

Town of West Yellowstone

Tuesday, January 2, 2018

West Yellowstone Town Hall, 440 Yellowstone Avenue

TOWN COUNCIL MEETING

7:00 PM

Pledge of Allegiance

Oath of Office, Town Council Member Chris Burke

Election of the Mayor for 2018

Election of the Deputy Mayor for 2018

Discussion/Action ∞

Discussion/Action ∞

Purchase Orders

Treasurer's Report & Securities Report

Claims ∞

Consent Agenda: **Minutes of December 5, 2017 Town Council Meeting** ∞

Minutes of December 19, 2017 Town Council Meeting ∞

Advisory Board Report(s)

Town Manager & Department Head Reports

Comment Period

- **Public Comment**
- **Council Comments**

NEW BUSINESS

Marketing and Promotions (MAP) Fund Advisory Board Appointments

Discussion/Action ∞

- New Appointment, Steve Larson
- Re-appointments, Gloria Evans and Marysue Costello

Health Care Services Advisory Board Appointment

Discussion/Action ∞

- Town Council Representative Appointment

Planning Board Appointment

Discussion/Action ∞

- Town Council Representative Appointment

Safety Policy

Discussion/Action ∞

Madison Addition Nightly Rentals Ordinance

Discussion ∞

Correspondence/FYI/Meeting Reminders ∞



Policy on Public Hearings and Conduct at Public Meetings

Public Hearing/Public Meeting

A public hearing is a formal opportunity for citizens to give their views to the Town Council for consideration in its decision making process on a specific issue. At a minimum, a public hearing shall provide for submission of both oral and written testimony for and against the action or matter at issue.

Oral Communication

It is the Council's goal that citizens resolve their complaints for service or regarding employees' performance at the staff level. However, it is recognized that citizens may from time to time believe it is necessary to speak to Town Council on matters of concern. Accordingly, Town Council expects any citizen to speak in a civil manner, with due respect for the decorum of the meeting, and with due respect for all persons attending.

- No member of the public shall be heard until recognized by the presiding officer.
- Public comments related to non-agenda items will only be heard during the Public Comment portion of the meeting unless the issue is a Public Hearing. Public comments specifically related to an agenda item will be heard immediately prior to the Council taking up the item for deliberation.
- Speakers must state their name for the record.
- Any citizen requesting to speak shall limit him or herself to matters of fact regarding the issue of concern.
- Comments should be limited to three (3) minutes unless prior approval by the presiding officer.
- If a representative is elected to speak for a group, the presiding officer may approve an increased time allotment.
- If a response from the Council or Board is requested by the speaker and cannot be made verbally at the Council or Board meeting, the speaker's concerns should be addressed in writing within two weeks.
- Personal attacks made publicly toward any citizen, council member, or town employees are not allowed. Citizens are encouraged to bring their complaints regarding employee performance through the supervisory chain of command.

Any member of the public interrupting Town Council proceedings, approaching the dais without permission, otherwise creating a disturbance, or failing to abide by these rules of procedure in addressing Town Council, shall be deemed to have disrupted a public meeting and, at the direction of the presiding officer, shall be removed from the meeting room by Police Department personnel or other agent designated by Town Council or Operations Manager.

General Town Council Meeting Information

- Regular Town Council meetings are held at 7:00 PM on the first and third Tuesdays of each month at the West Yellowstone Town Hall, 440 Yellowstone Avenue, West Yellowstone, Montana.
- Presently, informal Town Council work sessions are held at 12 Noon on Tuesdays and occasionally on other mornings and evenings. Work sessions also take place at the Town Hall located at 440 Yellowstone Avenue.
- The schedule for Town Council meetings and work sessions is detailed on an agenda. The agenda is a list of business items to be considered at a meeting. Copies of agendas are available at the entrance to the meeting room.
- Agendas are published at least 48 hours prior to Town Council meetings and work sessions. Agendas are posted at the Town Offices and at the Post Office. In addition, agendas and packets are available online at the Town's website: www.townofwestyellowstone.com. Questions about the agenda may be directed to the Town Clerk at 646-7795.
- Official minutes of Town Council meetings are prepared and kept by the Town Clerk and are reviewed and approved by the Town Council. Copies of approved minutes are available at the Town Clerk's office or on the Town's website: www.townofwestyellowstone.com.

12/29/17
14:31:14

TOWN OF WEST YELLOWSTONE
Claim Approval List
For the Accounting Period: 1/18

Page: 1 of 4
Report ID: AP100

* ... Over spent expenditure

| Claim | Vendor #/Name/ | Document \$/ | Disc \$ | | | | | | Cash |
|----------|------------------------------------|--------------|---------|--------|---------------|-------------|---------|--|------|
| Check | Invoice #/Inv Date/Description | Line \$ | | PO # | Fund Org Acct | Object Proj | Account | | |
| 44006 | 2845 Kastig, Kauffman & Mersen, PC | 4,972.49 | | | | | | | |
| 12/07/17 | legal services | 4,750.00 | | LEGAL | 1000 411100 | 352 | 101000 | | |
| 12/07/17 | postage/copies | 88.39 | | LEGAL | 1000 411100 | 870 | 101000 | | |
| 12/07/17 | phone/fax | 0.00 | | LEGAL | 1000 411100 | 345 | 101000 | | |
| 12/07/17 | travel | 134.10 | | LEGAL | 1000 411100 | 373 | 101000 | | |
| 44009 | 2852 Blackfoot Communications | 2,081.84 | | | | | | | |
| 01/15/18 | 602-4908, povah center | 0.00 | | POVAH | 1000 411255 | 345 | 101000 | | |
| 01/15/18 | 646-5106, fax soc svc | 40.53 | | SOCSRV | 1000 450135 | 345 | 101000 | | |
| 01/15/18 | 646-5119, police station | 40.53 | | POLICE | 1000 420160 | 345 | 101000 | | |
| 01/15/18 | 646-5141, sewer plant alarm | 40.53 | | SEWER | 5310 430600 | 345 | 101000 | | |
| 01/15/18 | 646-5185, town hall alarm | 40.53 | | TWNHAL | 1000 411250 | 345 | 101000 | | |
| 01/15/18 | 646-7311, social services | 125.44 | | SOCSRV | 1000 450135 | 345 | 101000 | | |
| 01/15/18 | 646-7481, povah elevator | 41.67 | | POVAH | 1000 411255 | 345 | 101000 | | |
| 01/15/18 | 646-7511, town hall fax | 40.53 | | TWNHAL | 1000 411250 | 345 | 101000 | | |
| 01/15/18 | 646-7609, public works | 21.32 | | SEWER | 5310 430600 | 345 | 101000 | | |
| 01/15/18 | 646-7650, police station fax | 40.53 | | POLICE | 1000 420160 | 345 | 101000 | | |
| 01/15/18 | 646-7715, povah center | 31.85 | | POVAH | 1000 411255 | 345 | 101000 | | |
| 01/15/18 | 646-7795, town hall | 241.09 | | TWNHAL | 1000 411250 | 345 | 101000 | | |
| 01/15/18 | 646-7845, court clerk | 33.52 | | COURT | 1000 410360 | 345 | 101000 | | |
| 01/15/18 | 646-9017, library | 41.85 | | LIBRAR | 2220 460100 | 345 | 101000 | | |
| 01/15/18 | 646-9027, sewer plant alarm | 40.53 | | SEWER | 5310 430600 | 345 | 101000 | | |
| 01/15/18 | ethernet, library | 309.56 | | LIBRAR | 2220 460100 | 345 | 101000 | | |
| 01/15/18 | ethernet, povah center | 310.00 | | POVAH | 1000 411255 | 345 | 101000 | | |
| 01/15/18 | ethernet, police station | 361.16 | | POLICE | 1000 420160 | 345 | 101000 | | |
| 01/15/18 | ethernet, town hall | 280.67 | | TWNHAL | 1000 411250 | 345 | 101000 | | |
| 44016 | 42 Fall River Electric | 9,693.00 | | | | | | | |
| 12/20/17 | UPDH 4212041 elec service | 621.85 | | UPDH | 1000 411252 | 341 | 101000 | | |
| 12/20/17 | POLICE 4212008 elec service | 331.98 | | POLICE | 1000 411258 | 341 | 101000 | | |
| 12/20/17 | shop 4212018 elec service | 394.08 | | STREET | 1000 430200 | 341 | 101000 | | |
| 12/20/17 | ANIMAL 4212029 elec serv | 203.37 | | ANIMAL | 1000 440600 | 341 | 101000 | | |
| 12/20/17 | PARK 4212032 Elec ser | 170.01 | | PARK | 1000 411253 | 341 | 101000 | | |
| 12/20/17 | PARK, old firehouse 2901001 e | 473.19 | | PARK | 1000 411253 | 341 | 101000 | | |
| 12/20/17 | CLORINATOR 4212030 elec serv | 64.44 | | WATER | 5210 430500 | 341 | 101000 | | |
| 12/20/17 | MADADD H2O Tower 4212017 | 48.42 | | WATER | 5210 430500 | 341 | 101000 | | |
| 12/20/17 | RR Well 4212005 elec serv | 158.51 | | WATER | 5210 430500 | 341 | 101000 | | |
| 12/20/17 | SEWER LIFT STATION 4212006 | 175.60 | | SEWER | 5310 430600 | 341 | 101000 | | |
| 12/20/17 | SEWER PLANT 4212007 elec ser | 1,450.89 | | SEWER | 5310 430600 | 341 | 101000 | | |
| 12/20/17 | MAD SEWER LIFT 4212014 elec | 337.46 | | SEWER | 5310 430600 | 341 | 101000 | | |
| 12/20/17 | SEWER TREAT SERV 4212046 ele | 2,822.25 | | SEWER | 5310 430600 | 341 | 101000 | | |
| 12/20/17 | library 23 dunraven 4212054 | 132.27 | | LIBRY | 1000 411259 | 341 | 101000 | | |
| 12/20/17 | povah comm ctr 4212001 | 252.59 | | POVAH | 1000 411255 | 341 | 101000 | | |
| 12/20/17 | unmetered lights 4212004 | 1,451.25 | | STLITE | 1000 430263 | 341 | 101000 | | |

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| Claim | Check | Invoice #/Inv Date/Description | Vendor #/Name/ | Document \$/ Line \$ | Disc \$ | PO # | Fund Org Acct | Object Proj | Cash Account |
|-------|----------|---------------------------------------|----------------|-------------------------|---------|--------|---------------|-------------|-----------------|
| | 12/20/17 | Town Hall | 4212009 | 476.11 | | TWNHAL | 1000 411250 | 341 | 101000 |
| | 12/20/17 | Ice Rink | 421010 | 42.72 | | PARKS | 1000 411253 | 341 | 101000 |
| | 12/20/17 | Hayden/Grouse Well | 4212015 | 43.82 | | WATER | 5210 430500 | 341 | 101000 |
| | 12/20/17 | Electric Well | 4212031 | 42.19 | | WATER | 5210 430500 | 341 | 101000 |
| 44018 | | 2264 MORNING GLORY COFFEE & TEA | | 33.75 | | | | | |
| | 460729 | 12/20/17 supplies | | 33.75 | | DISPAT | 1000 420160 | 220 | 101000 |
| 44020 | | 2991 West Yellowstone Star | | 22.00 | | | | | |
| | 2321 | 12/14/17 RFP, legal services | | 22.00 | | ADMIN | 1000 410210 | 327 | 101000 |
| 44021 | | 2635 Jake's Automotive and Tire | | 830.43 | | | | | |
| | 17363 | 12/15/17 tires 2014 Ford Expedition | | 762.58 | | STREET | 1000 430200 | 239 | 101000 |
| | 17362 | 12/15/17 maint 2008 Ford truck | | 67.85 | | STREET | 1000 430200 | 361 | 101000 |
| 44022 | | 2826 Montana Underground | | 101,271.64 | | | | | |
| | 17-363 | 10/01/17 sewer line clean/inspections | | 87,196.14* | | SEWER | 5310 430600 | 357 | 101000 |
| | 17-363 | 10/01/17 storm sewer cleaning | | 2,762.50 | | STORM | 1000 430235 | 357 | 101000 |
| | 17-370 | 12/05/17 manhole + excavating | | 11,313.00 | | WATER | 5210 430590 | 251 | 101000 |
| 44023 | | 1928 Michele DesRochers | | 25.00 | | | | | |
| | | 12/17/17 reimb notary filing fee | | 25.00 | | DISPAT | 1000 420160 | 335 | 101000 |
| 44024 | | 725 Swan Cleaners | | 120.00 | | | | | |
| | 7701 | 12/01/17 laundry service | | 120.00 | | JAIL | 1000 420230 | 390 | 101000 |
| 44025 | | 2344 Branding Iron Inn | | 87.90 | | | | | |
| | 177099 | 12/21/17 help fund lodging | | 87.90 | | SOCSRV | 7010 450135 | 370 | 101000 |
| 44027 | | 3037 White Buffalo | | 56.00 | | | | | |
| | 356488 | 12/27/17 help fund lodging | | 56.00 | | SOCSRV | 7010 450135 | 370 | 101000 |
| 44028 | | 2455 Tri State Excavating, LLC | | 225.00 | | | | | |
| | 5709 | 12/15/17 hauling snow 12/4/17 | | 225.00 | | STREET | 1000 430200 | 398 | 101000 |
| 44029 | | 1140 Sagebrush Floral | | 20.00 | | | | | |
| | 779505 | 12/07/17 Christmas poinsettia office | | 20.00 | | ADMIN | 1000 410210 | 220 | 101000 |
| 44030 | | 950 Frank J. Zamboni & Co. | | 226.50 | | | | | |
| | 091521 | 12/18/17 zamboni parts | | 226.50 | | PARKS | 1000 430200 | 220 | 101000 |

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| Claim | Check | Invoice #/Inv Date/Description | Vendor #/Name/ | Document \$/ Line \$ | Disc \$ | PO # | Fund Org Acct | Object Proj | Cash Account |
|-------|----------|---|----------------|-------------------------|---------|------------|---------------|-------------|-----------------|
| 44031 | | 1273 Montana Security and | | 61.50 | | | | | |
| | 54003 | 01/01/18 UPDL Security monitoring | | 61.50 | | UPDL | 1000 411252 | 357 | 101000 |
| 44032 | | 3004 Partsmaster | | 44.13 | | | | | |
| | 23228196 | 12/12/17 Butt connector | | 44.13 | | STREET | 1000 430200 | 220 | 101000 |
| 44033 | | 2800 RDO Equipment Co. | | 86.84 | | | | | |
| | P34770 | 12/26/17 Breather Cap | | 86.84 | | STREET | 1000 430200 | 220 | 101000 |
| 44034 | | 379 Energy Laboratories, Inc | | 1,023.00 | | | | | |
| | 127887 | 12/21/17 Flouride, metal sampling | | 65.00 | | WATER | 5210 430500 | 357 | 101000 |
| | 128821 | 12/28/17 Bac-T samples | | 60.00 | | WATER | 5210 430500 | 357 | 101000 |
| | 127005 | 12/19/17 Bac-T samples | | 40.00 | | WATER | 5210 430500 | 357 | 101000 |
| | 126985 | 12/19/17 Bac-T samples | | 200.00 | | WATER | 5210 430500 | 357 | 101000 |
| | 126627 | 12/15/17 Radionuclide testing | | 250.00 | | WATER | 5210 430500 | 357 | 101000 |
| | 127863 | 12/21/17 Influent/Effluent sewage tests | | 408.00 | | SEWER | 5310 430640 | 354 | 101000 |
| 44035 | | 2901 Pump Excellence | | 750.00 | | | | | |
| | 259 | 12/19/17 svc call, lift station failure | | 750.00 | | SEWER | 5310 430630 | 369 | 101000 |
| | | | # of Claims | 19 | Total: | 121,631.02 | | | |

WEST YELLOWSTONE TOWN COUNCIL
Town Council Meeting
December 5, 2017

COUNCIL MEMBERS PRESENT: Deputy Mayor Brad Schmier, Pierre Martineau, Greg Forsythe

OTHERS PRESENT: Town Manager Daniel Sabolsky, Helene Rightenour, Richard and Teri Gibson, Tom Cherhoniak, Randy Roberson, Randy Wakefield-Fall River Electric, Dustin Jones-West Yellowstone Star

The meeting is called to order by Deputy Mayor Brad Schmier at 7:00 PM in the Town Hall, 440 Yellowstone Avenue, West Yellowstone, Montana.

Portions of the meeting are being recorded.

The Treasurer's Report with corresponding banking transactions is on file at the Town Offices for public review during regular business hours.

ACTION TAKEN

- 1) Motion carried to approve the claims, which total \$37,844.11. (Forsythe, Martineau) Forsythe abstains from claim #43146, Schmier abstains from claim #43950.
- 2) Motion carried to approve the Consent Agenda, which includes the minutes of the November 21, 2017 Town Council Meeting. (Forsythe, Martineau)
- 3) Motion carried to table the business license application for Four Winds Storage. (Martineau, Schmier)
- 4) Motion carried to adopt Resolution No. 707, a resolution adopting the Growth Policy Update. (Martineau, Forsythe)

Public Comment Period

Greg Forsythe reports that the interior walls for the Siegel Learning Center are nearly complete and plumbing will start shortly. He says they are a little ahead of schedule and things are going well. He anticipates that the building will be finished by June 1, 2018. Sabolsky adds that they have received proposals from both local banks for financing of the project once the Town takes ownership.

Council Comments

Martineau thanks Forsythe for his efforts to put up the Town Christmas Tree on South Canyon and says it looks very nice. Schmier says that he is interested in filling the Town Council Member position on the Health Care Services Advisory Board.

DISCUSSION

- 4) Deputy Mayor Schmier reads Resolution No. 707 aloud. Randy Roberson comments that he is opposed to the "commercial linkage" component in the Growth Policy. He says that there is a lot of opposition to that component and he does not believe that it will help the housing situation in Town. He says it will create a burden on people who want to develop land in Old Town. He says that he has done a fair amount of research on the topic and considering zoning regulations such as setbacks, it will create a significant burden. He says that between the projects scheduled for Electric Street and the northwest corner of the Madison Addition, they will soon see improvements to the housing shortage. He says that the word on the street is that Old Town is not going to change and he has concerns about things that are being stated by Council Members and Council Member-Elect that are not right and then people don't attend meetings because they think there isn't an issue. He also commends the Council for taking the steps to get the Siegel Learning Center built. He says he thinks that is a great thing for the community. The Council debates the issue with Roberson, but points out this is an approach that is

recommended in the policy but is not a requirement at this point. Roberson thanks the Council for listening to his comments and also suggests they remove the word “affordable” from the housing section because that is a relative term.

- A) Town Manager Dan Sabolsky asks the Council to disregard the purchase order that was in the packet to purchase a new floor scrubber for the floor at the Union Pacific Dining Lodge. The Yellowstone Historic Center has found a used device that they intend to purchase instead.
- B) **Advisory Board Reports:** Sabolsky reports that the Health Care Services Advisory Board met last week and discussed traffic at Community Help Partners this summer and the Parents as Teachers Program. He says that Council Member Schmier has indicated that he is willing to take Cole Parker’s place on the Planning Board in the new year. He says that the Parks & Recreation Advisory Board is trying to schedule a meeting in the near future.
- C) **Town Manager’s Report:** Town Manager Dan Sabolsky explains that he told the Department Heads they did not need to attend tonight due to the short agenda. He reports that the safety committee has been meeting and Monika Rogers from the Library has joined the committee. He says they are close to having a policy ready for adoption and may schedule a work session with the Council in January. He reports that the water line extension for the Electric Street Project has been completed. They are working with the developer on the road width of the plans and he is working on the Development Agreement. They will also have a work session on this project in the new year. He says that they are still working on the Building and Zoning Permitting process. He says they have worked through two drafts of a nightly rental ordinance and will also put this on the agenda for a work session in January. The Collective Bargaining process is underway. They are following the interest based bargaining approach. They are also working on a revised Business License Ordinance and hope to present that to the Council in January. The Recreation department is working on a survey about the summer recreation program that they hope to release it in January. Sabolsky reports that they have hired two dispatchers recently: Arrah LaBolle has been hired as a part-time dispatcher and Amanda Marquez has been hired as a full-time dispatcher. He also mentions that he has met with Town Council Elect Chris Burke a couple of times to help him get up to speed by January. He also mentions some communication with the builders of the new hotel that is being put up by the Kelly Inn because they did not follow the plans specified by the Town Engineer to connect to the water system correctly.
- D) Mayor Schmier points out that the current draft of the Safety Policy was included in the packet and asks the other Council Members to review it. The policy is on the agenda for just discussion this evening. Sabolsky says they would like to bring it to the Council for approval after the first of the year.

CORRESPONDENCE/FYI

Dated November 29, 2017, Snowmobile Event Coordinator Marge Wanner writes to explain the request to use a portion of the Old Airport for Ski-Doo snowmobile calibration during this week. This request was approved previously by the Town Staff. The Town Christmas Party is scheduled for December 15, 2017 at the Three Bear Restaurant.

The meeting is adjourned. (8:10 PM)

Mayor

ATTEST:

Town Clerk

WEST YELLOWSTONE TOWN COUNCIL
Town Council Meeting
December 19, 2017

COUNCIL MEMBERS PRESENT: Mayor Jerry Johnson, Brad Schmier, Pierre Martineau, Cole Parker, Greg Forsythe

OTHERS PRESENT: Town Manager Daniel Sabolsky, Finance Director Lanie Gospodarek, Public Services Superintendent James Patterson, Chief of Police Scott Newell

The meeting is called to order by Mayor Jerry Johnson at 1:00 PM in the Town Hall, 440 Yellowstone Avenue, West Yellowstone, Montana.

Portions of the meeting are being recorded.

ACTION TAKEN

- 1) Motion carried to approve the Claims, which total \$171,656.48. (Parker, Forsythe) Schmier abstains from claim #43972.
- 2) Motion carried to approve the confirmation of Police Officer Daniel Palmer. (Parker, Forsythe)

Public Comment Period

No public comment is received.

Council Comments

Forsythe wishes everyone a Merry Christmas and Happy New Year.

DISCUSSION

- 2) Chief Newell speaks in favor of Officer Palmer. He mentions that he graduated from the law enforcement academy this year, has proven to be an officer of integrity, and is also involved in the community-even coaching junior high football this fall.

The meeting is adjourned. (1:07 PM)

Mayor

ATTEST:

Town Clerk

Received
10/19/17
CAR



APPLICATION FOR BOARDS AND COMMITTEES

Name STEVE LARSON Date 10-16-17

Address PO Box 1241 110 HAYDEN

City W. Yellowstone State MT. Zip 59758

Phone (Home): 406-646-5152 (Work): 406-646-4437 (Cell/Other): 406-646-1433

E-Mail Address: SVENSIAT@hotmail.com

Are you a resident of West Yellowstone? YES Length of residency in West Yellowstone: 33 years

Board or Committee you are applying for: MAP

Occupation: Gas Tech

Employer: ENERGY WEST

Have you previously served on a County or City board? NO

If so, which board, and for how long? _____

Past Memberships and Associations: _____

Current Memberships and Associations: _____

List any relevant qualifications and/or related experience? Attach any additional information or a resumé, if you prefer: _____

What are your primary objectives for serving on this board? To help W. Yellowstone continue

positive growth.

References (Individual or Organization):

EVAN Mathews Phone: 406-646-4437

Don Perry Phone: 406-640-086

Chip Smith Phone: 406-220-7778

Signature: [Signature] Date: 10/16/17

Please return this application to the Town Offices at 10 S Faithful, West Yellowstone, Montana. An interview may be required if deemed necessary. Thank you in advance for your interest.

Health Care Services Advisory Board

| NAME | DATE APPOINTED | TERM EXPIRES |
|--|--------------------|--------------------|
| Kyle Goltz PO Box 1167 West Yellowstone, MT 59758 646-4444 kgoltz@hotmail.com | 7/21/15 | 7/21/18 |
| Jessie Wittmer PO Box 817 West Yellowstone, MT 59758 646-7056 (W), 579-0302 (C) jessiev0302@gmail.com | 7/21/15 | 7/21/18 |
| Council Member Cole Parker PO Box 1231 West Yellowstone, MT 59758 640-0565 (C) cparker@wyellowstone.com | 7/21/15 | 12/31/17 |
| Jennifer Jordan PO Box 1577 West Yellowstone, MT 59758 646-7068 (W) 303-908-4196 (C) jenny@lonepeakpt.com | 8/4/15 | 8/4/18 |
| Norma Salinas PO Box 205 West Yellowstone, MT 59758 646-7617 (W) 640-0722 (C) normasalinas@westyellowstone.k12.mt.us | 10/20/15 | 10/20/18 |

Revised October 2015, er

From: [Brad Schmier](#)
To: [Daniel Sabolsky](#); [Cole Parker](#); [Elizabeth Roos](#); [Greg Forsythe](#); [Jerry Johnson](#); [Pierre Martineau](#)
Subject: Health care advisory board
Date: Monday, November 27, 2017 11:44:26 AM

I would like to apply for the
Council position on the Healthcare Advisory Board that will be vacated at the end of Cole Parker's term.
Please consider this my official application.
Thanks

Brad Schmier
Town of West Yellowstone

West Yellowstone Planning Board

| NAME | DATE APPOINTED | TERM EXPIRES |
|---|--------------------|----------------------------|
| Tim Daley, In-Town PO Box 644 H: (406) 646-7539 C: (406) 539-1334 snowwalker17@aol.com | 11/20/12 4/5/16 | 11/20/14 4/5/18 |
| Bill Howell, In-town PO Box 337 bill@yellowstonemt.com | 10/16/12 4/5/16 | 10/16/14 4/5/18 |
| SJ Sheppard 480 Chokecherry Lane H: (406) 646-7505 C: (406) 640-7505 sjsarch@mac.com | 4/5/16 | 4/5/18 |
| James Patterson, PW Supt PO Box 1570 O: (406) 646-7609 C: (406) 640-9074 jpatterson@townofwestyellowstone.com | | Concurrent with Employment |
| Cole Parker, Town Council Member PO Box 1231 C: (406) 640-0565 cparker@townofwestyellowstone.com | | Concurrent with TC Term |
| Teri Gibson PO Box 8, 508 Cascade H: (406) 646-1139 C: (530) 906-2174 teri.gibson@syix.com | 6/7/16 | 6/7/18 |
| Chipper Smith 175 Grayling Canyon Road West Yellowstone, MT 59758 C: (406) 220-7778 GCRCHIP@Yahoo.com | 5/20/14 6/7/16 | 5/20/16 6/7/18 |

Updated 6/8/16 er

Town of West Yellowstone

SAFETY POLICY



Approved 9/5/2017

SAFETY POLICY

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SECTION 1

INTRODUCTION

It is the policy of the Town to provide and maintain safe and healthful working conditions, routine safety training and education, and to follow practices that will safeguard all employees and result in safe working environment and efficient operations.

When a person enters the employment of the Town, they have a right to expect that they will be provided with a proper place in which to work and the proper equipment with which to do their job. This will allow them to be able to devote their energies to doing their work without danger to their life and health. Only under such circumstances can the association between employee and employer be mutually profitable and harmonious. It is the Town's desire to provide a safe place to work and the necessary safety equipment to use as well as to establish and insist upon safe methods and practices at all times.

Safe practices, on the part of Town employees, must be part of all operations. This responsibility is required of each official and employee who conducts the affairs of the Town, no matter in what capacity they may serve. The idea of job production and safety must be inseparable.

Employee cooperation regarding safety matters will be considered a condition of employment. The supervisor is responsible for the safety and well being of their staff in the workplace. This responsibility can be met only by working continuously to promote safe working practices among all employees and to maintain property and equipment in a safe operating condition.

SECTION 2

MANAGEMENT COMMITMENT

The purpose of the Safety Policy is to provide a management system for the prevention of occupational injuries and illnesses and compliance with regulations concerning occupational safety and health. The Safety Policy assigns safety responsibilities, promulgates Townwide procedures, and sets minimum safety program requirements for issues involving Town departments. Additional department and/or division specific policies and procedures will be issued to augment this document.

This Safety Policy provides general direction for the administration of occupational safety and health management for the Town of West Yellowstone. It is intended to meet the letter and spirit of the Montana Safety Culture Act and achieve full compliance with Federal Occupational Safety and Health Administration (OSHA) regulations, as adopted by the State of Montana, governing workplace accident prevention programs.

Separate safety policies and procedures will be issued as needed to address specific safety and health issues or to meet the regulatory requirements for written compliance programs.

The Town of West Yellowstone is committed to providing dependable, economical services to the public. The Town recognizes its employees as the most important resource in meeting that commitment and is dedicated to providing a safe and healthful work environment.

The Town recognizes that some accidents are caused by unsafe conditions or unsafe behavior and strives to systematically eliminate unsafe acts and conditions. In meeting that goal, it is the policy of the Town of West Yellowstone to:

- Provide a safe workplace including facilities, equipment, tools and vehicles that meet safety and health standards and practices.
- Define and implement safe work practices to address hazards unique to specific job assignments.
- Train employees in the safe performance of assigned jobs.
- Monitor workplace conditions and employee behavior to ensure compliance with the Town of West Yellowstone Safety Policy, as well as individual department and division safety and health requirements.
- Involve all employees in a systematic effort to recognize, report and correct hazardous conditions and practices.
- Investigate and analyze accidents to identify and eliminate the unsafe conditions and behaviors that caused the accidents.

The management staff will not tolerate actions that jeopardize the safety and health of employees or the general public or actions that risk non-compliance with established safety and health regulations. Employees who violate Town, departmental, and/or divisional rules are subject to the disciplinary policies. Fulfillment of safety-related responsibilities will be considered a factor in performance reviews and promotions.

SECTION 3

RESPONSIBILITIES

All Town of West Yellowstone employees share in the responsibility to establish and maintain a safe working environment. The following responsibilities are guidelines to establish accountability for the Safety Policy. These responsibilities are not in any way intended to limit innovation or initiative on the part of any employee who is working toward the goal of achieving a safe workplace.

3.1 Town Manager

- a. Ensure the design, maintenance of facilities, tools, equipment and vehicles meet or exceed established safety standards.
- b. Approve and ensure usage of policies, procedures and safe work practices for Department occupations, tasks, and locations.
- c. Approve and ensure usage of safety-training requirements for Department employees based on their occupations, work locations and tasks.
- d. Review department accident investigation reports, incident reports and department injury and illness trends. Resolve corrective action issues that are beyond the scope of the supervisor to accomplish.
- e. Review workplace inspections with Department Heads and Supervisors and direct appropriate corrective action to achieve a safe work environment.

3.2 Department Heads and Supervisors

- a. Establish polices, procedures and safe work practices for Department occupations, tasks and locations.
- b. Establish safety-training requirements for Department employees based on their occupations, work locations and tasks.
- c. Monitor workplace conditions and employee work behaviors through regular, scheduled inspections and frequent observation of the work environment.
- d. Enforce Town, and Departmental equipment and vehicle standards and rules governing the workplace behavior of employees.
- e. Ensure employee participation in Town and Department required safety training. Recommend additions, deletions and modifications of safety training requirements or training programs based on observed workplace conditions and employee work behavior.
- f. Investigate accidents involving employee injury or illness and/or damage to vehicles or other Town property. Determine the facts and causes of the accident. Implement or recommend corrective actions for the purpose of preventing future, similar occurrences.
- g. Encourage employee involvement in safety hazard recognition and act on hazard elimination and hazard control suggestions from the Safety Committee and individuals.
- h. Identify unsafe work conditions and unsafe practices. Correct immediate hazards within ability or report them to immediate supervisor upper management, and/or and report recurring conditions to management and/or Safety Committee.

3.3. All Employees

- a. Abide by the Town of West Yellowstone and Department work practices established for specific job assignments and occupations.
- b. Report occupational injuries, illnesses and near misses immediately to their Department Head or supervisor. Follow instructions for obtaining first aid and/or medical attention. Participate in accident investigations as requested by the Town.
- c. Participate fully in safety training. Suggest improvements in safety training requirements or programs to a supervisor or the Safety Committee.
- d. Identify unsafe work conditions and unsafe practices. Correct hazards or report them to the supervisor or Safety Committee as appropriate.

3.4. Safety Committee/Safety Coordinator

- a. Assist and advise all levels of management in establishing an effective safety program.
- b. Provide accident trend analysis.
- c. Provide new employee general safety and health training/orientation.
- d. Plan and coordinate inspections, committee meetings, and assist management in all areas of safety and health.
- e. Report committee members' unexcused absences to supervisors and/or Town manager as appropriate.

3.5. Finance Department

- a. Filing worker's compensation claims.
- b. Maintain accident and incident records for workers' compensation purposes.
- c. Assist Town employees in filing necessary paperwork to conform with all provisions of the Safety Policy.
- d. Coordinate the filing of accident and injury reports with the Town's insurance carrier.

4.1. All Employees

It is the policy of the Town of West Yellowstone to provide all safety training prescribed by regulatory requirements and to ensure that all employees understand the hazards to which they may be exposed and how to prevent harm to themselves and others. No employee is expected to undertake a job until he or she has received instructions on how to do it properly and has been authorized by their Department Head or supervisor to perform that job. Employees are expected to participate and cooperate fully in training programs and to accept and follow established safety and health precautions.

Each worksite presents a unique training challenge. Therefore, each Department is expected to specify and provide safety training that is tailored to each employee's occupation, tasks and job location. To the extent possible, safety training should be integrated into general job training, rather than treated as a separate issue.

All safety-related training must be documented; the records are to be maintained in the Town Manager's files and/or Department files. Documentation shall include a list of employees in attendance, date, and the name of the trainer and an outline of the topics discussed or category of safety training delivered.

4.2. New Employee Safety Orientation

The purpose of new employee safety orientation is to provide the employee with information about:

- The general hazards and safety rules of the worksite,
- Specific hazards, safety rules and practices related to the employee's work assignments, and the employee's role in emergency situations

This training shall take place as soon as practical, preferably within two (2) months of the employee being hired or transferred to a new position.

4.3. Job-Specific Safety Training

Job-specific safety training includes personal on-the-job instruction, safety meetings or formal classroom instruction intended to enhance the safety of specific tasks or occupations. Departments will provide additional training as necessary to improve employee knowledge of safety rules, procedures and safety practices specific to their department. The intent of this Policy is that safety training will enhance the employee's understanding of workplace hazards and the prevention of occupational injuries and illnesses, rather than to prescribe the specific format of the safety training.

SECTION 5

SAFETY COMMITTEE

5.1 Organization

The Town of West Yellowstone encourages and expects employee participation in the Safety Policy. The Town Safety Committee shall consist of a person from each of the following groups:

| | |
|----------------------|-------------------|
| Office Employees | (Lisa Johnson) |
| Dispatch and Police | (Neil Courtis) |
| Social Services | (Irma Vazquez) |
| Public Works | (David Arnado) |
| Department Head | (James Patterson) |
| Parks and Recreation | (Brandy Holland) |
| Library | (Monika Rogers) |
| Safety Coordinator | (Josh Vanleeuwen) |

5.2 Duties

The Safety Committee is an advisory body organized to bring employees and management together in a cooperative effort to foster a safety culture and reduce on the job injuries and illnesses in the workplace. The Committee may make recommendations about the following education and communications matters:

- Assessing and communicating hazards
- Communicating with employees regarding Safety Committee activities
- Educating employees on safety related topics
- Motivating employees to create a safety culture in the workplace

The Committee may also recommend specific actions concerning:

- Development of safety rules, policies and procedures
- Control of hazards
- Periodic evaluation of the Safety Policy
- Inspection of the workplace
- Development of safety training and awareness topics
- Keeping job specific training current

The Safety Committee is encouraged to be innovative in its approach to achieving those goals within the following guidelines:

1. A Safety Committee meeting must have a quorum present to take any action. Items may be discussed and information exchanged though no action may be taken until a quorum is present. A quorum is four members.
2. The Safety Committee must document its meetings in minutes to include:
 - a. Date, time and location of meeting
 - b. A list of members and Town staff present
 - c. The topics or issues discussed
 - d. The recommendations or suggestions made
3. Distribution of the minutes will include:
 - a. All Safety Committee members
 - b. All Department Heads
 - c. Town Manager & Council
 - d. E-mailed to all employees and council members
4. The Safety Committee will be provided appropriate support staff, meeting space and resources.
5. Departmental committees are not required. Department Heads will be required to provide staff with necessary safety training, and ensure they attend any Town wide training offered.
6. Other than the Police Department, attendance rosters for all training will be forwarded to the Town Manager's office for placement in personnel files.
7. Safety duties will be covered in job descriptions and evaluation instruments.

5.3 Meetings/Terms of Members

1. Members must attend all meetings unless excused by Department Head. The Department Head will notify the Town Manager via email when there is an excused absence.
2. The Committee will meet at least quarterly.
3. If a current member does not desire to remain on the Committee, the Town Manager shall appoint a replacement. That replacement shall come from the same employee category as those whom that position represents.

SECTION 6

SAFETY RULES & REGULATIONS

The general safety rules listed below will apply to all employees. Your cooperation in voluntarily complying with these rules and all other safety responsibilities will be appreciated and expected.

6.1 General Safety Rules

1. Seek medical attention, if necessary, for any accidents resulting in an injury. All accidents must be reported immediately to the supervisor.
2. Report unsafe conditions, procedures and practices to your supervisor immediately.
3. Possession of firearms on Town of West Yellowstone property or in Town vehicles is prohibited unless part of the employee's job description.
4. The use or possession of alcohol, illegal drugs or other controlled substances on the job is prohibited.
5. Smoking is permitted in designated areas only.
6. Each employee is responsible for good housekeeping. Keep your work area in a clean, uncluttered state. Do not walk by a situation of poor housekeeping if it can be easily corrected or needs immediate attention such as spills on floors, ice on steps and so on.
7. Obey all warning tags and signs. They are there because hazards exist!
8. No employee should take chances on the job which could endanger their personal safety and health or the safety and health of co-workers or others.
9. Do not operate machinery or use tools you are not qualified or trained to use.
10. Do not enter hazardous areas you are not authorized to enter.
11. Use all personal protective equipment and devices required and provided.
12. If an established job procedure must be deviated from, supervisory approval must be obtained and an alternative, temporary job procedure must be agreed upon. This alternative job procedure must not create any new or additional hazards or unnecessarily expose employees to hazards.
13. Become familiar with and conduct your work activities in accordance with these general safety rules and other specific safe operating procedures which are applicable.
14. Refrain from fighting, horseplay, or distracting fellow workers.
15. Follow proper lifting procedures at all times.
16. Wearing of safety restraints when riding/driving a Town vehicle is mandatory if so equipped.
17. Know the location of fire/safety exits and evacuation procedures.
18. Participate in safety training.
19. When operating Town vehicles or equipment, drivers must operate/drive safely and prudently.
20. When using cell phones in a Town vehicle, pull over and stop on the side of the road or utilize hands free device.
21. Notify a supervisor when proper safety equipment is not available or is not working properly.
22. Above all be ALERT and be RESPONSIBLE! Your safety and health depends on it.

6.2 Lock Out / Tag Out

OSHA Standard 29 CFR 1910.147 requires that hazardous energy must be controlled during service or maintenance of machines and equipment. Lockout and tagout (LO/TO) procedures are necessary to protect workers from electric shock, accidental start-ups, or other release of energy.

Every Department that has employees performing maintenance where there is exposure to hazardous energy must have:

- locks and/or tags and lockout devices that are not used for anything else
- procedures for performing such maintenance specific to their area
- training for all employees involved in maintenance activities

Basic Rules for Using Lockout/Tagout

1. All equipment shall be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel.

2. Do not attempt to operate any switch, valve, or other energy isolating device when it is locked out or tagged out.
3. Lockout/tagout devices shall be removed only by the employee who applied the device. [EXCEPTION: In cases where the authorized employee who applied the lock or tag is not available, the lock or tag may be removed by the Department Head/direct supervisor in charge of either the Department involved or the maintenance crew that placed the LO/TO or under his/her direct authority. The employee whose lock was removed must be notified by the supervisor prior to returning to the work site.
4. The supervisor/Department Head will inform outside contractors of the elements of the Town's lockout/tagout program and ensure that work efforts are fully coordinated and that compliance is achieved.
5. Where shift or personnel changes occur before the lockout/tagout is terminated, a changeover period will be established by the Department Head and/or supervisor. Departing employees will remove their locks and/or tags and arriving employees will apply their locks and/or tags. The supervisor will fully inform arriving employees on the scope and stage of the work.

All accidents involving lockout/tagout must be reported immediately to the Department Head and/or Town Manager's office.

6.3 Lifting Procedures

Proper manual lifting techniques will protect your back by keeping it in its strongest position during stress. These techniques are not natural movements and must be learned and practiced. Keep the basic principles in mind every time you lift, no matter how small the load.

1. Assess the load before you lift. Know your limitations! Get help for heavy or bulky objects.
2. Spread feet shoulder width apart to give yourself a solid base of support.
3. Place your feet as close as possible to the base of the object you are lifting with one foot slightly in front of the other.
4. Bend with the knees and maintain the natural curve in the back during the entire lifting operation (weightlifter position).
5. Get a good grip on the object and primarily use the leg muscles, not the back, to lift the load.
6. Move your feet to change directions -- avoid twisting.
7. Don't overdo. Take frequent breaks for repetitive lifts. Your back is more susceptible to injury when tired.

6.4 Office Safety

Office work is more dangerous than is commonly thought and serious injury accidents can occur during normal office routine. Good housekeeping and proper storage are important factors in office safety and fire prevention. Proper lifting techniques will prevent most back injuries. Offices are typically inspected for safety compliance less often than other areas. It is important that you correct or report unsafe conditions to your Department Head and/or supervisor.

1. Every employee is responsible for keeping his or her work area clean and orderly. Even a pencil or paper clip can cause a slip or fall.
2. Open doors slowly. Be extra cautious when you come to a door that can be opened in your direction. Slow down when you come to a "blind" corner.
3. Do not read while walking.
4. Proceed with caution when walking between desks. It can result in bruises and falls.
5. Keep electrical cords and other tripping hazards out of aisle ways, and do not run cords through doorways.
6. Keep file, desk, and table drawers closed when not in use.
7. Never open more than one file drawer at a time. The entire cabinet may tip over.

8. Be careful when opening drawers to full extension in case there is no locking device.
9. Load file cabinets and bookcases with the heaviest items in/on the bottom to prevent tipping.
10. Maintain office tables, desks and chairs in good condition and free from sharp corners, projecting edges, wobbly legs, etc.
11. Use chairs sensibly. Do not tilt chair or slump back, which may cause the chair to slip or break.
12. Never use a chair, desk or other office furniture for a step stool or ladder.
13. Keep paper cutters closed when not in use.
14. Keep razor and "exacto" blades covered. Report even minor injuries and take precautions to avoid infection.
15. Be sure that cords and plugs on all electrical equipment are in good shape. If a machine causes a shock or starts smoking, unplug it immediately and report it to a Department Head or supervisor. Do not overload outlets.
16. Do not attempt any electrical repairs unless trained and authorized to do so.
17. Use handrails when ascending or descending stairs. Don't carry a load that restricts vision.
18. Walk, do not run. When walking in hallways, keep to the right, especially at corners.
19. Be careful standing in front of doors that open outward. Open all doors slowly.
20. Avoid spilling or splashing liquids on the floor. If you spill it, clean it up. Provide barricades or other warnings as necessary.

6.5 Office Ergonomics

Ergonomic injuries include tendonitis, carpal tunnel syndrome, lower back pain and other disorders that involve pain and damage to muscles, tendons and nerves in the back, neck, shoulders, elbows, wrists and hands. These musculoskeletal problems are referred to as cumulative trauma disorders (CTD) or repetitive motion injuries and are generally caused by:

- making the same motion over and over
- staying in the same position too long
- working in a position that puts stress on muscles and joints
- working with tools and equipment that does not fit your body
- using excessive physical force
- exposure to vibration over a long period of time

You can help prevent CTD's by avoiding awkward body positions:

- adjust your workstation before you begin working
- maintain the natural curve in your back while sitting, standing and lifting
- keep your wrist straight as much as possible while typing or doing other repetitive tasks
- take breaks from repetitive motion tasks by switching periodically to other tasks
- use the right tools for the job, especially when they are used for long periods of time

If you spend a lot of time at a computer workstation:

- Position the keyboard so that the wrists are kept straight – use a wrist rest if necessary. Your elbows should be at about the same height as the keyboard.
- Sit with your back in a neutral posture, maintaining the natural curve, with feet on the floor and thighs parallel to the floor. Adjust the chair height and use a foot rest if necessary.
- Position the screen just below eye level and about 18-24" away to prevent neck and shoulder strain. The screen should be lower if you use bifocals.
- Change positions, stretch and take "mini-breaks" periodically.

Pay attention to early signs of cumulative trauma disorders and make adjustments in your workstation or the way you do your work. Report the symptoms to your supervisor and work together to correct the causes of the injuries. Early indicators of CTD, which usually occur in the hands, arms, shoulders, neck and back, include:

- stiffness or soreness

- aches and pains
- numbness or tingling
- swelling
- burning sensation
- reduced strength

6.6 Working in Extreme Weather Conditions

The Town of West Yellowstone's climate may be severe and conditions may change rapidly. Hot weather and exposure to the sun present the potential for heat stress and sunburn, while cold conditions can lead to hypothermia or frostbite, either of which can be fatal in the worst cases. Employees are expected to monitor weather and be prepared to protect themselves against its effects.

The Town may provide clothing as protection from severe weather conditions, if it is the type of clothing that will be used only on the job. Examples include reflective coats, hats or caps, boots and gloves. Check with your Department Head and/or supervisor.

Hot Weather Guidelines

1. Dress for conditions -- lightweight, light-colored loose clothing is best. Wear a hat with a wide brim to limit exposure to the sun.
2. Use sunscreen when conditions permit.
3. Reflected sun is even more potent than direct exposure. Be particularly careful of sun exposure on cloudy days and near water, concrete, or sand.
4. Eat a well-balanced diet, but try to stay away from hot or heavy foods. Do not take salt tablets or other salt supplements without a doctor's recommendation.
5. Drink plenty of fluids, but don't wait until you're thirsty. The best fluid replacement is water. Avoid alcohol and caffeine.

Cold Weather Guidelines

1. Dress for the conditions in layers of loose, dry clothing. Cotton or wool clothing with a waterproof layer is very effective.
2. Change clothing right away if you get wet.
3. Cover your head and face. You can lose up to 40 percent of your body heat if you don't wear a hat.
4. Wear shoes and gloves designed for cold weather. Don't handle anything with bare hands, especially if it is made of metal.
5. Keep moving when you're in the cold.
6. Return to a warm vehicle or take regular breaks in warm areas.
7. Consider use of slip/fall protection slip on/strap on cleats in icy/slippery conditions

For hypothermia, get medical help quickly and keep the person covered with blankets. Don't use hot baths, electric blankets or hot water bottles. For frostbite, get medical help and warm the body part with blankets or warm (not hot!) water. Don't rub, use heat lamps or hot water bottle or go near a hot stove. Don't break any blisters that may form.

6.7 Confined Space Entry

DO NOT ENTER HAZARDOUS AREAS YOU ARE NOT AUTHORIZED TO ENTER.

Very few work situations have as much potential for serious safety hazards as confined spaces. The atmosphere in a confined space may have insufficient oxygen to support life, or may be toxic, flammable or even explosive. The lack of ventilation in confined spaces causes welding, painting, use of hazardous materials, or other activities to be especially dangerous. The limited opening for entry and exit makes rescue difficult and dangerous.

Most of the severe injuries and fatalities in confined spaces occur because an employee either went into a confined space without first testing its atmosphere or did not continuously monitor the space after entering. These are general guidelines for all employees. Each Department/Division that encounters confined spaces in their assigned duties will develop, train, operate, and monitor a specific confined space program.

Some Town employees may, during the course of their jobs, encounter confined spaces that have not been specifically evaluated. Examples include firefighters and police officers during emergency response situations and also inspectors, meter readers or others during the normal course of their duties. More than half of the fatalities in confined spaces are would-be rescuers. All employees who enter confined spaces must receive sufficient training to evaluate any confined space and make responsible decisions. Prior to entry, assume that every confined space is a hazardous situation.

A **confined space** is a space that has all of the following characteristics:

- (1) is large enough for an employee to bodily enter and configured so that the employee can perform assigned work, and
- (2) has limited or restricted means for entry or exit, and
- (3) is not designed for continuous employee occupancy.

Examples of confined spaces include: tanks, vessels, manholes, storm drains, headwalls, silos, storage bins, hoppers, meter vaults, digesters, lift and transfer stations, shafts, crawl spaces and pits. Unfavorable natural ventilation is common in most confined spaces.

6.8 Personal Protective Clothing And Equipment

Personal protective clothing and equipment (PPE) plays an important role in protecting workers from hazards on the job. PPE is required in particular locations and for certain tasks, based on safety regulations and good safety practice. Examples of PPE include, but are not limited to:

- safety shoes
- fall protection harnesses
- protective headgear
- safety glasses
- goggles
- face shields
- welding glasses
- protective clothing
- high-visibility clothing
- hearing protection
- air purifying respirators
- self-contained breathing apparatus (SCBA)
- welding clothing
- gloves
- rubber boots
- stainless steel puncture resistant gloves (law enforcement & sewer operations)
- fall prevention cleats (in winter time icy conditions)

The Town of West Yellowstone provides Personal Protective Equipment if PPE is required for certain tasks or in certain locations. Check with your Department Head and/or supervisor to learn what equipment is required and/or provided in your area. Departments will specify and issue all required safety equipment to employees except in some cases where the PPE must be fitted to the employee, such as safety shoes or prescription safety glasses. You must obtain Department approval prior to purchase of safety shoes or glasses, and demonstrate that all safety specifications are met, in order to be reimbursed for the cost.

All PPE must meet the appropriate American National Standards Institute (ANSI) specifications as directed by OSHA. Any employee who provides his or her own PPE must have their PPE inspected by their supervisor prior to use on the job.

Even where specific PPE is not required, certain types of clothing may not be appropriate for some jobs or work locations. For example, sandals, high-heeled shoes and athletic-type shoes may not be suitable for some types of jobs. Some non-PPE clothing and equipment may be provided by the Department, but generally it is the employee's responsibility to be dressed properly for work.

Employee responsibilities:

1. Always use PPE when and where it is required.
2. Inspect PPE prior to each use.
3. Never use defective or damaged PPE.
4. Keep PPE in a clean and sanitary condition.
5. Follow the correct methods of putting on, taking off, and adjusting PPE.
6. Properly care for, maintain, and dispose of PPE.

6.9 Hearing Conservation/Protection

High noise levels damage your hearing and may also cause stress and fatigue. Hearing protection such as safety earmuffs and earplugs are designed to reduce your exposure to harmful noise, while they enable you to hear conversations and machine warnings. **Never substitute audio headphones for hearing protection devices.**

Always wear hearing protection in areas posted “HEARING PROTECTION REQUIRED” and follow Department rules for use of hearing protection for designated operations or near particular equipment. In addition, follow the three-foot rule – use hearing protection in situations where you must raise your voice to be heard by another person at a distance of three (3) feet.

Insert foam earplugs properly – roll the plug between your thumb and forefinger until it is completely compressed. With the opposite hand pull the outer ear up and out and insert the plug into the ear, leaving a small portion of the plug exposed.

If you are using earmuffs, be sure you have a good seal between the muff and the skin around your ear. Be sure that your hair, jewelry, and glasses do not interfere with the seal. Earmuffs and earplugs may be worn together for added protection.

6.10 Respiratory Protection

Respiratory protection is required for some employees to protect themselves from exposure to high dust or particulate levels, exposure to toxic materials, or oxygen deficiency. If you are required to wear a respirator, you will be given a medical examination, fit tested with the respirator, and trained on the proper use and care of the respirator. In addition, you will be required to be clean-shaven where the respirator face piece contacts the skin.

In some situations, such as dusty outdoor conditions, dust masks will be available as a convenience. There is no obligation that the masks be worn, and the requirements in the above paragraph do not apply.

6.11 Bloodborne Pathogens

Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), which causes AIDS, are the two most prominent bloodborne pathogens. Although these diseases are most commonly transmitted by sexual contact or sharing infected hypodermic needles, occupational exposure usually occurs by:

- Accidental puncture with an infected needle
- Getting infected blood or other potentially infectious materials on your skin, especially if your skin has open sores, nicks, or cuts
- Getting infected blood or other potentially infectious materials in the mucous membranes of your eyes, nose or mouth

In addition to blood, potentially infectious materials include semen, vaginal secretions, and other body fluids (cerebrospinal, etc.).

Many Town employees, including law enforcement personnel, firefighters, solid waste workers, wastewater treatment and individuals who perform janitorial functions, have the potential for bloodborne pathogen exposure. These employees, shall be given initial training and offered HBV vaccinations at Town expense (See HEPATITIS B VACCINE DECLINATION Form Below). Emergency services employees (Police) have the greatest exposure and have extensive Departmental procedures to cover potential exposure situations.

The following precautions are useful in avoiding exposure to bloodborne pathogens:

1. Do not eat, drink, or use tobacco products around blood or other potentially infectious materials.
2. Do not perform janitorial, emergency rescue or other jobs where there is risk of exposure to bloodborne pathogens unless you have been trained to do so.
3. Follow Department requirements concerning exposure to BBP, including use of personal protective equipment such as nitrile or other impervious gloves.
4. Minimize the risk of puncture by a discarded hypodermic needle:
 - don't reach into trash containers or attempt to compact trash by pressing with hands or feet
 - watch for needles in parks, rest rooms, storm sewers, sanitary water system, police vehicles, and other places where they may be discarded
 - don't pick up a needle with your bare hands – always wear gloves or use tongs
5. Avoid direct contact with blood or other potentially infectious materials:
 - use tongs or wear gloves to pick up condoms, sanitary napkins and other items which may be contaminated with body fluids
 - use an approved disinfectant to destroy BBP virus before cleaning a potentially infected area
6. Clean up your own blood if possible after a minor injury; dispose of small quantities of cleanup materials in a toilet.
7. Cover all wounds with waterproof bandages; replace the bandage as necessary.
8. Minimize contact with injured persons if you are not trained in emergency medical response.
9. Wash with soap and water immediately:
 - after removing gloves and other personal protective equipment
 - after exposure to potentially infectious materials
 - after cleaning or decontamination of BBP
 - after using the bathroom
 - before eating
10. Report all exposure incidents to your Department Head and/or supervisor and report to a local hospital or clinic for evaluation and treatment.
11. Follow Department procedures for dealing with potentially infectious materials

6.12 Working at Heights

Coordinate training on fall protection techniques and equipment and review the Fall Protection Program.

1. The Fall Protection Program is located in the Public Services shop.
2. If working on an elevated area at least six (6) feet high, ensure adequate fall protection is in place.
3. You may use a full body harness and lanyard, or establish a partition by the using of a rope or guardrail.
4. You may want to consider use of fall prevention strap/rubber slip on cleats during wintertime icy/slippery conditions.

SECTION 7

DISCIPLINARY POLICY

See Chapter IX Discipline and Grievance Policies of the Town Personnel Policy Manual for disciplinary action that may be taken by the Town against employees that violate this Safety Policy.

SECTION 8

ACCIDENT/INCIDENT REPORTING

WORKERS' COMPENSATION:

Employee occupational injuries and illnesses are covered by Workers' Compensation Insurance provided by the Montana Municipal Insurance Authority. Workers' Compensation covers medical and rehabilitation expenses, partial income replacement if the employee is out of work more than 4 days or 32 working hours, and benefits to the surviving family in case of death. It is a no-fault system, providing exclusive remedy for on-the-job injuries or illnesses regardless blame, except in certain situations, such as employees:

- Willfully hurting themselves;
- Acting in a premeditated way to cause injury;
- Starting a fight with a co-worker;
- Intentionally violating safety rules; and
- Being intoxicated or impaired by drug use.

If you are injured on the job or have a work-related illness, report it to your Department Head and/or supervisor right away and get proper medical treatment. You may be denied benefits if you wait too long to report an injury, because it may be difficult to establish the cause of the injury. Cooperate with the Town, medical professional, and insurance claims personnel in order to ensure that you receive your full Workers' Compensation benefits.

Recovery from an occupational injury or illness is sometimes slow, but light duty or alternative duty is sometimes possible during your transition back to normal employment. These transitional employment situations, and sometimes rehabilitation programs recommended by medical professionals, can speed your recovery and provide you with better compensation than Workers Compensation alone.

Workers' Compensation income replacement does not begin until the occupational illness or injury has caused the employee to miss work for 4 days (or 32 working hours), and provides only a portion of your normal wage. Employees may elect to use vacation or sick leave credits in lieu of Workers' Compensation Payment.

REPORTING REQUIREMENTS

Report on-the-job injuries to your Department Head/supervisor as soon as possible. You must report the accident within 72 hours. We recommend that you report minor injuries to your employer whether or not you receive medical treatment.

You must submit a written and signed first report of injury (FROI) within 3 working days from the date of the accident. You can get this report from the Finance Department. You will fill out the form and submit it to the Finance Department so that it may be completed and filed with the insurance company.

The Town of West Yellowstone's Workers' Compensation carrier and claims processor is:

Montana Municipal Insurance Authority (MMIA)

PO Box 6669

Helena, MT 59604

406-443-0907

Medical Providers need to address their claims questions to MMIA. Claim numbers will not be available for several days following an injury. When the claim is received, by the insurance carrier, a number will be assigned to the claim. **A claim number is not required for a physician to file paperwork with MMIA, but they need to include is the patient's name and date of injury.**

Other Accident/Incident

Report all other vehicle accidents, Town property damage, and incidents of citizen injury and/or property damage to your Department Head. You will need to fill out the Town of West Yellowstone's Incident

Report. You may want to attach pictures, statements, sketches and other support data as appropriate. Please report only factual information – do not speculate.

Town employees and officials have a duty to protect the Town from unjust accusations and lawsuits. Do not admit liability in any way. This is a matter for the Police, the Town Attorney, our insurance carrier and others to determine. Do be careful what you say! If you say something like “We’ll take care of it,” you may mean that you’ll turn in a report, but the statement may be misconstrued to mean that the Town is admitting fault. Do not admit guilt or speculate about the cause of the accident; refer questions from citizens to your Department Head. Refer any questions about the Town’s responsibilities or liabilities to the Town Manager.

SECTION 9 TRAINING REQUIREMENTS FOR SAFETY & HEALTH

9.1 Required Training

The following training will be required for all employees:

1. Fire Prevention and Use of Fire Extinguishers
2. Emergency Action Plan (Evacuation)
3. Workplace Hazard Identification and Reporting
4. Accident and Incident Reporting

All employees are required to attend at least two safety training classes each year.

9.2 Available Training Programs

All Departments will be responsible for providing additional opportunities for safety training for their employees. Departments are strongly encouraged to notify the Safety Committee prior to providing additional safety training so that others may be made aware of the availability. Any Department requiring specific or general safety training should utilize the Safety Committee as a resource for obtaining such training.

The Safety Committee will assist Departments to develop and provide additional safety training when a new safety program is established, employee job assignments change, new substances, processes, procedures or equipment are introduced, or when a new hazard is identified.

SECTION 10 EMERGENCY EVACUATION & RESPONSE PLANS

Each Department within the Town shall have posted in their work area a current Emergency Evacuation and Response Plan, a copy of which shall be maintained in the Town Manager's Office.

This plan shall include maps and/or drawings indicating the safe egress from work places and buildings and a procedure to be followed by employees in the event of specific emergency situations, such as fire or earthquake. As part of each plan there should be a designated safe gathering area for employees following such an evacuation, which will allow for a proper accounting of employees.

Any revisions in the current plan must be submitted to the Town Manager and Safety Committee for review.

SECTION 11 SAFETY & HEALTH COMMUNICATION

Communication is the heart of an effective and successful Safety Policy Program. The Safety Committee and Town Manager shall be considered the key resources to aid Departments in offering continuing, regular, and current safety training. This training may be accomplished through periodic safety meetings or various other formats.

The Town Manager shall assist the Safety Committee in providing a system for employees to develop an awareness and appreciation of safety through tools such as newsletters, periodic safety meetings, posters and programs. Additionally the Safety Committee shall periodically review the effectiveness of these different formats and make recommendations to the Town Manager for improvements.

SECTION 12 FORMS

All forms can be obtained from the Finance Department.



Town of West Yellowstone

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name _____ Dept _____

Signature _____ Date _____



**Town of West Yellowstone
SAFETY ORIENTATION**

Date: _____

Employee Name: _____

Position: _____ Department: _____

- New Hire
- Transfer
- Rehire
- Season
- On-Call

Human Resources/Risk Management Department

- Overview of Town of West Yellowstone Safety Policy
- Job Description – Safety Duties
- Evaluation – Attendance of Safety Meeting and Training
 - Accident Reporting Procedures
 - On-the job-accidents - MMIA First Report of Injury
 - Town of West Yellowstone Incident Report
 - Unsafe conditions or actions
 - Near miss accidents
- Acknowledgment Receipt of Safety Policy in writing

Individual Department

- Introduction to supervisor
- Chain of command
- Tour facilities and equipment
 - Location of first aid kits and equipment
 - Emergency response to:
 - Natural disasters (flood/earthquake/etc.)
 - Fire response (types/techniques/exits/extinguisher/hoses)
 - Bomb threats
 - Location of Safety Equipment
- Personal Work Habits
 - Acceptable Clothing & Footwear
 - Housekeeping
- No Smoking Area
- General Operation and Maintenance of Equipment
- Potential on-the-job hazards
- Inform employee of notices of posting (i.e. wage and hour, unemployment ins., workers' compensation, FMLA, and EEOC)
- Procedures for reporting, investigating, and taking corrective action on all work-related incidents, accidents, injuries, illnesses, and known unsafe work conditions or practices as well as Liability for the Town
- Job or Task-Specific Safety Training
- Review of SOP's for the Department
- Citizen Complaints
- Dealing with the Media
- Refresher Training

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____



Town of West Yellowstone

Incident Report

Date of Incident: _____ Place: _____

Approximate Time of Day: _____ AM PM

If other than Town:

Claimant's name: _____

Address: _____

Phone #: _____

If outside, what were the weather conditions:

Sunny Cloudy Raining Snowing

Other _____

Type of Incident: (check all that apply)

Bodily injury (public) Town building and appurtenances damage
 Property damage (others) Town inventory damage/loss Other

Details of Incident : _____

Result: _____

Name of person injured or description of property loss: _____

Estimate of cost of damage or loss: \$ _____

If vehicle : Year: _____, Make: _____, Model: _____

Recommendation for corrective action: _____

Report prepared by: _____ Town Employee? Yes No

Address: _____ Phone: _____ Ext: _____

Return to Finance Office, Town of West Yellowstone, PO Box 1570, West Yellowstone, MT 59758 406-646-7795

First Report of Injury and Occupational Disease

Return to Town of West Yellowstone, Finance Office

Worker

| | | | | | | | | |
|--------------|-----------|--|--|---|---------------|--|------------------------|----------------------|
| LAST NAME | | FIRST NAME | | M.I. | DATE OF BIRTH | | SOCIAL SECURITY NUMBER | |
| HOME ADDRESS | | | | TOWN | | STATE | POSTAL CODE | |
| PHONE NUMBER | EDUCATION | <input type="checkbox"/> LESS THAN HIGH SCHOOL <input type="checkbox"/> GED OR HIGH SCHOOL <input type="checkbox"/> BEYOND HIGH SCHOOL | | GENDER | | MARITAL STATUS | | NUMBER OF DEPENDANTS |
| | DIPLOMA | | | <input type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> FEMALE | | <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> NOT <input type="checkbox"/> UNKNOWN | | |

Wages

| | | | | | | |
|---|--|--------------------------------|--|--|--|------------------------|
| DATE HIRED | GROSS EARNINGS FOR FOUR PAY PERIODS PRECEDING THE INJURY | DATE/AMOUNT / | DATE/AMOUNT / | DATE/AMOUNT / | DATE/AMOUNT / | |
| EMPLOYMENT STATUS | | NUMBER OF DAYS WORKED PER WEEK | WAGE | YEAR | | |
| <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER | | | <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> OTHER: <input type="checkbox"/> DAY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> | | | |
| IN ADDITION TO GROSS EARNINGS CITED ABOVE WORKER RECEIVED: | | | | | | ESTIMATED VALUE IF ANY |
| <input type="checkbox"/> BOARD & ROOM <input type="checkbox"/> OVERTIME <input type="checkbox"/> BONUS <input type="checkbox"/> COMMISSIONS <input type="checkbox"/> OTHER: | | | | | | |
| WORKED NEXT SCHEDULED SHIFT | OFF WORK MORE THAN 5 WORK DAYS | DATE LAST WORKED | DATE OF RETURN TO WORK | FULL WAGES PAID FOR DATE OF INJURY? | SALARY CONTINUED? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOT SURE | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Accident Description

| | | | | | | |
|--|----------------------|--|-----------|--|-------------|---------------------------|
| JOB TITLE | | DESCRIPTION OF ACCIDENT | | | | |
| CAUSE OF INJURY | CAUSE CODE | PART OF BODY | PART CODE | NATURE OF INJURY | NATURE CODE | DATE AND TIME OF INJURY / |
| DATE DISABILITY BEGAN | DATE OF DEATH | NAMES OF WITNESSES: | | | | |
| | | 1) | 2) | 3) | | |
| ACCIDENT ON EMPLOYER'S PREMISES? | | ACCIDENT ADDRESS OR LOCATION | | POSTAL CODE | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | TOWN STATE | | | | |
| DATE EMPLOYER NOTIFIED | ACCIDENT REPORTED TO | SAFETY EQUIPMENT PROVIDED? | | SAFETY EQUIPMENT USED? | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Medical

| | | | | |
|---|---------|-------|-------------|--------------|
| ATTENDING PHYSICIAN'S NAME | ADDRESS | STATE | POSTAL CODE | PHONE NUMBER |
| HOSPITAL NAME | ADDRESS | STATE | POSTAL CODE | PHONE NUMBER |
| TYPE OF INITIAL MEDICAL TREATMENT RECEIVED | | | | |
| <input type="checkbox"/> NO TREATMENT <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> TREATMENT ON-SITE BY EMPLOYER OR MEDICAL STAFF <input type="checkbox"/> CLINIC/DR. OFFICE <input type="checkbox"/> HOSPITAL | | | | |

Signature

"This is my claim for workers' compensation benefits due to the on-the-job injury, occupational disease or death of the above named worker. **I understand** that signing this claim for compensation authorizes the release of rehabilitation records, Social Security records and health care information relevant to this claim to the workers' compensation insurer and the insurer's agents (medical records pursuant to HIPAA, Public Law 104-191, 42 U.S.C. 1301 et seq. and Section 50-16-527(4)&(5), MCA and Section 39-71-604(2)&(3), MCA – refer to the back of this form). **I also understand** that if I obtain or exert unauthorized control over workers' compensation benefits, I may be fined and/or imprisoned."

Signature of Injured Worker or Beneficiary:

Date

Employer

| | | | | | | | |
|---|--|--|---|---|-------------|--|--|
| EMPLOYER NAME | | DOING BUSINESS AS | | FEDERAL EMPLOYER IDENTIFICATION NUMBER (TAX I.D.) | | | |
| MAILING ADDRESS: | | | TOWN | STATE | POSTAL CODE | PHONE NUMBER | |
| LOCATION OF OPERATION, IF DIFFERENT FROM MAILING ADDRESS | | | | NATURE OF BUSINESS OR SIC/NAICS CODE | | SELF-INSURED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMPLOYER IS A | | | INJURED WORKER IS A | | | | |
| <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY | | | <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> A MEMBER OF THE EMPLOYER'S (SOLE PROPRIETOR OR PARTNER) FAMILY LIVING IN THE EMPLOYER'S HOUSEHOLD. <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY | | | | |
| DO YOU HAVE ANY REASON TO QUESTION THIS ACCIDENT? | | | | WAS WORKER INJURED WHILE IN YOUR EMPLOY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| PREPARED BY | | | OFFICIAL TITLE | | DATE: | | |
| PAYROLL CLASSIFICATION CODE UNDER WHICH YOU REPORT EMPLOYEE'S WAGES | | AUTHORIZED EMPLOYER'S SIGNATURE _____ DATE _____ | | | | | |

Insurer

| | | | | | | | |
|--|--------------------------------------|--|--|--|--------------------------------|--------------|--|
| CLAIM ADMINISTRATOR'S CLAIM NUMBER | DATE REPORTED TO CLAIM ADMINISTRATOR | THE ABOVE INFORMATION IS CORRECT WITH THE FOLLOWING EXCEPTIONS <input type="checkbox"/> (ATTACH EXTRA SHEETS IF BOX AT RIGHT IS CHECKED) | | | | | |
| THIRD PARTY CLAIM ADMINISTRATOR'S NAME | | CLAIM ADMINISTRATOR'S ADDRESS | | | | INSURER FEIN | |
| INSURER NAME | | | | | THIRD PARTY ADMINISTRATOR FEIN | | |
| POLICY NUMBER | | POLICY EFFECTIVE DATE | | | POLICY EXPIRATION DATE | | |



Town of West Yellowstone Department Head/Supervisor Incident Report

To be completed by Department Head/Supervisor and returned to the Town Manager within five (5) days following the incident.

Dept. Head/Supervisor's Name: _____ Date: _____

Department/Division: _____

Witnesses: _____

Give details of incident: _____

Incident Injury Illness Property Damage Close Call

Date: _____ Time: _____ AM PM

Exact Location: _____

Injury/Illness Part of body affected: _____

Describe injury/illness: _____

Town 1st aid: NO YES, describe: _____

Emergency Room: NO YES, how transported? _____

Doctor: _____

Treatment: _____

Lost time: NO YES, estimated # of days to be lost _____ *

Restricted Duty: NO YES, estimated # of days restricted _____ *

***Send medical documentation as soon as possible**

Department Head/Supervisor Incident Report, Page 2

Any additional information: _____

Property Damage Give details of damage: _____

Estimated cost of repairs: \$_____

Other damage: _____

Estimated value/repair cost: \$_____

Close Call Describe potential for injury/illness: _____

All Describe initial opinions of contributing factors: _____

Dept. Head/Supervisor Signature _____ Date _____

Received by Town Manager: Date: _____ By: _____

Referred for investigation: Yes No

Town Manager comments: _____



Report of Workplace Hazard

Today's Date: _____

Your Name: _____

Briefly describe the workplace hazard: _____

Where is the hazard located? _____

Has the hazard been reported to Department Head/supervisor? yes no

If so, who was it reported to and when? _____

PLEASE RETURN FORM TO TOWN MANAGER

SAFETY COMMITTEE USE:

What has been done to correct the hazard? _____

Who took action to correct the hazard? _____

ORDINANCE _____

Whereas, tourist rentals, workforce housing, and persons living in recreational vehicles in residential neighborhoods bring transients, traffic, create potential safety issues and could negatively impact surrounding property values in the Madison Addition; and

Whereas, short-term tourist rentals are occurring in West Yellowstone as the result of internet-based brokerages listing available dwellings and facilitating rental reservations; and

Whereas, these arrangements are typically not rentals or leases that convey a real property interest and the exclusive right to possession but instead are permission to use a home (or a portion of it) for a short time, without the exclusive right to possession for a minimum of thirty (30) days occupancy, which makes them in essence a transient occupancy hotel or motel booking; and

Whereas, the demand for short-term tourist rental units has resulted in long-term rental units being withdrawn from the market; and

Whereas, long-term single-family residential units are being converted to workforce housing units; and

Whereas, the Town Council of the Town of West Yellowstone finds it is necessary for the health, safety and welfare of the citizens of the Town of West Yellowstone that the Town should regulate tourist rentals, workforce housing, and living in recreational vehicles within the residential neighborhood known as the Madison Addition, and

Whereas this Ordinance will provide the necessary regulations and restrictions until the Town completes the revision of its Zoning Ordinance.

PASSED BY the Town Council and approved by the Mayor of the Town of West Yellowstone, Montana, this ____ day of _____, 2018.

Jerry Johnson, Mayor/Councilman

Brad Schmier, Vice-Mayor/Councilman

Pierre Martineau, Councilman

Greg Forsythe, Councilman

Chris Burke, Councilman

ATTEST:

Elizabeth Roos
Town Clerk/Treasurer

SECTION 1:

PURPOSE: This Section regulates tourist homes, living in recreational vehicles, and workforce housing within the Madison Addition to minimize the potential negative impacts on this residential neighborhood.

SECTION 2:

DEFINITIONS:

These definitions are for this particular Ordinance only.

Apartment: a habitable room or suite of two or more habitable rooms meeting the requirements of the International Building Code, located in an apartment building or used for residential purposes in non-residential buildings located within non-residential districts. Efficiency units shall qualify as an apartment under this definition.

Bed and Breakfast: means a private, owner or manager occupied residence that is used as a private residence but in which: 1) breakfast is served and is included in the charge for a guest room; and 2) the number of daily guests served does not exceed 18. MCA 50-51-102 (1).

Guest House: An attached or detached accessory building used to house guests of the occupants of the principal building, and which is never rented or offered for rent. Any guest house containing separate cooking facilities shall be considered a separate dwelling unit.

Hotel/Motel: includes 1) a building or structure kept, used, maintained as, advertised as, or held out to the public to be a hotel, motel, inn, motor court, tourist court, or public lodging house; and 2) a place where sleeping accommodations are furnished for a fee to transient guests, with or without meals. MCA 50-51-102 (6).

Household: a person living alone, or any of the following groups living together as a single non-profit housekeeping unit and sharing common living, sleeping, cooking, and eating facilities: 1) any number of people related by blood, marriage, adoption, guardianship or other duly-authorized custodial relationship; 2) not more than four unrelated people; or 3) two unrelated people and any children related to either of them; 4) Household does not include: a) any society, club, fraternity, sorority, association, lodge, combine, federation, coterie, cooperative housing or like organization; b) any group of individuals whose association is temporary or seasonal in nature; or any group of individuals who are in a group living arrangement as a result of criminal offenses.

Municipal Infraction - Civil Offense: a municipal infraction is a civil offense punishable by a civil penalty of not more than \$300 for each violation or if the infraction is a repeat offense, a civil penalty not to exceed \$500 for each repeat violation. MCA 7-1-4150.

Person: means one individual.

Recreational Vehicle: a vehicular-type portable structure without permanent foundation, which is built on a single chassis; which is designed to be self-propelled or permanently towable by a light duty truck; primarily designed as temporary living accommodations for recreational, camping, and travel use including, but not limited to, boats, travel trailers, truck campers, camping trailers and self-propelled motor homes less than eight feet in width and fifty (50) feet in length.

Rooming-house or boardinghouse: means buildings in which separate sleeping rooms are rented that provide sleeping accommodations for three or more persons on a weekly, semimonthly, monthly, or permanent basis, whether or not meals or central kitchens are provided but without separated cooking facilities or kitchens within each room, and whose occupants do not need professional nursing or personal-care services provided by the facility.

Tourist Home: means a private home or condominium that is not occupied by an owner or manager and that is rented, leased, or furnished in its entirety to transient guests on a daily or weekly basis. MCA 50-51-102 (12). Also, for Town proposes, known as a short-term, vacation, or nightly rentals.

“Transient guest” means a guest for only a brief stay, such as the traveling public. MCA 50-51-102 (13). Any stay under thirty (30) days shall be considered a transient guest. **SECTION 3:**

MADISON ADDITION AREA:

These regulations will focus on tourist rentals, workforce housing, and living in recreational vehicles **ONLY** within the residential neighborhood known as the Madison Addition. See attached map.

SECTION 4:

TOURIST HOME RENTALS:

Tourist home rentals (also known as short-term, nightly, or vacation rentals) are strictly prohibited within the area defined as the Madison Addition. The Town will periodically monitor various websites that specialize in these types of rental properties. Any person advertising properties, as a tourist home within the Madison Addition, on these sites is in violation of this Ordinance.

SECTION 5:

WORKFORCE HOUSING:

Workforce housing is permitted in the Madison Addition if it conforms to the definition of household listed above in Section 2, under the following conditions:

- 1) The dwelling unit must contain at least two bedrooms.
- 2) It must meet all Health and Fire Department regulations.
- 3) Must meet the Town’s parking regulations.

- 4) The Owner of the residence shall apply to the Town for a permit to allow the residence to be used as workforce housing. The fee for the permit shall be set by resolution. Any permits for workforce housing granted by the Town may be revoked upon notice to the Owner of written complaints being filed regarding the residence.
- 5) If such a complaint is received, the Town Manager will investigate the complaint and report its findings to the Town Council. The Town Council shall set the matter for a hearing, if one is requested by the property owner. The Town Council shall hear evidence and make a decision on whether the complaint is accurate and of sufficient grounds to revoke the permit.

SECTION 6:

RECREATIONAL VEHICLES:

Living in recreational vehicles is strictly prohibited in the Madison Addition. During any week starting on a Monday, utility connections (such as water, sewer, and electricity) may be only connected once for a period of up to six (6) hours. Connections for longer than six (6) hours or multiple connections during the week shall be considered a violation of this Ordinance.

SECTION 7:

RESIDENTIAL USES:

Only single-family residential dwellings are permitted in the Madison Addition except in R-3 and R4 Zoning Districts. Prohibited uses in Madison Addition's R-1 and R-2 Districts include rooming or boarding houses, apartments, duplexes, bed and breakfasts, guest houses, tourist homes, and other like uses are strictly prohibited.

In R-3 Districts, besides single-family dwellings, two to four family residential dwelling units are also permitted. Besides the uses in R-3, R-4 allows efficiency units and apartments. Uses including rooming or boarding houses, bed and breakfasts, guest houses, tourist homes, and other like uses are strictly prohibited in the Madison Addition R-3 and R-4 Zoning Districts.

SECTION 8:

VIOLATION & PENALTY:

Any violation(s) of this Ordinance will be considered a municipal infraction by the Town of West Yellowstone, in accordance with Section 1.12.020 WYTC.