



Risk Management

RISK MANAGEMENT WORKSHOP/ TOWN HALL MEETING (Presentations)

Friday, September 11, 2015

Savannah, GA

Hazard Recognition



**Identify
Hazards/Risks**

**Determine
Control Plan**



**Monitor/
Supervise/
Evaluate**

**Implement
Controls**

Introduction

- **Hazards are an inherent component of the workplace whether we recognize them or not.**
- **Some are easy to spot and are known by almost everyone in the workplace. 93% of people report they have seen a hazard but on 25% took action.**
- **Other hazards, like chemical hazards, are not so easy to identify.**
- **And of course then there is the ergonomic group of hazards.**



Hazard Awareness - Accepting a risk or hazard is not the same as eliminating or controlling it.

When conducting a walk through you may need to take a fresh look at the way things are done at your workplace.

Even though you may hear “we’ve been doing it that way for 20 years and nothing happened”, it doesn’t mean a hazard doesn’t exist.

Sometimes you can not see the hazard if you are not looking for it.



Identifying Hazards

- **Identify hazards before starting a task:**
 - What is involved in this task that can hurt me or my co-workers?
 - How can I/we keep from being hurt while performing this task?

- **Types of Hazards**
 - Unsafe conditions
 - Unsafe acts (behaviors)



Identifying the Hazards

- Hazard identification is an exercise in detective work. Your goal is to discover the following:
 - What can go wrong?
 - What are the consequences?
 - How likely is it that the hazard will occur?
 - How could it arise?
 - What are other contributing factors?



Assessing the Hazards

- **Surroundings**
- **Work, equipment and tools**
- **Likelihood and extent of harm?**
- **File cabinet?**

Definitions

- Hazard - Something that is potentially very dangerous.
- Hazard Recognition - Recognizing a condition or behavior that can cause harm.
- Risk Analysis - Analyzing the probability and severity of risk in order to reduce the chance that harm will occur.
- Exposure – the time you are at risk of injury from a hazard.
- Control – Method or Measure taken to reduce the hazard.



What is the difference?



Safety

Hazard + Exposure – Control = Injury



Common Hazards in the Workplace

Stressor	Hazard Type	Hazard Type	Hazard Type
Chemical	Corrosive	Fire Explosion	Toxic
Electrical	Shock	Short Circuit	Fire-Static
Mechanical	Moving Parts	Failure	Noise Pressure
Ergonomic	Strain	Human Error	Fatigue

Common Hazards in the Workplace

Stressor	Hazard Type	Hazard Type	Hazard Type
Radiation	Ionizing	Non Ionizing	
Contact	Struck By	Struck Against	Caught In
Environment	Temperature	Visibility	Weather
Miscellaneous	Slips	Trips	Falls

Hazards We Normally Recognize

- Vibration
- Excessive Noise
- Unguarded Machinery



Hazards Not So Easy to Identify

- Chemical Hazards:
 - Poisons
 - Carcinogens
 - Toxic Substances



Ergonomic Hazards



Improper

- Lifting
- Reaching
- Stretching
- Pushing
- Twisting

RECOGNITION

The first step.



**In many cases hazards are obvious-
in others they are not.**

Examples of those not so obvious?

Did anyone recognize a hazard today?

What did you do about it?

What is the Hazard?



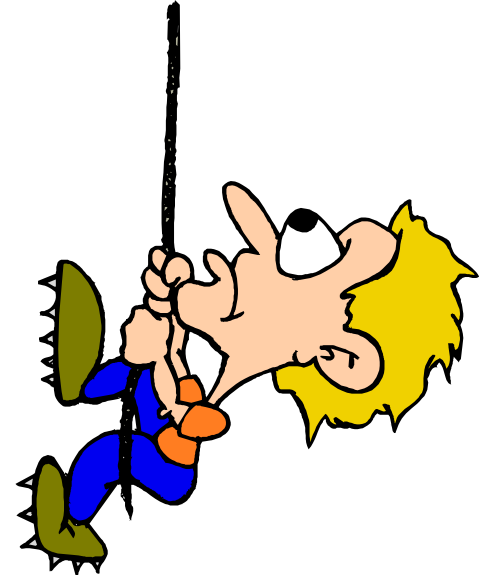
DETERMINE CONTROL PLAN

Can We Control It?

Is The Risk Acceptable?

How Can We CONTROL the Risk?

- 1. Experience**
- 2. Reference review**
- 3. Outside Consultants**



Hierarchy of Hazard Controls

1. Elimination of Hazard - *Remove or reduce*
2. Substitution of less hazardous material or reduce energy - lower speed, force, amperage, pressure, temperature, and noise.
3. Engineering Controls
4. Warnings
5. Administrative Controls & Procedures - *Remove or reduce the exposure*
6. Personal protective equipment (PPE) - *Put up a barrier*



INTERIM MEASURES

Should also be taken if the risk cannot be engineered or managed right away.

IMPLEMENT CONTROL

Elimination- the ultimate form of control.

Can we eliminate a process, substance, or activity.



Examples-

- **Combustible to non-combustible material**
- **Eliminate material handling**
- **Remove sharp edges, protruding objects**

CONTROL, continued

Substitution - Can we substitute a chemical or activity for a less hazardous one?

Ask a series of “Can We” questions:

- **Have a toxic substance supplied in a different form?**
- **Have a toxic substance supplied in a lower concentration? (59% vs. 85%)**
- **Reduce the handling of a chemical by having it delivered to a different location?**
- **Divide a load to make it easier to handle?**
- **Reduce the level of airborne contaminants?**

Unfortunately:.....

- Elimination and substitution are only practical and fully effective in dealing with some hazardous situations-----
- So we must use Engineering Controls, and lastly Administrative Controls.



ADMINISTRATIVE CONTROLS, continued..

- Personal Protective Equipment- Only effective when all other options are not satisfactory or practical.

Or in normally hazardous operations such as welding, spraying or confined space.

Or in emergency situations or confined space entry when hazards are unknown.



PPE, Continued

- We shouldn't confuse the role of PPE as a control measure with its more widespread role as a precaution.

“ PPE is the Last Line of Defense”



What's Your Personal Risk Tolerance?

What is your personal risk perception of the following activities?		Low 1	2	3	4	High 5
1.	Bungee jumping					
2.	Sunbathing					
3.	Traveling by plane					
4.	Mountain biking					
5.	Traveling overseas					
6.	Driving without a seat belt					
7.	Smoking					
8.	Skiing					
9.	Skateboarding					
10.	Driving at 10 miles per hour over the speed limit					
11.	Disagreeing with your spouse (or significant other)					

Factors That Influence Our Decisions

- **Personal Factors**

- Experience
(Positive/negative)
- Knowledge/Skill
- Age
- Physical Ability

- **Situational Factors**

- Stress
- Rushing
- Control

- **Organizational Factors**

- Safety System
- Leadership Behaviors
- Peer Behaviors

Personal Factors

What personal beliefs would motivate someone do this?



Was the yard sale bargain really that good?

Our Actions Are Driven By Organizational Beliefs

- Safety Systems
 - Are systems in place to encourage people to do the job with minimal risk?
- Leadership Behaviors
 - Are at-risk, time-saving actions accepted?
- Peer Behaviors
 - Do our co-workers encourage at risk behavior?



Immediate Supervisor is the Key!

Organizational Factors

What is in the safety system that would allow this? How many Hazards do you recognize?



The Social Environment and Cultural Resistance to Change



**PPE is
uncomfortable**

“ Safety slows a job down ”

What's the problem?



Risk Perception



- We perceive risk differently
- Many factors influence our decision
- By understanding our risk tolerance and personal / organizational factors, we can prevent injuries
- Many See the Hazard but do not Understand the Hazard. (Thin ice, oil on the floor, junk in walkways, missing guard.) Must have both to Recognize the Hazard!

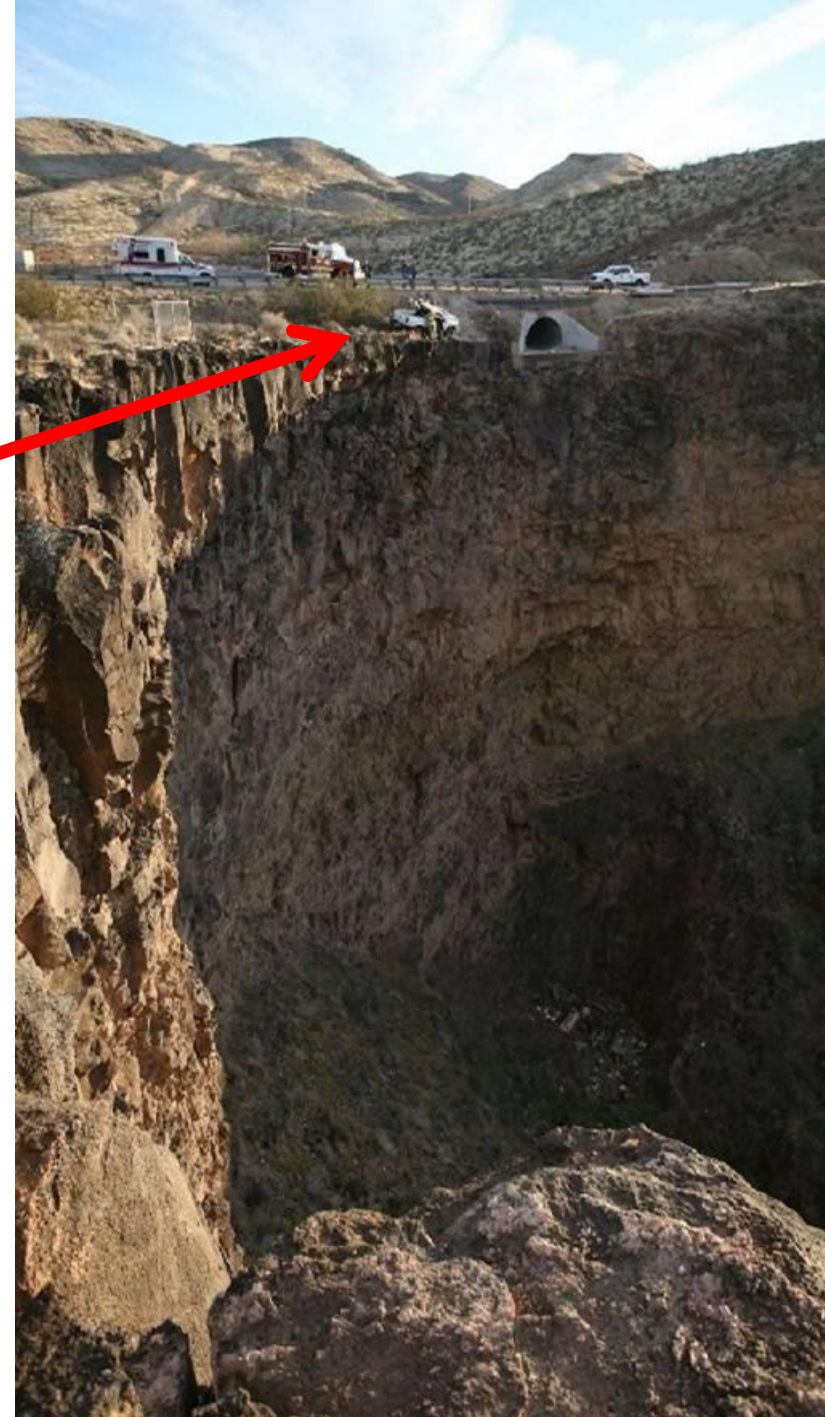
**Do we
perceive the
risk?**



Lucky



**Really Lucky
Sometimes we
don't see the
BIG picture.**

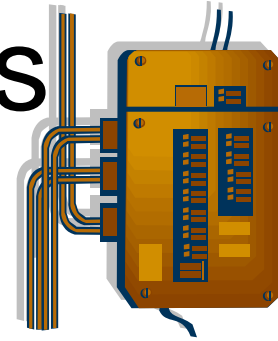


Understanding Electrical Hazards

- Permanent use of extension cords is prohibited; only for temporary use.
- Cords and cables should not be run through holes in walls or ceilings or through doorways
- Surge protectors should not be overloaded or plugged in series – must be used in accordance with manufacturer's recommendation.
- Use of multiple-plug adapters should be avoided.



Understanding Electrical Hazards



- Breaker panel boards should not be blocked. Disconnecting means should be marked.
- Discard frayed cords, cords with exposed wires or deteriorated insulation.
- All equipment connected by cord and plug must have grounded connections.
- Receptacles must have faceplates to prevent contact with exposed wires or conductors.

See the hazard?

**See the control?
(Not in photo but
usually on the
floor below.)**



Hazard Communication/ Chemical Hazards requirements



- Written hazard communication program is required.
- Maintain an inventory of chemicals or hazardous substances used at the facility.
- Material Safety Data Sheets (MSDSs) required for each hazardous substance.
- Provide employee training on use of hazardous chemicals.

**Where are the Labels? Eyewash check?
Shower Check? Soil Contamination?
What is your Perception of the operation from this photo?
Meth lab or State Building?**



Chemical Safety Use Hazards

- Minimize chemical use/storage.
- Store chemicals properly.
- Read and understand Material Safety Data Sheets (MSDS) or Safety Data Sheets (SDS).
- MSDS must be provided in the workplace.
- Ensure chemicals are properly labeled.
- Georgia law for State workers.



Who is ready to get their eyes washed out?



Personnel Protective Equipment

- Provided when hazards cannot be mitigated through engineering and administrative controls.
- Includes clothing, protection for head, eyes, face and extremities, respiratory protection, and work accessories such as barrier creams.
- Must provide training on use, proper care, maintenance and limitations.
- Employee must demonstrate an understanding of the training provided and ability to use the PPE properly.



Does anybody think this guy properly trained on how to use PPE?



Major Types of Health Hazards

Corrosives - cause tissue damage and burns on contact with the skin and eyes. (Battery Acid)

Primary Irritants - cause intense redness or swelling of the skin or eyes on contact, but with no permanent tissue damage.

Sensitizers - cause an allergic skin or lung reaction. (Latex, IPDI)

Acutely Toxic Materials - cause an adverse effect, even at a very low dose. (Hexavalent Chromium (CrVI), 5 ug/m³)

Carcinogens - may cause cancer.

Teratogens - may cause birth defects.

Organ Specific Hazards - may cause damage to specific organ systems, such as the blood, liver, lungs, or reproductive system. (Lead targets nervous system)

Exposure Monitoring

- Require that potential for employees to be exposed to chemical, physical, or biological agents be assessed by a competent person, such as an Industrial Hygienist (IH).
- When an employee reports an exposure concern, or unusual odors, irritations occur, you need to know to bring in an IH to evaluate the concern.
- Both personal and area environmental air sampling may be conducted. Employees must be allowed to observe and be provided results of monitoring.
- OSHA, EPA, and DOE set occupational exposure levels that employees may be exposed to in an 8 hour day.

Silica Exposure?



Ergonomic Factors

- Repetitive stress injuries, cumulative trauma disorders, musculoskeletal disorders.
- Noise, vibration, light/glare, and workplace temperature.
- Task design, body mechanics, and proper manner of lifting objects.
- Ergonomic workstation setup and design.

Hazard – Exposure – Control?



Ergonomic Evaluation

- Chair Adjustment: Upright, not rocking, proper height of seat and arm rests.
- Monitor arrangement: positioned too high or too low, close or far away; must be directly in front, top of screen slightly below eye level.
- Lighting/glare: ambient light too bright or too dim, light sources and glare on monitor, task lighting may be needed.
- Keyboard/mouse: proper height level with arms, and mouse next to keyboard. BOR reference web site.



Contact Supervision for Ergonomic Evaluation Early!

Sanitation

- Restrooms clean and in sanitary condition.
- Lavatories provided with hot and cold running water and cleansing agents.
- Covered receptacles for food waste kept clean and in sanitary condition.
- Food and drinks must not be stored, prepared and consumed where chemicals and cleaning products are stored and used.

Means of Egress



- Exits marked by an exit sign and properly illuminated.
- Directions to exits (when not immediately apparent) marked with visible signs.
- Doors that are not exits or access to exits marked as appropriate.
- Emergency lighting tested periodically.
- Dead bolts and door stops not used on exit doors.

**Effective
emergency
lighting?**



Fire Protection

- Sprinkler heads kept clear of storage materials (18-inch clearance between heads and top of storage)
- Fire doors unobstructed and protected against obstructions
- Exit routes free from obstructions
- Runoff, where does it go?

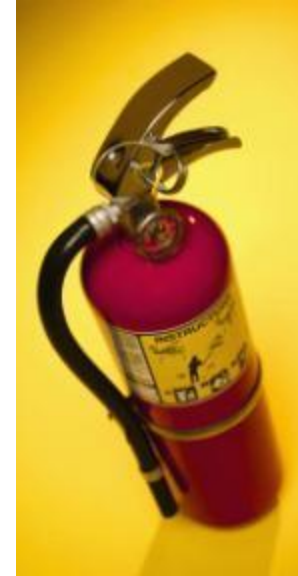


**Must be clear to
work properly!**



Fire Protection

- Fire extinguisher locations free from obstructions or blockage.
- Fire extinguishers fully charged and in their designated places.
- Fire extinguishers serviced, maintained and tagged at intervals not to exceed one year.
- Fire extinguishers mounted in readily accessible locations.



**Hopefully you will never
need it. But they must be
Maintained!**



Emergency Plans and First Aid

- First aid supplies and Automated External Defibrillators (AEDs) are easily accessible, with necessary supplies available and periodically inspected and replenished.
- Emergency phone numbers posted where they can be readily found in case of emergency.
- Some employees must be trained in First Aid.
- There must be an occupant emergency plan (OEP) and drills conducted.
- SPCC plans, RCRA Contingency plans, Recovery plans, etc., merged or separate. Have all emergency groups coordinated, (Environmental, Safety, Police, Fire, Public Relations, etc.)



Walking Surfaces

- Floors, aisles and passageways kept clean, dry and spills cleaned immediately.
- Office areas kept uncluttered without excessive accumulation of paper.
- Stair railings and handrails provided on all stairways.
- All work areas properly illuminated.
- Electric and phone cords not run across aisles or passageways.



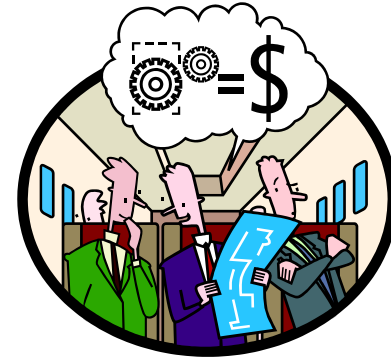
Walking Surfaces

- Carpets kept tight so they will not develop rolls and bunch up.
- Floor receptacles located where they may not cause tripping hazards.
- Sufficient space between desks and other furniture to facilitate exit into hallways.
- Holes in the floor repaired properly.



Developing a Safe Solution or Plan

- Can I eliminate the hazard?
- Can I minimize the risks?
- Do I need help? Regulatory Requirements?
- Is there a better time to do the work?
- Do others need to be informed?
- What specific PPE and tools are required?
- What lock out or permit is needed?
- Is there a JSA or reliable method/procedure I need to review?



Let's Try the Process!

- View the picture and then...
 - Identify the hazards
 - Develop Control
 - Implement Control
 - Monitor

Hazard – Exposure – Control?



Hazard – Exposure - Control?



What About the Hazards You Can't Control?

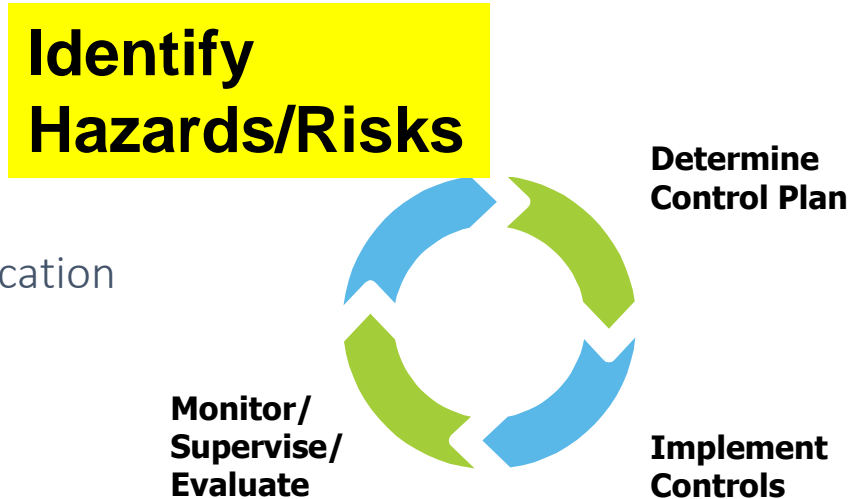


Summary

Workplace Hazard Recognition consists of:

- Identification/Understanding
- Action
- Control
- Monitoring

Effective programs will result in the identification of potential and control of hazards.



Remember! Hazard + Exposure – Control = Injury!

Contact Information

Questions?

C. G. Lawrence, III, MS, CSP, REM, ARM-P

Chief Loss Control & Safety Officer

(404) 657-4457

Charles.Lawrence@doas.ga.gov

Hiram Lagroon, BS

Chief Loss Control & Safety Officer

(404) 463-6309

Hiram.lagroon@doas.ga.gov

RMS LIABILITY INSURANCE

Mark A. McKinney

Liability program officer

Risk management services

Mark.mckinney@doas.ga.gov

Direct: 404-656-4817

Fax:678-717-6351

TORT LIABILITY

- Accident?
- Act of God?
- Tort Liability?
- Who pays?

Policies

- State Tort Claims Policy
- Based on the Georgia Tort Claims Act
- Majority of claims will fall under this policy
- Examples are :
 - Slip, trip, and fall of a 3rd Party
 - Insured vehicle has accident that involves a 3rd Party
 - Property Damage to a 3rd party

State Tort Claims Act

- Limits of Liability: 1 million per person/ 3 million per occurrence.
- No punitive damages can be awarded.
- Policy covers occurrences anywhere in the world however the claim or suit must be brought in the State of Georgia.
- Legal representation is by the Attorney General of the State of Georgia.
- Many immunities still apply.

General Liability Agreement Policy

- This policy is for claims not covered with the Tort Claims Policy.
- Examples are:
 - Federal Claims such as wrongful termination.
 - Medical Malpractice
 - Errors and Omissions.
 - False arrest and detention.
- Coverage includes damages resulting in bodily injury, personal injury, and property damage.

General Liability Agreement Policy

- 1 million per person/ 3 million per occurrence limit.
- Excess policy with Lexington Insurance that is a 10 million dollar limit.
- This policy also has a reimbursement provision of legal fees for professional license defense and criminal defense related to the covered party's official duties as long as the defense is successful. Legal fees must be approved by the Attorney General.

NEGLIGENCE

In order for a state entity to pay out on one of these policies there has to be some type of negligence on their part.

In other words the state entity would have to have done something wrong to cause the incident or accident.

CLAIMS SCENARIO ONE

It was a windy day and a tree falls on a car in the parking lot. There is a person in the car and the roof crushes the person with fatal consequences.

- Act of God or
- Negligence

CLAIMS SCENARIO TWO

Claimant slips and falls outside on stairs during a winter snow storm.

- Act of God or
- Negligence

CLAIMS SCENARIO THREE

Car runs through pothole causing damage to tires and rims in the amount of \$5,000.

- Negligence or not?
- Was there notice?

CLAIMS SCENARIO FOUR

Claimant gets too close to edge of pond on property. He slips, falls in and drowns.

- Negligence or not?
- Was there signage?
- Had there been any prior incidents at the pond?

Liability Incident Report Form

- **STATE OF GEORGIA**
- **Liability Incident Report Form**
-
-
- If property of others is damaged (or alleged) or there is an injury as a result of the State's operations, whether negligent or not, report the claim directly to DOAS / Risk Management Services by faxing this completed form to: Department of Administrative Services and email to: mark.mckinney@doas.ga.gov or fax to 404-657-1188.
-
- Time is of the essence. Do not delay reporting the claim because you do not have all the information regarding the accident. Any additional information can be provided at a later date. Use multiple sheets for more than one Claimant.
-
-
- ***Accident Information - General Liability***
- State Agency involved:
-
- Date of the incident:
- Incident time:
-
- Incident location:
-
- City and County:
- Description of the incident:
-
- Police authorities contacted:
- If yes, Accident Report Number:

Liability Incident Report Form

- ***Claimant Information***

- Name & address of the Claimant:

-
-

- Home Telephone No.

- Work Telephone No.

- Injured party date of birth:

- Social Security No.

-
-

- ***Injury Information***

- Brief description of the claimant's injury:

-
-

- **Fatality:** **Yes** **No**

- What initial treatment was given? By whom?

-

- Was hospital treatment needed? Which hospital?

Liability Incident Report Form

- ***Witness Information***

- Were there any witnesses?

-
-

- If so, their name, address & phone no:

-
-

- ***Property Damage to Others Information***

- Claimant's property involved:

-
-

- Where is the property located now?

- Damage to Claimant's property:

-
-

- Repair estimate:

-
-

- Comments:

-
-

- **Your Name:** _____ **Phone Number:** _____

Service of a Lawsuit

- If you receive service of lawsuit please note service date and time of lawsuit.
- Please notify RMS Liability Department as soon as possible and forward a copy of the lawsuit via fax.
- Please notify the Attorney General's office as well via fax.

RMS Liability Insurance

- Questions and answers.



RISK MANAGEMENT – FREDERICK TROTTER

PROPERTY PROGRAM

PROPERTY INSURANCE ARE YOU COVERED

PROPERTY PROGRAM

- BUILDING & CONTENTS COVERAGE
- SPECIAL PROPERTY ALL RISK
- WATERCRAFT (OCEAN MARINE)
- AIRCRAFT
- CRIME
- AUTOMOBILE PHYSICAL DAMAGE



























PROPERTY PROGRAM

- BUILDING & CONTENTS COVERAGE
- SPECIAL PROPERTY ALL RISK



FISCAL YEAR 15

- New Claims 269



• **\$9.3M** PAID

- BUILDING & CONTENTS COVERAGE
- SPECIAL PROPERTY ALL RISK

Place your mouse pointer over any term that you need help with for a definition.

Building Name:	#2 PEACHTREE
Entity Contact:	Debra Myers
Address:	2 Peachtree Street
City:	Atlanta
State:	Georgia
Zip Code:	30303
Country:	USA
Longitude:	-84.38942
Latitude:	33.75433
Primary Use:	Offices
Number of Floors:	
Gross Square Feet:	
Total Occupancy:	
Year Constructed/Purchased:	1965
Fire Protection Status (e.g. sprinklers):	Fully Sprinkled
Construction Type:	Masonry Noncombustible

The geographic (GIS) location of the building. Edit these fields ONLY if the building is in the incorrect location.

Consolidated Customer ID:	90000000
Consolidated Customer Location:	001
Insured Building Value (\$):	140831481.00
Insured Contents Value (\$):	11000000.00

Is CSB/DD MR Service Center?

Yes No

Save

Approve RMS Only

Cancel

BLLIP RMS TAB

RMS Information

Consolidated Customer ID:	99900000
Consolidated Customer Location:	001
Insured Building Value:	\$787,057
Insured Contents Value:	\$510,000
CSB/DD MR Service Center?	No
Last Updated (RMS):	Jun 29, 2015
Data Status (RMS):	Needs Review

VALUE DISTRIBUTION

Summary of TIV by Unit of Insurance			
Unit of Insurance	Previous FY14	Expiring FY15	Renewal FY16
Building	\$22,570,405,069	\$24,103,256,134	\$26,330,082,256
Contents	\$5,649,711,597	\$5,489,894,228	\$5,182,963,785
Total Property Coverage	\$28,220,011,666	\$29,593,150,362	\$31,513,019,349
Business Interruption	\$850,933,902.00	\$866,794,706	\$896,954,602
Grand Total	\$29,071,050,568	\$30,459,945,068	\$32,441,550,912

VALUES BY AGENCY

Entity	Total Insured Value	% of Total	Entity	Total Insured Value	% of Total
Community Service Board	\$ 252,688,079	0.78%	Georgia Firefighters' Pension Fund	\$ 2,340,805	0.01%
DD/MR Service Center	\$ 1,695,000	0.01%	Georgia Forestry Commission	\$ 128,867,318	0.40%
Department of Administrative Services	\$ 46,379,831	0.14%	Georgia General Assembly	\$ 11,406,115	0.04%
Department of Agriculture	\$ 239,199,903	0.74%	Georgia Highway Authority	\$ 18,600	0.00%
Department of Audits & Accounts	\$ 4,030,932	0.01%	Georgia Lottery Corporation	\$ 125,530,955	0.39%
Department of Banking & Finance	\$ 3,999,999	0.01%	Georgia Military College	\$ 124,210,426	0.38%
Department of Behavioral Health and Developmental Disabilities	\$ 863,300,371	2.66%	Georgia Peanut Commission	\$ 910,000	0.00%
Department of Community Affairs	\$ 27,295,252	0.08%	Georgia Ports Authority	\$ 1,880,994,869	5.80%
Department of Community Health	\$ 6,076,296	0.02%	Georgia Public Defender Standards Council	\$ 1,962,645	0.01%
Department of Corrections	\$ 2,377,030,028	7.33%	Georgia Student Finance Commission	\$ 26,930,300	0.08%
Department of Defense	\$ 139,811,040	0.43%	Georgia United Credit Union	\$ -	0.00%
Department of Driver Services	\$ 14,826,252	0.05%	Georgia World Congress Center Authority	\$ 1,398,244,653	4.31%
Department of Early Care & Learning	\$ 2,655,991	0.01%	Georgia Correctional Industries Administration	\$ 18,576,488	0.06%
Department of Education	\$ 116,263,886	0.36%	Judicial Branch of Georgia	\$ 15,572,545	0.05%
Department of Human Services	\$ 211,849,399	0.65%	Office Of The Governor	\$ 27,889,754	0.09%
Department Of Insurance	\$ 2,097,767	0.01%	Office of the Secretary of State	\$ 11,314,105	0.03%
Department of Juvenile Justice	\$ 355,636,998	1.10%	Public Service Commission	\$ 671,370	0.00%
Department of Labor	\$ 153,259,573	0.47%	Sheriffs' Retirement Fund of Georgia	\$ 15,000	0.00%
Department Of Law	\$ 2,398,103	0.01%	State Accounting Office	\$ 628,386	0.00%
Department of Natural Resources	\$ 979,596,147	3.02%	State Bar Admissions	\$ 63,970	0.00%
Department of Public Health	\$ 57,502,880	0.18%	State Board of Pardons and Paroles	\$ 2,999,955	0.01%
Department of Public Safety	\$ 217,208,723	0.67%	State Board of Regents	\$ 17,771,349,097	54.78%
Department of Revenue	\$ 14,226,496	0.04%	State Board of Workers' Compensation	\$ 1,423,687	0.00%
Department of Transportation	\$ 384,425,867	1.18%	State Properties Commission	\$ 210,000	0.00%
Department of Veterans Service	\$ 50,502,818	0.16%	State Road and Tollway Authority	\$ 36,185,775	0.11%
Ga. State Financing And Investment Commission	\$ 2,200,000	0.01%	State Soil & Water Conservation Commission	\$ 16,311,155	0.05%
Ga. Superior Court Clerks' Cooperative Authority	\$ 5,850,000	0.02%	Subsequent Injury Trust Fund	\$ 437,000	0.00%
Georgia Building Authority	\$ 1,201,953,900	3.70%	Teacher's Retirement System of Georgia	\$ 31,100,000	0.10%
Georgia Bureau of Investigation	\$ 160,296,978	0.49%	Technical College System of Georgia	\$ 2,799,247,631	8.63%
Georgia Department of Economic Development	\$ 111,879,800	0.34%	Grand Total	\$ 32,441,550,912	100%

STATE OWNED BUILDING & PERSONAL PROPERTY

Coverage

DOAS will pay for direct physical loss, damage or destruction to Covered Property at the premises/location reported and described in “BLLIP” and caused by or resulting from a Covered Cause of Loss.

1. Covered Property

Covered Property as used in this Agreement means the following types of property reported to Risk Management Services and described in “BLLIP” and for which a location and value is shown.

STATE OWNED BUILDING & PERSONAL PROPERTY

Building Coverage

Meaning a “ State Owned” building or structure described in “BLLIP” including:

1. Completed additions
2. Permanently installed: fixtures, machinery and equipment
3. Fences
4. Radio and television antennas, wiring, mast or towers
5. Signs, other than highway signs

STATE OWNED BUILDING & PERSONAL PROPERTY

B. Personal Property (Contents Coverage)

Meaning “State Owned” personal property described in “BLLIP” and located in a building or structure occupied by the Named Covered Party.

The following items fall under the personal Property category:

1. Furniture and fixtures
2. Machinery and equipment
3. Stock
4. All other personal property owned by you and used in your operations

STATE OWNED BUILDING & PERSONAL PROPERTY

Property Not Covered

Covered Property does not include:

- Accounts bills, bullion, currency, deeds, food stamps, furs, jewelry, money, lottery tickets, notes, precious or semi precious stones or securities*
- Aircraft or watercraft*
- Animals*
- Fine Arts or antiques*
- Land, water, crops, lawns, standing timber, landscaping, trees, shrubs, vegetation. *Exclusion does not apply to land improvements consisting of pedestrian bridges, tunnels, walkways or other paved systems that are not a part of the state highway system; but not including and fill or land beneath such property
- Underground utilities, power transmission lines and feeder lines not on “state owned property”

STATE OWNED BUILDING & PERSONAL PROPERTY

Property Not Covered (cont.)

Covered Property does not include:

- Self propelled vehicles and trailers tagged for road use and other self propelled vehicles except as provided under Section 4. Additional Coverage - n. Limited Coverage – Self Propelled Vehicles/Trailers Tagged/Other*
- Underground pipes, flues or drains, mines or mineshafts or any property within such mine or shaft
- Dams and dikes
- Personal property of state employees or of any other occupant(s) of a “state owned” or leased buildings
- Property in Transit*
- Any building or structure that is unoccupied and where the Named Covered Party has no written plan to repair, renovate or sell the building or structure prior to the loss*

PROPERTY PROGRAM

SPECIAL PROPERTY ALL RISK

- TWO (2) COVERAGE PARTS
- MONEY & SECURITIES
- INLAND MARINE COVERAGE



STATE OF GEORGIA
PROPERTY INSURANCE ALL RISK CERTIFICATE & ENDORSEMENT FORM
(Insures property items not covered by the State Owned Building & Personal Property Agreement)

Insured : 0472-0503-0001 -- GA INSTITUTE OF TECHNOLOGY

Customer/Loc : 50300000 / 1 -- Georgia Institute of Technology

Certificate# : 51160302

Issued By : Frederick Trotter

Policy Period : 07/01/2015 - 06/30/2016

Exclusions: Refer to the Special Property All Risk Agreement for Terms and Conditions.

A. Premium based on Fixed or Negotiated Rates. Normally Rates are : M&S 0.0150, Exposure, Fine Arts 0.0025, Inland Marine 0.0015

B. Deductibles: \$500 per Occurrence for CLCP Agencies and \$1000 per Occurrence for Non-CLCP Agencies, unless otherwise stated.

Premium Amount Coverage Amounts and Descriptions

\$24,000 1. Money & Securities (Inside / Outside): \$1,500,000 / \$100,000

Explanation of handling Procedures & Policies :

A. Coverage includes Cash, Fraudulent Credit Card usage or Valuables of Certified Clients, Patients, Students, etc.

When these items are in the written documented care, custody or control of a State Entity.

B. Provide any pertinent Information which explains your M&S Risk :

THE BOR CENTRAL OFFICE DETERMINES THE M & S TYPE AND AMOUNT OF COVERAGE FOR GA TECH.

\$73,405 2. Fine Art: \$29,362,018

Coverage applies to property with an appraised value (Art, Antiques, Artifacts, etc.) owned by or in the care, custody or control of a State Entity.

A written care custody or control agreement must exist for substantiating a claim. An endorsement is required if certificate blanket is exceeded.

\$15,361 3. Hull: \$1,024,052 Coverage for Aircraft or Watercraft

\$6,000 4. Non-state owned Property(Inland Marine): \$4,000,000

Coverage applies to "Privately" owned property that is loaned/rented "To" a State Entity with unquestionable benefit to the State.

Written agreement and endorsements are necessary as explained in the Fine Art selection.

\$57,331 5. Transient State Property(Inland Marine): \$38,220,968

Coverage applies to "State" Titled property that is loaned "To" Authorized people performing authorized State Business.

Also, State property in a Transient state for official purposes that normally stays in a permanent location is covered.

Property excluded by a vehicle policy

(Back hoe, Golf Cart, Farm Tractor, etc) can be covered by this selection. Written Agreement and endorsement are necessary as explained in Fine Art Selection.

\$1,691 6. Specialty Coverages: \$287,600

Ramblin Wreck \$14,500.00(RATE .0225) Solar Racing Car "Endeavor" \$273,100 (RATE .0050)

Comments: CLAIMS SUBSTANTIATED BY GA TECH RECORDS & INSURANCE LIMITS.

Insurance Applicant : TOM PROVANCHER

Title : RISK MANAGER

\$177,788 <== Total Premium

Date : 07/01/2015

SPECIAL PROPERTY ALL RISK AGREEMENT

MONEY & SECURITIES COVERAGE

A. Coverage

If you have elected Money & Securities Coverage under the All Risk Certificate, DOAS will pay for loss of State – Owned Covered Property or Property you are legally liable for under written Contract or Agreement resulting directly from the Covered Causes of Loss shown below

1. Section I – **Inside Premises**

- means
- a. Covered Property as used in this coverage section
“Money” and “Securities” inside the “premises” or a
“banking premises”
 - b. Covered Causes of Loss
 - (1) “Theft”
 - (2) Destruction

SPECIAL PROPERTY ALL RISK AGREEMENT

MONEY & SECURITIES COVERAGE

A. Coverage (cont.) **Inside Premises**

c. Coverage Supplements

- pay for
vault, cash
or cash drawer located in the
“premises” resulting directly from an actual or
attempted
- (1) Containers of Covered Property : DOAS will
loss of and damage to a locked safe,
register, cash box
- (i) “theft” of; or
(ii) Unlawful entry into those
containers

SPECIAL PROPERTY ALL RISK AGREEMENT

MONEY & SECURITIES COVERAGE

A. Coverage

If you have elected Money & Securities Coverage under the All Risk Certificate, DOAS will pay for loss of State – Owned Covered Property or Property you are legally liable for under a written Contract or Agreement resulting directly from the Covered Causes of Loss shown below

2. Section II – **Outside the Premises**

- a. Covered Property as used in this coverage section
means
the care
“Money” and “Securities” outside the “premises” in
and custody of a “ messenger”
- b. Covered Causes of Loss
 - (1) “Theft”
 - (2) Destruction

SPECIAL PROPERTY ALL RISK AGREEMENT

MONEY & SECURITIES COVERAGE

A. Coverage (cont.) **Outside Premises**

c. Coverage Supplements

DOAS will pay for loss of Covered Property resulting directly from the Covered Causes of Loss while the “premises” in the care and custody of an armored motor vehicle company. But DOAS will only pay for the amount of loss that you cannot recover;

outside
pay for the
recover;
motor vehicle
carried by,
the armored motor

(1) under your contract with the armored company; and
(2) from any insurance company or indemnity or for the benefit of customers of, vehicle company.

SPECIAL PROPERTY ALL RISK AGREEMENT

INLAND MARINE COVERAGE

A. Coverage

If you have elected Inland Marine Coverage under the All Risk Certificate, DOAS will pay for loss of Covered Property resulting from direct physical loss or damage to Covered Property of which you have record of, up to the amount or limit shown on your All Risk Certificate except as otherwise excluded or limited.

Covered Property, as used under the Inland Marine Coverage means:

- a. **Fine Art**
- b. **Aircraft Hull**
- c. **Watercraft Hull**
- d. **Non – State Owned Property**
- e. **Transient State Property**
- f. **Specialty Property**

“Covered Property” also includes property under your care, custody and control by written contract or agreement; and property that is listed on a schedule maintained by you.

DOAS and the Excess Insurance Company requires the following information when Fine Arts, Non–State Owned Property and / or Transient State Property coverage is requested: detailed schedule of each item, description of each item, description replacement cost value, date acquired, original cost new, and the location of item (physical address).

Contact Information

- Risk Management Services
200 Piedmont Ave, SE, Suite 1208 West Tower
Atlanta, GA 30334
- **Wade Damron, Director**
- Wade.Damron@doas.ga.gov, 404-463-7982
- **Frederick Trotter, Property Program Officer**
- Frederick.Trotter@doas.ga.gov, 404-463-2143
- **Martha Williams, WC Program Officer**
- Martha.Williams@doas.ga.gov, 404-463-1499
- **Mark McKinney, Liability Program Officer**
- Mark.McKinney@doas.ga.gov, 404-656-4817
- **C.G. Lawrence, Safety and Loss Control Officer**
- Charles.Lawrence@doas.ga.gov, 404-657-4457
- **Hiram Lagroon, Safety and Loss Control Officer**
- Hiram.Lagroon@doas.ga.gov, -404-653-6309

Website: www.doas.ga.gov

Questions & Answers





Risk Management

404.656.6245

www.DOAS.ga.gov



Risk Management

WORKERS' COMPENSATION

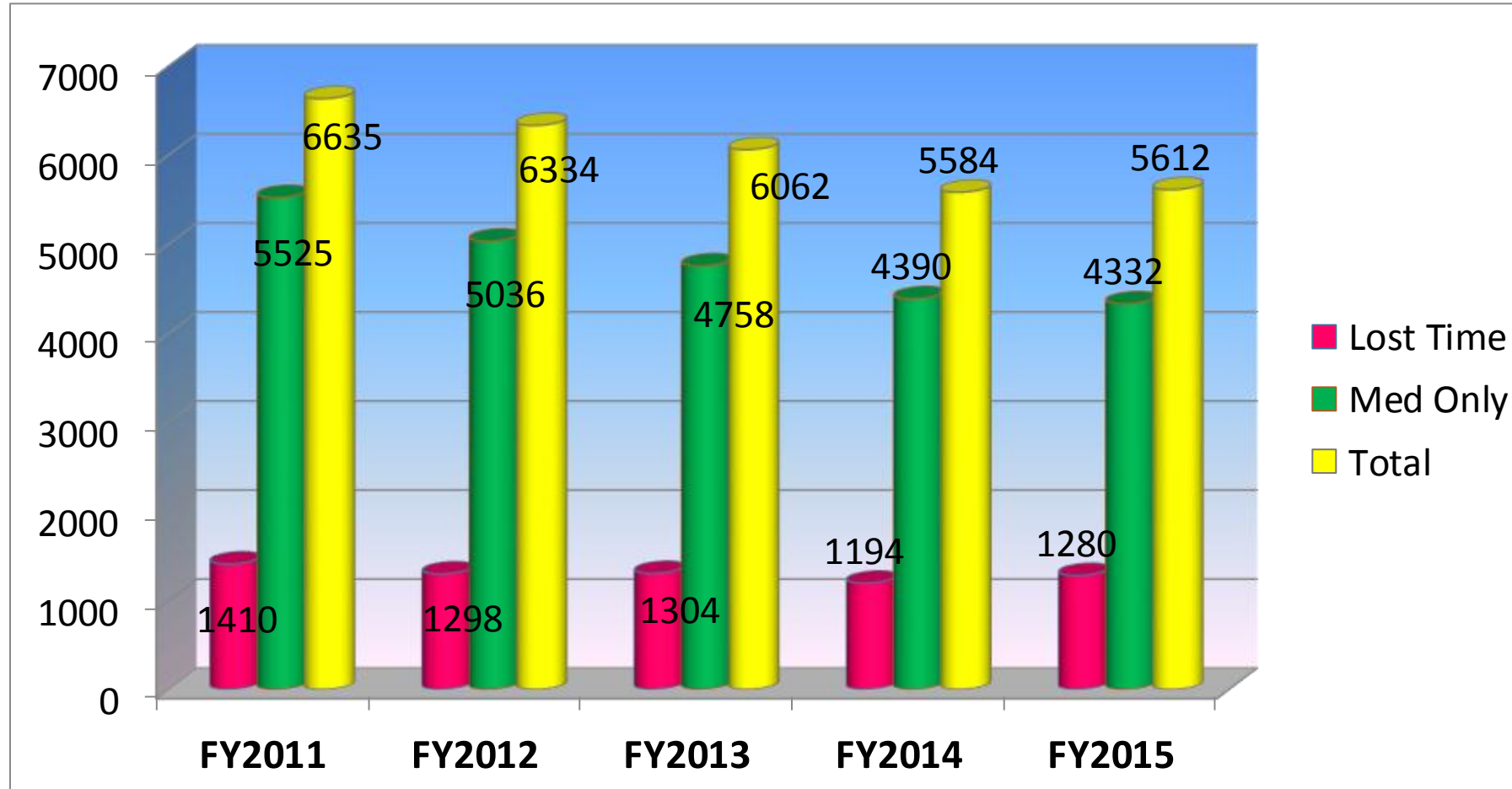
Kim Cramer

Workers' Compensation Supervisor &

C. G. Lawrence, III, CSP, REM, ARM

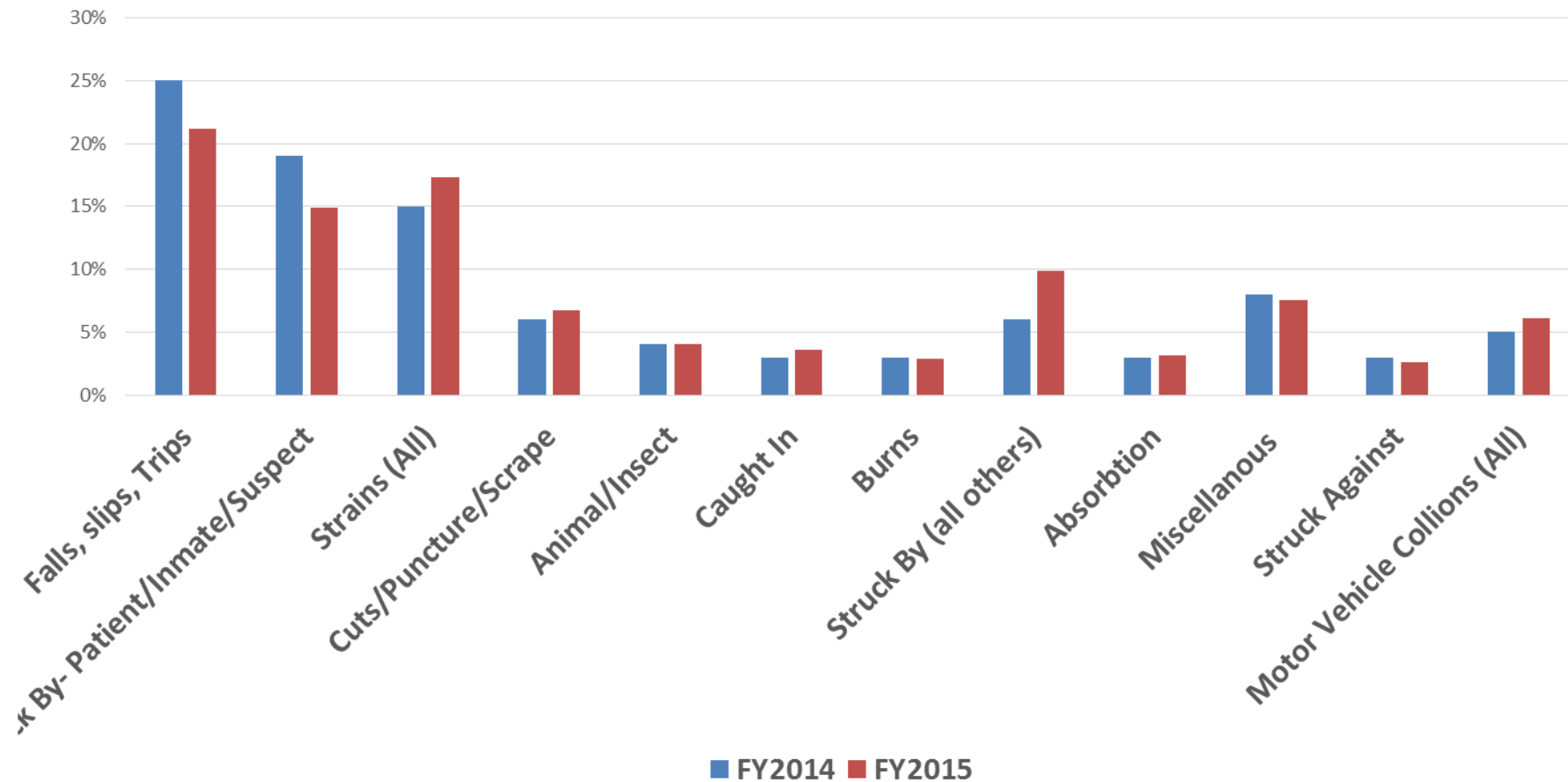
Chief Loss Control & Safety Officer

State of Georgia Worker's Compensation Injuries FY2011 - FY2015

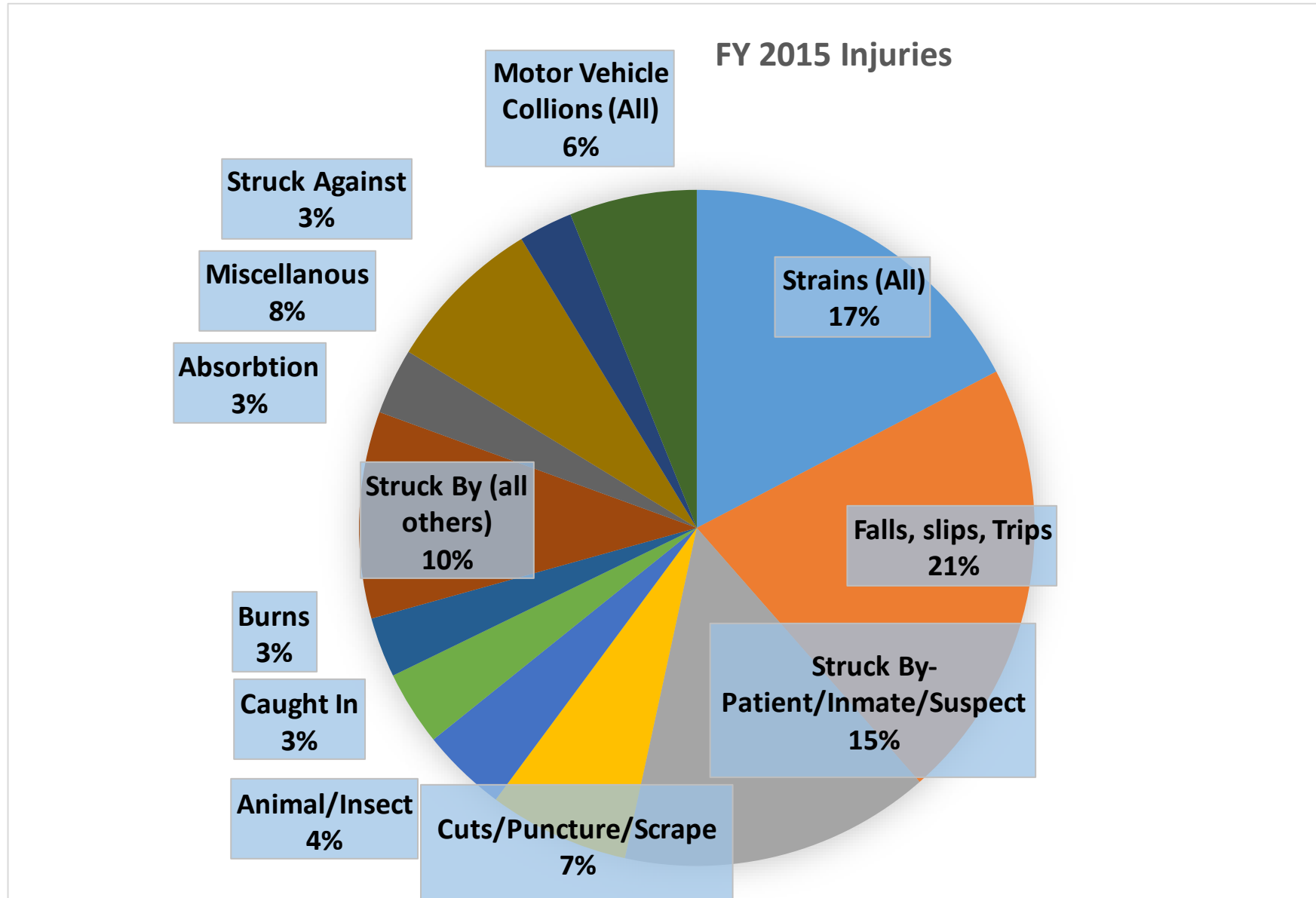


State of Georgia Worker's Compensation Injuries FY2014 - FY2015

Chart Title



Injuries by cause



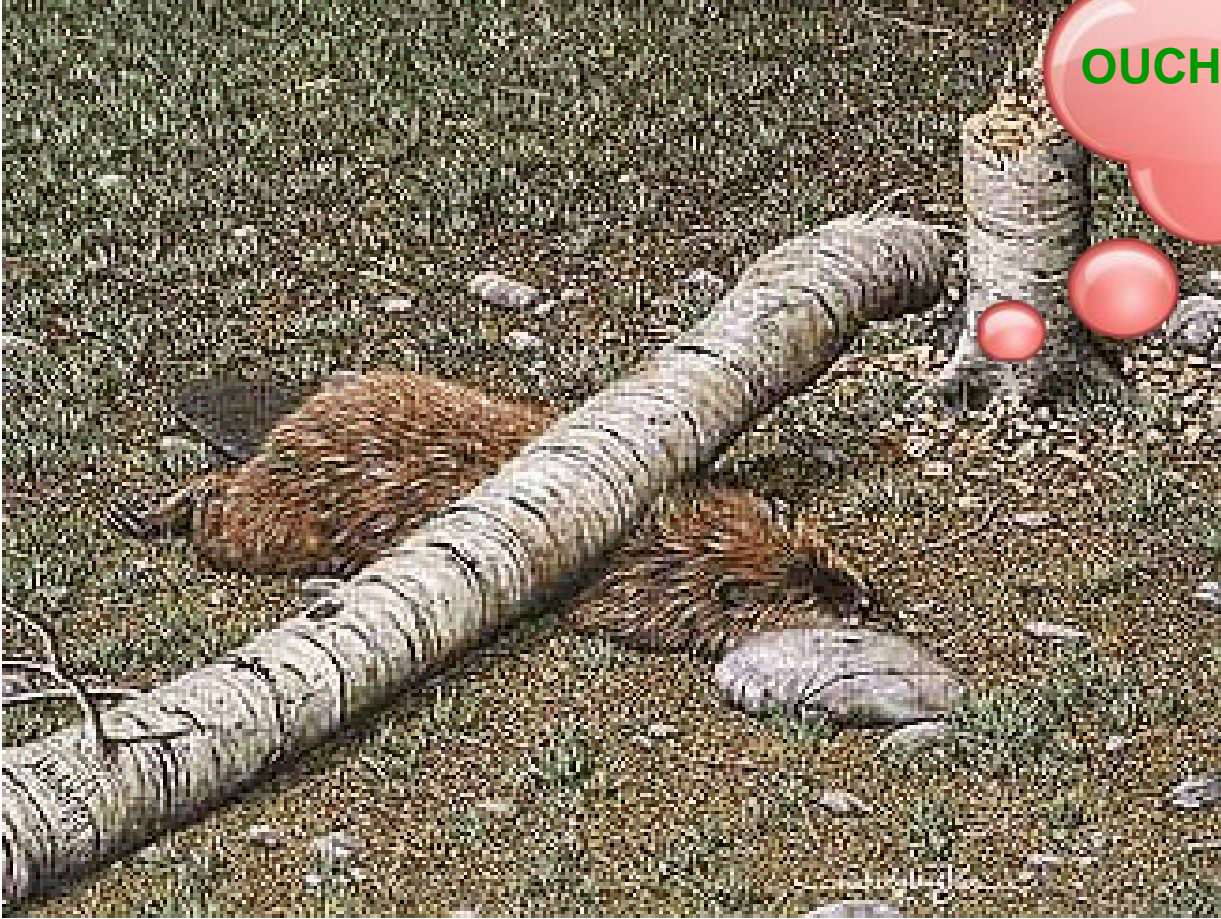
Hurt At Work!

What employees think!

You've carefully thought out all the angles.
You've done it a thousand times. It comes naturally to you. You know what you're doing, its what you've been trained to do your whole life. Nothing could possibly go wrong, right ??



Think Again !!!!!!!!!!!!!!!
What we know!!



- **Every precaution we can think of will not prevent all accidents. Accidents WILL happen. It's what you do next that is critical.**



Fiscal Year 14

- New Claims 5567

• \$99.7

- \$33M in Disability benefits



Workers' Compensation

What is it???

- Workers' compensation is a benefits program created by state law that provides medical, rehabilitation, income, death and other benefits to employees and dependents due to injury, illness and death resulting from a compensable work-related claim covered by the law.



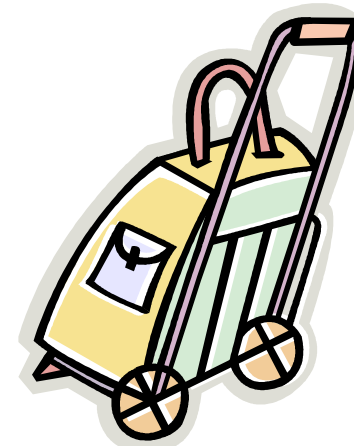
When does coverage begin?

- Workers' compensation coverage begins the first day of employment. Employers with three or more employees are required by law to provide coverage.



What is considered an on-the-job injury or illness?

- Any injury, illness or death **arising out of and in the course of** employment is by definition a compensable work-related claim.
- Exceptions
 - Lunch
 - Travel to and from work
 - Deviation

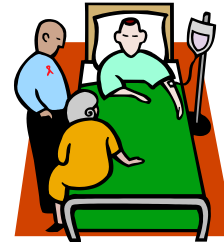


Three Tiers of a Sound WC Program

- **Tier One - SAFETY**



- **Tier Two - CARE**

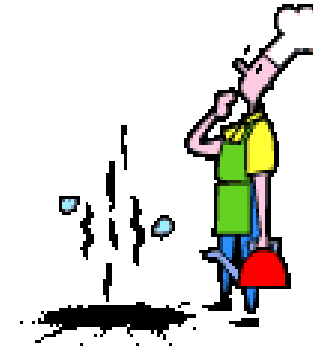
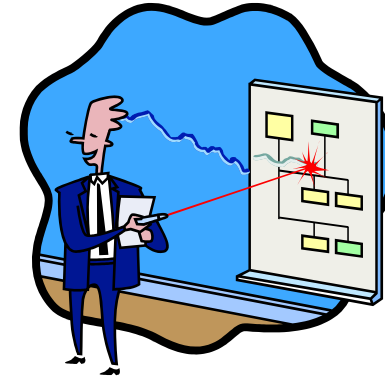


- **Tier Three – RECOVERY**



Tier One - SAFETY

- **Comprehensive Loss Control Program**
- C.G. Lawrence
- Hiram Lagroon



Tier Two – CARE

- Emergency Medical Care
- Non-emergency Medical Care
- Incident Only
 - No medical treatment is needed
 - Do NOT call the claim in.

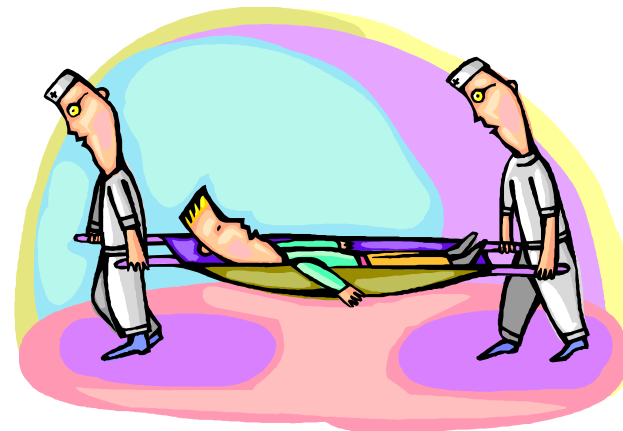
If my employee is injured on the job, what should I do?

- Call **877-656-7475(RISK)** to report the injury **IF** medical attention is needed
- Provide Specifics
 - If MVA, who was at fault, etc.
 - Reason for travel – in route to work vs business trip
 - Right knee versus left knee
- Get statements from witnesses
- Provide information to your assigned adjuster



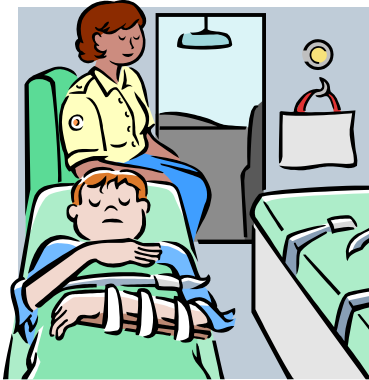
What happens if I cannot make a report of the injury?

- If the injury is such that you need to obtain emergency care for your employee and can not report the injury immediately, do so as soon as possible after getting emergency care for your employee.



Medical Care

- **Emergency**
 - **Closest ER or emergency facility**
 - **Contact Amerisys Managed Care Organization after emergency has passed**



Medical Care

- Non Emergency
 - Contact Amerisys Managed Care Organization
 - Arrange medical appointment
 - Convenient to home or work



State's Panel of Physicians

- Workers' Compensation Managed Care Organization (WC/MCO) – A WC/MCO offers a much larger choice of treating physicians from many disciplines. The WC/MCO must be approved by the State Board of Workers' Compensation.

1-800-900-1582

Or

678-781-2848



Can an employee go to their personal physician for treatment for an on-the-job injury?

- Generally speaking - No.
- The law requires that you select from a list of physicians posted by your agency in a prominent location.
- The State operates under an MCO Panel, so this is handled via the posting of the WC-P3. (Old Pink sheet)

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY
TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY,
AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days.

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

State Board of Workers' Compensation

270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682

<http://www.sbwc.georgia.gov>

Your employer has enrolled with the certified Workers' Compensation Managed Care Organization (WC/MCO) listed below to provide all the necessary medical treatment for workers' compensation injuries. The effective date is shown below. If you had an injury prior to the effective date listed below you may continue to receive treatment from your current non-participating authorized physician until you elect to utilize the services of the WC/MCO.

Each employee will be furnished with a publication which explains in detail how to access the services of the WC/MCO and provides a complete list of the medical providers available. In addition, each employee will be given a wallet-sized card which contains information on the services of the WC/MCO including a 24-hour toll-free phone number with recorded messages of information on how to utilize these services.

NAME OF WC/MCO AMERISYS
MAILING ADDRESS 140 Alexandria Blvd, Suite H - Oviedo, Florida 32765
GEOGRAPHICAL SERVICE AREA Sixty(60) mile radius from the employer's location
NAME OF CONTACT PERSON Cheryl Gulasa RN (For WC/MCO questions)
PHONE NUMBER OF CONTACT PERSON 800 752 0886 x 3102
ADDRESS OF CONTACT PERSON 140 Alexandria Blvd, Oviedo, FL 32765
24-HOUR TOLL-FREE PHONE NUMBER (to report injuries) 877 656 7475
(once injury is reported call AmeriSys Triage) 800 900 1582 option 2
EFFECTIVE DATE OF WC/MCO 8/1/2002

The insurance company providing coverage for this business under the
Workers' Compensation Law is:

DOAS

Name

200 Piedmont Avenue, S.E.
Suite, 1208, West Tower
Atlanta, GA 30334

404 656 6245 or 800 656 7475

address

phone

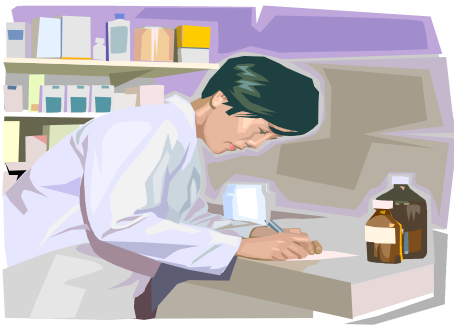
IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818
OR 1-800-533-0682 OR VISIT <http://www.sbwc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00
per violation (O.C.G.A. §34-9-18 and §34-9-19).

WC-P3 (7/2006)

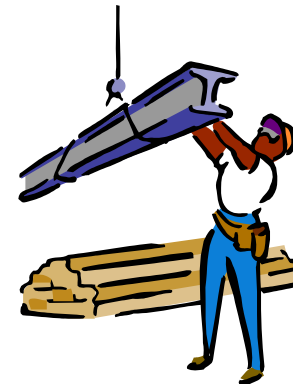
Medical Appointments

- Amerisys can assist with all scheduling
- Ask doctor to address RTW
- Keep supervisor updated on status
- Medications and side effects, advise employer
- Take WC packet to appointment



Georgia Activity Analysis

- **Simple, one page description of the functions and physical, mental and/or environmental demands of a regular or modified job**
- **Facilitates rapid return to work and helps eliminate lost productivity**
- **Communication device**
- **Should arrive at the treating physician's office when the employee first sees the physician**



Georgia Activity Analysis

POSITION TITLE:		EMPLOYEE NAME:	
DATE/BY WHOM:		AGENCY/LOCATION:	
I. PURPOSE OF POSITION (Describe in terms of the reason the position exists.)			
II. TASKS A. Describe each task, in order of frequency performed. What is required to do the position? B. Indicate primary physical, mental and environmental demands required to perform each task.			
A. Tasks		B. Demands	
III. REQUIRED PRODUCTIVITY (Describe production rate including quantity & quality of work required)			
IV. WORK SCHEDULE REQUIREMENTS (Describe specific shifts (including rotating) and/or hours, travel or overtime)			
PHYSICIAN COMMENTS (Complete the appropriate box below and provide comments as necessary)			
➤ I release		to this job as above described.	
➤ I release		to this job under the following conditions:	
The medical rationale is:			
➤ I cannot release		to any part of this job at this time. The medical rationale is:	
Next appointment is scheduled for			
Physician's Signature:		Date:	

How to Complete the Georgia Activity Analysis

Position Title: e.g. Housekeeper, Equipment Operator, Correctional Officer

Date/By Whom: Put date completed or updated & include name of person who completed form

Agency/Location: Agency and site location to which the employee is assigned

I. **Purpose of Position:** Describe in terms of why it exists and the fundamental reason for the position.
e.g. To provide a safe environment for quality patient care.

II. **Tasks:**

- a) Describe each task starting with most frequently performed. e.g. Delivering meals to patients on assigned unit. (Reference employee's current Performance Management Form)
- b) Describe physical, mental and environmental demands of each task & frequency performed.

Occasionally Activity or condition exists up to 1/3 of the time

Frequently Activity or condition exists 1/3 to 2/3 of the time

Constantly Activity or condition exists 2/3 or more of the time

Physical Demands may include:

- Lifting or carrying (what, how much it weighs, how often & how high e.g. 25 lb. boxes frequently lifted from floor to shelves up to 6 feet high)
- Sitting, standing and/or walking
- Pushing/pulling, fingering, handling, reaching, bending, twisting, crawling, kneeling, squatting, climbing (ladders or stairs), overhead reaching
- Talking, hearing, feeling, tasting/smelling, visual acuity, depth perception

Mental Demands may include:

- Cognitive ability such as intellect & memory, may include here any educational requirements, certifications or licensures
- Concentration/Attention including ability to sustain with distractions
- General Aptitudes such as form/spatial/depth perception, verbal or numerical capabilities, finger/manual dexterity, & color discrimination
- Specific Aptitudes such as good understanding of mechanics, ability to read blueprints, public speaking, or medical knowledge
- Interpersonal skills such as dealing with the public, maintaining personal appearance, or behaving in an emotionally stable manner

Environmental Demands may include:

- Extreme temperature ranges, exposure to weather, noise, humidity, vibration, poor ventilation, or hazards such as moving parts, electrical shock, unprotected heights, radiation, explosives, toxic chemicals, fumes
- Describe the general environment in which position is performed e.g. indoor offices or outdoors on road crew

III. **Required Productivity:** Describe output required of employee including quality & quantity of work. In a typing/data entry position, this may include a specified number of words per minute & specific percentage of acceptable errors or it may mean that all patients have to get their meals by 1:00 p.m.

IV. **Work Schedule Requirements:** Describe the typical work shift, requirements, such as hours per day, rotating shifts, travel or overtime.

Grounds
Maintenance
Worker,

Let's review.



Grounds
Maintenance
Worker,

Let's review.

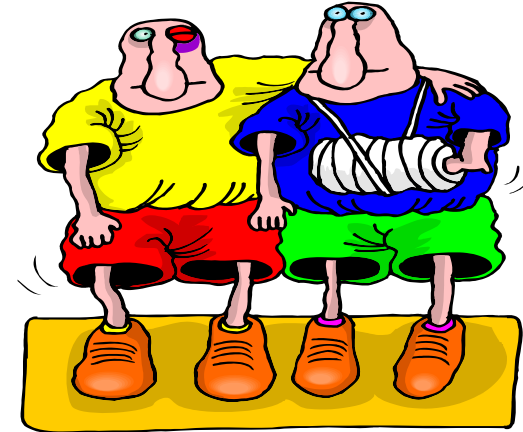


Grounds Maintenance Worker, Let's review.



What will happen if an employee is unable to work because of an on-the-job injury?

- Temporary Total Disability
- Sick/Annual Leave



Authorized treating physician
MUST
verify disability and absence from work.

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

WAGE STATEMENT

Board Claim No.	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking #	Date of Injury
-----------------	--------------------	---------------------	------	-------------------------	----------------

A. IDENTIFYING INFORMATION

EMPLOYEE		Workplace:	Address		
Home Address		City	State	Zip Code	
EMPLOYER		Name	Address		
Home Address		City	State	Zip Code	
INSURER/ SELF-INSURER	Name State of GA - DOAS	Claim Office Address 20788		City	
CLAIMS OFFICE	Name Georgia Administrative Services, Inc.	Claim Office Address 200 Piedmont Ave., 8F Suite 1208 West		City	
Home Address Risk.Management@doas.ga.gov		Home Office City/State	City Atlanta	State GA	Zip Code 30334

B. COMPUTATION OF AVERAGE WEEKLY WAGE

If the weekly benefit is less than the maximum, compute the schedule below for thirteen (13) weeks immediately preceding the accident. If the employee has not been in your employ for the thirteen (13) weeks, complete this schedule showing gross weekly earnings of a similarly employed in the same employment.

13 Weeks of Employee's Wages 13 Weeks of a Similar Employee's Wages Full-time weekly wage of injured employee Other (describe):

SCHEDULE OF WEEKLY EARNINGS

Week	From Date MM/DD/YYYY	To Date MM/DD/YYYY	No. of Days Worked	Gross Amount Paid Including Overtime or Extra Work	Value of Additional Compensation					Total Earnings
					Meals	Lodging	Rent	Travel	Other	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
Total										
Average Weekly Earnings										

C.	REASON FOR CR =	REQUIRED TO COMPLETE:	OFF-DAYS	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur
				<input type="checkbox"/> Fri	<input checked="" type="checkbox"/> Sat	<input checked="" type="checkbox"/> Sun	

Signature of Injured Employee KIM CRAMER	Signature of Employer	Date
Phone Number		Phone Number 678-325-0366

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 678-325-0318 OR 1-800-685-1882 OR VISIT [WWW.STATEBOARD.GA.GOV](http://www.stateboard.ga.gov)
 FULLY COMPLETE THIS STATEMENT FOR THE PURPOSE OF OBTAINING OR RECEIVING BENEFITS. A CORRECTLY COMPLETED STATEMENT IS ONE OF THE STEPS YOU MUST FOLLOW TO OBTAIN BENEFITS.

LEAVE ELECTION FORM

DATE: _____

TO: DOAS/Division of Risk Management Services
Workers' Compensation Unit
P.O. Box 38198, Capitol Hill Station
Atlanta, GA 30334

FROM: _____
(Injured Employee's Name - Please Print)

(Date of Injury)

(Contact Number)

RE: Workers' Compensation Payments

On _____ (Date of Injury), I was injured on the job while working for the
_____ (Agency Name). If I have to lose any time because of this injury, I request that
I be paid as follows:

- From my accumulated sick leave, and if necessary, from accumulated annual leave, before receiving Workers' Compensation benefits for loss of wages. I understand that when I have used my accumulated sick and annual leave, I will receive Workers' Compensation benefits if I am still unable to work due to the injury.
- Workers' Compensation benefits for loss of wages instead of full pay from accumulated sick and annual leave to be paid in regular bi-weekly installments. Effective: _____ (Date).
- From my accumulated sick leave, and if necessary, from my accumulated annual leave through _____ (Date) at which time I wish to be paid Workers' Compensation benefits for lost wages.

Signature of Injured Employee

Date

IF A MARK IS USED, TWO WITNESSES ARE REQUIRED:

(1) _____

(2) _____

Tier Three - Recovery

- Return to Work
 - Regular Duty
 - Transitional Duty
 - Accommodations
 - Termination



GEORGIA STATE BOARD OF WORKERS' COMPENSATION

NOTICE TO EMPLOYEE OF OFFER OF SUITABLE EMPLOYMENT

Instructions: The employer shall use this form to notify an employee of an offer of employment which is suitable to his/her unimpaired condition, as required by O.C.G.A. 34-9-240 and Board Rule 240. This form, with all attachments, must be provided to the employee and course for the employee at least ten days prior to the date the employee is expected to return to work. This form, along with attachments, should only be filed with the Board as an attachment to a claim WC-22.

Board Claim No.	Employee Last Name	Employee First Name	MI	SSN or Power of Attorney	Date of Injury
2013-001122	DOO	JANL	A	609-124268	02/05/2012

A. IDENTIFYING INFORMATION

EMPLOYEE	Last Name BUTTS	Address PO BOX 123	City KEARNEY	State GA	Zip Code 30123
EMPLOYER	NAME DOO - GDCOP	Address PO BOX 3477	City JACKSON	State GA	Zip Code 30223

B. NOTICE TO EMPLOYEE

1. This is to inform you that the following job is being made available to you, pursuant to the requirements of O.C.G.A. 34-9-240 and Board Rule 240(B).

Title:
BEHAVIORAL HEALTH / COUNSELOR

Position Description: **WORKS WITH INDIVIDUALS, GROUPS AND COMMUNITIES WITH EMPHASIS ON PREVENTION AND RISK REDUCTION. WORKS WITH INDIVIDUALS, GROUPS AND COMMUNITIES TO PROMOTE OPTIMUM MENTAL HEALTH.** Counseling can pertain to substance abuse, addictions, marital & family issues, suicide, physical & emotional health.

Rate of Pay:
E20A55 SLM-MONTHLY

Location of Job:
GDCOP - COUNSELLING DEPARTMENT

Hours/Days of Service:
7:00AM - 3:30PM Monday thru Thursday

2. A copy of the report of your authorized treating physician(s) approving the job, as suitable to your condition, is here attached.
If you unjustifiably refuse to attempt to perform the job offered after receiving this notification, the employer/insurer shall be authorized to suspend payment of income benefits to you effective the date you are scheduled to report to work. Should you attempt but fail to continue working for fifteen (15) scheduled work days, your income benefit shall immediately be reinstated.

3. If you have any questions about the job being offered to you, you may contact the employer at: 770-361-4234

C. CERTIFICATION

I hereby certify that the above named job is available to this employee as outlined above, that the job duties have been approved by the authorized treating physician(s) who has examined the employee within 90 days of the workers' approval, and that this offer is being made in good faith no later than ten (10) days prior to the date the employee is expected to report for work. I further certify that I have this day sent a copy of this form to the employee and his/her representative.

Signature of Employer	Name	Address	City	State	Zip Code
JOHN ADAMS, DWT	DWT GDCOP@door.state.ga.us	2575 Highway 35	JACKSON	GA	30223

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-696-2310 OR 1-800-652-0602 OR VISIT <http://www.gbwc.ga.gov>

THIS DOCUMENT IS A PUBLIC STATEMENT FOR THE RECORD OF THIS BODY AND IS SUBJECT TO PUBLIC ACCESS UNDER THE PROVISIONS OF THE OPEN RECORDS ACT.

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

JOB ANALYSIS

Instructions: File this form as an attachment to a WC-240

Board Claim No 2012-001122	Employee Last Name DOE	Employee First Name JANE	M.I. A	SSN or Board Tracking # 500-12-3456	Date of Injury 02/02/2012
EMPLOYER		Title DOC - GB&CP		Employer Title JOHN ADAMS, DY	
Job Title DEPUTY WARDEN		Job Title DEPUTY WARDEN			
Telephone Number 770-504-1234		Address SALLY SMITH, PERSONNEL TECH I		Date 02/02/2012	
SCHEDULE			WORK PACE		
Shift SPLIT / ADMIN		Days MON, TUES, WED & THURS		Speed N/A	
Hours/Week 40		Over Time N/A		Knowledge N/A	
Task ID No 1234.56		Task ID No 1234.56		Task ID No 1234.56	
JOB DESCRIPTION (What is the primary and essential duties of this job?) PROVIDE CARE MNGT SERVICES TO APPROX 250 INMATES					

WEIGHT	FREQUENCY				OBJECTS	Lowest Point	Highest Point
	Never	Occasional (up to 1/3 of the time)	Frequent (1/3 to 2/3 of the time)	Constant (over 2/3 of the time)		Lift/Lower Height	Lift/Lower Height
Negligible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
10 lbs. Max.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INMATE FILES	Knee level	chest level
20 lbs. Max.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INMATE FILES	Knee level	chest level
25 lbs. Max.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	n/a
40 lbs. Max.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	n/a
100 lbs. Max.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	n/a
Over 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	n/a
CARRYING						Max. Distance Carried	
Negligible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	
10 lbs. Max.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inmate files, papers	based on task assignment	
20 lbs. Max.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	
25 lbs. Max.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	
40 lbs. Max.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	
100 lbs. Max.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	
Over 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	
PUSH/PULL MAX FORCE						Max. Distance Moved	
Negligible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	
10 lbs. Max.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rolling cart w/ files	based on task assignment	
20 lbs. Max.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rolling cart w/ files	based on task assignment	
25 lbs. Max.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	
40 lbs. Max.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	
100 lbs. Max.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	
Over 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-655-2010 OR 1-800-633-6632 OR VISIT <http://www.gsbc.ga.gov>

THIS FORM IS THE PROPERTY OF THE STATE BOARD OF WORKERS' COMPENSATION. IT IS TO BE USED ONLY BY THE EMPLOYEE AND THE BOARD. IT IS NOT TO BE REPRODUCED OR DISTRIBUTED TO ANY OTHER PERSONS WITHOUT THE WRITTEN PERMISSION OF THE BOARD.

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

POSTURES / MOVEMENTS	MAX. CONSEC. MIN/HOURS	TOTAL DAILY HOURS	POSITION CHANGE OPTIONAL?	FURTHER DESCRIPTION	
Sitting	Based on Employee	10	YES	Based on strength level	
Standing (in place)	Based on Employee	10	YES	Based on strength level	
Walking	Based on Employee	10	YES	Based on strength level	
Use Arm/Leg Controls	Based on Employee	10	YES	Based on strength level	
	Never	Occasional (up to 1/3 of the time)	Frequent (1/3 to 2/3 of the time)	Constant (over 2/3 of the time)	
Bending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting / may use stool
Twisting/Torquing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clerical type tasks
Reaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clerical type tasks
Scuffling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clerical type tasks
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Use of stairs w/ rails
Reaching (out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clerical type tasks
Reaching (up)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
Wrist Turning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clerical type tasks
Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clerical type tasks
Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clerical type tasks
Finger Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clerical type tasks

LIST EQUIPMENT, MACHINES, TOOLS, VEHICLES USED

Computer, telephone, fax machine, copier, stapler, xeroxator, rolling cart

SPECIAL CONSIDERATIONS (ENVIRONMENTAL CONDITIONS, VISION, HEARING, HEIGHT)

Stairs are required to enter/exit all institutional bldgs, although rails are provided. Employee will be allowed to take 6 min break every hour. No lifting over 25# and no overhead work. EE will be assigned as an Administrator/Counselor. Duties will include, but not be limited to, copying, data entry, answering telephone, inmate Orientation, inmate release paperwork/counsel, creating documents & reports, TOPPSTEP, filing & case mgmt while ensuring medical limitations are met.

Employee's Signature	Title	Date
	DW	2/22/2013

TO BE FILLED OUT BY THE AUTHORIZED TREATING PHYSICIAN

- Employee can perform this job while taking medications as prescribed Yes No
- I do release the employee to the job described
- I do not release the employee to the job described
- I only release the employee to the job described with the following restrictions/limitations/modifications:

Physician's Name	Physician's Signature	Date

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-6275 OR TOLL-FREE 1-800-368-6888
 I FULLY RELEASE AND AGREE TO HOLD THE BOARD OF WORKERS' COMPENSATION HARMLESS FROM AND AGAINST ALL LIABILITY OF UP TO \$100,000 PER INCIDENT BY (S) (S), (S) AND (S) (S).

Maintain Contact

- Convey respect and concern for the employee
- Get well cards
- Visits
- Phone calls



Why is it important?

- Reduces litigation
- Workers come back to work sooner
- Workers are less likely to be disabled
- Reduces costs
- **IT IS THE RIGHT THING TO DO**



Other tools and common forms

- <http://doas.ga.gov/StateLocal/Risk/Pages/RiskInsurance.aspx>
- <https://sbwc.georgia.gov/publications-and-forms>
- WC207
- Mileage reimbursement form
- WC Acronym cheat sheet available by request

DOAS Fleet Manual

&

OPB Policy #10 Review

Sec 2. Roles and Responsibilities

For purposes of this manual, “Motor Vehicles” will be defined as any vehicle capable of:

Carrying a driver;

Being tagged and titled in the state; and

Being driven on highways or streets

“Vehicle” includes motorcycles and utility vehicles.

\$500 difference in these vehicles.



**Is it maintained?
New ones available are free to agency.**

Sec 2.2.1 Office of Fleet Management

OFM is charged with the management of fleet policy within the state and provides assistance to state agencies in the management of their fleets. The staff monitors the life cycle of a vehicle from initial request to disposal. The official state vehicle inventory count is maintained by this office using the Fleet Management System database.

NOTE: Any vehicle owned or leased by an agency shall be accounted for in this database.

Sec 2.2.4 Risk Management Services

Risk Management Services is responsible for providing liability and auto physical damage (APD) insurance coverage for the fleet and establishing policies and procedures for the handling of claims. Additionally, RMS provides safety training and coverage information through its video library, seminars and onsite training. These can be viewed at the website www.doas.ga.gov under Risk Services.

Sec 2.4 State Agencies

What is an Agency Fleet Coordinator (AFC) and what are the duties they perform?

Primary Fleet Management contact & maintains fleet inventory (Includes State owned, leased & donated vehicles) and usually monitors WEX cards.

4.2 Vehicle Markings (Decals and Unique Vehicle Number)



O.C.G.A. § 50-19-2 states that “It shall be Unlawful to operate vehicle owned or leased by the state or any branch, department, agency, commission, board, or authority of the state unless decal or seal affixed to front door; exceptions; penalty for violation affixed to the front door on each side of such vehicle a clearly visible decal or seal containing the name of or otherwise identifying the governmental entity owning or leasing such vehicle or on behalf of which entity funds were expended to purchase or lease such vehicle.

4.4 Individual Assignments

“Assignment” means an employee has exclusive control over a vehicle’s use during the workday or is the only employee who routinely drives the vehicle. Agencies may assign a vehicle to an employee when specific conditions are met. Assigned vehicles may qualify for overnight use, but a separate set of conditions must be met.

4.5 Overnight Assignment Criteria

Employees assigned a vehicle are not authorized to drive state vehicles to and from their residences unless pre-approved by their agency head or their designee. A commuting employee has an “ethical” obligation to utilize the state vehicle in an appropriate manner and not utilize the vehicle for “personal use.” For the purposes of liability insurance coverage, all state vehicles are uninsured.

Coverage attaches to the driver, but only where the driver is performing his/her official duties. Employees must understand that the use of a state or leased vehicle is for travel between home and office only and should not be used for any other purposes unless called out after normal work hours for state related business.

4.6 Overnight Use

Use of a state vehicle after hours is authorized under certain circumstances, whether the vehicle is assigned as an agency pool vehicle or an individual assigned vehicle. An employee who is on-call after normal work hours is authorized to drive a pooled vehicle home only if the employee does not anticipate reporting to his normal worksite when called to duty and if the vehicle:

- Has special equipment (large)**
- Is required to be driven to sites or under conditions that would endanger a privately owned vehicle.**
- It must be clearly demonstrated that the nature of the potential emergency is such that the incremental response time, if a vehicle is not authorized, could endanger life or property of significant value.**
- Must travel directly to remote site.**

4.7 Authorized Vehicle Use

State vehicles are authorized only for use in the performance of all essential travel duties related to the completion of state business. Following are examples of authorized use:

- **Travel between the place where the vehicle is dispatched and the place where the official state business is performed.**
- **When on official travel status between the place of state business and the place of temporary lodging.**

4.7 Authorized Vehicle Use, (Continued)

- **When on official travel status and not within reasonable walking distance between either of the above places and:**
 - **Places to obtain meals**
 - **Places to obtain medical assistance, including drug store**
- **Transport of other officers, employees, or guests of the state when they are on official state business.**
- **Transport of consultants, contractors, or commercial firm representatives when such transport is in the direct interest of the state.**

4.7 Authorized Vehicle Use, (Continued)

- **Transport of materials, supplies, parcels, luggage, or other items belonging to or serving the interests of the state.**
- **Transport of any person or item in an emergency situation.**
- **Travel between the place of dispatch or place of performance of state business and your personal residence, when specifically authorized by the proper authority and approved through the DOAS MV-1 process. Out of state travel If part of their official duties.**

4.8 Unauthorized Vehicle Use

- ❖ Vehicles are not authorized to be used for any personal trips unrelated to the state business for which they were assigned or to transport passengers who are not state employees unless on state business.
- ❖ Unauthorized use of state vehicles may result in immediate disciplinary action from the operator's agency. Such action may include suspension of all privileges to operate state vehicles and in some cases, dismissal.
- ❖ Furthermore, state drivers are not covered by liability insurance when engaging in unauthorized use of state vehicles, nor is the vehicle covered under optional Auto Physical Damage Coverage when so operated.

4.8 Unauthorized Vehicle Use (Continued)

- ❖ **The following uses of state vehicles are prohibited:**
- ❖ **Any use for personal purposes other than commuting which has been authorized.**
- ❖ **Transport of hitchhikers.**
- ❖ **Transport of cargo that has no relation to the performance of official state business.**
- ❖ **Transport of hazardous materials such as acids, explosives, weapons, ammunition, or highly flammable material, except by specific authorization or in an emergency situation.**
- ❖ **Except when in an official business travel status, transport of other employees from work centers to restaurants, cafes or drugstores.**
- ❖ **Attending sporting events including hunting and fishing other than those activities which are part of your official duties.**
- ❖ **Transporting any political campaign literature or matter or to engage in soliciting votes or to transport any person or persons soliciting votes in any election or primary.**

4.8 Unauthorized Vehicle Use (Continued)

The following is a list of activities not approved while on state business:

- ❖ Smoking is not permitted by any occupant of a state vehicle.**
- ❖ Personal property shall not be attached to state vehicles.**
- ❖ Bumper stickers not supplied or approved by OFM shall not be placed on state vehicles.**
- ❖ Travel or tasks that are beyond the vehicles rated capabilities.**
- ❖ Non-state employee passengers not on state business or specifically approved for travel by your agency head.**

4.9 Fees and Driving Violations Payments

The state of Georgia is not exempt from tolls charged on highways. Each individual operator is responsible for paying all tolls and filing for reimbursement with his/her individual agency as a part of their travel expenses if official state business.

Fines for traffic violations incurred by individual operators of state vehicles are the responsibility of the operator and will be paid by the operator.

4.10 Contract Drivers

Contractors are not authorized to drive state vehicles except when specifically authorized by state law. Since being an independent contractor entails using one's own tools rather than the client's, requiring contractors to use their own vehicles should not be an issue. More importantly, state insurance is limited to state officers and employees, and independent contractors are specifically excluded from the definition of the "state officer and employee."

The only exception is certain non-profit contractors authorized by O.C.G.A. § 45-9-42 and in these limited circumstances there must be a written contract outlining the scope of the non-profit contractor's use of the vehicles and the premium that has been paid for the insurance provided.

Warning: This card is not to be used for the registration of a privately owned vehicle. Any person using this card for such a purpose may be subject to criminal prosecution.



State of Georgia Government Vehicle
Georgia Liability Insurance Identification Card

Insurer: State of Georgia DOAS/RMS Self Insurance Program
Policy Numbers: TCP – 401 – 14 – 16 / CGL – 401 – 14 – 16
Coverage: July 1, 2015 – June 30, 2016
Insured: State of Georgia Government or State employees while operating a vehicle within the scope and course of employment.

Card Issued by DOAS Risk Management Services – Fleet

KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION

Toll Free Phone: 1-877-656-7475 Report accidents within 48 hours

If you are in an accident, be sure to get the following information before leaving the area:

- 1) Date, Time, Place;
- 2) Your Vehicle – year, make, model, tag;
- 3) Describe Accident. Include:
 - Direction each vehicle was traveling, weather conditions
 - Details of accident.
- 4) For all individuals include: name, address, employer, home and work phone numbers. Describe injuries claimed and observed; ID hospital, if applicable;
 - Insured (State Employee) driver
 - Your passengers
 - Other driver
 - His/ her passengers
 - Witnesses
- 5) Other vehicle(s): year, make, model, tag, insurance co. and policy #
- 6) Police: agency, officer, citations issued (?), to whom?

<http://doas.ga.gov/assets/Risk%20Management/Auto%20Insurance%20Documents/Georgia%20Liability%20Insurance%20Identification%20Card.pdf>

7.5 Rental Car Insurance

- **Employees may rent vehicles utilizing the Automotive Rental Inter-State Contract and the Automotive Capitol Hill Motor Pool & Intra-state Car Rental Contract.**
- **Collision coverage is included in the rate when vehicles are rented for State business and the employee abides by the terms of the rental.**
- **Consult the statewide rental contract for complete details.**
- **If a state employee rents a vehicle through a rental car company not listed on the statewide contract, then the employee should purchase the collision damage waiver to be insured against property damage, loss, or theft done to the rental vehicle.**
- **Failure to follow this process could expose the employee to personal loss. There are no provisions for car rentals outside of the country.**

Personal Vehicles

- **Liability coverage is provided by the State of Georgia while being used for State Business.**
- **Same coverage, same restrictions.**
- **State will Never, Ever, Ever, Ever pay for damage to personal vehicle.**
- **Damage from deer, broken windshield, other driver hitting you and leaving, your insurance, your deductible.**



Driver Qualification Program

- MVR's must be pulled at least once per year.
- Driver's are required to self-report on the job tickets.
- Reasons for Disqualification:
 - Expired, suspended, revoked

2) Any of these:

- Driving Under the Influence (DUI)
- Leaving the scene of an accident
- Refusal to take a chemical test for intoxication
- Aggressive Driving [only if a conviction would (or did) result in more than 10 points accumulated on driving record]
- Exceeding speed limit by more than 19 mph [only if a conviction would (or did) result in more than 10 points accumulated on driving record]

ARI & APD questions?

- ARI call-in procedures?
- Cracked windshield?(404)463-0674; Angelia Taylor
- APD claim, (404)463-7488; Steve Council
- Out of State use of vehicles.
- APD Exclusions 3. b. DOAS does not pay for “loss” caused by a collision between a covered Party’s “auto” and other owned property (Buildings, fence, etc.).

OPB Policy #10, Section 9. Accidents Repairs

- **All accidents or losses that result in damage to the state vehicle (owned or leased) or a third party must be called into the claims reporting vendor as established by DOAS' Risk Management Program.**
- **All agencies are required to provide DOAS the cost of all repairs resulting from an accident, vandalism, or any event which damages the state vehicle in excess of \$200, or involves any safety related equipment.**
- **DOAS will establish a field in their Fleet Management Database to accommodate that information.**
- **All repairs must be completed and reported within 120 days of the loss or the damaged vehicle will be surrendered to Surplus at DOAS within 10 days following the referenced 120 day period.**
- **Damage handled through the Auto Physical Damage Program at DOAS will be automatically entered into the management system.**

ARI Roadside Assistance

Know where to get **Roadside assistance** program, have the number ready,

ARI. 1-800-227-2273 (1-800-car-care)



