



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Agenda - Final

### Human Resources & Information Technology Committee

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Wednesday, June 13, 2018

6:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting

[18-0853](#) Minutes from 5/9/18

**Attachments:** [Minutes 5-9-18.pdf](#)

#### 4. Public Hearings/Apearances

#### 5. Action Items

[18-0854](#) Request approval to remove the Crossing Guards from the police department's table of organization if All City Management Services is contracted to manage the City of Appleton Crossing Guard program.

**Attachments:** [Shared Services Agreement - HR-IT Committee.pdf](#)  
[Summary of ACMS.pdf](#)

[18-0872](#) Request to approve overhire for Managerial Accounting Manager in DPW

**Attachments:** [DPW overhire request 6-1-18.pdf](#)

#### 6. Information Items

[18-0857](#) Changes to the Respirator Protection Policy.

**Attachments:** [Respirator Protection 2018.pdf](#)

[18-0859](#) Changes to the Reference, Backgrounds & Polygraph Policy

**Attachments:** [References Backgrounds Polygraphs 2018.pdf](#)

[18-0860](#) Changes to the Lead Policy

**Attachments:** [Lead Policy 2018.pdf](#)

[18-0861](#) Recruitment Status Report 6/8/18

**Attachments:** [RSR thru 6-7-18.pdf](#)

## 7. Adjournment

*Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.*

*Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.*

*Questions on agenda contact Director Matz at 920-832-6426.*



# City of Appleton

100 North Appleton Street  
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## Meeting Minutes Human Resources & Information Technology Committee

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Wednesday, May 9, 2018

6:30 PM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

**Present:** 3 - Konetzke, Spears and Baker

**Excused:** 2 - Baranowski and Raasch

3. Approval of minutes from previous meeting

[18-0629](#)

Minutes from 4/25/18

**Attachments:** [Minutes 4-25-18.pdf](#)

**Baker moved, seconded by Spears, that the minutes be approved. Roll Call.  
Motion carried by the following vote**

**Aye:** 3 - Konetzke, Spears and Baker

**Excused:** 2 - Baranowski and Raasch

4. Public Hearings/Appearances

5. Action Items

[18-0631](#)

Request to approve the Valley Transit Teamster union contract for 2018-2020 with a wage progression of:

2018: 1/1-1.5% and 7/1-1%

2019: 1/1-1% and 7/1-1%

2020: 1/1-1% and 7/1-1%

**Attachments:** [VT Tentative Agreements April 9 2018.pdf](#)

[TEamster MEMORANDUM OF UNDERSTANDING Vacation and Salary Schedule.pdf](#)

**Baker moved, seconded by Spears, that the Report Action Item be recommended for approval. Roll Call. Motion carried by the following vote:**

**Aye:** 3 - Konetzke, Spears and Baker

**Absent:** 2 - Baranowski and Raasch

## 6. Information Items

- [18-0632](#) Discussion on seasonal recruitment processes.  
**This Presentation was received and filed**
- [18-0625](#) Changes to the Family Medical Leave Act Policy.  
**Attachments:** [Family Medical Leave Act 2018.pdf](#)  
**This Presentation was received and filed**
- [18-0626](#) Changes to the Trenching & Excavation Policy.  
**Attachments:** [Trenching Excavation.pdf](#)  
**This Presentation was received and filed**
- [18-0627](#) Changes to the Media Relations Policy.  
**Attachments:** [Media Relations 2018.pdf](#)  
**This Presentation was received and filed**
- [18-0628](#) Changes to the Recruitment and Selection Policy.  
**Attachments:** [Recruitment and Selection 2018.pdf](#)  
**This Presentation was received and filed**
- [18-0633](#) Recruitment Status Report for 5/4/18.  
**Attachments:** [RSR thru 5-3-18.pdf](#)  
**This Presentation was received and filed**
- [18-0673](#) I.T. Director Update:  
\* Council Chambers AV  
\* Office 365  
\*Website  
\* Fiber / Consulting / Finance Committee  
\* Spillman (CAD) AFD/APD  
**This Presentation was received and filed**

[18-0630](#)

The committee will meet in closed session to discuss status of labor negotiations, pursuant to the exemptions contained in State Statutes 19.85 (1) (c) and (e). The Committee will then reconvene into an open session and conduct further business.

*No closed session was held.*

**This Closed Session was received and filed**

## 7. Adjournment

**Spears moved, seconded by Baker, that the meeting adjourn be approved. Roll Call. Motion carried by the following vote:**

**Aye:** 3 - Konezke, Spears and Baker

**Absent:** 2 - Baranowski and Raasch



## POLICE DEPARTMENT

222 South Walnut Street • Appleton, WI 54911-5899  
(920) 832-5500

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Date: June 6, 2018

To: Alderperson Konetzke and Members of the Human Resources/Information Technology

Re: Request for Table of Organization change – remove Crossing Guards from the Police Department table of organization upon contracting with All City Management Services to manage the City of Appleton Crossing Guard

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In early 2017 we began discussions with the Appleton Area School District to review our School Resource Officer and Crossing Guard agreement and programs. The goal was to create a shared services agreement that covered both programs and ensured their sustainability and growth. We have had lengthy discussions on funding and staffing of these programs and how we could most efficiently provide the services. We are both committed to these programs and continue to have a great partnership; clearly we have a shared vision and philosophy. The agreement we reached increases the reimbursement from the school district for the School Resource Officer program by approximately **\$157,000 per year**, provides sustainability of both programs, and creates an opportunity to improve overall police services in the City of Appleton.

This process included a review of the management of the crossing guard program and consideration of other options available to us to address inefficiencies. Additionally, we needed to create an MOU that included crossing guards because we have not had one in place to protect the city. As part of this agreement we have, for the first time, received a formal commitment from the school district to fund 50% of the cost of the crossing guard program.

### Crossing Guard Management

A major challenge in the program is the administration has fallen completely on the police department. This is costly and an inefficient use of resources. While the financial cost of the program is around \$175,000 a year, the actual cost of staffing and managing the program is significantly higher. We have attempted to estimate the costs of the administration and emergency staffing of this program, but it is difficult because of the inability to track time actually spent. We know our Support Services Lieutenant and Lead CSO spend hours daily managing the program. This service is provided at \$25.00 - \$45.00 an hour. We also know CSO's and Officers regularly are taken out of service to cover crossing guard duties, at a cost of \$14.00 - \$35.00 an hour.

We can only estimate these administrative and staffing needs cost our department an additional \$40,000 to \$50,000 a year of time and resources. Time spent doing these duties, both administrative and operational, takes employees away from other critical duties. Traffic enforcement around our schools is a priority for our day shift officers and is frequently a team goal. When officers are doing crossing guard duties they can't be working school zone traffic enforcement. Traffic complaints were also the one of the top issues identified in our recent community survey.



“Excellence in Police Service”

## POLICE DEPARTMENT

222 South Walnut Street • Appleton, WI 54911-5899  
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Human Resources has estimated their cost of recruitment and hiring crossing guards at several thousand dollars a year, depending on the number of hiring processes, and that is not counting the potential workers compensation issues. Time they spend in recruitment and hiring would be better spent working on a multitude of other issues and helping all departments stay fully staffed.

The council is aware of the additional demands the department has had placed on it in the last decade. We have done more with less, and continue to look for ways to creatively use our staff and resources to provide excellent police services. We have the same staff but now are challenged with dealing with the mental health crisis, school violence issues, opioid and a growing methamphetamine epidemic, homelessness and transient issues, immigration and racial justice issues, etc...

Our staffing plan and philosophy is a perpetual process of evaluation of needs and looking at a multitude of things before we request additional staffing. One of the cornerstones of the staffing plan is to look at alternate delivery systems that are more efficient so we can free staff to do more “police focused” duties. The contracting of services is something that both the school district and the city already do, and something that is growing in popularity in the area of crossing guard services.

A team of employees from Human Resources, Finance, Legal Services, and the Police Department created and put out a request for proposals (RFP) to contract out the administration of the crossing guard program. We received a response from the largest provider of crossing guard services in the country, All City Management Services (ACMS). An evaluation team reviewed and scored their proposal, checked references, and reviewed the language of the proposal. We are recommending contracting with ACMS to manage the crossing guard program, on a trial basis.

We have met with the current crossing guards and explained the reasoning behind the contract. We would still be involved in hosting training and coordinating with the contracted company on coverage, quality of service, and complaint resolution. ACMS has a business model that facilitates the transfer of current crossing guards to their employment, at the same or higher wage, and provides leadership opportunities for some of the current guards. We have reviewed their practices and are impressed with their service model. There are areas where we see some improvements over what we currently do, as would be expected with a company that specializes in a service.

I have attached some documentation from their proposal for your review. The timeline would be to have approval by the July 30<sup>th</sup> council meeting so that the transition can happen before this school year. The cost for year one is \$251,674; to cover our 50% portion for this year we would need an additional \$15,800. We have salary savings due to the unpaid unexpected military leave of one of our investigators. His leave will save us approximately \$58,800 in salary and benefits this year.

**I’m requesting approval to remove the Crossing Guards from the police departments table of organization if All City Management Services is contracted to manage the City of Appleton Crossing Guard program.**

Please contact me if you have any questions. Thank you for your consideration.

Chief Todd Thomas

**City of Appleton Crossing Guard Program  
(Estimated) Implementation Schedule / Major Milestones**

Contractor Notification	July 9, 2018
Contract and Insurance complete (Final Terms agreed to)	Jul. 16
City Council Approval	Jul. 30
City of Appleton/ACMS Planning Meeting (City Representatives, ACMS Team)	Jul. 31
Site Inspections complete	Jul. 30 – Aug. 6
ACMS confirms contact data for current guards	Jul. 30 – Aug. 6
Welcome Letters/ phone calls to existing guards (returning personnel determined)	Jul. 16 – Aug. 6
Sourcing and Recruiting efforts begun for Supervisors, Guards and Substitutes (Unofficial sourcing begins July 9, 2018)	Jul. 30
ACMS Transition Meetings with existing crossing guards, substitutes and new hires (Hiring completed Assignments / schedules confirmed Equipment delivered to guards)	Aug. 16
Additional Training needs delivered	Aug. 17 - 23
Guards re-contacted for assignment readiness	Aug. 27 - 31
City designees identified and Monthly Status Meetings agreed to	Aug. 9 - 23
Guards on site / Area Supervisors in field	Sept. 5
60 Day Review City of Appleton/ ACMS Team (next Review Meeting scheduled)	Nov. 5



## Qualifications and Experience

**All City Management Services, Inc. (ACMS)** Serving over 250 cities, counties and school districts, we have successfully operated and managed both large and small Crossing Guard programs. ACMS currently employs over 5,000 Crossing Guards who are supported by over 150 locally assigned Area Supervisors.

While the size of our Company reflects our broad based knowledge and success in the industry, we understand that each agency, school district and community we serve comes with their own set of specific requirements and challenges. We are the only company that can legitimately claim extensive experience taking public service for Crossing Guards to a privately operated program.

Our understanding of the unique challenges presented by a crossing program; guard scheduling, geography, school locations and demographics, make us well qualified to meet the unique demands of your program. Our management team will meet with the City of Appleton personnel regularly to address needs and ensure all requirements are met.

Understanding that unexpected absences and tardiness can impact the safety of children we are charged with protecting. ACMS ensures that response of our Management Team through our Emergency Dispatch Hotline (available to employees 24/7); providing assurance that we will have adequate advance notice of potential absences (both planned and unplanned) to respond effectively.

Our ability to operate and manage the City of Appleton Crossing Guard program is supported by our success with the Sun Prairie program in Wisconsin and programs in neighboring states. Some of these programs include: Des Moines, IA; Bloomington, IL; Munster, IN; Cleveland Heights, OH, Grand Rapids, MI; Lansing, MI and Wyoming, MI.

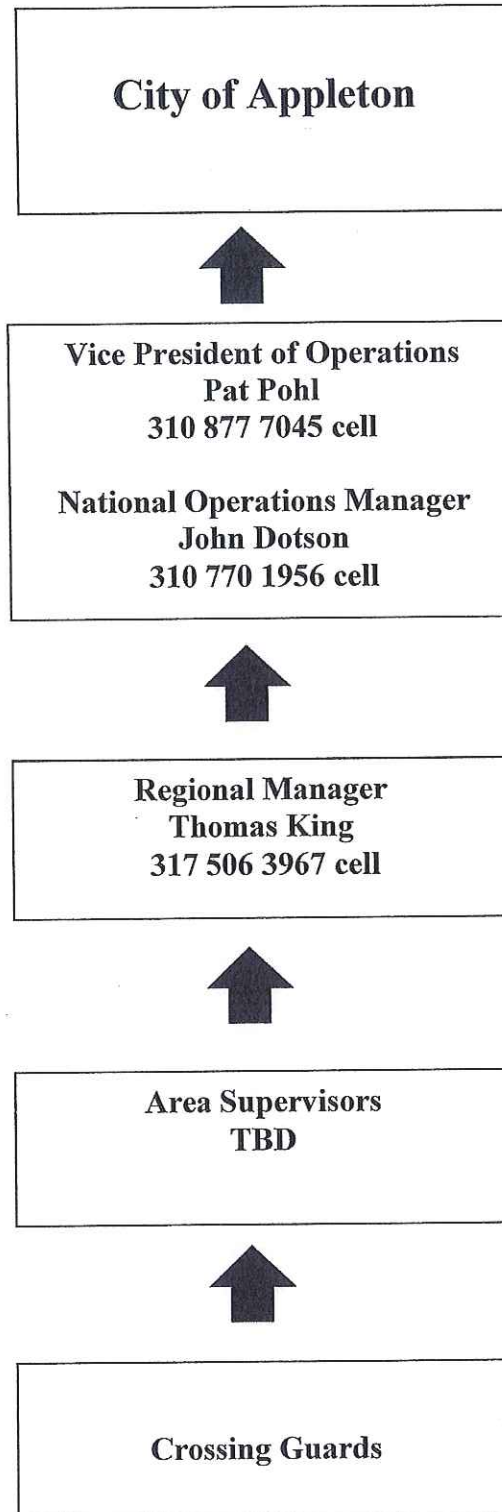
Our many other clients include: Portland, ME; Wallingford, CT; Danbury, CT; Depew, NY; Clay, NY; Gloversville, NY; Rye, NY; Freeport, NY; Ridgewood, NJ; Pottstown, PA; York, PA; Easton, PA; Elizabethtown, PA; Swatara Township, PA; Cleveland Heights, OH; Palm Beach Sheriff's, FL; Key Biscayne, FL; Kissimmee, FL; Olathe, KS; Overland Park, KS; Lenexa, KS; Shawnee, KS, Westwood, KS, Mission, KS; Prairie Village, KS; Corpus Christi, TX; Carrollton, TX; Las Vegas, NV; County of Los Angeles, CA and many others.

Another defining component that distinguishes ACMS as the industry leader is our focus on providing School Crossing Guard services. We are not a security guard company with a few clients based upon a low cost offering. Our singular area of service; "School Children Safety" enables all of our resources to be devoted to the development and delivery of programs that provide exceptionally high safety standards and client satisfaction.

It should be noted that ACMS has never lost a client agency due to the level of service provided.



## ALL CITY MANAGEMENT SERVICES





## Field Management Personnel

The most significant resources ACMS brings to any Crossing Guard program is the depth and scope of **management** provided by the years of experience brought by our operational management team. The community of Appleton will benefit from a team concept which consists of Area Supervisors, Regional Manager, National Operations Manager and our Vice President of Operations. Each Member of our management team is available 24 hours a day via cellular telephone. The following is a brief synopsis of the respective duties of each.

**Area Supervisors (TBD):** ACMS plans to deploy two (2) Area Supervisors for the City of Appleton program. They will handle all aspects of the daily supervision of the program of twenty seven (27) Crossing Guards and alternate pool. With support from the Regional Manager they will typically recruit, hire, train and provide personnel management for all the sites they oversee and will interface with school staff as needed. In addition to communicating with the City and School staff, they are responsible for ensuring each employee receives the proper number of Site Performance Evaluations and completed the Certification mandates. They will be available by telephone on all occasions for discussion with City staff and will be locally available for meetings in person upon 24-hour written or telephonic notice. Area Supervisors report directly to the Regional Manager.

**Regional Manager (Thomas King):** Thomas will serve as **Project Manager** and directly manage your Area Supervisors and provide training and support. He will also interface with the City of Appleton representative and School staff as needed. He will assist in the hiring of the Area Supervisors and Crossing Guards as well as the development and implementation of training programs and certification standards. Thomas has considerable experience as a Project Manager including programs in Wisconsin, Michigan, Indiana, Illinois and Ohio. He will ensure compliance with Company standards and City of Appleton expectations. Thomas King reports directly to National Operations Manager.

**National Operations Manager (John Dotson):** John has over 12 years in the industry providing field management and support for ACMS. He is responsible for the development and implementation of operational standards, training programs, safety instruction and compliance with all legal requirements and restrictions. Works Directly with Regional Manager to ensure all program standards are being met. John has extensive experience implementing and managing comparable and larger programs. He is responsible for initial training and orientation for all new client programs. John reports directly to Vice President of Operations.

**Vice President of Operations (Pat Pohl):** Pat has over 24 years of experience in this industry. Works with the General Manager on the development of training programs and implementation of safety standards. Coordinates the flow of information between operations and administrative staff. Reports directly to General Manager.



## MEMO

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**TO:** Human Resources Committee  
Municipal Services Committee

**FROM:** Paula Vandehey, Director of Public Works *PAV*

**DATE:** June 1, 2018

**SUBJECT:** Request to Over Hire – DPW Managerial Accounting Coordinator.

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The current DPW Managerial Accounting Coordinator will be retiring on September 6, 2018. The position is critical in the Department of Public Work's table of organization. The incumbent has 25+ years of experience of which the last eight have been spent in the current position.

The position responsibilities include financial reporting, internal accounting, management information, inventory and purchasing systems and billing functions for the Department of Public Works. The work involves preparation of the departmental budget, developing and implementing administrative controls and preparing cost of service analyses. Additional job functions include monitoring and approving invoices, purchase orders, contractor payments and authorizations.

In order for a successful transition of the position's successor, I feel the City would benefit from having the incumbent transfer her significant knowledge over a one month over hire period. The financial impact for this proposal is approximately \$7,000. The proposed funding to cover this cost will be to utilize vacant salary dollars. Therefore, no budget adjustment is being requested.

<b>CITY OF APPLETON PERSONNEL POLICY</b>	<b>TITLE:</b> <b>Respirator Protection</b> (29CFR 1910.134)	
ISSUE DATE: 1994	LAST UPDATE: April 2002 June 2006 February 2010 (form only) August 2012 <u>2018</u>	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: Employees who wear a respirator	TOTAL PAGES: 18
Reviewed by Attorney's Office Date: March 5, 2002 December 8, 2006 July 31, 2012, <u>May 2018</u>	Committee Approval Date: March 8, 2002 January 24, 2007 September 24, 2012	Council Approval Date: March 15, 2002 February 7, 2007 October 3, 2012

I. PURPOSE:

To coordinate the use and maintenance of respiratory protection equipment which is used to reduce employee exposure to air contaminants.

II. POLICY:

City Policy & 29 CFR 1910.134 requires that employees who use a respirator be properly trained, fit tested and have proper medical clearance to reduce their exposure to contaminants.

III. DISCUSSION:

The guidelines in this policy are designed to help reduce employee exposure to occupational air contaminants and oxygen deficiency. The primary objective is to prevent excessive exposure to these contaminants.

IV. DEFINITIONS:

- A. Donned: Put on and secure.
- B. DWD: Department of Workplace Development.
- C. ESLI: End of Service life indicator.
- D. IDLH: Immediately dangerous to life or health.
- E. NIOSH: National Institute of Occupational Safety and Health that deals with research.
- F. OSHA: Occupational Safety & Health Administration
- G. QLFT: Qualitative fit test.
- H. QNFT: Quantitative fit test.
- I. P/APR: Powered/ air-purifying respirator.
- J. APR/ - Air-purifying respirator.
- K. PLHCP: Physician or other licensed health care professional

- L. SAR: Supplied Air Respirator.
- M. SCBA: Self-Contained breathing apparatus.
- N. **APF: Applied Protection Factor**

V. PROCEDURES:

- A. RESPONSIBILITIES: The overall administration of the Respiratory Protection Program will be the responsibility of the Human Resources Generalist/Safety Coordinator. Each City department/division that uses respirators will appoint an individual to administer and monitor their program. The following departments/divisions will enforce a respirator program.

Department	<u>Example Job Tasks</u>	Program Administered by
Police	Gas mask, tear gas exposure T.B. exposure-first responder Investigators	Lieutenant -Support Services Coordinator
<u>Utilities Department</u> Wastewater	<del>Chlorine</del> Chemical handling, confined space, <del>other tasks</del> <u>See current PPE roster</u>	WW Operations Supervisor
Parks, Recreation and Facilities Management	Confined space, painting, welding, chlorine handling, painting, pesticides, <del>asbestos</del> <b>concrete saw/drill/chip/grind</b>	Facilities Manager/Grounds Manager
DPW - Municipal Garage	Confined space, painting, welding, <b>concrete</b> <b>saw/drill/chip/grind</b>	<u>Operations Supervisor</u> /Safety Coordinator
Fire	Fire fighting, hazardous materials, rescue operations TB - enter homes placed on respiratory precautions	Battalion Chief/ <del>Training</del> <u>Resource</u> <u>Development &amp; Special</u> <u>Operations</u>
<u>Utilities Department</u> Water Filtration	<del>Chlorine</del> Chemical handling, confined space, <del>bulk</del> <del>chemical handling</del> <u>see current</u> <u>Plant PPE roster</u>	Water Operations Supervisor
Valley Transit	Painting, welding	Maintenance Supervisor
Health	T.B. exposure, pathogens, organisms	<del>R.N. Supervisor</del> <u>Public Health</u> <u>Supervisor</u>
<del>Water Distribution</del>	<del>Asbestos</del>	<del>Meter Service personnel</del>

Responsibilities at each department/division include:

1. Identifying and locating hazardous exposures.
2. Respirator selection.
3. Medical evaluation of respirator users (Human Resources Generalist/ Safety Coordinator will coordinate).
4. Employee training and qualitative respirator fit testing (Qualified fire and/or specific designee personnel, or qualified product providers will assist).
5. Cleaning, maintenance and storage of respirators.
6. Evaluation of overall respirator program.
7. Where respirator use is required.

**B. IDENTIFICATION AND LOCATION OF AIR CONTAMINANT EXPOSURES**

1. Based on a comprehensive industrial hygiene evaluation conducted by the various city departments, as currently identified, potential hazardous air contaminant exposures are summarized in Exhibit I. Additional air contaminant monitoring will be conducted during confined space entry whenever exposures are possible.
2. Each department that enters a confined space will conduct this monitoring. Subsequent information will be added as it is accumulated (the Fire Department will administer their respirator program and will maintain their training records).
3. Respirator Selection: All respirators shall be selected based on the criteria established by current OSHA regulations. Only respirators having NIOSH approval shall be used. Exhibit I also lists respirators currently being used by specific departments/divisions.

**C. MEDICAL FORM AND EXAM**

1. Employees who are required to use a respirator will complete a medical questionnaire yearly (Exhibit II).
2. SCBA users will complete a medical questionnaire yearly (Exhibit II). An exam by the City's health care provider will be scheduled based on prior history (ranging in frequency from yearly to every 5 years). Based on the finding of the medical exam and pulmonary function test the physician may also order an EKG or chest x-rays.
3. Non SCBA users may be required to undergo a medical exam and pulmonary function test based on a review of the completed medical form. (A medical professional will determine this). A physician may also require an EKG and chest x-rays.

**D. TRAINING AND INFORMATION**

1. Each department/division that requires the use of a respirator shall ensure that each employee can demonstrate knowledge of the following (see Exhibit III):
  - a. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
  - b. What the limitations and capabilities of the respirator are.
  - c. How to use the respirator effectively in emergency situations, including situations when the respirator malfunctions.
  - d. How to inspect, put on and remove, use and check the seals of the

respirator.

- e. Procedures for the maintenance and storage of the respirator.
2. On an annual basis, training shall be conducted in a manner that is understandable to the employee. Each department will provide their own training. This shall be done prior to requiring the employee to use a respirator in the workplace.
3. Procedures for IDLH atmospheres: Employees who wear an SCBA are to refer to the Confined Space Policy for specific rules relating to entry.
4. Procedures for interior structural fire fighting (this applies only to Firefighters):
  - a. In an interior structural fire, the city shall ensure that:
    - At least two employees enter the IDLH atmosphere and remain in visual or voice contact with one another at all times.
    - At least two employees are located outside the IDLH atmosphere.
    - All employees engaged in interior structural firefighting use SCBAs.

#### E. FIT TESTING

1. Each major department/division that utilizes respirators shall conduct annual fit testing, for each type of respirator the employee is required to wear, using the following procedures and complete the "Respirator Fit Test form" (see Exhibit IV).
2. Requirements:
  - a. The employee shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes.
  - b. Prior to the selection process, the employee shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit.
  - c. The employee shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit.
  - d. Each employee shall be instructed to hold each chosen face piece up to the face to eliminate a poor fit.
  - e. After a respirator is selected, it should be donned and worn at least five minutes to assess comfort.
  - f. Assessment of comfort shall include:
    - Position of mask on nose
    - Room for eye protection
    - Room to talk
    - Position of mask on face and cheeks
    - Tendency of respirator to slip
    - Self observation in mirror to evaluate fit and respirator position
  - g. The test shall not be conducted if there is any hair growth between the skin and the face piece sealing surface such as stubble, beard growth, beard, mustache or sideburns which cross the respirator sealing surface.
  - h. User seal check: A user seal check is required every time the wearer puts on a respirator. The purpose is to confirm the respirator is properly donned and properly sealed to the face.



F. RESPIRATOR CLEANING, MAINTENANCE AND STORAGE:

1. Cleaning and maintenance of respirators will be the responsibility of each major department/division utilizing respirators. The individual appointed to monitor the program shall on a monthly basis inspect and document that the inspection was done (see Exhibit V for sample form to use). The information will include:
  - a. Respirator type
  - b. Manufacturer
  - c. Date in service
  - d. Monthly inspection date
2. Procedures for cleaning, maintenance, storage and inspection are the following:
  - a. Respirators must be washed and disinfected after each day of use.
  - b. Remove paint accumulation.
  - c. Store in a plastic film bag and carton or approved mask bag.
  - d. Inspect the respirator with each use.
  - e. Replace parts from the same manufacturer.

G. RESPIRATOR PROGRAM EVALUATION:

1. Each department on an annual basis will conduct the overall evaluation of the respirator program (see Exhibit VI). This evaluation will include inspection of records, observation of user proficiency, and random inspection of respirators for cleanliness, deterioration, proper selection and storage.
2. A record of the evaluation will be recorded, and these records will remain within the department and be readily accessible in the event of an on-site inspection.

## RESPIRATOR SELECTION SUMMARY

Location	Operation	Air Contaminants	Respirator	NIOSH Approval Number
Wastewater (see confined space entry policy)	Confined Space Entry	Lack of Oxygen Combustible Gas Hydrogen Sulfide/ Carbon Monoxide	SCBA	TC-13F-30
Wastewater Chlorine Storage Room "L" Building	Changing ton cylinders of Chlorine	Chlorine Gas	SCBA	TC-13F-30
Wastewater Sulfur Dioxide Storage Room "C" Building	Changing ton cylinders of Sulfur Dioxide	Sulfur dioxide Gas	SCBA	TC-13F-30
Wastewater Caustic Room "D" Building	Potassium Hydroxide handling	Potassium Hydroxide	Dust Mask	TC-21C-132
Wastewater "B" Building Lime area of Grit & Screen "B" Building	Calcium Hydroxide (Lime) handling	Calcium Hydroxide	<del>3M N100 Particulate Respirator</del> Dust Mask	<del>TC-21C-132</del> TC-84A-1298
Wastewater "B" Building Sampler Room	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u> <u>Sampler Cleaning</u>	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u>	<u>Chemical Cartridge</u> <u>MSA UltraTwin APR</u> <u>with COMFO GMC</u> <u>Cartridge</u>	<u>TC-23C-47</u> <u>TC-23C-0146</u>
Wastewater "J" Building	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u> <u>Sampler Cleaning</u>	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u>	<u>Chemical Cartridge</u> <u>MSA UltraTwin APR</u> <u>with COMFO GMC</u> <u>Cartridge</u>	<u>TC-23C-47</u> <u>TC-23C-0146</u>
Wastewater "K" Building Gas Compressor Room	Potassium Hydroxide (Caustic) handling	Potassium Hydroxide	<u>Dust Mask</u> <u>MSA UltraTwin APR</u> <u>with COMFO GMC</u> <u>Cartridge</u>	<u>TC-21C-132</u> <u>TC-23C-0146</u>
Wastewater "V" Building BFP Room	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u> <u>Belt Wash</u>	<u>Sulfuric Acid</u> <u>Hydrochloric Acid</u>	<u>Chemical Cartridge</u> <u>MSA UltraTwin APR</u> <u>with COMFO GMC</u> <u>Cartridge</u>	<u>TC-23C-47</u> <u>TC-23C-0146</u>
Wastewater "V2" Building BFP Room "V" Building	<u>Biosolids Storage</u> <u>Cleaning</u> <u>Sulfuric Acid</u> <u>Belt Wash</u>	<u>Dusts</u> <u>Sulfuric Acid</u>	<u>3M N100 Particulate Respirator</u> <u>Chemical Cartridge</u>	<u>TC-84A-1298</u> <u>TC-23C-47</u>
Police	SWAT	Tear Gas	Single cartridge tactical gas mask	TC-14G-159
	First Responder Investigators	TB Organic vapors	HEPA 6000 Filter/cartridge	N100 3m 60921
Valley Transit	Painting	Organic vapors	Supplied Air Respirator	1120 GR

Location	Operation	Air Contaminants	Respirator	NIOSH Approval Number
Park & Rec  (see confined-space policy)	<del>Confined Space Entry</del>  Spraying pesticides Welding Concrete sawing, drill, grind, chipping	Lack of oxygen Combustible gas Hydrogen Sulfide/ Carbon Monoxide Organic vapors Gases Silica Dust	<del>SCBA - ????</del>  APF 10 respirator 6000 series cartridge 9920 Dust/Fumes	<del>TC-13F-30</del>  TC-23C-1062 N <del>10095</del>
Fire	Putting out fires Confined space First Responder Inspectors HazMat	Unknown Unknown T.B.Pathogens/ Organisms Dusts	SCBA SABA HEPA Cartridge PAPR APR	TC-13F-130 N100
Municipal Garage	Confined Space Entry Welding, Painting  Concrete sawing, drill, grind, chipping	Lack of oxygen Combustible gas Hydrogen Sulfide Carbon Monoxide Silica Dust Organic Vapors	<del>SAR</del> APF 10 respirator	<del>MSA 7-212-6 N100</del>  N95,N100, 6000 Series/P100
<del>Water Distribution</del>	<del>Removing asbestos</del>	<del>Asbestos</del>		
Health Dept.	Communicable Disease	Biological organisms	HEPA	N100

Location	Operation	Air Contaminants	Respirator	NIOSH Approval Number
All Locations	Painting	Paint Fumes	Cartridge Respirator	TC-23C-435
Water Plant CO <sub>2</sub> alarm - Softener Gallery #005	CO <sub>2</sub> Leak	Lack of Oxygen & CO <sub>2</sub>	SCBA	TC-13F-30
Water Plant Access Gallery #002 & Contactor Gallery #003	Acidizing PH Probes and Turbidity Meters	Acid	Cartridge Respirator	<del>Yellow</del> TC-23C-0146 <del>Olive</del> TC-84A-6702/TC-84A-0359 / <del>Magenta</del>
Water Treatment Facility (see confined space policy)	Confined Space entry (Level 2)	Lack of Oxygen Combustible Gas hydrogen Sulfide Carbon Monoxide	SCBA	TC-13F-30
Water Plant Lime Rooms #156 & 159	Checking Equipment	Lime Dust	Dust Mask	<del>N 100</del> TC-84A-1298
			Cartridge Respirator	P-100 / <del>TC-84A-0359</del> Magenta
Water Plant Lime Feed Room #156, 159 & 153 Softening Room	Cleaning Equipment	Acid	Cartridge Respirator	<del>TC-23C-0146</del> Yellow
		Lime Dust / Acid		<del>TC-84A-6702</del> Olive / <del>TC-84A-0359</del> Magenta
Water Towers - Water Plant	Disinfecting Water Towers	Calcium Hypochlorite	Cartridge Respirator	TC-23C-47 / <del>TC-23C-0146</del> Yellow

Water Plant North Tower - Chlorine Feed	Disinfecting Water	Calcium Hypochlorite	Cartridge Respirator	TC-23C-47 / <del>TC-23C-0146</del> <u>Yellow</u>
Water Plant Carbon Room #158	Unloading Carbon	Carbon Dust	Dust Mask	<del>TC-84A-1298N-100</del>
	Cleaning Equipment	Carbon Dust	Cartridge Respirator	<del>TC-84A-1298P-100 / TC-84A-0359</del> <u>Magenta</u>
Water Plant Tank Room - Fluoride Room #142	Precaution in Case of Spill	Fluorocisicic Acid	SCBA	TC-13F-30
Water Plant Tank Room #142	Cleaning Equipment	Sodium Hydroxide	Cartridge Respirator	<del>TC-84A-6702</del> <u>Olive / TC-84A-0359</u> <u>Magenta</u>
Water Plant Chemical Sump Pit Room #142	Cleaning of Sump Pit	Ammonia, Fluoride, Sodium Hydroxide, Sodium Hypochlorite	Cartridge Respirator	<del>TC-84A-6702</del> <u>Olive / TC-84A-0359</u> <u>Magenta</u>
			SCBA	TC-13F-30
Water Plant Chemical Room #155 - Polymer Feed	Cleaning Tank - Mist Present	<del>Ciba</del> <u>LT25AS1919</u>	Dust Mask	<del>TC-84A-1298N-100</del>
Water Plant Membrane Room # 151	Clean in Place, Chemical Enhanced Backflush	Hydrochloric Acid, Sodium Hydroxide, Koch Kleen	Cartridge Respirator	<del>TC-23C-0146</del> <u>Yellow</u>
				<del>TC-84A-6702</del> <u>Olive / TC-84A-0359</u> <u>Magenta</u>
Water Plant HVAC Chiller System Room #8	Chiller Refrigerant	SUVA 134a	SCBA	TC-13F-30
Water Plant Lake Pump Station -KMNO4 Room	Cleaning KMNO4 Room	Sodium Bisulfite Solutions 38%	Dust Respirator <u>Severe Case</u> SCBA	TC-21C-335
Water Plant Chemical Room #142	Cleaning Lines	Aqua Ammonia	SCBA	TC-13F-30
			SAR	
Water Plant Maintenance Shop Room #136	Sandblasting	Silica Sand & Dust	Dust Mask	<del>TC-84A-1298N-100</del>



## RESPIRATOR USAGE INFORMATION ATTACHMENT B

Company Name: \_\_\_\_\_

**JOB TITLE** that this is being completed for: \_\_\_\_\_

{An employee may have two job descriptions which require a respirator to be worn. Example: An employee's full-time job position is a pipe fitter, which he/she wears a respirator for, and this employee is ALSO a part of a first responder team, firefighter team, or Hazmat team. You would use the job description which has the highest potential for level of usage, which would be the first responder team, firefighter team, etc.}

Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

1. Type of respirator used by employee
  - a. \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non-cartridge type only)
  - b. \_\_\_\_\_ Half face piece type
  - c. \_\_\_\_\_ Full face piece type; powered-air purifying
  - d. \_\_\_\_\_ Self Contained Breathing Apparatus (SCBA)

2. Frequency of Use	Duration of use
---------------------	-----------------

_____ Never	_____ Rescue	_____ Less Than ¼ hour
_____ Seldom	_____ Escape	_____ Less than ½ hour
_____ Monthly	_____ Weekly	_____ ½ hour to 1 hour
_____ Daily		_____ More than 1 hour

3. The expected physical work effort during the period of use of respirator

Level of use	Definition
_____ Light	Sitting while writing, typing, drafting, or performing light assembly work; or standing while controlling machines
_____ Moderate	Sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35lbs) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs) on a level surface.
_____ Heavy	Lifting a heavy load (about 50 lbs) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs)

4. Any additional protective clothing and equipment to be worn YES / NO  
If yes please explain.

5. Will there be any temperature and humidity extremes that may be encountered YES/ NO  
If yes, please explain.

EXHIBIT II (page 2 of 7)

## Attachment B (continued)



### RESPIRATOR CLEARANCE EVALUATION DEFINITIONS To determine if usage is Light, Moderately Strenuous, or Heavy)

Our respirator approval is classified as a Level 1, Level II, Level III, or HazMat/Fire- fighting. This is based on the type of use, type of respirator and degree of effort.

The following is a definition of the effort levels we use:

#### ♦ LIGHT

- Less than 2 METS
- Examples: Sedentary work, light machine operation, bench top assembly work, sitting, small copper tooling, small assembly work, standing, sweeping floor, walking one mile an hour.

## ♦ MODERATELY STRENUOUS

- 2-5 METS
- Examples: Auto repair, chisel carving with mallet, drill press operation, hammering nails, janitorial work, lathe operator. Painting, hand polishing, power sander operation, electronic assembly, scrubbing-standing, using manual hand tools, walking 2 miles an hour. Brick laying, cleaning windows, lifting 3-5 pound objects overhead repetitively, machine assembly, machinist-engineer, pushing the equivalent of a power lawn mower, planing soft wood, power hand sawing, pushing wheelbarrow with 100 pound load, scrubbing on knees, sweeping or raking, walking at 3 miles an hour, welding moderate load. Assembly line work, light carpentry and masonry, mopping floor painting, pushing a wheelbarrow of 115 pounds at 2.5 miles an hour, walking 3.5 miles per hour.

## ♦ HEAVY

- Greater than 5 METS
- Examples: Carrying 20 pounds, digging and mixing soil, pumping a tire by hand, walking 4 miles an hour, medium to heavy carpentry, carrying 50 pounds, shoveling for 10 minutes with 10 pounds per shovel load, sawing by hand, walking 5 miles an hour and carrying 80 pounds, jogging 5 miles per hour. Climbing stairs with 17 pound load, climbing then descending two flights of stairs, hand planing hard wood, shoveling 14 pounds per shovel load for 10 minutes, pushing furniture, lifting 85-100 pounds and climbing a ladder. Firefighting – Peak (12-14 METS).

EXHIBIT II (page 3 of 7)



**ThedaCare At Work - Appleton**  
2809 N Park Drive Lane Appleton WI 54911  
PHONE: (920) 380-4999 FAX (920) 380-4961

**ThedaCare At Work - Oshkosh**  
600 N Westhaven DR Oshkosh, WI 54904  
PHONE: (920) 237-5600 FAX: (920) 237-5601

### OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

If you have any questions, contact ThedaCare At Work - Appleton (920) 380-4999

**To the employee:** Can you read (check yes or no): ☐ Yes ☐ No

*Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.*

**Part A. Section 1. (Mandatory)** The following information must be provided by **every employee** who has been selected to **use any type of respirator** (please print).

1. Today's Date: \_\_\_\_\_ (month/day/year) Company Name: \_\_\_\_\_

2. Print Your Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Your Age (to nearest year): \_\_\_\_\_ 5. Sex: ☐ Male / ☐ Female 6. Your height: \_\_\_\_\_ ft \_\_\_\_\_ in
7. Your Weight: \_\_\_\_\_ pounds 8. Your Job Title: \_\_\_\_\_
9. A phone number where you can be reached by the healthcare professional who reviews this questionnaire (include the Area Code): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- Best time to phone you at this number: \_\_\_\_\_

10. Has your employer told you how to contact the healthcare professional who will review this questionnaire (check yes or no): ☐ Yes ☐ No
11. Check the type of respirator you will use (you can check more than one category):

<input type="checkbox"/> N, <input type="checkbox"/> R, or <input type="checkbox"/> P Disposable Respirator (filter-mask, non-cartridge type only)
<input type="checkbox"/> Half- or full-face piece type, powered-air purifying, supplied-air
<input type="checkbox"/> Self-contained breathing apparatus (SCBA)

12. Have you worn a respirator? ☐ Yes ☐ No If "yes," what type(s): \_\_\_\_\_

**Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check "yes" or "no").**

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: ☐ Yes ☐ No
2. Have you ever had any of the following conditions?

Seizures (fits)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes (sugar disease)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Allergic reactions that interfere with your breathing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Claustrophobia (fear of closed in places)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Trouble smelling odors	<input type="checkbox"/> YES <input type="checkbox"/> NO

3. Have you ever had any of the following pulmonary or lung problems?

Asbestosis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Silicosis	<input type="checkbox"/> YES <input type="checkbox"/> NO
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pneumothorax (collapsed lung)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chronic Bronchitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lung Cancer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Emphysema	<input type="checkbox"/> YES <input type="checkbox"/> NO	Broken Ribs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any chest injuries or surgeries	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tuberculosis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other lung problem that you've been told about	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

Shortness of Breath	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shortness of breath when walking fast on level ground or walking up a slight hill or incline	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shortness of breath when walking with other people at an ordinary pace on level ground	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have to stop for breath when walking at your own pace on level ground	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shortness of breath when washing or dressing yourself	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shortness of breath that interferes with your job	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coughing that produces phlegm (thick sputum)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coughing that wakes you early in the morning:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coughing that occurs mostly when you are lying down:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Coughing up blood in the last month:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wheezing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wheezing that interferes with your job:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chest pain when you breathe deeply:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any other symptoms that you think may be related to lung problems:	<input type="checkbox"/> YES <input type="checkbox"/> NO



**5. Have you ever had any of the following cardiovascular or heart problems?**

Heart attack	<input type="checkbox"/> YES <input type="checkbox"/> NO	Swelling in your legs or feet (not caused by walking)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Stroke	<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart arrhythmia (heart beating irregularly)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Angina	<input type="checkbox"/> YES <input type="checkbox"/> NO	High blood pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heart Failure	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other heart problem that you have been told about	<input type="checkbox"/> YES <input type="checkbox"/> NO

**6. Have you ever had any of the following cardiovascular or heart symptoms?**

Frequent pain or tightness in your chest	<input type="checkbox"/> YES <input type="checkbox"/> NO	In the past two years have you noticed your heart skipping or missing a beat	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pain or tightness in your chest during physical activity	<input type="checkbox"/> YES <input type="checkbox"/> NO	Heartburn or indigestion that is not related to eating	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pain or tightness in your chest that interferes with your job	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other symptoms that you think may be related to heart or circulation problems	<input type="checkbox"/> YES <input type="checkbox"/> NO

**7. Do you currently take medication for any of the following problems?**

Breathing or Lung Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heart Trouble	<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures (fits)	<input type="checkbox"/> YES <input type="checkbox"/> NO

**8. If you've used a respirator, have you ever had any of the following problems?**

**(If you've never used a respirator, go to question 9)**

Eye Irritation	<input type="checkbox"/> YES <input type="checkbox"/> NO	General weakness or fatigue	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skin Allergies or Rashes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other problem that interferes with your use of a respirator	<input type="checkbox"/> YES <input type="checkbox"/> NO
Anxiety	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?**

☐ Yes ☐ No

**Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.**

**10. Have you ever lost vision in either eye (temporarily or permanently)?**

☐ Yes ☐ No

**11. Do you currently have any of the following vision problems?**

Wear contact lenses	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you color blind?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wear glasses	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other eye or vision problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you wear glasses at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**12. Have you ever had an injury to your ears, including a broken ear drum?**

☐ Yes ☐ No

**13. Do you currently have any of the following hearing problems?**

Difficulty hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO	Wear a hearing aid? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any other hearing or ear problem? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**14. Have you ever had a back injury?**

☐ Yes ☐ No

**15. Do you currently have any of the following musculoskeletal problems?**

Weakness in any of your arms, hands, legs, or feet?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Difficulty fully moving your head side to side	<input type="checkbox"/> YES <input type="checkbox"/> NO
Back Pain	<input type="checkbox"/> YES <input type="checkbox"/> NO	Difficulty bending at your knees	<input type="checkbox"/> YES <input type="checkbox"/> NO
Difficulty fully moving your arms and legs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Difficulty squatting to the ground	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pain or stiffness when you lean forward or backward at the waist	<input type="checkbox"/> YES <input type="checkbox"/> NO	Climbing a flight of stairs or a ladder carrying more than 25 lbs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Difficulty fully moving your head up or down	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other muscle or skeletal problem that interferes with using a respirator	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Part B: Any of the following questions, & other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1. In your present job, are you working at high altitudes (over 5,000 feet), or in a place that has lower than normal amounts of oxygen: ☐ Yes ☐ No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: ☐ Yes ☐ No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g. gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:

If "yes" name the chemicals if you know them: ☐ Yes ☐ No

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

Asbestos	<input type="checkbox"/> YES <input type="checkbox"/> NO	Coal (e.g. mining)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Iron	<input type="checkbox"/> YES <input type="checkbox"/> NO	Silica (e.g. in sandblasting)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tin	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tungsten/cobalt (e.g grinding or welding this material)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Beryllium	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dusty Environments	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aluminum	<input type="checkbox"/> YES <input type="checkbox"/> NO	Any other hazardous exposures?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If "yes," to question 3 page 12, describe these exposures: \_\_\_\_\_

4. List any second jobs or side businesses you have: \_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_

6. List your current and previous hobbies: \_\_\_\_\_

7. Have you been in the military services? ☐ Yes ☐ No

If "yes", were you exposed to biological or chemical agents (either in training or combat): ☐ Yes ☐ No

8. Have you ever worked on a HAZMAT team? ☐ Yes ☐ No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): ☐ Yes ☐ No

If "yes," name the medications, if you know them: \_\_\_\_\_

10. Will you be using any of the following items with your respirator(s)?

HEPA Filters?	Canisters (e.g. gas masks)	Cartridges
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

11. How often are you expected to use the respirator(s) check "yes" or "no" for all answers that apply to you)?:

Escape only (no rescue)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Emergency rescue only	<input type="checkbox"/> YES <input type="checkbox"/> NO
Less than 5 hours per week	<input type="checkbox"/> YES <input type="checkbox"/> NO	Less than 2 hours per day	<input type="checkbox"/> YES <input type="checkbox"/> NO
2-4 hours per day	<input type="checkbox"/> YES <input type="checkbox"/> NO	Over 4 hours per day	<input type="checkbox"/> YES <input type="checkbox"/> NO

12. During the period you are using the respirator(s), is your work effort:

**LIGHT WORK EFFORT** - Sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs) or controlling machines.

a. Light (less than 200 kcal per hour):

☐ Yes ☐ No

If "yes", how long does this period last during the average: Shift: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**MODERATE WORK EFFORT** - Sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs) on a level surface.

b. Moderate (200 to 350 kcal per hour):

☐ Yes ☐ No

If "yes", how long does this period last during the average: Shift: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Examples of **HEAVY WORK** are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8 degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

c. Heavy (above 350 kcal per hour):

☐ Yes ☐ No

If "yes," how long does this period last during the average: Shift : \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:

☐ Yes ☐ No

If "yes," describe this protective clothing and or equipment: \_\_\_\_\_

14. Will you be working under hot conditions (temp. exceeding 77 degrees. F):

☐ Yes ☐ No

15. Will you be working under humid conditions:

☐ Yes ☐ No

16. Describe the work you'll be doing while you're using your respirator(s):

\_\_\_\_\_  
\_\_\_\_\_

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

\_\_\_\_\_  
\_\_\_\_\_

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the **FIRST** toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the **SECOND** toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the **THIRD** toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

The name of any other toxic substances that you'll be exposed to while using your respirator:  
\_\_\_\_\_

**19.** Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EXHIBIT III**

#### **Respirator User Training and Education**

1. The user will be instructed in the nature of the hazards for which the respiratory protection is being provided and informed of possible consequences which may occur if exposed to the hazard without adequate protection.
2. Instruction will include a discussion of the respirator's capabilities and limitations.
3. A detailed discussion of the user's responsibility for inspection of equipment prior to use and methods of inspection will be included. Each user will have a respirator during this part of training.
4. Instruction and training will include storage, cleaning and maintenance.
5. Instructions on donning methods, proper fitting and adjustment of the equipment will be given. Each user will then don the equipment in an atmosphere of normal air, prior to a fit testing exercise.
6. Fit testing specific for the particular respirator will be given.
7. A record of employees and the dates and types of initial training and subsequent refresher training will be maintained.

## TRAINING RECORD

Name	Department	Respirator Type	Date

\_\_\_\_\_  
(Signature of Trainer)

## EXHIBIT IV

### RESPIRATOR FIT TEST FORM

(The respirator should be worn for at least 5 minutes before the start of the fit test.)

*Employee will fill in this section:*

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

Date of last spirometry/physical: \_\_\_\_\_

Type and brand of respirator: \_\_\_\_\_ Size: \_\_\_\_\_

Respiratory Hazards Encountered: \_\_\_\_\_

*Supervisor will observe this section:*

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | Employee shown how to don and adjust respirator for proper fit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Position of mask on nose, chin and cheeks?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Room for eye protection?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Room to talk?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Proper fit observed by evaluator?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Supervisor will observe the following*

*Note: The respirator should be worn at least 5 minutes before start of the test*

#### Fit Testing:

##### Positive Pressure Test

Employee closes off exhalation valves, exhales and tests for slight pressure build up. ☐ Yes ☐ No

##### Negative Pressure Test

Employee closes off inlets, inhales and tests for slight face piece collapse that lasts for 10 seconds.

☐ Yes ☐ No

Note: a. Fire personnel or other qualified individuals will perform this

b. The respirator shall not be adjusted once the fit test exercise begins. Any adjustment voids the test.

**Fit Test Method Used** (Circle which one is used: irritant smoke, saccharine, amyl acetate, other)

**(Circle which type: basic smell test, machine monitored, loss of pressure)**

- |  |                               |                               |
|--|-------------------------------|-------------------------------|
| 1. Normal breathing (no talking)       | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 2. Deep breathing (slowing and deeply) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 3. Turning head side to side (slowly)  | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 4. Moving head up and down             | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 5. Talking                             | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 6. Grimacing (smiling or frowning)     | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 7. Bending over                        | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| 8. Normal breathing                    | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

Test Conductor: \_\_\_\_\_

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

## EXHIBIT V

### Non-Routine; Emergency; and Self-Contained Respirators

#### Respirator Use and Maintenance Record

Respirator Type: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model Number: \_\_\_\_\_

NIOSH Approval No. \_\_\_\_\_

Date Placed in Service: \_\_\_\_\_ Cartridge Exp. Date: \_\_\_\_\_

Shelf Life: \_\_\_\_\_

Assigned to whom: \_\_\_\_\_

Inspection and Maintenance Record:

Date	Serviced By	Comments

**Respiratory Program Evaluation**

1. Are records complete and up to date? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what action has been taken to improve future performance?  
\_\_\_\_\_  
\_\_\_\_\_
2. Has air contaminant monitoring been conducted at operations where new materials or production processes are in use? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are employees wearing the proper respirators? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what action has been taken to ensure that employees wear appropriate respirators?  
\_\_\_\_\_  
\_\_\_\_\_
4. Have employees who wear respirators had a medical evaluation and were they fit tested?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have all employees completed their initial or refresher respirator training?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Do employees who have completed training understand limitations, use and inspection of respirators?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If no, what improvements in the training program are being implemented?  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



<b>CITY OF APPLETON PERSONNEL POLICIES</b>	<b>TITLE: Reference, Backgrounds, Psychologicals &amp; Polygraphs</b>	
ISSUE DATE:	LAST UPDATE: May 11, 2005 June 2009 June 2014	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: Human Resources Dept and All Supervisors	TOTAL PAGES: 11
Reviewed by Legal Services Date: November 2002 June 2009 September 2014 <u>May 2018</u>	Committee Approval Date: January 12, 2005 June 22, 2005 September 23, 2009 October 20, 2014	Council Approval Date: January 19, 2005 July 6, 2005 October 21, 2009 November 5, 2014

## I. PURPOSE

To provide guidelines on the most effective, legally sound methods of performing reference checks, giving reference information and conducting background investigations. In addition, this policy outlines when psychological evaluations and/or polygraphs will be used as part of the recruitment and selection process.

## II. POLICY

The Human Resources Department will check employment references on all final candidates prior to conditional offers of employment. Exception: Police conducts reference checks for their department and seasonal positions will follow the seasonal recruitment policy. Conditional offers of employment shall be made by the Human Resources department and may be made with any of the following conditions attached: criminal background investigation, driving record verification, pre-employment physicals/drug screens, credit checks, authorizations to release personnel files from past employers, references, psychological evaluations, receipt of school transcripts and physical fitness testing components. Polygraphs will be administered to Police Officer applicants after a conditional offer of employment.

## III DISCUSSION

Reference checks and background investigations are utilized to determine whether the employment, educational and general background of an individual is consistent with what was revealed through the selection process.

## IV DEFINITIONS

- A. Reference checks – an opportunity to obtain information from outside sources (i.e. current/past employers, schools) about the candidates, and to verify information revealed during the selection process.

- B. Background investigations – investigating a candidate to determine if he/she has a criminal record that would create a conflict of interest or liability for the position applied for and to verify information revealed in the selection process.
- C. Psychological evaluations – used to gather information about a person's current emotional well-being, psychological or personality make-up, or academic and intellectual functioning.
- D. Polygraph Tests– tests used to render a diagnostic opinion about the honesty or dishonesty of an individual.
- E. Employment Verifications/References - information that may be verified to outside sources (i.e. prospective employers) about current or former city employees.
- F. Credit Checks - information is used by lenders to determine an individual's credit worthiness; that is, determining an individual's ability and track record of repaying a debt.

## V. PROCEDURE

- A. References (Applicant)
  - 1. Following the interview selection process, reference checks will be completed on top candidate(s) for additional information to consider in the hiring decision.
    - a. Prior to the reference checks being made with current and previous employers/supervisors, the candidate will be informed that reference checks will be conducted.
    - b. Reference checks are to be completed prior to a job offer being made. If an applicant requests that a current employer only be contacted later in the process this may be honored by making this reference part of the conditional offer.
    - c. The Human Resource Department may contact the current/former employer with job-related questions to verify information obtained on the application and during the selection process and to learn more about the candidate's job history (Refer to Exhibit 1). Exhibit 1 will be used (other than in Police backgrounds or backgrounds completed by a 3<sup>rd</sup> party) to ensure no discriminatory questions are asked about the candidate (refer to the City of Appleton Affirmative Action policy for definition on protected classes).
    - d. Information obtained during a reference check is confidential and relevant information will be shared with the hiring supervisor. Any questionable information will be discussed with the City Attorney's Office prior to making the final hiring decision.
      - 1. Should any information be revealed showing inconsistencies, omissions, misrepresentation, disciplinary problems, performance problems, etc., the candidate may be disqualified.

2. Personal information obtained in this process shall not be used in making the hiring decision.

B. Background Investigations

~~1. All job offers are made contingent on a background investigation. Exceptions: Candidates for positions with the Police and Fire Departments will be subject to the background investigation prior to a job offer being made. Another exception might occur when a 3<sup>rd</sup> party background investigator is hired.~~

~~2.1.~~ Background investigations will be completed for all final candidates, including seasonal/summer employees and volunteers each year.

~~3.2.~~ Background investigations will be conducted as follows:

- a. Seasonal Employees and Intern Candidates – State of Wisconsin criminal background check, Volunteer Select, National Sex Offender Registry, and Wisconsin Circuit Court Access (CCAP) to be completed by Human Resources. A background check will also be completed in any State(s) the candidate has lived in for the past 10 years. The Police Department will complete an in-house and driver's license record check, for the State the applicant resides in, that will include driving record and active warrants.
  - b. Volunteers, State of Wisconsin criminal background check, Volunteer Select, National Sex Offender Registry, and Wisconsin Circuit Court Access (CCAP) to be completed by Human Resources. A background check will also be completed in any State(s) the candidate has lived in for the past 10 years. The Police Department will complete an in-House and driver's license record check, for the State the applicant resides in, that will include driving record and active warrants.
  - c. Police Officer Candidates ~~& Firefighter Candidates~~— The Police Department will complete a full Criminal history check through FBI interstate identification index, a driver record check through the appropriate State(s) and in-house check for local contacts. This will also be completed for positions that have certain facility and computer systems access at the Police Department.
  - d. In addition, the following are also conducted for Police Officer & Fire Fighter candidates: credit check, educational records verification, work history verification including military service, and neighborhood canvas (Police only).
1. Credit Reporting – Applicants must sign a release form before a credit check will be conducted. The following procedure will need to be followed for applicants not selected for employment in whole or in part as a result of the credit report:
    - a. The applicant must be given a copy of the their consumer credit report and “A Summary of Your Rights Under the Fair Credit Reporting Act”.

- b. The applicant must be notified orally, in writing or electronically that the action has been taken as a result of the credit report. The notice will need to include the following:
    - 1. Name, address and phone number of the Credit reporting agency that supplied the report.
    - 2. A statement that the Credit reporting agency did not make the decision and cannot give specific reasons.
    - 3. A notice of the applicant's right to dispute the accuracy or completeness of any information the agency furnished and his/her right to an additional free consumer report from the agency upon request within 60 days.
  - e. All Other Candidates - State of Wisconsin Criminal Background Check, National Sex Offender Registry, and Wisconsin Circuit Court Access (CCAP) to be completed by Human Resources. A background check will also be completed in any State(s) the candidate has lived in for the past 10 years. The Police Department will complete an in-house and driver's license record check, for the State the applicant currently resides in along with the State(s) the applicant has worked based on the employment history reported on the City of Appleton Employment Application. The check(s) will include driving record and any active warrants.
  - f. Applicants whose job requires a Commercial Drivers License must fill out a consent form to allow for Human Resources to check the applicant's history with previous employers regarding alcohol and controlled substance testing.
- C. Psychological Evaluations
  - 1. All supervisor positions (non-Sworn Police & Protected Fire positions) shall complete a pre-conditional offer psychological evaluation. The pre-employment psychological evaluation is a specialized examination of an applicant's psychological suitability for a position. This is a non-medical evaluation and is administered prior to an offer of employment.
  - 2. All public safety positions (sworn Police & Protected Fire positions) shall complete a post-conditional psychological evaluation. A post-conditional offer psychological evaluation may be "medical" in nature and may produce evidence of a disqualifying mental health condition.
- D. Polygraph Tests
  - 1. Polygraph tests will be administered as part of the selection process to candidates applying for a Police Officer position. Any Wisconsin law enforcement agency employer may administer or cause a polygraph test to be administered on a prospective officer employee of the law enforcement agency. W.S.A. 111.37(5)(bm).

2. A “Statutory Procedure For Administering a Conditional Job Offer Polygraph (Truth Verification) Test To An Employee or Prospective Employee” will be issued to candidates as notification of their rights for a polygraph test. (Refer to Exhibit 2)
  3. A “Pre-Employment Screening Booklet” will be given to Officer Candidates to complete. These questions will be asked and verified during the polygraph examination. (Refer to Exhibit 3)
  4. A polygraph test will be administered after a conditional offer of employment has been made to a law enforcement candidate.
- D. Employment Verifications/References (Current and/or Past City Employees)
1. Employment verifications are to be completed by the Human Resources Department. Should you be contacted by a current employee, former employee or by a prospective employer of a former employee, refer the person to the Human Resources Department.
    - a. Information released include: Dates of employment, position held, and rate of pay.
    - b. Letters of reference as indicated by City of Appleton Collective Bargaining Agreements or other Agreements may be provided for current or former employees upon written request by the employee. Such letters must be based on factual information supported by documentation in the employee’s personnel file. Letters of reference or recommendation must also be approved by the Department Director and Human Resources Department.
    - c. Any additional information needed by a company/organization will require the current/former employee to sign a City of Appleton “Release of Information” form prior to any information being released. (Refer to Exhibit 4a and 4b)

**TELEPHONE REFERENCE FORM**

Name of applicant: \_\_\_\_\_

Current/previous employer: \_\_\_\_\_

Employment dates: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Job title/summary of duties: \_\_\_\_\_  
\_\_\_\_\_Quality of work: \_\_\_\_\_  
\_\_\_\_\_Dependability/follow through on assignments: \_\_\_\_\_  
\_\_\_\_\_Initiative: \_\_\_\_\_  
\_\_\_\_\_

Ability to work with others: \_\_\_\_\_

Attendance/punctuality: \_\_\_\_\_

Any concerns in the area of violence: \_\_\_\_\_

Any concerns in the area of harassment: \_\_\_\_\_

Has this person ever had a positive drug test: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Eligible for rehire: \_\_\_\_\_

Areas of strength: \_\_\_\_\_

If you were to coach in one area, what would it be: \_\_\_\_\_

Recommend for hire for this position: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

Name/title of person giving reference: \_\_\_\_\_

Caller: \_\_\_\_\_ Date: \_\_\_\_\_

**STATUTORY PROCEDURE FOR ADMINISTERING A CONDITIONAL JOB OFFER  
POLYGRAPH (TRUTH VERIFICATION) TEST TO AN EMPLOYEE OR PROSPECTIVE  
EMPLOYEE**

I have been orally informed and am informed hereby that under Wisconsin Statutes Section 111.37, the following procedure shall be followed in administering a polygraph (truth verification) test:

1. Any question asked me during such test will be presented in writing and discussed with me in an interview prior to the test.
2. Each such question shall be directly related to my performance or conduct in past or present employment, and to verify the truthfulness of answers on my written employment application, which includes, in part, a personal history form and polygraph screening booklet.
3. No questions will be asked regarding my sexual practices, religious affiliation or beliefs, racial opinions or beliefs, marital relationship, political affiliation or beliefs or labor union activities.
4. For the purpose of liability protection, in addition to the polygraph equipment, electronic hearing devices and visual observation devices may be used which include, but are not limited to, two-way mirrors, cameras and the like. Additionally, a recording of all or part of the test may be made.
5. I shall be informed of the test results, offered copies of any conclusions and opinions rendered, offered copies of questions asked and charted responses, and be offered an opportunity to explain any questionable responses or retake the test or both. If my subsequent responses or the reexamination clarify any questionable response, the results of the initial test questions shall not be reported further and will be corrected, clarified or removed from the personnel records.
6. Prospective employer may not make a decision on hiring or firing me based on the test results unless there is relevant evidence or information, obtained independently from such test, which tends to support the test results.
7. I may elect to end the test at any time.

**Page 2:            POLYGRAPH (TRUTH VERIFICATION) TEST**

I hereby acknowledge having received reasonable oral and written notice of the date, time and location of the test. I also have been orally informed and am informed hereby that I have the right to obtain and consult with an attorney (lawyer) before each phase of the test.

I have also been orally informed and am informed hereby that I have a privilege to refuse to disclose, and to prevent another from disclosing, any oral or written communications during, or any results of, such an examination unless there is a valid and voluntary written agreement between myself and the person administering the test.

I have been further orally informed and am informed hereby that no person may require me to take such a test as a condition of my employment or administer such a test to me, and no person may disclose that I have taken such a test or the results of such a test to any person except myself, without my prior and informed consent.

I have been further orally informed and am informed hereby that I have certain legal rights and remedies available to me if the polygraph test is not conducted in accordance with Wisconsin Statutes, Section 111.37.

I have been further informed and am informed hereby that this test will not be conducted if sufficient written evidence is presented by a physician that I suffer from a medical or psychological condition or am undergoing treatment that might cause an abnormal response during the test.

The undersigned does hereby acknowledge that on \_\_\_\_\_, \_\_\_\_\_ at  
a.m./p.m. this document was read to \_\_\_\_\_, the person being tested.

**FOLLOWING TO BE COMPLETED BY POLYGRAPH EXAMINER (and signed by  
Candidate)**

The undersigned does hereby acknowledge that on \_\_\_\_\_, \_\_\_\_\_ at  
a.m./p.m. this document was reviewed by \_\_\_\_\_, the person being  
tested.

\_\_\_\_\_  
Examiner

\_\_\_\_\_  
Candidate



**CITY OF APPLETON  
POLICE OFFICER APPLICANT  
CONDITIONAL JOB OFFER  
PRE-EMPLOYMENT SCREENING BOOKLET**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Polygraph Examiner: \_\_\_\_\_

**INSTRUCTION TO APPLICANT**

1. Each applicant is hereby advised the contents of this booklet are held strictly **CONFIDENTIAL** and no information is disseminated to any person except when essential to the conduct of proper official police business; further, that the intentional omission or falsification of any material fact is just cause for disqualification or dismissal of applicant on grounds of dishonesty. Every answer herein entered will be checked during the polygraph examination.
2. Each and every question in the booklet must be answered. None may be left blank. If you desire to make a long explanation in your reply, answer the question briefly as best you can, then put a check mark next to the question number. The examiner will give you an opportunity to make any desired explanation regarding any question so marked.

I have read and understand the above instruction. I realize the questions I will be asked during the in-test (while attached to the polygraph) will be to verify my honesty to the questions in this booklet.

WITNESS: \_\_\_\_\_ TIME: \_\_\_\_\_

SEAL: \_\_\_\_\_ TIME: \_\_\_\_\_

(Signature of person to be examined)

**RELEASE OF INFORMATION-CURRENT EMPLOYEE**

I hereby empower, a City of Appleton Human Resources representative to release a copy of any and all employment records pertaining to the undersigned's employment to \_\_\_\_\_ (Company name) \_\_\_\_\_ (Company person making request) under the custody of the City of Appleton including without limitation by enumeration; performance reviews, wage histories, disciplines, etc., but excluding, unless specifically provided otherwise, medical records or records pertaining to Worker's Compensation or the Family Medical Leave Act.

Other information requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This consent is revocable except to the extent that action has been taken in reliance thereon and will remain in force until revoked, but not to exceed one (1) year from the date this document was executed.

This release is intended to release not only the above-named individual, but all officers, agents or related personnel, both individually and collectively, from any and all liability or damages of whatever kind which may at any time result to the undersigned, my heirs, my family or associates because of compliance with this authorization or legal claims or actions resulting in the release of this information, including but not limited to, slander, libel or defamation and requests to release this information and any attempt to comply with it.

Dated this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address, City, State, ZIP Code

\_\_\_\_\_  
Area Code/Phone Number

\_\_\_\_\_  
Signature of Individual Authorizing the Release

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

## RELEASE OF INFORMATION-PREVIOUS EMPLOYEE

I hereby empower, City of Appleton Human Resources representative to release a copy of any and all employment records pertaining to the undersigned's employment to

\_\_\_\_\_ (Company name) \_\_\_\_\_ (Company person making request) under the custody of the City of Appleton including without limitation by enumeration; performance reviews, wage histories, disciplines, etc., but excluding, unless specifically provided otherwise, medical records or records pertaining to Worker's Compensation or the Family Medical Leave Act.

Other information requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This consent is revocable except to the extent that action has been taken in reliance thereon and will remain in force until revoked, but not to exceed one (1) year from the date this document was executed.

This release is intended to release not only the above-named individual, but all officers, agents or related personnel, both individually and collectively, from any and all liability or damages of whatever kind which may at any time result to the undersigned, my heirs, my family or associates because of compliance with this authorization or legal claims or actions resulting in the release of this information, including but not limited to, slander, libel or defamation and requests to release this information and any attempt to comply with it.

Dated this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address, City, State, ZIP Code

\_\_\_\_\_  
Area Code/Phone Number

\_\_\_\_\_  
Signature of Individual Authorizing the Release

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

<b>CITY OF APPLETON HUMAN RESOURCES POLICY</b>	<b>TITLE: LEAD POLICY</b>	
ISSUE DATE: May 2, 2007	LAST UPDATE: April 2007 August 2011	SECTION: Safety
POLICY SOURCE: Human Resources Department	AUDIENCE: All employees and volunteers	TOTAL PAGES: 9 pages
Reviewed by Legal Services Date: March 23, 2007 September 28, 2011 May 16, 2018	Committee Approval Date: April 25, 2007 December 12, 2011	Council Approval Date: May 2, 2007 December 21, 2011

## **POLICY**

The City of Appleton is committed to providing a safe and healthy work environment for all our employees. In addition, the City of Appleton's goal is to comply with the OSHA Lead Standards 29 CFR 1910.1025 & 1926.62, incorporated by reference in SPS 332.15.

## **PURPOSE**

The purpose of the lead policy is to inform employees of the potential hazards of working with lead, limit exposure to lead, and establish procedures for working with lead. This policy is not intended to address community or public health exposures related to lead or lead based paint regulated under Wisconsin Department of Health Services (DHS) Chapter 162 and 254.

## **SCOPE**

The City of Appleton shall ensure that all lead disturbing activities involving facilities or equipment is to be done in accordance with this policy to maintain employee or occupant exposures below the established permissible exposure limit of 50 ug/m<sup>3</sup> (defined as units for the amount of chemical vapors, fumes, or dust in the ambient air) calculated over a time weighted average of 8 hours. This policy also applies to exposures to lead at or above the action level 30 ug/m<sup>3</sup>. Lead exposure related to the use of the Appleton Police Department indoor firearms range are covered the Police Department Facility Control, Maintenance and Use of Department Equipment policy.

## **AUTHORITY AND RESPONSIBILITY**

The lead program administrator is the Director of Parks Recreation & Facility Management. The implementation of this program shall be the responsibility of the program administrator and the various departments to which it applies.

The program administrator is responsible for:

- Responding to sampling requests or employee inquiries;
- Performing frequent and regular inspections of job sites, materials, and equipment;
- Conducting air monitoring for employees to establish exposure levels for each activity type if requested;
- Disclosing sample results
- Procuring services of licensed lead abatement contractors for work activities.
- Disclosing the presence of lead to any outside contractors conducting work activities which will involve the disturbance of lead.
- Notifying the building occupants of any lead abatement activities.

Supervisors are responsible for:

- Notifying all employees of the purpose and intent of the Lead Policy and procedures;
- Conducting periodic inspections of job sites to ensure appropriate procedures and work practices are being followed;
- Assuring that all employees are trained in the procedures;
- Contacting the program administrator for lead based paint testing and procurement of lead abatement contractors; and
- Contacting the program administrator when there is a production, process control, or personnel change which may result in new or additional exposure.

Employees are responsible for complying with the procedures identified in this policy.

Contractors and sub-contractors are responsible for complying with the Occupational Safety and Health Administration's (OSHA) Standard's 29 CFR 1926.62 and 29 CFR 1910.1025, WI DHS Chapter 254, Environmental Health; WI DHS Chapter 163, Certification for Identification, Removal and Reduction of Lead Based Paint Hazards and the appropriate sections of this policy.

## **LEAD INVENTORY AND DESCRIPTION**

The City of Appleton is not aware of any lead hazards in any of the City's facilities, but if lead is discovered, the City will prepare a written inventory for the facilities. Typical exposures may include welding, sanding, cutting, or otherwise disturbing lead or lead containing materials. Also, sand blasting bridges, vehicle maintenance, and maintaining playground equipment installed prior to 1980. The inventory shall be reviewed by the program administrator to determine how exposures should be addressed. The program administrator will maintain a master file of inventories by facility as appropriate.

This inventory list should include the description of the operation; e.g. machinery used, material processed, controls in place, crew size, employee job responsibilities, operating procedures and maintenance practices. The specific means for controlling the lead exposure shall also be identified.

## **LEAD IDENTIFICATION**

The following warning signs shall be posted in each work area where an employee's exposure to lead is above the PEL.

**DANGER**

**LEAD**

**MAY DAMAGE FERTILITY OR THE UNBORN CHILD**

**CAUSES DAMAGE TO THE CENTRAL NERVOUS SYSTEM**

**DO NOT EAT, DRINK OR SMOKE IN THIS AREA**

These signs shall be illuminated and cleaned as necessary so that the legend is readily visible. Signs that contradict or detract from the meaning of the sign are prohibited.

## **PERSONAL AIR SAMPLING**

OSHA has an Action Level for lead of 30 micrograms per cubic meter of air ( $30 \text{ ug/m}^3$ ) averaged over an 8-hour period. The Permissible Exposure Limit (PEL) is  $50 \text{ ug/m}^3$  over an 8-hour period. When employees are exposed above the Action Level or PEL, OSHA has requirements for worker protection outlined in the lead standard 1910.1025(d).

This standard states exposure monitoring frequency should be as follows:

- If the initial monitoring reveals employee exposure to be below the action level the measurements need not be repeated unless there has been a production, process, control or personnel change which may result in new or additional exposure to lead, or whenever the employer has any other reason to suspect a change which may result in new or additional exposures to lead.
- If the exposure is at or above the Action Level but below the Permissible Exposure Limit (PEL) then monitoring shall be conducted at least every 6 months. This monitoring should continue until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may discontinue monitoring for that employee.
- If the exposure is above the Permissible Exposure Limit (PEL) then monitoring shall be conducted quarterly. This monitoring should continue until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may revert to conducting tests at least every 6 months. This monitoring should continue until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may discontinue monitoring for that employee.

The areas that require protection should be identified and proper Personal Protective Equipment (PPE) should be provided. Results of testing should be maintained.

Exposure records must be maintained for 30 years and medical records for the duration of employment plus 30 years. First aid records and experimental toxicological research records are excluded from the 30-year retention requirements.

## **AIR APPARATUS TESTING**

On an as needed basis, air exchange equipment should be tested and inspected. Consider using an HVAC technician to assist in this process. Verify that the unit is providing an acceptable amount of air exchanges. Testing results should be maintained.

## **LEAD ABATEMENT PROJECTS**

All lead abatement projects within the City of Appleton shall be performed under controlled conditions by a certified lead abatement contractor. All abatement project documents and contractor's certification documents will be maintained in the Parks, Recreation, and Facilities Management Department.

## **EMPLOYEE TRAINING**

All City of Appleton employees exposed to lead at or above the action level (30mg/m<sup>3</sup>) or who may suffer skin or eye irritation from lead compounds must be trained prior to initial assignment to areas where there is a possibility of exposure at or above the action level. Annual training is required thereafter unless further exposure at or above the action level will not occur. The training shall cover:

- The content of the 1910.1025 & 1926.62 standards and its appendices
- Specific hazards related to their work environment – including locations and potential sources of lead exposures in the buildings/facilities
- The purpose, proper selection, fitting, use, and limitations of respirators
- The purpose and description of the medical surveillance program
- The engineering controls and work practices associated with employee's job assignment
- Contents of compliance plans in effect
- Instructions to employees that chelating agents (these agents remove certain heavy metals from the bloodstream) should not be routinely used to remove lead from their bodies
- Protective measures which can be taken
- Potential health effects associated with lead exposure
- Their rights under the standards

## **OUTSIDE SERVICE CONTRACTOR INFORMATION**

All outside service contractors will be notified of the presence of lead-containing materials prior to beginning work activities. When contractors are required to work in areas where lead is present or there is a possibility of disrupting lead-containing materials, the City of Appleton will provide:

- Notification of the known locations of lead present (or suspected to be present) in the area where the contractor will work.

Contractors should contact the lead program administrator in the event that suspected lead-containing materials are discovered during work activities.

## **EMERGENCY RELEASE/DISTURBANCE**

The lead program administrator shall be notified of any activities performed by the City of Appleton employees that could result in the disturbance of suspected or confirmed lead containing materials.

All emergency lead work shall be conducted by a currently licensed lead abatement contractor. Emergencies include situations where a rapid response is necessary to mitigate damage or prevent further serious damage to the building or its occupants in which lead containing or suspected lead containing material has become damaged and has the potential to become airborne.

\*In case of an emergency, immediately contact the lead program administrator.

## **HYGIENE**

Eating, drinking, applying cosmetics, smoking, or chewing tobacco is prohibited in work areas where there is lead exposure or a potential for lead exposure. The City of Appleton will provide space away from the work area where the employee can eat and drink. The City of Appleton will also provide employees with facilities to wash their hands and face. If an employee should ever be exposed above the PEL the employee will be provided a place to shower and change in and out of their work clothes.

## **MEDICAL SURVEILLANCE AND MEDICAL REMOVAL**

City of Appleton employees who are exposed at or above the action level ( $30 \text{ ug/m}^3$ ) for more than 30 days per year must receive blood tests, a medical exam and consultation. Blood sampling and analysis for lead and zinc protoporphyrin levels will be conducted at least every 6 months for each employee that is exposed as described above.

A medical examination and consultation shall be made available upon initial assignment to an area at or above the action level for lead, whenever the employee notifies the employer that they have developed signs and symptoms of lead intoxication, or at least annually for each employee that is exposed at or above the action level for more than 30 days per year for whom a blood sampling test conducted at any time during the preceding 12 months indicated a blood lead level at or above  $30 \text{ ug/m}^3$ .

If the employee's blood level reaches  $40 \text{ ug/m}^3$  they will be tested every two months. This frequency shall continue until two consecutive blood samples and analyses indicate a blood lead



level below 40 µg/dl of whole blood. If the employee's blood lead level is at or above 50 ug/m<sup>3</sup>, they will be tested again within two weeks.

The City of Appleton will remove the affected employee from exposure to lead if their blood lead level is still at or above 50 ug/m<sup>3</sup> on the second test or if it is necessary for other medical reasons.

Within 5 working days after the receipt of biological monitoring results, the City of Appleton shall notify in writing each employee whose blood lead level is at or above 40 ug/m<sup>3</sup>.

## **HOUSEKEEPING**

Vacuum cleaners with HEPA filters (high-efficiency particulate) are recommended. Wet mopping and other cleaning methods that keep dust from getting into the air shall be used. Dry sweeping or shoveling should be avoided. Compressed air should not be used to clean.

# RECRUITMENT STATUS REPORT

UPDATES THRU 6/7/18

STAFF PERSON	POSITION	DEPT.	Date of Vacancy	RTF Approval Date	# of Openings	STATUS
KIM	PT Bus Driver	VT	NA	NA	Flexible	Will keep process open with new flex schedule options. Don Ebelt start date 6/18/18.
	Bus Driver	VT	7/6/17	9/20/17	4	Application deadline extended to 6/24/18. Testing date pending for next group of applicants. Avery Watkins start date 6/21/18.
	Arborist	DPW	6/19/18	Pending	1	Request to fill pending.
	Customer Service Specialist .5 FTE	DPW	4/9/18	5/15/18	1	Testing deadline 6/15/18. Interviews 6/22/18.
	Utility Locator – 8 Month	DPW	4/11/18	4/25/18	1	Transfer of Trevor Kay to Laborer. Tim Bruskiewicz start date 6/22/18.
	Managerial Accounting Coordinator	DPW	9/6/18	5/15/18	1	Anticipated retirement of Bev Matheys. Request to overhire. Interviews 6/21/18.
SANDY	Fire Chief	Fire	7/1/18	10/24/17	1	PFC pursuing finalists.
JAY	Police Officer	Police	NA	NA	Elig list	Re-advertising and defining hiring time line.
	Community Service Officer	Police	NA	3/26/18	3 + Elig list	Backgrounds pending on candidates.
	Library Supervisor – Children's	Library	5/18/18	5/3/18	1	Top candidate to Dr. Fico 6/12/18.
	Librarian	Library	6/5/18	5/3/18	1	Katie Stilp start date 6/25/18.
	Library Page Clerk (.5 FTE)	Library	6/3/18	5/23/18	1	Angela Corrado start date 6/18/18.
	Library Clerk (.5 FTE)	Library	6/2/18	4/5/18	1	Currently drawing from eligibility list.
	Public Health Nurse (.5 FTE)	Health	4/26/18	4/6/18	1	Re-advertising position with an application deadline of 7/1/18.
	Fire Fighter	Fire	1/2/18 7/9/18	5/3/18 5/14/18	2	Casey Balczewski and Cody Peabody start dates 6/11/18.

TOTAL POSITIONS OPEN = 19 TOTAL ELIGIBILITY LISTS = 2

**Note: Part time non-benefited positions do not (per Recruitment Policy) require authorization outside the department. The Mayor has asked departments to scrutinize**

**POSITIONS ON HOLD**

<b>STAFF PERSON</b>	<b>POSITION</b>	<b>DEPT</b>	<b>Date(s) of Opening(s)</b>	<b>RTF Approval Date</b>	<b># of Openings</b>	<b>Person Vacating Position/Status</b>
<b>JAY</b>	Systems Analyst	IT	7/6/15	Hold	1	Department re-evaluating position. Using part-time temporary staffing to fill current need
	Public Health Preparedness Coordinator (.75 FTE)	Health	5/3/18	5/3/18	1	Currently reviewing the position structure.
<b>KIM</b>	Community Relations Specialist .5 FTE	VT	1/13/17	Pending	1	Resignation of Nikki Voeltzke Re-org approved by Council on 6/21/17 (to .5)

**TOTAL POSITIONS ON HOLD = 3**