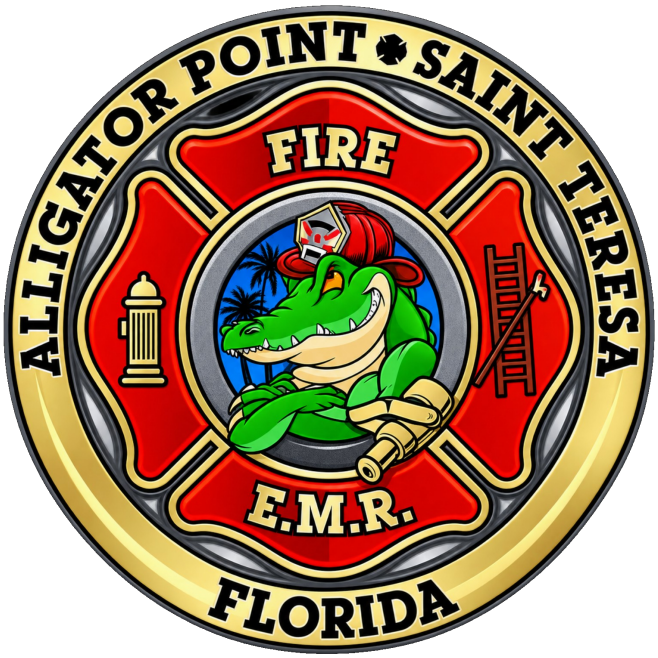
SAFETY & HEALTH

MANUAL



ALLIGATOR POINT / SAINT TERESA
VOLUNTEER FIRE DEPARTMENT

MANUAL AUTHORITY & USE

This Safety & Health Manual establishes APSTVFD's detailed occupational safety and health programs, including respiratory protection, exposure control, inspections, training, recordkeeping, and related safety practices.

MANUAL HIERARCHY

The SOP Manual establishes mandatory department policy. The SOG Manual establishes operational guidance. The Safety & Health Manual establishes detailed safety and health programs. When provisions overlap, the more restrictive applicable safety requirement controls. No SOG authorizes an action prohibited by an SOP or the Safety & Health Manual.

FLORIDA / FRANKLIN COUNTY APPLICABILITY

These manuals are adopted for APSTVFD as a volunteer fire department operating in Franklin County, Florida. They shall be administered consistent with applicable Florida law, rules of the Florida Department of Financial Services / Division of State Fire Marshal, applicable Franklin County authority and emergency-management procedures, and APSTVFD's actual training, staffing, equipment, and service level.

Effective Date: 01/15/2026

Fire Chief
Caleb Harper

APPENDICES

_____ ***Fire Chief***
Caleb Harper

100.1 Purpose

APSTVFD is committed to making safety and health management a primary responsibility and to maintaining places of employment and operations free, to the extent reasonably possible, from recognized hazards.

100.2 Applicability

This manual applies to all APSTVFD members, officers, support personnel, stations, apparatus, training, emergency incidents, and department activities.

100.3 Responsibilities

The Fire Chief is the department's executive authority for implementation. The Safety Officer coordinates day-to-day administration. Officers enforce safety requirements within their assignments. Every member shall follow safety rules, report hazards, use required PPE, and stop or withdraw from conditions that exceed training, equipment, or authorization.

100.4 Enforcement

Failure to comply with safety requirements may result in removal from an assignment, remedial training, suspension of operational privileges, or discipline under the SOP Manual.

100.5 Relationship to Other Manuals

The SOP Manual establishes mandatory department policy. The SOG Manual establishes operational guidance. This Safety & Health Manual establishes detailed safety and health programs. When provisions overlap, the more restrictive applicable safety requirement controls. No SOG authorizes an action prohibited by an SOP or this manual.

200.1 Program Administration

The Fire Chief shall designate a Respiratory Protection Program Administrator qualified by training or experience to administer and evaluate the program.

200.2 Respirator Selection

Only NIOSH-approved respirators appropriate for the hazard shall be used. Atmospheres shall be treated as IDLH when the hazard is unknown or cannot be adequately characterized. Structural firefighting in IDLH atmospheres requires positive-pressure SCBA appropriate for the operation.

200.3 Medical Evaluation

Before a member is fit tested or required to use a tight-fitting respirator, the department shall provide a medical evaluation by a physician or other licensed health care professional using an accepted respiratory medical questionnaire or equivalent examination. Required follow-up evaluations and written clearance shall be maintained confidentially.

200.4 Fit Testing

Each member required to use a tight-fitting facepiece shall receive an accepted qualitative or quantitative fit test before initial use, at least annually thereafter, whenever a different facepiece is used, and when physical changes could affect fit. Fit-test records shall be retained.

200.5 Facepiece Seal

A member shall not use a tight-fitting respirator when facial hair, jewelry, corrective equipment, or another condition interferes with the sealing surface or valve function. A user seal check shall be completed each time the respirator is donned.

200.6 Use in IDLH

Members shall remain on SCBA until Command determines through appropriate air monitoring that respiratory protection is no longer required. Members shall not remove or bypass respiratory protection solely because visible smoke has cleared.

200.7 Cleaning, Storage, Inspection & Repair

Facepieces and SCBA shall be cleaned and disinfected as needed and after use in accordance with manufacturer instructions. Respirators shall be stored to protect against damage and contamination. SCBA shall be inspected before use and at least monthly. Defective equipment shall be tagged or segregated out of service and repaired only by authorized or trained personnel.

200.8 Cylinder Pressure & Breathing Air

In-service cylinders shall be refilled when below 90 percent of rated pressure. Breathing air shall meet applicable Grade D quality requirements. If APSTVFD obtains breathing air from another

agency or supplier, the department shall retain the most recent applicable air-quality analysis or certificate.

200.9 Training

Members who use SCBA shall be trained in respiratory hazards, limitations, emergency use, donning and doffing, seal checks, inspection, cleaning, storage, and procedures for SCBA failure or emergency egress.

200.10 Program Evaluation & Records

The Program Administrator shall periodically evaluate program effectiveness and update the program when conditions or equipment change. Medical-clearance, fit-test, inspection, repair, training, and air-quality records shall be maintained as required.

300.1 Applicability

This section applies whenever APSTVFD members conduct interior structural firefighting in an atmosphere that is IDLH or presumed IDLH.

300.2 Entry Team

At least two qualified firefighters shall enter together and remain in visual or voice contact with one another while operating in the IDLH atmosphere. All members engaged in interior structural firefighting shall use required PPE and SCBA.

300.3 Exterior Team

At least two qualified firefighters shall be located outside the IDLH atmosphere and available to provide assistance or rescue. Exterior personnel may perform other functions only when those duties do not prevent them from immediately performing the required assistance or rescue function.

300.4 Accountability & Communications

Entry and exterior personnel shall be tracked through the department accountability system. Interior crews shall maintain radio communications when equipped and shall immediately report Mayday conditions.

300.5 RIT / RIC

Command shall establish a RIT/RIC consistent with incident conditions and staffing. Establishment of a RIT/RIC does not reduce the minimum two-in/two-out requirement for interior structural firefighting.

300.6 Immediate Life Rescue

Nothing in this section prevents appropriately trained and equipped responders from taking an otherwise permitted action when a known life is in immediate danger, consistent with applicable law and the member's training. Such action does not authorize unsupported routine interior suppression.

400.1 Purpose & Plan Integration

APSTVFD shall maintain access to applicable Franklin County emergency-management and hazardous-materials emergency planning resources. This section establishes the department's limited HazMat response framework.

400.2 Operational Level

APSTVFD does not function as a HazMat technician team unless specifically authorized, trained, and equipped for that level. Members shall operate only within documented training and capability.

400.3 Initial Actions

Responders shall approach from a safe direction, identify hazards from a distance, isolate the area, deny entry, establish command, request law enforcement, EMS, or specialized resources as needed, and establish hot, warm, and cold zones when appropriate.

400.4 PPE & Entry

Members shall not enter a hazardous atmosphere or contamination zone without the training, PPE, respiratory protection, monitoring, and authorization required for that assignment. Fire Ground Support members remain in non-IDLH support areas.

400.5 Decontamination

When contamination is possible, Command shall establish or request appropriate decontamination before contaminated members, patients, tools, or PPE enter clean areas or apparatus compartments.

400.6 Training & Refresher

Members assigned HazMat response functions shall receive initial and refresher training commensurate with their duties. Competency or refresher training shall be documented when required for the assigned response level.

400.7 Termination

Contaminated equipment shall be isolated, cleaned, or removed from service as appropriate. Exposures shall be reported under the applicable exposure and injury procedures.

Caleb Harper _____ ***Fire Chief***

500.1 Universal Precautions

Members shall treat blood and other potentially infectious materials as potentially infectious and use appropriate gloves, eye or face protection, barriers, and safe work practices.

500.2 Exposure Control Plan

The department adopts the APSTVFD Exposure Control Plan contained in Appendix A as the detailed written exposure-control program. Appendix A governs exposure determination, responsibilities, PPE and work-practice controls, Hepatitis B vaccination, post-exposure procedures, training, recordkeeping, and annual review.

500.3 Occupational Exposure Reporting

A member with a suspected occupational exposure shall promptly perform appropriate washing or flushing, notify the officer in charge and Safety Officer / Exposure Control Administrator, and obtain appropriate medical evaluation and follow-up. The member shall complete the Occupational Exposure Report in Appendix B as soon as practical. Confidential medical information shall be maintained separately from routine incident records.

500.4 Cleaning & Contamination

Contaminated medical equipment, PPE, tools, apparatus surfaces, and work areas shall be cleaned, disinfected, isolated, or removed from service as appropriate. Personnel shall use the controls and decontamination practices established in Appendix A.

500.5 Annual Review

The Exposure Control Plan in Appendix A shall be reviewed at least annually and whenever changes in tasks, procedures, equipment, staffing, or applicable requirements affect occupational exposure. Required revisions shall be incorporated into the plan and documented.

600.1 Structure

APSTVFD shall maintain the Safety Committee or Workplace Safety Coordinator structure required for its current membership and status. When a committee is used, composition and member selection shall comply with applicable Florida requirements.

600.2 Meetings

The committee shall meet at least quarterly. A coordinator may convene members as needed to assist with safety matters.

600.3 Minutes & Availability

Accurate minutes shall document matters discussed, findings, recommendations, and follow-up. Minutes shall be made available to members and retained as required.

600.4 Recommendations & Written Response

Written committee recommendations shall be submitted to the Fire Chief or governing authority. The department shall issue a timely written response stating the action taken or explaining why a recommendation is not feasible.

600.5 Duties

The committee or coordinator shall evaluate safety rules and accident or illness prevention programs; review injuries, accidents, exposures, and near misses; recommend corrective action; review facility inspections; and recommend improvements to engineering, administrative, training, and PPE controls.

_____ ***Fire Chief***
Caleb Harper

700.1 Immediate Reporting

Duty-related injury, illness, exposure, vehicle collision, equipment accident, or near miss shall be reported promptly to the officer in charge and Fire Chief or Safety Officer.

700.2 Required Department Reports

Use Appendix B - Occupational Exposure Report for suspected occupational exposures. Use Appendix C - Accident / Incident Report for member or citizen injury or illness, vehicle or apparatus collision, equipment or property damage associated with an accident, or a significant near miss. Use Appendix D - Property / Equipment Damage or Loss Report for damaged, lost, stolen, destroyed, or otherwise formally disposed department property or equipment when the event is not more appropriately documented as an accident or incident. More than one report may be required when circumstances overlap.

700.3 Investigation & Review

The Safety Officer or designee shall review reportable events to identify contributing factors and corrective actions. Events requiring broader safety review may be referred to the Safety Committee. Department review does not replace any required workers' compensation, law-enforcement, insurance, or regulatory reporting.

700.4 Records & Corrective Action

Completed reports, photographs, statements, corrective-action records, and related documentation shall be maintained in accordance with SH-1200. Confidential medical information shall be restricted and maintained separately. Corrective actions may include training, equipment repair or replacement, procedure revision, engineering controls, member notification, or operational restrictions.

_____ ***Fire Chief***
Caleb Harper

800.1 Chemical Inventory

The department shall identify hazardous chemicals or substances maintained at department workplaces that are subject to hazard-communication requirements.

800.2 Safety Data Sheets

Current Safety Data Sheets shall be maintained in an accessible location or electronic system available to members during their work activities.

800.3 Labeling & Training

Containers shall be labeled as required. Members shall receive information and training appropriate to the chemicals they may encounter in department workplaces.

800.4 Emergency Information

Known station chemical hazards and SDS locations shall be communicated to members and made available to emergency responders when needed.

900.1 Facility Inspections

Department workplaces shall receive documented safety inspections at intervals required by applicable Florida requirements and department policy. Inspections shall address exits, walking surfaces, electrical hazards, housekeeping, storage, fire protection equipment, hazardous materials and SDS, apparatus-bay hazards, lighting, and other recognized hazards.

900.2 Corrective Action

Deficiencies shall be assigned for correction and tracked to completion. Results shall be reviewed by the Safety Committee or Coordinator.

900.3 Tobacco-Free Workplace

Department places of employment shall be designated tobacco-free consistent with applicable Florida requirements. Required signage shall be posted.

900.4 Exhaust Exposure

Apparatus shall not be permitted to idle or run inside stations for prolonged periods without appropriate natural or mechanical ventilation. Reasonable measures shall be used to prevent exhaust contamination of occupied areas.

900.5 Contaminated PPE & Equipment

Dirty or contaminated PPE and equipment shall be kept out of clean living areas and, to the extent practical, out of crew or passenger compartments. Contaminated equipment shall be bagged, isolated, cleaned, or transported in a manner that limits secondary exposure.

900.6 Station Safety & Health Inspections

APSTVFD shall document routine station safety and health inspections using Appendix E - Station Safety & Health Inspection Checksheet. Deficiencies shall be corrected when practical, documented, and followed through to closeout when needed.

Caleb Harper ***Fire Chief***

1000.1 SCBA Inspection

Each SCBA shall receive a documented inspection at least monthly and before use. The department checklist shall include, as applicable, cylinder pressure, HUD, low-air alarm, PASS, batteries, facepiece, straps, hoses, connections, regulator, and overall condition.

1000.2 Out-of-Service Equipment

Any SCBA, cylinder, facepiece, or component that fails inspection shall be tagged or physically segregated from service until repaired, adjusted, or replaced by appropriately trained or authorized personnel.

1000.3 Cylinder Filling

Cylinders in service shall be maintained at not less than 90 percent of rated pressure. Filling shall be performed using approved equipment and procedures.

1000.4 Breathing-Air Documentation

APSTVFD shall retain current documentation demonstrating the quality of breathing air used to fill SCBA cylinders. When filled by another department or supplier, APSTVFD shall maintain the latest available certificate or analysis from that source.

1000.5 PPE Inspection & Cleaning

Structural PPE shall be inspected routinely and after significant use or contamination. Damaged PPE shall be removed from service when it cannot provide intended protection. Cleaning and decontamination shall follow manufacturer guidance and department contamination-control practices.

1100.1 New Members

New members shall complete and document orientation appropriate to assignment, including department organization, safety rules, PPE, accountability, communications, emergency response, station and apparatus hazards, and applicable operational limitations.

1100.2 Promotions / Advanced Responsibility

Members promoted or assigned advanced supervisory or command responsibilities shall receive documented orientation to the duties, authority, management expectations, and ICS responsibilities of the position.

1100.3 Refresher Training

Training and refresher training shall occur often enough to maintain safe performance and shall be commensurate with assigned duties. Specialized operations require specialized training before assignment.

1100.4 Records

Training attendance, certifications, competency verification, fit testing, respiratory training, driver training, HazMat training, and other required records shall be maintained and made available for compliance review.

Caleb Harper _____ ***Fire Chief***

1200.1 Central Compliance File

The Safety Officer or designee shall maintain a central compliance file, physical or electronic, organized so required records can be produced during a safety review.

1200.2 Minimum Record Categories

The compliance file should include current manuals and appendices; Safety Officer or committee appointments; committee minutes and written responses; facility inspections; training records; respiratory medical clearances and fit tests; SCBA, PPE, breathing-air, hose, ladder, pump, apparatus, and extinguisher records; injury, exposure, accident, near-miss, and property/equipment reports; corrective-action documentation; and other required safety records. Completed Appendix B, C, and D forms shall be retained with the appropriate restricted or administrative record file.

1200.3 Confidential Records

Medical evaluations and other confidential medical information shall be stored with restricted access and separated from routine personnel records as appropriate.

1200.4 Annual Review

The Fire Chief, Safety Officer, and Safety Committee or Coordinator shall review this manual and the compliance file at least annually and after significant regulatory, operational, equipment, or organizational changes.

1200.6 Station Inspection Records
Completed Appendix E station inspection checksheets and documented corrective actions shall be retained with the department's Safety & Health records.

APPENDIX A

EXPOSURE CONTROL PLAN

_____ ***Fire Chief***
Caleb Harper

500.1 Purpose

This Exposure Control Plan establishes APSTVFD procedures to protect personnel from occupational exposure to bloodborne pathogens and other potentially infectious materials (OPIM), and to provide consistent prevention, reporting, evaluation, and follow-up practices.

500.2 Scope

This plan applies to APSTVFD personnel whose assigned duties may reasonably involve occupational exposure, including firefighters, emergency medical responders, and members performing patient care, rescue, decontamination, or related support functions.

500.3 Responsibilities

- **Fire Chief:** Provides overall authority for implementation, enforcement, resources, and review of this plan.
- **Safety Officer / Exposure Control Administrator:** Coordinates training, exposure documentation, post-exposure follow-up, plan review, and corrective actions.
- **Officers:** Ensure appropriate PPE and safe work practices are used during assigned operations.
- **Personnel:** Follow required precautions, use assigned PPE, promptly report suspected exposures, and complete required training.

500.4 Exposure Determination

- Providing first aid or emergency medical response.
- Contact with blood, body fluids, OPIM, contaminated materials, or potentially contaminated equipment.
- Rescue operations where blood or OPIM may be present.
- Cleaning or decontaminating vehicles, tools, PPE, patient-care equipment, or work areas.

500.5 Exposure Control Methods

- **Universal Precautions:** Blood and OPIM shall be treated as potentially infectious.
- **Engineering Controls:** Available sharps containers, biohazard containers or bags, handwashing facilities, and other appropriate controls shall be used.
- **Work Practice Controls:** Personnel shall perform hand hygiene, avoid unnecessary handling of sharps, and clean or decontaminate equipment after use.
- **Personal Protective Equipment:** Gloves shall be used when appropriate. Eye/face protection, masks, protective clothing, and other barriers shall be used when the anticipated exposure warrants them.
- **Housekeeping:** Affected work areas, equipment, apparatus, and reusable items shall be cleaned and decontaminated as appropriate. Contaminated items shall be isolated until properly cleaned, disinfected, or disposed of.

500.6 Hepatitis B Vaccination

- Hepatitis B vaccination shall be made available at no cost to personnel with occupational exposure when required by the applicable exposure-control program.
- An eligible member who declines vaccination shall complete the required declination documentation. A member who initially declines may later request vaccination as permitted by the program.

500.7 Post-Exposure Procedures

- Immediately wash needlesticks and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water and irrigate exposed eyes with clean water or saline.
- Notify the officer in charge and Safety Officer / Exposure Control Administrator as soon as practical.
- Complete the APSTVFD Occupational Exposure Report promptly.
- Arrange confidential medical evaluation and follow-up as soon as possible.
- Document the route and circumstances of exposure and, when legally and practically available, source-individual information necessary for medical follow-up.
- Confidential medical information shall be protected and maintained separately from routine operational records.

500.8 Training & Communication

- Personnel with occupational exposure shall receive initial and recurring training appropriate to their assigned duties.
- Training shall address exposure risks, universal precautions, PPE, engineering and work-practice controls, Hepatitis B vaccination, exposure reporting, post-exposure procedures, and access to this written plan.
- Biohazard labels, containers, and signage shall be used where required.

500.9 Recordkeeping

- Training, exposure, and medical records shall be maintained for the periods required by applicable law and department policy.
- Confidential medical records shall have restricted access and shall be maintained separately from routine incident or personnel records as appropriate.
- Exposure reports and corrective-action documentation shall be securely maintained.

500.10 Plan Review & Updates

- This plan shall be reviewed at least annually and whenever changes in tasks, procedures, equipment, staffing, or applicable requirements affect occupational exposure.
- The review shall consider safer work practices and devices when relevant to APSTVFD's actual operations.

500.11 Emergency & Corrective Actions

- Provide immediate first aid or decontamination and obtain appropriate medical evaluation.
- Secure contaminated equipment or areas to prevent secondary exposure.
- Review the event to identify contributing factors and needed corrective actions.
- Implement appropriate changes in PPE, equipment, training, work practices, or procedures.

Approval / Annual Review

Safety Officer: _____ Date: _____

Fire Chief: _____ Date: _____

APPENDIX B

OCCUPATIONAL EXPOSURE REPORT

ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

OCCUPATIONAL EXPOSURE REPORT

Complete as soon as practical after a suspected occupational exposure. Confidential medical information should be maintained separately.

1. INCIDENT INFORMATION

Date _____ **Time** _____

Location _____

Department Report # _____

Incident / CAD # (if applicable) _____

Officer in Charge _____

2. EXPOSED INDIVIDUAL

Name _____

Position / Rank _____

Phone / Contact _____

Station / Assignment _____

3. EXPOSURE DETAILS

Type / route of exposure - check all that apply:

☐ Blood / OPIM ☐ Needlestick / Sharps ☐ Mucous Membrane

☐ Non-intact Skin ☐ Inhalation ☐ Hazardous Material

☐ Other: _____ ☐ Unknown / Undetermined

NARRATIVE - Describe exactly what occurred, the task being performed, exposure route/body area, material involved, and any other relevant circumstances:

PPE in use:

☐ Gloves ☐ Eye Protection ☐ Face Shield

☐ Mask / Respirator ☐ Protective Clothing ☐ Other: _____

Was PPE damaged, penetrated, removed, or otherwise ineffective?

☐ No ☐ Yes - explain: _____

4. IMMEDIATE ACTIONS

☐ Washed affected skin ☐ Flushed eyes / mucous membranes ☐ Removed contaminated PPE/clothing

☐ Isolated contaminated equipment ☐ Notified officer ☐ Other: _____

Describe immediate actions taken:

5. POST-EXPOSURE ACTIONS

Reported to Safety Officer - Date/Time

_____

Medical evaluation offered / arranged

_____

Medical evaluation:

☐ Accepted ☐ Declined ☐ Facility / Provider: _____

Source individual identified, if applicable and legally available?

☐ Yes ☐ No ☐ Not Applicable

Follow-up / referral instructions provided?

☐ Yes ☐ No

Workers' compensation / injury report initiated if applicable?

☐ Yes ☐ No ☐ Not Applicable

Follow-up / corrective actions:

6. WITNESS / ADDITIONAL INFORMATION

Witness Name

_____

Witness Contact

_____

Additional information:

7. SIGNATURES

Exposed Individual: _____ Date: _____

Safety Officer / Administrator: _____ Date: _____

Fire Chief / Designee: _____ Date: _____

CONFIDENTIALITY: Medical records, laboratory results, and other confidential healthcare information should be maintained in the restricted medical/exposure file, not in the routine incident narrative.

APPENDIX C

ACCIDENT / INCIDENT REPORT

ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

ACCIDENT / INCIDENT REPORT

Complete and submit to the Safety Officer as soon as practical, preferably within 24 hours. Use this form for department accidents/incidents involving injury, vehicle/apparatus collision, equipment or property damage, or a significant near miss.

1. INCIDENT CLASSIFICATION

☐ Vehicle / Apparatus Collision ☐ Member Injury / Illness ☐ Citizen / Other Person Injury
☐ APSTVFD Equipment Damage ☐ Private / Public Property Damage ☐ Near Miss
☐ Other: _____

2. INCIDENT INFORMATION

Date _____ **Time** _____ **Incident / CAD #** _____

Location _____ **Officer in Charge** _____

Activity at time of event:

☐ Emergency Response ☐ Training ☐ Station / Work Detail
☐ Maintenance / Inspection ☐ Public Event ☐ Other: _____

3. MEMBER / PERSON INVOLVED

Name _____ **Rank / Role** _____

Assignment / Unit _____ **Member / Citizen / Other** _____

Driver License Type (if applicable) _____ **Driver / Operator Qualification** _____

4. APSTVFD VEHICLE / APPARATUS / EQUIPMENT

Unit / Vehicle # _____ **Tag #** _____ **Year / Make / Model** _____

Area(s) damaged - check all that apply:

☐ Front ☐ Rear ☐ Driver Side ☐ Passenger Side
☐ Windshield / Glass ☐ Tires / Wheels ☐ Undercarriage ☐ Roof / Body
☐ Compartment / Equipment ☐ Trailer ☐ Other: _____

Describe department vehicle/equipment damage:

5. OTHER VEHICLE / PRIVATE OR PUBLIC PROPERTY

Owner / Driver _____ **Phone** _____

Address _____ **Vehicle / Property** _____

Year / Make / Model _____ **Tag / Property ID** _____

Type and extent of damage:

6. LAW ENFORCEMENT / DOCUMENTATION

Investigating Agency _____ **Officer** _____ **Case #** _____

☐ Photographs Taken ☐ Exchange of Information Attached
☐ Citation / Written Finding Issued ☐ No Law Enforcement Response

ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

ACCIDENT / INCIDENT REPORT - CONTINUED

7. INJURY / ILLNESS INFORMATION

Injured Person _____ **Member / Citizen / Other** _____

Nature / extent of injury or illness:

☐ First Aid Provided ☐ EMS Evaluated ☐ Transported

☐ Refused Evaluation / Transport ☐ No Treatment Required

EMS Agency / Unit _____ **Hospital / Facility (if known)** _____

8. WITNESS INFORMATION

Witness Name _____ **Phone / Contact** _____

Witness Name _____ **Phone / Contact** _____

9. MEMBER NARRATIVE

Describe what occurred in detail. Include where, how, and why the event occurred; actions taken before and during the event; steps taken to avoid the event; equipment or environmental conditions; and any other relevant circumstances. Attach additional pages if needed.

Person Completing Report:

_____ Date: _____

10. DIAGRAM / SKETCH

For vehicle/apparatus accidents, show roadway, direction of travel, vehicle positions, fixed objects, and point(s) of impact when useful.

ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

ACCIDENT / INCIDENT REVIEW

11. OFFICER / SAFETY OFFICER REVIEW

Apparent cause / initial findings:

Contributing factors - check all that apply:

- ☐ Policy / Procedure
- ☐ Training / Experience
- ☐ Human Factors
- ☐ Communication
- ☐ Weather / Visibility
- ☐ Road / Ground Surface
- ☐ Equipment / Mechanical
- ☐ PPE
- ☐ Staffing / Supervision
- ☐ Scene / Environmental Hazard
- ☐ Other: _____

Immediate actions taken to protect personnel or the public:

Recommended corrective action(s):

- ☐ No Further Action
- ☐ Training / Coaching
- ☐ Equipment Repair / Replacement
- ☐ SOP / SOG Review
- ☐ Safety Bulletin / Member Notification
- ☐ Further Investigation
- ☐ Safety Committee Review
- ☐ Other: _____

12. SAFETY COMMITTEE REVIEW - IF APPLICABLE

- ☐ Reviewed - Concurs with Corrective Action
- ☐ Reviewed - Additional Recommendation(s)
- ☐ Not Referred / Not Applicable

Comments / recommendations:

13. FINAL ACTION / DISPOSITION

Final action, policy/procedure change, equipment action, training action, or other disposition:

Safety Officer:
_____ Date: _____

Fire Chief / Designee:
_____ Date: _____

Recordkeeping: Maintain the completed report and associated photographs, statements, law-enforcement documents, and corrective-action records in accordance with APSTVFD records and Safety & Health procedures. Medical information, when applicable, should be maintained with appropriate confidentiality.

ALLIGATOR POINT / SAINT TERESA
VOLUNTEER FIRE DEPARTMENT

APPENDIX D

PROPERTY /
EQUIPMENT DAMAGE OR LOSS REPORT

ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

PROPERTY / EQUIPMENT DAMAGE OR LOSS REPORT

Use this form to document APSTVFD property or equipment that is damaged, lost, stolen, or otherwise requires formal disposition. If the event also involves a vehicle collision, injury, or significant safety incident, complete the Accident / Incident Report as appropriate.

1. REPORT INFORMATION

Date of Report _____ **Completed By** _____ **Rank / Role** _____

Type of report - check all that apply:

☐ Damaged ☐ Lost ☐ Stolen

☐ Destroyed / Unserviceable ☐ Cannibalized / Parts Recovery ☐ Other: _____

2. PROPERTY / EQUIPMENT INFORMATION

Asset / Property # _____ **Serial #** _____ **Manufacturer / Model** _____

Brief Description _____ **Estimated Value** _____

Assigned Station / Apparatus _____ **Assigned Member** _____

3. EVENT INFORMATION

Date of Event _____ **Time** _____ **Incident / CAD #** _____

Location _____ **Officer / Person Notified** _____

Activity at time of damage/loss:

☐ Emergency Response ☐ Training ☐ Station / Work Detail

☐ Maintenance / Inspection ☐ Transport ☐ Storage

☐ Other: _____

4. NARRATIVE

Describe what occurred, how and where it occurred, when the damage/loss was discovered, who was notified, and what immediate actions were taken. Include known contributing circumstances.

ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

PROPERTY / EQUIPMENT DAMAGE OR LOSS REPORT - REVIEW

5. IMMEDIATE ACTION / STATUS

- ☐ Removed From Service
- ☐ Tagged / Secured
- ☐ Decontaminated
- ☐ Temporary Repair Made
- ☐ Photographs Taken
- ☐ Supervisor / Officer Notified
- ☐ Law Enforcement Notified
- ☐ Other: _____

Current Location of Item _____ **Replacement / Loaner Needed** Yes ___ No ___

6. THEFT / LAW ENFORCEMENT INFORMATION - IF APPLICABLE

Agency _____ **Officer** _____ **Case / Report #** _____

- ☐ Police / Sheriff's Report Attached
- ☐ Photographs Attached
- ☐ Not Applicable

7. REVIEW / CAUSE

Known or apparent cause:

Contributing factors:

- ☐ Normal Wear / Failure
- ☐ Accidental Damage
- ☐ Improper Use
- ☐ Storage / Security
- ☐ Environmental / Weather
- ☐ Maintenance Issue
- ☐ Operational Necessity
- ☐ Unknown
- ☐ Other: _____

8. REPAIR / REPLACEMENT / DISPOSITION

- ☐ Repair
- ☐ Replace
- ☐ Return to Service
- ☐ Remove From Service
- ☐ Dispose / Surplus
- ☐ Cannibalize for Parts
- ☐ Insurance / Claim Review
- ☐ Further Evaluation Required

Repair / Replacement Vendor _____ **Estimated Cost** _____

Disposition / corrective action / recommendations:

9. SAFETY / ADMINISTRATIVE REVIEW

- ☐ No Additional Safety Action
- ☐ Training / Coaching
- ☐ Equipment Inspection
- ☐ Procedure / Policy Review
- ☐ Safety Committee Review
- ☐ Inventory Record Updated
- ☐ Other: _____

Comments:

10. APPROVAL / CLOSEOUT

Member Completing Report _____ **Date** _____

Safety Officer / Reviewing Officer _____ **Date** _____

Fire Chief / Designee _____ **Date** _____

Attachments: Include photographs, repair estimates, law-enforcement reports, receipts, inventory documentation, or other supporting records when applicable.

APPENDIX E

STATION SAFETY & HEALTH INSPECTION CHECKSHEET

ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

STATION SAFETY & HEALTH INSPECTION CHECKSHEET

Routine documented inspection for station safety, health, and housekeeping compliance

Station: ☐ Station 1 ☐ Station 2 **Inspection Date:** _____ **Time:** _____

Inspector(s): _____

For each item mark: ☐ OK ☐ Needs Attention ☐ N/A Note deficiencies on Page 2.

Inspection Item	OK	Needs Attention	N/A
GENERAL STATION SAFETY			
Entrances, exits, aisles, and walking surfaces are clear and free of trip hazards.	☐	☐	☐
Exit doors are accessible and operate properly; required exit/emergency lighting is functional.	☐	☐	☐
Floors, stairs, parking/apron areas, and work areas are reasonably clean and in safe condition.	☐	☐	☐
Electrical panels, outlets, extension cords, and power strips show no obvious unsafe condition.	☐	☐	☐
Storage is orderly; heavy items are secure and combustible materials are stored appropriately.	☐	☐	☐
FIRE & EMERGENCY SAFETY			
Portable fire extinguishers are present, accessible, properly mounted, and inspection status is current.	☐	☐	☐
Smoke/CO alarms or other installed detection devices appear functional, where provided.	☐	☐	☐
Emergency contact information and required safety postings/signage are present and legible.	☐	☐	☐
Apparatus bay doors, lighting, and access areas appear safe and operational.	☐	☐	☐
Fuel, batteries, chargers, tools, and other equipment are stored/used without an obvious safety hazard.	☐	☐	☐
HEALTH / EXPOSURE CONTROL			
Handwashing supplies and/or appropriate hand-hygiene supplies are available.	☐	☐	☐
First-aid/AED area and medical supplies are clean, accessible, and stored appropriately.	☐	☐	☐
Bloodborne-pathogen / exposure-control supplies are available as applicable.	☐	☐	☐
Contaminated PPE/equipment is not stored with clean areas or personal items.	☐	☐	☐
Cleaning/disinfection supplies are available and labeled/stored appropriately.	☐	☐	☐
FACILITY-SPECIFIC			
Bathroom is clean, sanitary, supplied, and free of obvious plumbing/electrical hazards (if applicable).	☐	☐	☐
Training room is orderly; exits, seating, cords, and training equipment do not create hazards (if applicable).	☐	☐	☐
HVAC/ventilation and general indoor conditions show no obvious safety or health concern.	☐	☐	☐
Exterior grounds immediately around the station are free of significant safety hazards.	☐	☐	☐

ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

STATION SAFETY & HEALTH INSPECTION CHECKSHEET - CONTINUED

DEFICIENCIES / CORRECTIVE ACTION

Item / Deficiency	Corrective Action / Person Responsible	Target / Completion

☐ No deficiencies noted ☐ Deficiencies corrected during inspection ☐ Follow-up required

FOLLOW-UP / CLOSEOUT

Follow-up notes:

Inspector Signature: _____ Date: _____

Safety Officer / Fire Chief Review (if follow-up required): _____

Follow-up completed / closed date: _____

Retain completed inspections with APSTVFD Safety & Health records in accordance with department recordkeeping procedures.