



## Loss Control Division

of the Alabama Municipal Insurance Corporation  
and the Municipal Workers Compensation Fund



### Loss Control Report

Member Name	City of USA
Member Contact	Mrs. Smith
Contact Title	Town Clerk
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Visit Date	January 1, 2026
Report Date	January 21, 2026
Conducted by	Loss Control Rep
Conducted For	MWCF: Yes AMIC: Yes
2025 Risk Management Award	Gold

## Disclaimer

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## Risk Management Review

### Number of Employees

Full Time	35
Part Time	11

### Employee Safety

Do you have a written Safety Manual or policy?	Yes
Do you issue the written Safety Manual or Policy to all employees and have them sign stating they have read it and understand it?	Yes
Do you conduct regular Safety Meetings?	Yes
How often do you conduct safety meetings?	Monthly
Are safety meetings documented?	Yes
Does the Safety Coordinator review and retain the documentation from the safety meetings?	Yes
Do you issue necessary PPE to all employees?	Yes
Do you offer Hepatitis B Vaccinations to employees with potential for exposure?	Yes
Do you require a Declination Statement to be signed by employees who decline the Hepatitis B Vaccine?	No
Do you have a Safety Recognition Program?	No
Employee Safety Comments	

### Training

Have you used our Safety Video Library or an equivalent within the last 12 months?	Yes
Have you conducted Online Training using LocalGovU or an equivalent within the last 12 months?	Yes
Have you sent any employees through our SKIDCAR Training or an equivalent within the last two years?	Yes
Do you conduct documented Safety Orientation training for newly hired employees?	Yes
Do you have employees trained in CPR and First Aid?	Yes
Do you have employees trained in Confined Space Entry?	Yes
Do you have employees trained in Trenching and Shoring?	Yes

## Policies and Procedures

Do you issue the Employee Handbook to all employees and have them sign for receiving it?	Yes
Do you have a written Sexual Harassment policy?	Yes
Do you conduct periodic training on your Sexual Harassment policy?	Yes
Do you have a written Progressive Disciplinary Procedure?	Yes
Do you perform Pre-Employment Physicals?	Yes
Do you have a Light Duty Return to Work program?	Yes
Do you investigate all accidents or injuries?	Yes
Are witness statements collected and documented during investigations?	Yes
Are the results of accident investigations as well as near misses used for training purposes to prevent future occurrences?	Yes
Do you counsel employees with multiple accidents or injuries within a 12-month period?	Yes
Do you use volunteers on a regular basis?	Yes
Are volunteers required to sign a hold-harmless agreement?	Yes
Do you perform background checks on volunteers when applicable?	Yes

## Motor Vehicles

Do you own or operate motor vehicles?	Yes
Do you perform documented inspections and maintenance on your motor vehicles?	Yes
Do you have a written Seat Belt policy that requires seat belt use for all occupants?	Yes
Do you have a written policy regarding the use of Mobile Devices while driving?	Yes
Do you have a written policy prohibiting the loaning out of vehicles and equipment?	Yes
Do you have a written policy prohibiting non-employees from riding in municipal vehicles unless they are on related municipal business?	Yes
Do you check Motor Vehicle Records (MVR) on the drivers of your vehicles?	Yes
Do you check MVRs on newly hired employees?	Yes
Do you check MVRs on all employees at least every three years?	Yes
Do you have a written policy explaining what an Acceptable Driving Record is?	Yes
Do you have any 15 passenger vans that provide public transportation?	Yes

Are drivers required to pass a medical exam prior to being allowed to drive these vans?	Yes
Are drivers trained in wheelchair loading, unloading, and proper securing techniques?	Yes
Do you require volunteer firefighters to be 21 years of age or older to drive emergency vehicles?	Yes
Does the fire department carry Aqueous Film Forming Foam (AFFF) on any apparatus?	Yes

## Contractors and Subcontractors

Do you require subcontractors to have their own Workers Comp insurance and/or add them to your Workers Comp coverage?	Yes
Do subcontractors add you as an Additional Insured on their liability policy and/or sign an Indemnification and Hold Harmless Agreement?	Yes

## Workers Compensation Discount Programs

Injury Triage Program	Yes
Medical Protocol	Yes
Post Accident Drug Testing	No
Please remember that all Municipal Workers Compensation Fund (MWCF) members adopting these programs will receive a three percent discount per program. As an added incentive to adopt these programs, by adopting all three programs, you will become eligible to receive an additional one percent discount. That would mean a full 10% discount on your workers compensation premium. If you have any questions regarding coverage offered by MWCF, please contact Terry Young at Millennium Risk Managers (MRM), who is the Third-Party Administrator for the Fund, at 1-888-736-0210.	

## Property Tour

NOTE: The purpose of the Property Tour is to assist you in identifying safety or liability exposures that could affect your organization. The answers and comments in ALL sections below only apply to the property or equipment viewed by the loss control representative on this date and in no way implies this or any other property or equipment is free of all defects or hazards.

## Facility Inspections

Do you inspect your property for safety hazards and/or liability exposures?	Yes
How often do you conduct these Property Inspections?	Weekly
Do you document Property Inspections?	Yes

Are fire extinguishers present, inspected, charged, and accessible?	Yes
Are emergency exits adequately marked?	Yes
Are corridors, stairwells, and emergency exits clear of obstructions?	Yes
Are handrails and guardrails provided where applicable and in good condition?	Yes
Are emergency backup lights functioning properly?	Yes
Is there at least three (3) feet clearance in front of electrical panels/breaker boxes?	Yes
Are dead front covers, blank covers, cover plates, etc. in place to eliminate exposed wiring or live electrical components?	Yes
Are flammable liquids and other chemicals stored appropriately?	Yes
Are compressed gas cylinders properly secured?	Yes
Are eye wash stations present where applicable?	Yes
Are the eye wash stations clearly accessible, functioning correctly, and regularly inspected?	Yes
Are outdoor outlets or outlets near a water source protected by a GFCI?	Yes
Do you practice good housekeeping throughout your facilities?	No
Do you rent any of your municipal buildings or facilities out to the public for special events?	Yes
Do you require the renter to sign a rental agreement?	Yes

## Machinery Tools and Equipment

Do you own Machinery, Tools, or Equipment?	Yes
Are safety guards in place on machinery, tools, and equipment?	Yes
Do zero-turn mowers and tractors have ROPS and seat belts?	Yes
Do frequent stop vehicles have adequate lighting, signage, or reflective decals?	Yes
Do you have fire extinguishers on mobile equipment?	Yes
Do you use appropriate equipment for elevated work such as hanging Christmas decorations?	Yes
Do you have an air compressor used for filling SCBA tanks?	Yes
Do you perform air quality testing per NFPA 1989?	No

## Utility Operations

Do you own or operate utilities?	Yes
What utility operations or services do you provide?	
Water, Sewer, Electric, Gas	

Are utility properties adequately fenced or secured?	Yes
Are fences properly maintained and in good repair?	Yes
Are gates locked and the gaps in the gate not too large?	Yes
Are recommended warning signs in place at locations?	Yes
Are hazardous chemicals present?	Yes
Are hazardous chemicals safely stored in a designated area that is locked or properly secured?	Yes
Are hazardous chemicals stored in appropriate containers and properly labeled?	Yes
Are recommended ventilation exhaust fans installed and working in chemical rooms?	Yes
Is the fan switch automatic or located outside the door?	Yes
Are life rings or other life-saving equipment available near lagoons, basins, or where applicable?	Yes
Are removable ladder sections secured and viewed ladder guards locked?	Yes
Are your sewer operators certified?	Yes
Are the sewer treatment plants operating below maximum capacity?	Yes
Do you have a sewer maintenance and inspection program?	Yes
Do you install sewer check valves or back-flow preventers where necessary?	Yes
Do you log and follow up sewer complaint calls?	Yes
Are employees who enter homes and businesses to light gas pilot lights certified as needed?	Yes

## Parks and Recreation

Do you have parks or recreational facilities?	Yes
Are outside electrical panels, breaker panels or fuse boxes locked?	Yes
Is park maintenance equipment securely stored?	Yes
Do bleachers have proper guardrails and handrails?	Yes
Do you own playground equipment?	Yes
Do you have a documented playground inspection program?	Yes
Do playgrounds have adequate fall material?	Yes
Do you own or operate a swimming pool?	Yes
Is the swimming pool fence adequate and in good repair?	Yes
Do you document your swimming pool water testing?	Yes
Is the swimming pools chemical and pump room locked?	Yes
Are swimming pools chlorine and acids stored separately?	Yes
Are depth markers clearly visible?	Yes
Do you have a splash pad?	Yes

Was the splash pad designed and installed by a professional contractor?	Yes
Are all surfaces within the splash pad area free from defects or hazards such as sharp edges, trip hazards, etc.?	Yes
Are all splash pad features and equipment in good working condition, with no signs of damage or malfunction?	Yes
Are there adequate barriers or fencing to prevent access to restricted areas or potential hazards?	Yes
Are there clear and visible signs posted with safety rules, emergency contact information, and guidelines for proper use of the splash pad?	Yes
Is the water quality regularly tested, documented, and maintained to meet safety standards, with appropriate measures in place to prevent contamination?	Yes
Do you have a skateboard park?	Yes
Was the skateboard park designed and installed by a professional contractor?	Yes
Does the skateboard park have the required signage?	Yes
Do you have a documented skateboard park inspection program?	Yes
Do you have Equestrian Facilities or sponsor any Equine activities?	Yes
Do you have required signage per the Code of Alabama 1975 6-5-337?	Yes

The purpose of this report is to assist you in identifying potential exposures and create greater awareness of the on-going safety and liability issues that affect your organization. Based upon the observations made during the visit to your facilities and discussions of policies and procedures, NO advisory recommendations have been made.