded the motion. All voted in favor. Motion passed.
  - d. 5-year plan – Andrea explained that she had been reviewing the 5-year plan and felt it need to be revised. The board read the new plan Andrea suggested, agreed that this seems more fitting to our District. Lexus made a motion to accept the revised 5-year plan as the new current plan for SVLD. Sara S seconded the motion. All voted in favor. Motion passed.

These minutes are a draft, subject to revision and/or approval by Board of Trustees at their next regularly scheduled meeting.

**8. FINANCE – For action**

a. Expenditures: Sara S. made a motion to accept expenditures dated December 2, 2025. Lexus seconded the motion. All voted in favor. Motion passed.

b. Quarterly economic survey – The board read over the 1<sup>st</sup> quarter report. Sara S explained to Lexus what they were looking at. Numbers for the district from last year at this time and comparing them to the numbers this year. Sara S made a motion to accept the 1<sup>st</sup> quarter report. Lexus seconded the motion. All voted in favor. Motion passed.

c. Audit extension submitted by Daniel C. McArthur. Andrea told the board this was the 1<sup>st</sup> extension and she signed it and sent it directly to the Department of Taxation sense the deadline was very short notice.

9. General Public Comment – (second). James Swogart – let the board know that they are allowed to revise their 5-year plan at anytime that there is really no time stamp, and that he would contact School district about the school contract and aske them to send the entire packet. It was mentioned that the outside Christmas Display was very beautiful and how much the kids love it.

10. Set date and time of next meeting – The next meeting was scheduled for January 6, 2025, at 5:00 pm in the Round Mountain Public Library Conference Room.

11. ADJOURN –Sara S. made a motion to adjourn at 6:51 pm.

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Date approved

Lexus Tait - Secretary/Clerk

**MINUTES**  
**SMOKY VALLEY LIBRARY DISTRICT**  
**BOARD OF TRUSTEES MEETING**  
**Round Mountain Public Library**  
**Round Mountain, Nevada**  
**Tuesday, January 6, 2026 – 5:00 PM**

Members present: Sara Keehfuss, Chairperson; Sara Sweeney, Vice-Chairperson  
Lexus Tait, Secretary/Clerk; Jamie Grimes, Treasurer; Natasha Quinonez, Member

Members absent  
Also Present: Andrea Madziarek, Director, Smoky Valley Library District  
Amy Madziarek, HR, Smoky Valley Library District

These minutes are a draft, subject to revision and/or approval by Board of Trustees at their next regularly scheduled meeting.

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**ITEM/SUBJECT**

# Canceled

1. This meeting was called to order at 5:04PM by Sara K.
2. General Public Comment: James Swigart – Said that she was here to state that the Twon of Round Mountain supports the library 100%.
3. Approval agenda –Sara S. made a motion to approve the agenda. Lexus seconded. All voted in favor. Motion passed.
4. Reading, correction, and approval of minutes. Sara S. made a motion to accept minutes for November 4, 2025, with a correction to a second by Jamie Grimes. Lexus seconded. All voted in favor. Motion passed.
5. REPORTS, INFORMATIONAL ITEMS –
  - a. Administrative reports – SVLD Stats –
    1. The Board looked over the SVLD Report.
    2. Children’s Wing report –
  - b. SVLD Board Reports –
6. OLD BUSINESS– For action
  - a. Nothing currently.
7. NEW BUSINESS– For action
  - a.
8. FINANCE – For action
  - a. Expenditures
9. General Public Comment – (second)
10. Set date and time of next meeting – The next meeting was scheduled for
11. ADJOURN –

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Date approved

Lexus Tait - Secretary/Clerk

# Smoky Valley Library District

www.svld.net

**Round Mountain Public Library**  
P.O. Box 1428  
Round Mountain, Nevada, 89045  
(775) 377-2215  
Fax (775)-377-2699

**Manhattan Public Library**  
P.O. Box 95  
Manhattan, Nevada, 89022  
(775) 487-2623

December 30, 2025  
Svitlana (Lana) Rady  
Local Government Finance  
Department of Taxation  
3850 Arrowhead Drive  
Carson City, NV 89706

Re: Audit of the Smoky Valley Library District

Dear Ms. Rady:

Pursuant to NRS 354.624(1), the Smoky Valley Library District request an extension for the timely filing of the annual financial audit for the year ended June 30, 2025. The following information is provided as required by Nevada Administrative Code 354.735.

Name of Government:	Smoky Valley Library District
Name of Audit Firm:	DANIEL C. McARTHUR, LTD. Certified Public Accountant
Date report will be filed with the governing body by:	January 31, 2026
Date report will be filed with Department of Taxation by:	February 15, 2026
Name of person making the application:	Andrea Madziarek Library Director

Reasons application is being made for an extension:

The accounting and general ledger of the Smoky Valley Library District are maintained by Nye County, Nevada. The Town of Tonopah previously requested an extension of time for filing its annual audit report for the year ending June 30, 2025 and was granted a one-month extension. The Town requests an additional one-month extension for completion of the annual financial audit. As noted in the first request, Nye County Comptroller's office has been experiencing a staffing shortage. The Nye County Comptroller, who had been in the position since August 2023, unexpectedly resigned effective August 1, 2025. The County designated an Interim Comptroller, who has worked in the finance department for 4 years. The remaining financial department staff have 4 years or less experience. The County conducted a search for a new Comptroller and hired a qualified individual on December 22, 2025.

The Other Post-Employment Benefits draft report was provided to the county by the actuarial consulting firm in December and is being reviewed by staff and the independent auditor.

These issues impacted the County's ability to complete year-end closing procedures timely. The County completed year-end closing procedures on December 5, 2025. Additional time is required to complete the necessary procedures related to the audit of the financial statements. Thank you for your patience.

Sincerely,



Andrea Madziarek Library Director



STATE OF NEVADA  
DEPARTMENT OF TAXATION

MAIN OFFICE  
3850 Arrowhead Drive  
Carson City, Nevada 89706

JOE LOMBARDO  
Governor

GEORGE KELESIS  
Chair Nevada Tax Commission

SHELLIE HUGHES  
Executive Director

January 5, 2026

Ms. Andrea Madziarek, Library Director  
Smoky Valley Library District  
P.O. Box 1428  
Round Mountain, NV 89045

Re: Request for 2<sup>nd</sup> Extension of Annual Audit Report FY2025  
Smoky Valley Library District

Dear Ms. Madziarek,

The Department of Taxation is in receipt of your request for an extension of the filing requirements of the annual audit report. Pursuant to NRS 354.824, it is the Department's policy to grant extensions only where unforeseen and uncontrollable conditions exist, and where due care and adequate planning by both the entity and the auditor make the five-month statutory audit preparation period insufficient.

Pursuant to your letter dated December 30, 2025, and the Department's policy on granting extensions, Smoky Valley Library District is hereby granted an extension until January 31, 2026, for the submission to its governing body the audit report for the fiscal year ending June 30, 2025.

The extension is contingent on the submission of two copies of the audit report to the Department of Taxation no later than February 28, 2026. If you should have any questions, do not hesitate to call me at (775)684-2027. My e-mail address is [lrady@tax.state.nv.us](mailto:lrady@tax.state.nv.us).

Sincerely,

A handwritten signature in cursive script, appearing to read "L. Rady".

Lana Rady, Budget Analyst  
Local Government Finance  
Department of Taxation

**SMOKY VALLEY LIBRARY DISTRICT**  
**WRITTEN WORKPLACE HEALTH AND SAFETY PROGRAM**

**73 Hadley Circle  
P.O. Box 1428  
Round Mountain, NV.  
89045**

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## **SECTION 1: POLICY STATEMENT**

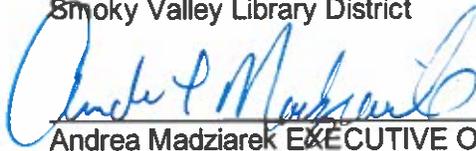
The Smoky Valley Library District established the following safety plan to provide safe and healthful working conditions for our employees and to promote safety awareness through education and training.

Employees are neither expected nor required to work at a job that is not healthy and safe. To ensure these goals are met, the Smoky Valley Library District established this Written Workplace Safety Plan and designated Amy Madziarek as the person with overall responsibility for the Plan. Although this Plan reflects the policy and procedures of the Smoky Valley Library District generally, sites or departments with specific hazards may be required to develop plans to address those hazards.

Safety is everyone's responsibility. Employees must follow the responsibilities outlined in this Plan and must especially report any safety concern that may be beyond their ability or authority to correct. Department heads and supervisors must follow the responsibilities outlined in this Plan and must especially communicate employee expectations under this Plan and ensure employees receive proper health and safety training. Just as an employee may be disciplined for failure to follow a safety rule or procedure, department heads and supervisors may be disciplined for failure to properly train employees whom they directly supervise. To ensure all employees are aware of this Plan and its contents, the Plan and any training required herein will be provided in other languages and/or formats understandable to all employees if needed.

The success of this Plan depends upon the conscientious support of every Smoky Valley Library District employee. The cooperation and commitment of all employees will help provide a safe and healthy environment for employees, our students, and members of the public.

Smoky Valley Library District



Andrea Madziarek EXECUTIVE OFFICER

## **SECTION 2: ASSIGNMENT OF RESPONSIBILITIES**

The following section describes the general responsibilities of the Smoky Valley Library District to ensure successful implementation of the Smoky Valley Library District Written Workplace Health and Safety Program (Safety Plan).

**Other responsibilities may be assigned in hazard specific sections of this Plan.**

### **1. Andrea Madziarek, Executive Director**

- A. Ensure that financial, material, and personnel resources are provided to achieve the goals and objectives of the health and safety program.
- B. Ensure accountability; set high standards with respect to health and safety and lead by example.

### **2. Amy Madziarek, Safety Coordinator**

- A. Implement and annually review this written safety plan to ensure effectiveness.
- B. When requested or as appropriate, work with supervisors and employees to (1) assess knowledge of safety practices; (2) identify any need for, and ensure proper use of, appropriate safety devices and safeguards; and (3) ensure duty or job specific standards, practices, and procedures establish the safest method of accomplishing the duty or job.
- C. Investigate incidents resulting in death or serious injury following the procedure in this Safety Plan and prepare a written Incident Investigation Report.
- D. Review each Incident and Near-miss Report, while observing applicable confidentiality requirements.
- E. Monitor, review, and evaluate incidents to identify trends and develop policies and procedures to prevent recurrence.

### **3. Department Heads**

- A. Adopt, implement, and administer approved safety standards, plans, policies, and/or procedures.
- B. Assist supervisors and/or the Safety Coordinator in investigating incidents, near-misses, and reported safety concerns to determine root causes and identify appropriate corrective measures.
- C. Ensure appropriate, prompt, and reasonable corrective action is taken to resolve hazards identified by assessments, inspections, or other methods of identification.

#### **4. Supervisors**

- A. Ensure that relevant health and safety standards, policies, and procedures are posted in a prominent location of the work area, communicated to all employees, and understood by all employees.
- B. Ensure that employees are adequately trained in the proper and accepted way each duty or job must be accomplished upon initial assignment and any change in standard, policy, procedure, or assignment. Advise the Safety Coordinator and/or department head of the training needs of employees under their supervision.
- C. Before assigning the operation of any equipment or machinery, ensure that employees are trained in the proper and acceptable method of operating the equipment or machinery.
- D. Conduct daily visual inspections of the department or work area and any equipment or machinery used. Ensure that maintenance required for equipment or machinery is current.
- E. Investigate incidents, injuries, and near-misses for potential corrective action. Ensure investigation reports are provided to the Safety Coordinator in a reasonably prompt fashion.
- F. Take appropriate, prompt, and reasonable corrective action whenever hazards are identified, or unsafe acts found or observed.
- G. Ensure that health and safety suggestions and/or comments from employees are encouraged and, where appropriate, forwarded to the Safety Coordinator for consideration.

#### **6. Employees**

- A. Be an active participant in the health and safety program and training.
- B. Perform his/her duty or task in accordance with health and safety standards, policies, procedures, and other relevant work practices.
- C. Report to work wearing appropriate clothing and footwear for assigned job duties.
- D. Visually evaluate the health and safety of his/her workspace daily.
- E. Immediately, or as soon as circumstances reasonably allow, report any hazards to the Safety Coordinator, department head, or supervisor.
- F. Immediately, or as soon as circumstances reasonably allow, report any incident, injury, illness, or property damage to a supervisor.
- G. Cooperate fully with any investigation concerning incidents, injury, illnesses, or property damage.
- H. Offer or make suggestions and/or comments regarding the health and safety of the work area, duty, or job.

## **SECTION 3: HAZARD IDENTIFICATION, ANALYSIS, AND CONTROL**

### **1. Identification & Analysis**

The Smoky Valley Library District is committed to eliminating or controlling workplace hazards that could cause injury or illness to our employees. To that end, hazards will be identified and analyzed using some or all the following programs/tools:

#### **A. Building, facility, or site assessments or inspections.**

(1) Self-inspections. Department heads, supervisors, or the Safety Coordinator will conduct inspections of facilities at least annually, and more often if the department or job site experiences an increase in occupational incidents and near-misses. These inspections will address tripping hazards, electrical hazards, sidewalk hazards, obvious defects, damage, and safety hazards. See, Section 9: Forms and Checklists. Hazards noted must be corrected within 30 days of the inspection. Once completed, inspection reports and corrective actions taken will be maintained by the Safety Coordinator for the life of the building or facility.

(2) Fire Inspections. A certified fire inspector from Summit Fire and Security may annually inspect buildings and facilities for fire and life safety hazards. Inspection reports will be provided to the department head responsible and Safety Coordinator. Hazards noted must be corrected within 30 days of the inspection report.

**B. Employee Occupational Safety and Health Concerns.** All employees are not only encouraged, but responsible for notifying their supervisor and/or the Safety Coordinator regarding conditions they believe to be a safety, health, or environmental hazard and may do so without fear of reprisal.

(1) Hazards or other safety concerns may be reported to the Safety Coordinator using the Safety Concern or Near-miss Reporting Form. See, Section 9: Forms and Checklists for further instructions. Employees are advised that reporting unsafe or hazardous conditions or practices is protected by law. It is illegal for an employer to act against an employee in reprisal for communicating safety issues or concerns.

(2) For anonymous reporting, employees may complete the Safety Concern or Near-miss Reporting Form and place it in a Suggestion/Comment Box located in department break rooms. For departments without break rooms, the form may be sealed in an envelope and placed in the Safety Department mail slot.

#### **C. Equipment and/or Machinery Inspections and Maintenance Records.**

(1) The Maintenance Department is responsible for regular inspection and maintenance of the vehicle, hand and portable powered tools and equipment. Drivers will perform safety inspections before and after vehicle use. See, Section 9: Forms and Checklists. Maintenance will be conducted in accordance with manufacturer service specifications and as needed.

Inspection and maintenance records will be maintained by the Maintenance Department until the vehicle is removed from service.

(2) Each Department is responsible for inspecting equipment used for its operations.

(a) Equipment operators will perform a visual safety inspection before and after each use. Maintenance will be conducted in accordance with the manufacturer service specifications and as needed.

(b) Records of equipment inspections, maintenance, and other repairs will be maintained by the department for the life of the equipment.

(3) Vehicle and Equipment Safety Inspection Checklists are in Section 9: Forms and Checklists.

**D. Record Review.** Review of incident reports, accident reports, near-miss reports, incident investigation reports, property and casualty claims, and workers' compensation claims will be reviewed by the Safety Coordinator at least annually to identify hazards and/or injury trends that may be indicative of workplace hazards.

## **SECTION 4: SAFETY TRAINING**

### **1. General Safety Training**

A. The Smoky Valley Library District will provide safety training prior to any employee performing their work duties. If temporary employees or contractors are used, the Smoky Valley Library District will ensure they are provided with safety training before they begin work.

B. When necessary, training will be conducted in the language and format needed to ensure employee understanding.

C. Supervisory training, at a minimum, will include Adult Wing Department Head, Children's Wing Department Head and Maintenance.

(1) The need to establish and maintain healthy and safe working conditions in the area supervised.

(2) The dangers associated with a specific duty, task, or job; the potential effect on employees; and the standards, policies, and/or procedures for control of the hazard.

(3) How to relate this information by example and instruction to employees, to ensure that they understand and follow safe procedures.

D. General Orientation Training.

(1) All new hires must attend a general orientation safety training. It is the supervisor's responsibility to ensure that each new employee receives safety training prior to beginning job duties. At minimum, general orientation safety training will include

(a) Review and explanation of the Written Workplace Safety Plan.

(b) Disciplinary procedures for non-compliance with the Safety Plan.

(c) Emergency Evacuation, and where appropriate, Emergency Operations Plans.

(d) Incident, near-miss, and hazardous condition reporting.

(e) NV OSHA Employee Rights and Responsibility (NRS 618.376). A signed employee acknowledgement must be placed in the employee's file.

(f) A walkthrough of the assigned work area to locate evacuation routes, first aid kits, and AED units.

E. Training may be conducted in a classroom, eLearning, or informal (safety briefings or tailgate training, for example) settings. A list of available safety-related eLearning courses is in Section 9: Forms and Checklists. These courses may be assigned to all or some employees depending on applicability to job duties.

## **2. Job Specific Training**

Employees may receive additional, specific training depending upon work assignments. Department heads and supervisors are responsible for being aware of job hazards in their area and ensuring that those under their supervision receive in-house or outside-source training. The training must be consistent with the specific hazards to which employees are exposed. Some job specific training may be provided through the eLearning system. See, Section 9: Forms and Checklists.

## **3. Retraining/Evaluation**

A. The following OSHA general industry rules include annual retraining or employee information requirements

(1) Portable Fire Extinguishers.

(2) Bloodborne Pathogen Exposure Control

B. Retraining or additional training will also be required when:

(1) Processes, procedures, equipment, or materials are changed; or

(2) Employee performance or behavior indicates that additional training or retraining is needed.

## **4. Training Record Retention**

Records of training attendance shall be kept in employee files and will include who was trained, the instructor, the date of training, and the training topic. Training records are maintained for at least three (3) years and must be available for review by the Division of Industrial Relations (DIR), the Safety Coordinator, department heads, supervisors, employees, or employee representatives upon request.

## **SECTION 5: INCIDENT INVESTIGATION AND CORRECTIVE ACTION**

### **1. Purpose**

Incident investigation is an integral part of our workplace safety and health program. It is a fact-finding function – incident investigations are **not** fault finding. The purpose is to promote safety by identifying root causes and any shortcomings in the overall safety plan to prevent the incident from happening again. To that end, the Smoky Valley Library District will investigate all incidents, including near misses, for prevention or reduction controls.

### **2. Training**

All people performing incident or near-miss investigations shall complete the eLearning course *Accident Investigation*, or a substantially similar incident investigation training, prior to investigating.

### **3. First Aid Procedures**

#### **A. Minor First Aid Treatment**

(1) A First aid kit is stored in the closet in the processing room. If you sustain an injury or are involved in an accident requiring minor first aid treatment:

- (a) Inform your supervisor.
- (b) Administer first aid treatment to the injury or wound.
- (c) Access to a first aid kit is not intended to be a substitute for medical attention.

#### **B. First Aid Instructions**

##### **(1) Wounds**

- (a) Minor: Cuts, lacerations, abrasions, or punctures
  - (i) Wash the wound using soap and water. Rinse well.
  - (ii) Cover the wound using a clean dressing.
- (b) Major: Large, deep, and bleeding
  - (i) Stop the bleeding by pressing directly on the wound using a bandage or cloth.
  - (ii) Keep pressure on the wound until medical help arrives.

##### **(2) Broken Bones**

- (a) Do not move the victim unless it is necessary.

(b) If the victim must be moved, "splint" the injured area. Use a board, cardboard, or rolled newspaper as a splint.

### **(3) Burns**

#### **(a) Thermal (Heat)**

(i) Rinse the burned area, without scrubbing it, and immerse it in cold water; do not use ice water.

(ii) Blot dry the area and cover it using a sterile gauze or a clean cloth.

#### **(b) Chemical**

(i) Flush the exposed area with cool water immediately for 15 to 20 minutes.

### **(4) Eye Injury:**

#### **(a) Small Particles**

(i) Do not rub your eyes

(ii) Use the corner of a soft, clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water.

#### **(b) Large or Stuck Particles**

(i) If a particle is stuck in the eye, do not attempt to remove it.

(ii) Cover both eyes with bandage.

#### **(c) Chemical**

(i) Immediately irrigate the eyes and under eyelids, with water, for 30 minutes.

### **(5) Neck and Spine Injury:**

(a) If the victim appears to have injured their neck or spine, or is unable to move their arms or legs, do not attempt to move the victim unless it is necessary.

### **(6) Heat Exhaustion**

(a) Loosen the victim's tight clothing.

(b) Give the victim "sips" of cool water.

(c) Make the victim lie down in a cooler place with feet raised.

### **(7) Non-Emergency Medical Treatment**

(a) Inform your supervisor.

(b) For non-emergency care, go to an approved workers compensation provider. The 24/7/365 Nurse Triage Hotline (844-334-6472) may be used to assist in proper medical care. For more information, see Section 9: Forms and Checklists.

#### **(8) Emergency Medical Treatment**

(a) If you sustain a severe injury requiring professional medical assistance:

(i) Call for help and seek assistance from a co-worker.

(ii) Use emergency telephone number (911) and instructions posted next to the telephone in your work area to request assistance and transportation.

(iii) Provide details for the completion of the accident investigation report.

### **4. Occupational Injury Reporting and Investigation**

#### **A. Responsibilities**

##### **(1) Employee Responsibilities**

(a) Report the injury or near-miss.

(i) Injured employees must provide written notice to his/her supervisor by completing a C1 form as soon as practicable, but no later than seven (7) days after the accident or exposure. A link to C1 forms is available in Section 9: Forms and Checklists. Nevada Division of Industrial Relations C1 forms may also be obtained at: [https://dir.nv.gov/WCS/Workers\\_Compensation\\_Forms\\_and\\_Worksheets/](https://dir.nv.gov/WCS/Workers_Compensation_Forms_and_Worksheets/).

(ii) The C1 form must be fully completed by the injured employee, including a signature and date as required by the form. Provide the fully completed C1 form to the department head, supervisor, or Human Resources. If you are unable to complete the C1 prior to receiving emergency medical treatment, notify your supervisor within 24 hours of receiving emergency medical treatment. You must provide the time and date of your injury; a brief description of your injury; your work status; and the name, address, and telephone number of your treating physician.

(iii) The signed C1 form is submitted to the department head, supervisor, or Human Resources as soon as practicable, but no later than seven (7) days after the accident or exposure.

(b) Follow-up on medical care and any work restrictions.

(i) Communicate any modified work or duty assignments to department head, supervisor, and/or Human Resources.

(ii) If you are released for regular or modified work, provide the written release to your department head or supervisor and report to work as directed.

(iii) If you are not released for regular or modified work, you must contact your department head, supervisor, or Human Resources within 24 hours of each medical

appointment to provide information regarding your return-to-work status and provide a written statement from your treating physician indicating your inability to work from a compensable injury.

## **(2) Supervisor Responsibilities**

(a) Ensure proper medical treatment is received. The 24/7/365 Nurse Triage Hotline (844-334-6472) may be used to assist in proper medical care. For more information, see Section 9: Forms and Checklists.

(b) Investigate and Report the Injury/Illness.

(i) Upon receipt of the injured employee's fully complete C1 form, the department head or supervisor must sign and date the form. The signature of the supervisor is an acknowledgement of the receipt of the C1 form and is not deemed to be an admission of liability on the part of the Smoky Valley Library District department head, or supervisor.

(ii) If the injury involves death, serious injury, urgent medical care, or otherwise prevents the employee from reporting it, report the injury to the Safety Coordinator immediately. Ensure that 911 or emergency medical services are alerted and, if necessary, secure the accident scene.

(iii) Investigate or assist in the investigation of any injury or near-miss occurring within his/her area of responsibility. When conducting the investigation, complete the Investigation Form and provide it to the Safety Coordinator.

(iv) Where possible, immediately correct any hazard identified through the investigation.

(c) Assist the Safety Coordinator, Human Resources, and/or the employee with enforcement of return-to-work restrictions.

## **(3) Safety Coordinator**

(a) Responsible for investigating incidents resulting in serious injury or death.

(b) If appropriate, assist in alerting emergency medical services and/or securing the scene.

(c) Upon completion of the investigation, complete an Incident Investigation Form and follow up with corrective action as necessary.

(d) Notify OSHA (within 8 hours for work-related deaths and within 24 hours for work-related inpatient hospitalizations, amputations, and any losses of an eye). These reports must contain:

(i) The name of the employer.

(ii) The location and time of the incident resulting in death or serious injury.

(iii) The number and names of employees hospitalized as inpatients or who suffered fatalities, amputations, or loss of an eye because of the incident.

(iv) A brief description of the incident; and

(v) The name and contact information of the Safety Coordinator.

(e) OSHA Reporting Telephone Numbers:

(i) Northern Nevada: (775) 688-3700

(ii) Southern Nevada: (702) 486-9020

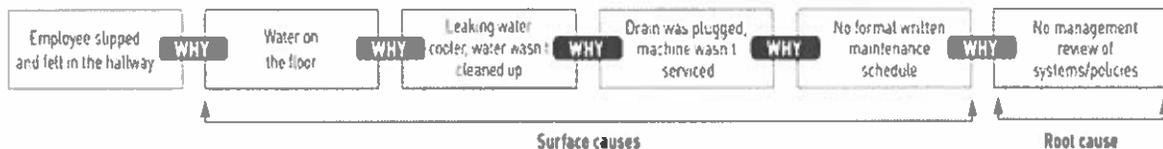
## B. Incident Investigations and Corrective Measure

(1) The following steps will serve as a guide for investigating. The primary purpose of investigations is to identify root causes and develop corrective actions to prevent future occurrence, not to determine or assign blame.

(a) *Secure the Scene.* The primary goal is to secure and preserve the scene as quickly as possible to protect the well-being of the affected employee, prevent further injury, and protect information from being destroyed. Use of caution tape, cones, or other barricades may be necessary.

(b) *Collect Information.* Document facts using the Incident Investigation Form. Take photos, video, or draw diagrams of the area. Interview witnesses as quickly as possible. Review relevant records such as equipment manuals, maintenance schedules/logs, policies, procedures, training records, audits, assessments, previous corrective action recommendations, etc.

(c) *Determine Root Causes.* Use the data collected to determine the sequence of events. Analyze the facts and sequence of events to determine the root cause. The "Five Whys" technique, or other similar analytical tool, should be used to determine the root cause. The main goal is to understand how and why existing hazard controls failed or proved insufficient, not to find blame.



(d) *Recommend or Implement Corrective Measures.* Recommendations and corrective action should directly address root causes to the greatest extent possible. After reviewing the Incident and/or Investigation Report, the Safety Coordinator will identify who is responsible for the corrective action and the time in which it will be implemented. The Safety Coordinator and/or department head is responsible for follow-up to ensure corrective actions or controls are implemented.

## **Section 6: Emergency Evacuation Procedures**

### **1. Active Shooter Emergency Procedures (Run, Hide, Fight)**

#### **A. Step 1: Evaluate the Emergency**

(1) Determine if evacuation or hiding is more suitable for the type of emergency you are faced with. Knowing why the evacuation has been called can help modify your plan if necessary.

(2) For staff involved in childcare, evacuate if the threat is distant or localized elsewhere; hide if the threat is near, mobile, or unknown.

(2) Call 911 when it is safe to do so. Be clear, precise, and specific in providing the following information:

- (a) Location of the active shooter.
- (b) Number of shooters (if more than one).
- (c) Physical description of the shooter(s).
- (d) Number and type of weapon(s) held by shooter(s).
- (e) Number of potential victims at the location.
- (f) Be prepared to lock and barricade the doors.

(3) If you cannot speak, leave the line open and allow the dispatcher to listen.

#### **B. Step 2: Identify where the children/patrons are and other areas accessible to the shooter.**

(1) It is very important to know where all children and patrons are located. However, do not move toward gunfire or leave a secure location to locate missing children or patrons during an active threat. Report missing people immediately to emergency responders when it is safe to do so.

#### **C. Step 3: Exit Routes**

(1) Determine where the danger is so you know the safest route to take. Proceed quickly to your nearest exit. Try to avoid panicking as panic can quickly disorganize a group, slow down the process, and put more people in danger.

(2) If there is accessible escape path, attempt to evacuate the premises.

- (a) Help others escape if possible.
- (b) Prevent individuals from entering an area where an active shooter may be.

(c) Follow the instructions of any police officer.

**(3) Exit Routes**

(a) Route 1: Front foyer doors, Adult Wing.

(b) Route 2: Conference room door, Adult Wing.

(c) Route 3: Back foyer doors, Children's Wing.

(d) Route 4: Employee's side door, Children's Wing.

(e) Route 5: Employee's backdoor, Adult Wing.

(3) Grab the emergency evacuation bag containing lists of contact information if it is safe to do so; do not delay evacuation or return to retrieve it. Emergency evacuation bags are located at:

(a) Front desk.

(b) Children's wing employee exit.

(c) Pre-school.

(4) Do not attempt to collect personnel belongings.

(5) Proceed directly to designated safe areas outlined in the evacuation plan.

**D. Step 4: Hide out.**

(1) If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:

(a) Be out of shooters' view.

(b) Provide protection if shots are fired in your direction (i.e., lock the door, barricade with furniture, turn off lights, close blinds).

(c) Silence your phone.

(d) Hide behind large, hard-covered items (i.e., cabinets, desks).

(e) Remain quiet.

**E. Step 5: Act against the active shooter.**

(1) As a last resort, and only if your life is imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

(a) Acting aggressively against him/her.

- (b) Throwing items and improvising.
- (c) Yelling.
- (d) Committing to your actions.

**F. Step 6: How to react when law enforcement arrives.**

- (1) Remain calm and follow the officer's instructions.
- (2) Put down any items in your hands.
- (3) Immediately raise your hands and spread your fingers.
- (4) Always keep hands visible.
- (5) Avoid making quick movements toward officers such as holding on to them for safety.
- (6) Avoid pointing, screaming and/pr yelling.
- (7) Do not stop to ask officers for help or directions when evacuating, just proceed in the direction from which officers are entering the premises.

**G. Step 7: Managing the consequences of an active shooter.**

(1) After the active shooter has been incapacitated and is no longer a threat and you have clearance from the emergency responders there should be a post-event assessment including:

- (a) An accounting of all individuals at a designated assembly point to determine who, if anyone, is missing and/or injured.
- (b) Notifying emergency services immediately of any missing/injured person(s).

**H. Step 8: Identifying safe areas**

- (1) All evacuees should meet at the softball field regardless of what exit route you use.
- (2) Main safe area for all routes:
  - Softball field
  - 650 Civic Drive
  - Round Mountain, Nevada 89045
- (3) If you cannot make it to the main designated safe area, please go to the designated safe area via the exit route you evacuate from.
  - (a) Route (1) & (2)
    - Igvart Christensen Swimming Pool
    - 65 Hadley Circle
    - Round Mountain, Nevada 89045

(b) Route (3)  
Simpson Center parking lot  
6650 Civic Drive  
Round Mountain, Nevada 89045

(c) Route (4) & (5)  
The General Store  
1 Electrum Drive  
Round Mountain, Nevada 89045

(4) Once everyone is safe in the designated area, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

## **2. Earthquake Emergency Procedures:**

### **A. Step 2: Identify where the children/patrons are and what other areas do they have access to**

(1) It is very important to always know where all the children/patrons are.

(2) DROP, COVER AND HOLD ON.

(a) If you are not near a strong table or desk, drop to the floor and interior wall and cover your head and neck with your arms.

(b) Avoid windows, hanging objects, mirrors, tall furniture and cabinets filled with heavy objects.

(c) Do not run out of the building during strong shaking.

(d) Move to a clear area if you can safely walk.

(e) Once shaking has stopped, call 911, check the people around you for injuries. Do not move seriously injured people.

(f) Check for dangerous conditions, such as fire or structure damage.

### **C. Step 3: Exit routes**

(1) After the shaking stops, evacuate only if the building is unsafe (e.g., structural damage, gas smell, smoke, and/or fire) using your nearest exit. Try to avoid panicking, as panic can quickly disorganize a group, slow down the process, and put more people in danger.

(2) Exit Routes

(a) Route 1: Front foyer doors, Adult Wing.

- (b) Route 2: Conference room door, Adult Wing.
- (c) Route 3: Back foyer doors, Children's Wing.
- (d) Route 4: Employee's side door, Children's Wing.
- (e) Route 5: Employee's backdoor, Adult Wing.

(3) Grab the emergency evacuation bag containing lists of contact information. Emergency evacuation bags are located at:

- (a) Front desk.
- (b) Children's wing employee exit.
- (c) Pre-school.

(4) Do not attempt to collect personnel belongings. Take only what is already on your person or already packed and within arm's reach.

(5) Proceed directly to designated safe areas outlined in the evacuation plan.

(6) Determine if anyone is missing and/or injured. Notify emergency services immediately if this is the case.

#### **D. Step 4: Identify safe areas**

(1) All evacuees should meet at the softball field regardless of what exit route you use.

(2) Main safe area for all routes:

Softball Field  
650 Civic Drive  
Round Mountain, Nevada 89045

(3) If you cannot make it to the main designated safe area, please go to the designated safe area via the exit route you evacuate from.

(a) Route (1) & (2)  
Igvart Christensen Swimming Pool  
65 Hadley Circle  
Round Mountain, Nevada 89045

(b) Route (3)  
Simpson Center parking lot  
6650 Civic Drive  
Round Mountain, Nevada 89045

(c) Route (4) & (5)  
The General Store  
1 Electrum Drive

Round Mountain, Nevada 89045

(4) Once everyone is safely in the designated safe area wait for clearance from emergency responders then you can start calling emergency contacts for the children.

### **3. Fire Emergency Procedures:**

#### **A. Step 1: Evaluate the emergency**

(1) If you see fire, smoke, or the fire alarm sounds, initiate evacuation immediately.

(a) In the event of a fire, no matter how small, sound the alarm to alert building occupants.

(b) Call 911. Be clear, precise, and specific.

#### **B. Step 2: Identify where the children/patrons are and what other areas do they have access to**

(1) It is very important to always know where all the children/patrons are.

#### **C. Step 3: Exit routes**

(1) Use the closest safe exit. If the primary exit is blocked by fire or smoke, proceed to the nearest safe exit. Try to avoid panicking, as panic can quickly disorganize a group, slow down the process, and put more people in danger.

(2) Exit Routes

(a) Route 1: Front foyer doors, Adult Wing.

(b) Route 2: Conference room door, Adult Wing.

(c) Route 3: Back foyer doors, Children's Wing.

(d) Route 4: Employee's side door, Children's Wing.

(e) Route 5: Employee's backdoor, Adult Wing.

(3) Grab the emergency evacuation bag containing lists of contact information. Emergency evacuation bags are located at:

(a) Front desk.

(b) Children's wing employee exit.

(c) Pre-school.

(4) Do not attempt to collect personnel belongings. Take only what is already on your person or already packed and within arm's reach.

(5) Proceed directly to designated safe areas outlined in the evacuation plan.

(6) Determine if anyone is missing and/or injured. Notify emergency services immediately if this is the case.

**D. Step 4: Identify safe areas**

(1) All evacuees should meet at the softball field regardless of what exit route you use.

(2) Main safe area for all routes:

Softball Field  
650 Civic Drive  
Round Mountain, Nevada 89045

(3) If you cannot make it to the main designated safe area, please go to the designated safe area via the exit route you evacuate from.

(a) Route (1) & (2)  
Igvart Christensen Swimming Pool  
65 Hadley Circle  
Round Mountain, Nevada 89045

(b) Route (3)  
Simpson Center parking lot  
6650 Civic Drive  
Round Mountain, Nevada 89045

(c) Route (4) & (5)  
The General Store  
1 Electrum Drive  
Round Mountain, Nevada 89045

(4) Once everyone is safely in the designated safe area wait for clearance from emergency responders then you can start calling emergency contacts for the children.

## **SECTION 7: PROGRAM COMPLIANCE**

1. Violations of health and safety rules, standards, policies, and/or procedure may result in discipline of the employee, in accordance with the Smoky Valley Library District personnel policies, up to and including termination depending upon the circumstances of the violation.
2. Each supervisor will be responsible for administering this policy within his/her area of control and to his/her subordinates. Violations of health and safety rules, standards, policies, and/or procedures may result in discipline of the supervisor, in accordance with the Smoky Valley Library District personnel policies, up to and including termination depending upon the circumstances of the violation.
3. All records pertaining to compliance issues will be maintained in the employee's personnel file.

### **4. General Safety Rules**

- A. Never do anything that is unsafe to get the job done. If you are unsure about whether you are engaging in an unsafe activity, ask your supervisor.
- B. If a job is unsafe, stop and report it to your supervisor.
- C. Always keep safety devices or safeguards in place.
- D. Operate equipment and/or machinery only if you have been trained and authorized to do so.
- E. Obey all safety warning signs.
- F. Use personal protective equipment when required, but only after being trained in proper PPE use.
- G. Working under the influence of alcohol or illegal drugs or using them at work is prohibited.
- H. Do not bring firearms or dangerous weapons onto the Smoky Valley Library District property.
- I. Horseplay, running, and fighting are prohibited.

### **5. Hazard Specific Safety Rules**

#### **A. Ergonomics**

- (1) Take periodic breaks from competitive or prolonged activities by standing up and stretching.
- (2) Use a chair that is padded, stable, mobile, swivels and allows operator movement. Adjust your seat height so your knees are about the same level as your hips.
- (3) Sit straight up in your chair, and if needed, use a footrest that has adjustable height.

(4) Keep wrists and hands in straight position while key stroking by keeping forearms parallel to the floor and elbows at your sides. Avoid reaching more than 18 inches for work items.

## **B. Housekeeping**

(1) Do not place materials such as boxes or trash in walkways and passageways.

(2) Mop up water around drinking fountains immediately.

(3) Do not block or obstruct exits or access to safety and emergency equipment such as fire extinguishers or fire alarms.

(4) Straighten or remove rugs and mats that do not lie flat on the floor. Ensure non-slip mats are placed correctly and cleaned properly.

## **C. Lifting Procedures**

(1) Plan the move before lifting; ensure that you have an unobstructed pathway.

(2) Test the weight of the load before lifting by pushing the load along its resting surface.

(3) If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks and carts, or get assistance from a co-worker.

(4) If assistance is required to perform a lift, coordinate and communicate your movements with those of your co-workers.

(5) Position your feet 6 to 12 inches apart with one foot slightly in front of the other, face the load, bend at the knees and keep your back straight.

(6) Get a firm grip on the object using your hands and fingers. Use handles when they are present.

(7) Hold the object as close to your body as possible. While keeping the weight of the load on your legs stand to an erect position.

(8) Perform lifting movements smoothly and gradually; do not jerk the load.

(9) If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.

(10) Set down objects in the same manner as you picked them up, except reverse.

(11) Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.

(12) Never lift anything if your hands are greasy or wet. Wear protective gloves when lifting objects that have very sharp corners or jagged edges.

## **D. Office Safety**

## **(1) General Office Safety Rules**

- (a) Do not stand on furniture to reach high places. Use a ladder or step stool to retrieve or store items that are located above your head.
- (b) Do not jump from ladders or step stools.
- (c) Do not block your view by carrying large bulky items; use the dolly or hand truck or get assistance from a fellow employee.
- (d) Do not tilt the chair you are sitting in. Keep all chair legs on the floor.
- (e) Do not kick objects out of your pathway; pick them up or push them out of the way.

## **(2) Files**

- (a) Put heavy files in the bottom drawers of the file cabinets.
- (b) Use the handle when closing drawers and files.

## **(3) Sharp Objects**

- (a) Store sharp objects, such as letter openers or scissors in drawers or with the tips facing down in a container.

## **(4) Paper Cutter/Shredder**

- (a) Position hands and fingers on the handle of the paper cutter before pressing down on the blade.
- (b) Keep the paper cutter handle closed or locked when it is not being used.
- (c) Do not place your fingers in or near the feed of a paper shredder.

## **(5) Staplers**

- (a) Keep fingers away from the ejector slot when loading or testing stapling devices.
- (b) Use a staple remover, not your fingers, for removing staples.

## **(6) Electrical**

- (a) Do not use frayed, cut or cracked electrical cords.
- (b) Do not plug multiple electrical cords into a single outlet.
- (c) Do not use extension or power cords that have the ground prong removed or broken off.
- (d) Use a cord cover or tape the cord down when running electrical cords across aisles, between desks, across entrances or exits.

## **(7) Fans**

- (a) Do not use fans that have excessive vibration, frayed cords or missing guards.
- (b) Do not place floor type fans in walkways, aisles or doorways.

## **E. Ladders and Step Ladders**

- (1) Read and follow the manufacturer's instructions for proper setup and ladder use.
- (2) Inspect the ladder regularly.
- (3) Do not use ladders that have loose rungs, cracked or split rails, missing rubber foot pads, or otherwise visibly damaged.
- (4) Keep ladder rungs clean and free of grease. Remove buildup of material such as dirt or mud.
- (5) Do not place ladders in a passageway or doorway without posting warning signs or cones that detour pedestrian traffic away from the ladder. Lock the doorway that you are blocking and posting the sign "Detour".
- (6) Allow only one person on the ladder at a time.
- (7) Face the ladder when climbing up or down.
- (8) Maintain a three-point contact by always keeping hands and one foot or both feet and one hand on the ladder when climbing up or down the ladder.
- (9) When performing work from a ladder, face the ladder and do not lean backward or sideways from the ladder.
- (10) Do not stand on the top two rungs of any ladder.
- (11) Do not stand on a ladder that wobbles, or that leans to the left or right.
- (12) Secure the ladder in place by having another employee hold it.
- (13) Do not place the ladder on barrels, boxes, loose bricks, pails, concrete blocks or any other unstable bases.
- (14) Do not carry items in your hands while climbing up or down a ladder.
- (15) Do not try and "walk" a ladder by rocking it. Climb down the ladder and then move it.
- (16) Do not use a ladder as a horizontal platform.

## **SECTION 8: DEFINITIONS**

*Definitions in this section are generally applicable to the Smoky Valley Library District Written Workplace Health and Safety Program. However, sections within the plan may include definitions specific to that section.*

**Employee** means every person who is required, permitted, or directed by any employer to engage in any employment, or to go to work or be at any time in any place of employment, under any appointment or contract of hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed. NRS 618.095. In the context of this plan, the term “employee” may include volunteers, such as volunteer firefighters, if they receive any direct or indirect gain, such as contributions on their behalf to the Public Employees Retirement System. See, NRS 618.155; see also, 1996 Nev. Op. Atty. Gen. 31.

**Employer** in the context of this plan, means: (1) any county, city, town, school district or other unit of local government; (2) any public or quasi-public corporation; and (3) any officer or management official having direction or custody of any employment or employee. NRS 618.095.

**Employment** means any trade, work, business, occupation or process of manufacture, or any method of carrying on such trade, work, business, occupation, or process of manufacture, including construction work, in which any person may be engaged. NRS 618.105.

**Engineering control** means a physical change to the workplace that removes a hazard or creates a barrier between an employee and a hazard. See, NRS 618.7304; The National Institute for Occupational Safety and Health (NIOSH), <https://www.cdc.gov/niosh/engcontrols/> (as viewed Nov. 19, 2021).

**Near-miss** means an incident that could have caused serious injury, illness, or property damage but did not; also called a “close call.” See, OSHA, *Incident [Accident] Investigations: A Guide for Employers* (Dec. 2015).

**Place of employment** means any place, whether indoors or out or elsewhere, and the premises appurtenant thereto, where, either temporarily or permanently, any industry, trade, work, or business is carried on, including all construction work, and where any person is directly or indirectly employed by another for direct or indirect gain or profit. NRS 618.155.

**Safety Device or Safeguard** means any practicable method of mitigating or preventing a specific danger. NRS 618.165.

**Safety Director** means the person assigned by an employer to oversee occupational safety and health. NRS 618.375(4). A Safety Director may be a position title within an entity or a responsibility for an existing job or position.

**Serious injury** means injury resulting in inpatient hospitalization, amputation, or loss of an eye. See, NRS 618.378.

**Work practice control** means a practice, procedure, or rule that is used to reduce the risk of a hazard in the workplace. See, NRS 618.7310; Occupational Safety and Health Administration (OSHA), <https://www.osha.gov/ergonomics/control-hazards> (as viewed Nov. 19, 2021).

**Written Workplace Safety Plan or Safety Plan** means the document prepared by an employer that creates a workplace safety training program and explains:

- (1) How employers and employees are responsible for carrying out the plan.
- (2) How hazards are identified, analyzed, and controlled.
- (3) How employees will receive workplace safety training prior to beginning work duties; and
- (4) The procedures of incident investigation, including corrective action, pursuant to NRS 618.383(2) and NAC 618.540.

## **SECTION 9: FORMS & CHECKLISTS**

1. [Safety-related eLearning Courses.](#)
2. [Incident Investigation Form.](#)
3. [Safety Concern and Near-miss Form.](#)
4. [24-7-365 Nurse Triage Program Information.](#)
5. [Nevada Workers' Compensation Forms.](#) (Links to Forms).
  - A. C-1 Notice of Injury or Occupational Disease
  - B. C-3 Employer's Report of Industrial or Occupational Disease
  - C. C-4 Employee's Claim for Compensation
  - D. C-4A Release of Medical and Other Information for Nevada Workers' Compensation Claims
6. [Nevada OSHA Forms.](#) (Links to Forms).
  - A. OSHA Injury and Illness Recordkeeping & Reporting Requirements (Federal OSHA).
  - B. Injury and Illness Recordkeeping Instructions
  - C. Injury and Illness Recordkeeping Forms (300, 300A, and 301)
  - D. Employee Rights & Responsibilities (English).
  - E. Employee Rights & Responsibilities (Spanish).
  - F. Nevada Safety and Health Protection on the Job (Poster).
  - G. Emergency Phone Numbers (Poster).
7. [Fleet Vehicle Pre-operation Checklist.](#)
8. [General Facility Safety Inspection Form.](#)
9. [Written Workplace Safety Plan Employee Acknowledgement.](#)

## **Safety-related eLearning Courses**

- *Absorb Admin Training*
- *Asbestos Awareness Training*
- *Back Safety in the Workplace*
- *Beating Burnout – Spot the Symptoms, Take Action*
- *Bloodborne Pathogens Awareness*
- *Controlling Workplace Exposure to Bloodborne Pathogens*
- *COVID Quick Tips by the CDC*
- *COVID-19: Protecting Yourself and Others*
- *COVID-19: Your Workplace*
- *Creating a Wellness Program for your Organization*
- *Defensive Driving*
- *Disappearing Dummies*
- *Earthquake Preparedness*
- *ErgoNet: A Training Guide for Healthy Office Workers*
- *Fire Extinguisher Safety Training*
- *Fit for Retirement*
- *Five-Minute Scanning Strategy*
- *Food Safety Series – Food Service Equipment*
- *Food Safety Series – Food Service Safety*
- *Food Safety Series – Hazard Analysis and Critical Control Points*
- *Food Safety Series – Preventing Food Contamination*
- *Food Safety Series – Safe Temperatures for Food Storage*
- *Food Safety Series – Sanitation Safety*
- *GHS – Hazard Communication*
- *Heat-Related Illness*
- *Lock Out, Tag Out*
- *Managing a Career Filled with Stress*
- *MRSA Awareness for Correctional Employees*
- *MRSA Awareness in Hospitals*
- *Office Ergonomics*
- *OSHA Recordkeeping*
- *OSHA Rights and Responsibilities – English Version*
- *Personal Protective Equipment: General Overview*
- *Pool Chemical Safety*
- *Robert's Rules of Order*
- *Safe and Sober Workplace for Employees*
- *Safe and Sober Workplace – Supervisor Supplement*
- *Shallow Water Blackout*
- *Slips, Trips and Falls*
- *Slip, Trip and Fall Prevention – Extended Course*
- *Specialty Health 24-7-365 Program*
- *Surviving an Active Shooter*
- *Taming Stress – Culture of Wellbeing*
- *Taming Stress – Managing Stress with Diet and Activities*
- *Taming Stress – 7 Strategies to Tame Stress*
- *Working in Confined Spaces*
- *Workplace Violence Awareness*

## Incident Investigation Form

Section A: Information	
Entity Name:	Date:
Investigator or Team Name(s) and Title(s)	
Name	Title
Section B: Incident Description/Injury Information	
<i>1. Injured Employee Information</i>	
(a) Name & Age of Injured Employee:	
(b) Employee's first language:	
(c) Employee Job Title:	
(d) Job at time of injury:	
(e) Type of Employment:	
(f) Length of Time with Entity:	
(g) Length of Time in Current Position:	
(h) Description and Severity of Injury:	
<i>2. Incident Information</i>	
(a) Date and Time of Incident:	
(b) Location of Incident:	
(c) Detailed description of incident. Include relevant events leading up to, during, and after the incident. <i>[It is preferred that the information is provided by the injured employee.]</i>	

*Use additional pages if needed.*

(d) Description of incident from eye witnessed, including relevant events leading up to, during, and after the incident. Include names of people interviewed, job titles, and date/time of interviews.

*Use additional pages if needed.*

(e) Description of incident from additional employees with knowledge, including relevant events leading up to, during, and after the incident. Include names of people interviewed, job titles, and date/time of interviews.

*Use additional pages if needed.*

### **Section C: Identify Root Causes**

The Root Causes are the underlying reasons the incident occurred and are the factors that need to be addressed to prevent future incidents. If safety procedures were not followed, **why** were they not followed? If a machine was faulty or a safety device failed, **why** did it fail? It is common to find factors that contributed to the incident in several of these areas: equipment/machinery, tools, procedures, training or lack of training, and work environment. If these factors are identified, you must determine **why** these factors were not addressed before the incident.

*Use additional pages if needed.*

**Section D: Recommend Corrective Action to Prevent Future Incidents**

Recommend any corrective actions necessary to prevent future incidents and if relevant, identify who should implement the corrective action and the time frame in which the corrective action should be implemented.

*Use additional pages if needed.*

## Safety Concern and Near-miss Form

This form allows employees to describe safety concerns or near-misses, note the location, and provide a report to a manager/supervisor and/or the Safety Coordinator. Reporting safety concerns and near-misses allows the Smoky Valley Library District the opportunity to evaluate the condition to either eliminate the hazard or provide workplace or administrative controls.

Employees are advised that the use of this form or other reports of unsafe practices or conditions are protected by law. It is illegal for the employer to take any action against any employee in reprisal for exercising their rights to participate in communications involving safety.

<b>Section A: Safety Concern or Near-miss Information</b>	
Entity Name:	
Date & Time of Report:	
Location of potential incident/hazard/concern:	
Type of Report: <input type="radio"/> Safety Concern <input type="radio"/> Near-miss <input type="radio"/> Safety Suggestion <input type="radio"/> Other (describe):	Type of Concern: <input type="radio"/> Unsafe act <input type="radio"/> Unsafe condition or area <input type="radio"/> Unsafe use of equipment <input type="radio"/> Unsafe condition of equipment <input type="radio"/> Other (describe):
Describe the potential incident/hazard/concern and possible outcome in as much detail as possible:	
Safety Suggestions:	
Name (Optional):	
Phone Number (Optional):	
Email Address (Optional):	
<i>The remainder of this form will be completed by your manager/supervisor or Safety Coordinator. Please send all Safety Concern &amp; Near-miss Report Forms to your manager/supervisor or Safety Coordinator for further action.</i>	
<b>Section B: Identify Root Causes</b>	
Review the safety concern or near-miss. The Root Causes are the underlying reasons the near miss occurred and are the factors that need to be addressed to prevent future incidents. If safety procedures were not followed, <b>why</b> were they not followed? If a machine was faulty or a safety device failed, <b>why</b> did it fail? It is common to find factors that contribute to the near-miss in several of these areas: equipment/machinery, tools, procedures, training or lack of training, and	

work environment. If these factors are identified, you must determine **why** these factors were not addressed before the near miss.

*Use additional pages if needed.*

**Section C: Recommend Corrective Action to Prevent Future Incidents**

Recommend any corrective actions necessary to prevent future incidents and if relevant, identify who should implement the corrective action and the time frame in which the corrective action should be implemented.

*Use additional pages if needed.*

## 24-7-365 Nurse Triage Program Information

### WHAT TO DO IF I AM INJURED ON THE JOB

**24-7-365  
Telephonic Pre-Claim  
Triage**



SpecialtyHealth



### HELP WITHIN SECONDS, HOW IT WORKS

#### WHAT IS 24-7-365

- Dedicated Workers' Compensation Injury Triage Service
- Immediate access to trained Worker's Compensation Triage Registered Nurses
- Backed by a Board-Certified Emergency Room Physician Medical Director

### LIFE-THREATENING EMERGENCIES CALL 911



- Injured worker immediately informs the supervisor of the injury.
- Non-life-threatening, supervisor/injured worker will call the 24-7-365 Nurse Triage Hotline, 844-334-6472.
- Triage Nurse will inquire about the injury using proper protocols (multi-lingual representatives are available).
- After the supervisor's initial inquiry, the injured worker will speak to the Triage Nurse in private.
- A course of action will be implemented by the Triage Nurse, self-care treatment or referral to a medical facility.
- The Triage Nurse will provide a confirmation number and SpecialtyHealth will issue reports to the supervisor per the client's organization requirements.
- The injured worker will need to complete a C-1 Incident Report with the supervisor.

Photocopy the attached card or go to:  
[www.poolpact.com/specialty-health.asp](http://www.poolpact.com/specialty-health.asp)

<p><b>Workers Compensation Insurance Card</b></p> <p>Employee: _____ Employer: _____ Insurer: P.A.C.T. (Public Agency Compensation Trust)</p> <p><b>What to do if I am injured on the job:</b></p> <ol style="list-style-type: none"> <li>1. Report immediately to your supervisor.</li> <li>2. <b>Contact The 24/7/365 Nurse Triage Hotline with your supervisor (844) 334-6472</b></li> <li>3. Complete C-1 form for reporting injury with your supervisor.</li> <li>4. See physician if directed. Take your C-1 and pharmacy. Medical Script Address from web site. Preserve this Workers Compensation Insurance Card to your doctor.</li> </ol> <p style="text-align: center;"> Group # 143</p> <p style="text-align: center; font-size: small;"><b>For any potential life threatening emergencies call 911.</b></p>	<p><b>Workers Compensation Insurance Card</b></p> <p><b>Insurer: Public Agency Compensation Trust (PACT)</b> 201 S. Roop Street, #102 Canon City, NY 89701 (775) 885-7475 ext 104</p> <p><b>Workers' Compensation Administrator (TPA)</b> Davies Claims Solutions 630 Inbell Road #390 Reno, NV 89509 (775) 329-1181</p> <p style="text-align: center;"> Group # 143</p> <p style="text-align: center; font-size: small;"><b>For any potential life threatening emergencies call 911.</b></p>
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Revised 6/27/2022

## **Nevada Workers Compensation Forms**

C-1 Notice of Injury or Occupational Disease (Incident Report):

<https://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/c-1.pdf>.

C-3 Employer's Report of Industrial Injury or Occupational Disease:

<https://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/c-3.pdf>.

C-4 Employee's Claim for Compensation:

<https://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/C-4%20revised%208-12-2021%20.pdf>.

C-4A Release of Medical and Other Information for Nevada Workers' Compensation Claims:

<https://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/PM%20MEDICAL%20RELEASE%20C-4A%208-12-21.pdf>.

## Vehicle Pre-operation Checklist

VEHICLE IDENTIFICATION	
Last 6 of VIN:	Odometer Reading:
License Plate Number:	Current Registration (Y or N):
Make and Model:	Current Insurance (Y or N):
Driver Name:	Agency/Dept.:
Date of Inspection:	Glovebox Accident Kit (Y or N):
VEHICLE INSPECTION (S = Satisfactory; X = Requires Attention)	
PRE-START UP	
Check all fluids	
→ Brake Fluid	
→ Coolant (Anti-freeze)	
→ Engine Oil	
→ Power Steering Fluid	
→ Transmission Fluid	
→ Windshield Washer Fluid	
INTERIOR (Start Engine)	
Fuel level?	
Horn operational?	
Steering wheel/Power steering (based on feel of wheel while turning)?	
Foot brake operational?	
Parking brake operational?	
Defroster/Heat/AC operational?	
Interior lights operational?	
Seatbelts present and operational?	
Windshield free of chips/cracks or other obstructions?	
Windshield washer operational?	
Windshield wipers operational?	
Door windows free of chips/ cracks or other obstructions?	
Mirrors operational?	
Mirrors free of chips/cracks or other obstructions?	
EXTERIOR	
Headlights operational (high/low beams)?	
Turn signals operational (front/rear)?	
Emergency flashers operational?	
Taillights operational?	
Back-up lights operational?	
License plate light operational?	
Tires	
→ Cuts, scrapes, punctures, bulges, bumps, or cracks on tread or sidewalls?	
→ Inflated to manufacturers suggested PSI (use gauge)?	
→ Spare tire present and PSI checked with gauge?	
Dents, scratches, or other exterior damage?	
UNDERCARRIAGE	
Obvious leaking fluids?	
Loose or hanging objects?	
OTHER COMMENTS	

<b>REQUEST FOR SERVICE</b>	
Date of Request:	Submitted by:
Submitted to:	
Description of Problem/Concern:	
Description of Service Provided:	
Date of Service:	Service Provided by:
Signature of Service Provider:	

## General Facility Safety Inspection Checklist

<b>Department</b>	<b>Date</b>	<b>Time/Shift</b>
<b>Location</b>	<b>Equipment</b>	
<b>Completed By (Print Name)</b>		<b>Employee ID (if applicable)</b>

### 1. Lighting

<b>1.1 Are all work areas adequately illuminated?</b> <small>29 CFR 1910.37(b)(1)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:
<b>1.2 Is task lighting (e.g., under-cabinet lights, swinging arm lamps) present where needed?</b> <small>29 CFR 1910.37(b)(1)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:
<b>1.3 Do all light sources meet current electrical standards?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:
<b>1.4 Is all the lighting in good repair?</b> <small>29 CFR 1910.37(b)(1)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:
<b>1.5 Is all the lighting in proper working order?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:

### 2. Air

<b>2.1 Are there any signs of mold due to water collection or leakage?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:
<b>2.2 Is an adequate supply of fresh outdoor air provided through natural or mechanical ventilation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:
<b>2.3 Is humidity control in the range of 20%-60%?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:
<b>2.4 Is temperature control in the range of 68-76 degrees Fahrenheit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:

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### 3. Chemicals

<p><b>3.1 Is there a list of hazardous substances used in the office area (e.g., inks, toners, paints, cleaning products)?</b> 29 CFR 1910.1200(e)(1)(i)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>3.2 Is there a safety data sheet readily available for each hazardous substance used?</b> 29 CFR 1910.1200(g)(8), 29 CFR 1910.1200(g)(9), 29 CFR 1910.1200(g)(10)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>3.3 Are all containers labeled, tagged, or marked as to their contents?</b> 29 CFR 1910.1200(f)(5)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>3.4 Are consumer products used to clean workstations, desks, etc. done so only as the manufacturer intended?</b> 2005-04-14 (LOI)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>3.5 Are consumer products used to clean workstations, desks, etc. done so only under conditions of normal use?</b> 2005-04-14 (LOI)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>

### 4. Ergonomics

<p><b>4.1 Are all task requirements visible from comfortable positions?</b></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>4.2 Are armrests and footrests provided where needed?</b></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>4.3 Are cushioned floor mats provided for workers who are required to stand for long periods?</b></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>4.4 Are mechanical aids and equipment provided where feasible?</b></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>4.5 Are chairs or stools easily adjustable and suited to the task?</b></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>

<b>4.6 Are work surfaces/stations proper height and adjustable?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>4.8 Does the working space allow for a full range of work movements?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>4.9 Are employees' hands or arms being subjected to pressure from sharp edges on work surfaces?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>4.12 Are workstations designed to minimize or eliminate twisting at the waist, reaching above the shoulder, bending at the waist, static muscle loading, extension of the arms, bending or twisting of the wrist, and elevation of elbows?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>4.13 Are wrist supports present at computer workstations?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>4.14 Are document holders present at computer workstations?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:

## 5. Aisles and Walkways

<b>5.1 Are permanent aisles and walkways appropriately marked?</b> 1977-02-14 (LOI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>5.2 Are aisles and walkways adequately illuminated?</b> 29 CFR 1910.37(b)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>5.3 Is the flooring of aisles and walkways in good repair?</b> 29 CFR 1910.22(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>5.4 Are aisles and walkways clean, orderly, and in sanitary condition?</b> 29 CFR 1910.22(a)(1), 29 CFR 1910.141(a)(3)(i)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>5.5 Are aisles and walkways free of hazards (e.g., protruding objects, loose boards, corrosion, leaks, spills, now, and ice)?</b> 29 CFR 1910.22(a)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>5.6 Do aisles and walkways provide a safe means of access</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<b>and egress for employees?</b> 29 CFR 1910.22(c)	Comments/Actions:
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## 6. Housekeeping

<b>6.1 Are floors clean and, to the extent feasible, in dry conditions?</b> 29 CFR 1910.22(a)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>6.2 Are floors maintained free of hazards such as sharp or protruding objects, loose boards, corrosion, leaks, spills, snow, and ice?</b> 29 CFR 1910.22(a)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:

## 7. Waste

<b>7.1 Are receptacles for the disposal of waste provided?</b> 29 CFR 1910.141(a)(4)(i), 29 CFR 1910.141(g)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>7.2 Are waste receptacles clean and sanitary?</b> 29 CFR 1910.141(a)(4)(i)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>7.3 Are waste receptacles free of leaks?</b> 29 CFR 1910.141(a)(4)(i)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>7.4 Are waste receptacles not overflowing?</b> 29 CFR 1910.141(g)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>7.5 Does the number, size, and location of waste receptacles encourage their use?</b> 29 CFR 1910.141(g)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>7.6 Are waste receptacles constructed of smooth, corrosion-resistant, easily cleanable, or disposable materials?</b> 29 CFR 1910.141(g)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>7.7 Do receptacles have a solid tight-fitting cover (unless sanitary conditions are being maintained without the use of a cover)?</b> 29 CFR 1910.141(g)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>7.8 Are waste receptacles emptied at least once each working day (unless unused)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

29 CFR 1910.141(g)(3)	Comments/Actions:
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**8. First Aid**

<b>8.1 Are first-aid kits with necessary supplies available and easily accessible?</b> 29 CFR 1910.151(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>8.2 Are first-aid kit supplies present in adequate type and quantity?</b> 29 CFR 1910.151(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>8.3 Are emergency phone numbers posted where they can be readily found in case of an emergency?</b> 29 CFR 1910.165(b)(4)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:

**9. Fire Protection and Prevention**

<b>9.1 Is the minimum vertical clearance between sprinklers and material below at least 18 inches?</b> 29 CFR 1910.159(c)(10)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>9.2 Do solvents used for cleaning have a flash point of 100° F or more?</b> 29 CFR 1910.107(g)(5)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>9.3 Are portable fire extinguishers provided in adequate number and type?</b> 29 CFR 1910.157(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>9.4 Are fire extinguishers mounted, located, and identified so that they are readily accessible to workers?</b> 29 CFR 1910.157(c)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>9.5 Are regular inspections and recharges of all fire extinguishers noted on the inspection tag?</b> 29 CFR 1910.157(e)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:

**10. Alarms and Warnings**

<b>10.1 Does the employee alarm system provide a warning for necessary emergency action?</b> 29 CFR 1910.165(b)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
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<p><b>10.2 Is the employee alarm capable of being perceived above ambient noise or light levels by all employees in the affected portions of the workplace?</b> 29 CFR 1910.165(b)(2)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>10.3 Is the employee alarm distinctive and recognizable as a signal to evacuate the area or take necessary actions?</b> 29 CFR 1910.165(b)(3)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>10.4 Are emergency telephone numbers posted near telephones, employee notice boards, and other conspicuous locations?</b> 29 CFR 1910.165(b)(4)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>

## 11. Electrical

<p><b>11.1 Are switches, receptacles, etc., provided with tight-fitting covers or plates?</b> 29 CFR 1910.305(b)(2)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>11.2 Are electric equipment/appliances (e.g., microwave oven, coffee maker, vending machines) free from recognized hazards (e.g., frayed cords)?</b> 29 CFR 1910.303(b)(1)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>11.3 Is sufficient access and working space provided and maintained for all electrical equipment to permit ready and safe operations and maintenance?</b> 29 CFR 1910.303(g)(1), 29 CFR 1910.303(h)(3)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>11.4 Are all disconnecting switches and circuit breakers labeled to indicate their use or equipment served?</b> 29 CFR 1910.303(f)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>11.5 Are circuit breakers accessible to personnel?</b> 29 CFR 1910.304(f)(1)(iv)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>11.6 Are circuit breakers protected from physical damage?</b> 29 CFR 1910.304(f)(1)(iv)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>
<p><b>11.7 Do extension cords being used have a grounding conductor and are they free of splices or taps?</b> 29 CFR 1910.305(g)(2)(ii), 29 CFR 1910.334(a)(3)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A Comments/Actions:</p>

<b>11.8 Are all power strips UL approved (or other official approving agency)?</b> 2002-11-18 (LOI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>11.9 Are power strips only being used as intended by the manufacturer?</b> 2002-11-18 (LOI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>11.10 Is personal equipment (e.g., fans, radios, heaters) suitable for conditions of use and location?</b> 29 CFR 1910.305(g)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>11.11 Is personal equipment (e.g., fans, radios, heaters) UL approved (or other official approving agency)?</b> 29 CFR 1910.305(g)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>11.12 Are power strips only plugged directly into a receptacle?</b> 2002-11-18 (LOI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:

## 12. Exits

<b>12.1 Are exits properly marked?</b> 29 CFR 1910.37(b)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>12.2 Is each exit sign illuminated to a surface value of at least five foot-candles (54 lux) by a reliable light source (self-luminous or electroluminescent signs that have a minimum luminance surface value of at least .06-foot lamberts (0.21 cd/m<sup>2</sup>) are permitted)?</b> 29 CFR 1910.37(b)(6)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>12.3 Is each exit sign distinctive in color?</b> 29 CFR 1910.37(b)(6)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>12.4 Does each exit sign have the word "Exit" in plainly legible letters not less than six inches (15.2 cm) high, with the principal strokes of the letters in the word "Exit" not less than three-fourths of an inch (1.9 cm) wide?</b> 29 CFR 1910.37(b)(7)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:
<b>12.5 Are the directions to exits, when not immediately apparent, marked with visible signs?</b> 29 CFR 1910.37(b)(4)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comments/Actions:

<b>12.6 Are exits free of obstruction?</b> 29 CFR 1910.37(a)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:
<b>12.7 Are exit doors unlocked?</b> 29 CFR 1910.36(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:

### 13. Postings

<b>13.1 Are fire evacuation procedures posted?</b> 29 CFR 1910.38(c)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:
<b>13.2 Are fire evacuation locations posted?</b> 29 CFR 1910.38(c)(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:
<b>13.3 Is the OSHA 2203 (or 3165) poster properly displayed?</b> 29 CFR 1903.2(a)(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:
<b>13.4 Are all OSHA citations for this area displayed near where the violation occurred?</b> 29 CFR 1903.16(a), 29 CFR 1903.16(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Comments/Actions:

<b>Pass</b> <input type="checkbox"/>	<b>Fail</b> <input type="checkbox"/>	<b>Overall Comments &amp; Actions</b>	<b>Signature</b>	<b>Supervisor Signature</b>
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## Smoky Valley Library District

**Amy Madziarek**

Mailing Address: P.O. Box 1428

Physical Address: 73 Hadley Circle

Round Mountain, Nevada 89045

Office: 775-377-2215

Email: [amym@svld.net](mailto:amym@svld.net)

website: [svld.net](http://svld.net)

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### Smoky Valley Library District Written Workplace Safety Plan Employee Acknowledgment

I, \_\_\_\_\_, have read, understood, and agree to comply with all applicable provisions of the Smoky Valley Library District Written Workplace Safety Plan. I understand that violation of the Plan may result in discipline up to and including termination of employment. I also understand that I may contact the Safety Coordinator or my supervisor if I have any questions regarding my responsibilities under the Plan.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

#### **4.0 Basic Work Week**

The official work week for District employees shall begin each Monday at 12:01 A.M. and end at midnight on the following Sunday, to constitute a forty (40) hour week, exclusive of meal break, but including rest breaks.

- Employees are entitled to two (2) fifteen (15) minute breaks during their shifts. Such breaks shall be scheduled by the supervisor, but not within one (1) hour of the employee's starting time, quitting time, or lunch break. Break periods may not be scheduled or taken consecutively or in conjunction with lunch breaks, unless approved by the Human Resources representative.
- Employees who work more than four consecutive hours a day shall have a 30-minute unpaid lunch break during their shifts. The lunch break shall be scheduled by the supervisor as near to the middle of the employee's work shift as practicable, and not within one (1) hour of the employee's work break or in conjunction with a work break. During any such unpaid lunch break, the employee is free to leave the work site.
- If the employee leaves the site for anything personal and/or unrelated to work the employee must clock out before they leave and clock in when they return.

Adopted January 26, 2026

Policy changes:

Basic Work Week

Policy procedures:

- Clocking out when leaving library grounds.
- Clocking in upon returning to library grounds

I have read and been informed about the content, requirements, and expectations in the Smoky Valley Library Policy. I have received a copy and agree to abide by the policy guidelines.

I understand that if I have questions, at any time, regarding the policy, I will consult with my immediate supervisor or any SVLD Board member.

Please read the policy carefully to ensure that you understand the policy before signing this document.

Employee Signature: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Initial the below policy changes that you have read them. If you have any questions please don't hesitate to ask.

Clocking out when leaving library grounds: \_\_\_\_\_

Clocking back in upon return to the library grounds: \_\_\_\_\_

SMOKY VALLEY LIBRARY DISTRICT  
 PO Box 1428  
 Round Mountain, NV 89045  
 Expenditures Listing  
 1/28/2026

Vendor	Invoice Date	Invoice #	Total Amount	Description	Pre-appro
AMAZON	1/19/2026	IMMQ-47FY-PKC7	\$ 57.40	OFFICE	YES
AMAZON	1/26/2026	1CND-GH6X-TCTF	\$ 63.99	OFFICE	YES
AMAZON	1/28/2026	1D3Y-36GV-1L47	\$ 151.65	OPERATING	YES
BLACKBURN PEST CONTROL	1/13/2026	653953	\$ 42.00	BUILDING MAINT	YES
BLACKBURN PEST CONTROL	1/14/2026	654003	\$ 33.00	BUILDING MAINT	YES
CREATIVE PRODUCT SOURCE, INC	1/9/2026	CP1108959	\$ 285.71	OPERATING	NO
DEMCO	12/31/2026	7745895	\$ 226.02	OFFICE	NO
GENERAL STORE	1/8/2026	01-612483	\$ 42.95	BUILDING MAINT	NO
GENERAL STORE	12/19/2025	01-595159	\$ 116.70	OPERATING	NO
GENERAL STORE	1/21/2026	02-501363	\$ 7.19	OFFICE	NO
GENERAL STORE	1/22/2026	01-625619	\$ 7.98	OPERATING	NO
INGRAM	1/13/2026	93684752	\$ 19.19	OPERATING	NO
INGRAM	11/19/2025	91874601	\$ 27.00	OPERATING	NO
JW WELDING SUPPLIES & TOOLS	1/23/2026	316310	\$ 520.71	OFFICE	NO
LAKEVIEW BOOKS	1/13/2026	ARP2501957	\$ 111.95	OPERATING	NO
MICROMARKETING	1/15/2026	998914	\$ 80.11	OPERATING	NO
NICHE ACADEMY	1/15/2026	12451	\$ 275.00	OPERATING	NO
NV ENERGY MPL	12/30/2025	379561	\$ 298.47	UTILITIES	YES
NV ENERGY RMPL	1/9/2026	378178	\$ 932.07	UTILITIES	YES
Public Agency Compensation Trust	12/31/2025	123125-83	\$ 920.25	BENEFITS	YES
QUILL	1/22/2026	189026638	\$ 181.02	OPERATING	NO
QUILL	1/23/2026	189026639	\$ 111.14	OPERATING	NO
RMPU	1/26/2026	DEC 2025 403	\$ 192.50	UTILITIES	YES
SIRSI DYNIX	1/13/2026	INV21118	\$ 5,950.00	OPERATING	NO
SUBURBAN PROPANE	1/15/2026	9148540875011620	\$ 3,566.03	UTILITIES	YES
XEROX	2/1/2026	25053038	\$ 188.75	OFFICE	NO
XEROX	2/1/2026	25053037	\$ 129.48	OFFICE	NO
<b>Grand Total</b>			<b>\$ 14,538.26</b>		

Sara Keehfuss, Chairperson

Jamie Grimes, Treasurer

Sara Sweeney - Vice-Chairperson

Natasha Quinonez, Member

Lexus Tait, Secretary/Clerk