

Town of West Yellowstone

Tuesday, December 5, 2017

West Yellowstone Town Hall, 440 Yellowstone Avenue

TOWN COUNCIL MEETING

7:00 PM

Purchase Orders #6756 to House of Clean, Floor Scrubber, \$3714.40 (half of \$7428.80-full cost) ∞

Treasurer's Report & Securities Report

Claims ∞

Consent Agenda: **Minutes of November 21, 2017 Town Council Meeting** ∞

Business License Applications

- Four Winds Storage (update)-tabled

Advisory Board Report(s)

Town Manager & Department Head Reports

Comment Period

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

NEW BUSINESS

Resolution No. 707, Resolution of Adoption of the Growth Policy

Discussion/Action ∞

Safety Policy

Discussion ∞

Correspondence/FYI/Meeting Reminders ∞

- Ski-Doo Snowmobile Race Team Special Event Permit
- CHP Statistics
- Election Canvass
- Town Christmas Party, December 15, 2017



Policy No. 16 (Abbreviated)
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.



YELLOWSTONE
HISTORIC CENTER

THE HERITAGE OF TRAVEL TO YELLOWSTONE

November 30, 2017

Post Office Box 1299

Phone/Fax:

406-646-7461

West Yellowstone, Montana 59758

E mail: info@yellowstonehistoriccenter.org
Website: www.yellowstonehistoriccenter.org

Mr. Daniel Sabolsky
Town Manager
Town of West Yellowstone
440 Yellowstone Ave.
P.O. Box 1570
West Yellowstone, MT 59758

Dear Mr. Sabolsky and Members of Town Council,

The Yellowstone Historic Center would like to purchase the Chariot 2 iScrub 20 Deluxe (see attached) for cleaning the floor of the Mammoth Room in the Union Pacific Dining Lodge. The current floor scrubber is worn down to the point that the battery will only power the machine for short intervals. This requires the operator to stop midway through and leave the machine to charge before continuing the project.

This new stand-on scrubber has a 20-inch cleaning path and will increase productivity by 50% over the walk behind scrubber. The operator will be able to clean the entire Mammoth Room floor without needing to stop and recharge the battery.

Currently, the scrubber is on sale at House of Clean in Bozeman through December 16th for 15% off the original price of \$8,739.77. We are requesting your consideration in matching our funds of \$3,714.40 towards the cost of \$7,428.80 to purchase scrubber.

Thank you for your support!

Sincerely,

Kaitlin Johnson
Executive Director
Yellowstone Historic Center
220 Yellowstone Ave.
West Yellowstone, MT 59758



AFFLINK
MEMBER

"We supply everything but the janitor"

332 GALLATIN PARK DRIVE • P.O. BOX 1203
BOZEMAN, MT 59771
406-586-1577 • FAX 406-586-9210
TOLL FREE 800-223-5082

PRICE QUOTE

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Printed 11/30/17 SW

Quoted
YELLOWSTONE HISTORIC CENTER
PO BOX 1299
WEST YELLOWSTONE MT 59758
Tel: 406-646-1100 Fax: 406-646-7461

Ship To
YELLOWSTONE HISTORIC CNTR
Attn: CHARLOTTE
104 YELLOWSTONE AVE
WEST YELLOWSTONE MT 59758

Quote # 0010901	Quote Date 11/30/2017	Exp Date 12/30/2017	Customer # 0069210	Customer P/O #	Ship Via WEST YELLOWSTONE	Writer SW
Job ID			Customer Terms NET 30 DAYS		Salesman HOUSE	

Product	Description	UM	Quant	Unit Price	Extension
SP	9.840-904.0 CHARIOT 2 DELUXE 20" DELUXE W/ 3 114 A/H AGM BATTERIES AND ONBOARD CHARGER LIST PRICE: \$8739.77	EA	1	7428.8045	7428.80

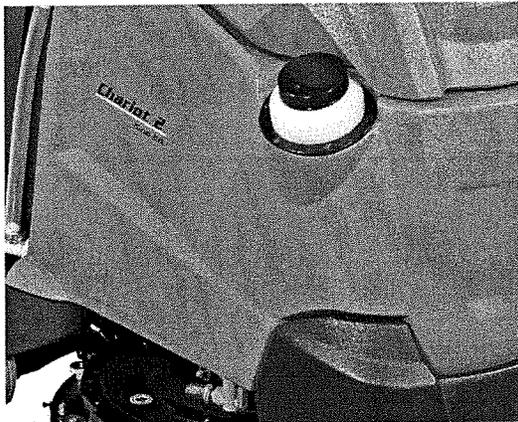
X: _____ (Accepted by)	Sub Total	\$7,428.80	T o t a l \$7,428.80
	Freight	\$0.00	
	Misc Charges	\$0.00	
	Tax Amount	\$0.00	

MESSAGE

Leasing Options Available! Estimated lease payments are for companies in business 2 years or more. Documentation fee up to \$250 required. Ask your sales rep for more info.

TERMS

\$1000 Lease 12m \$102, 24m \$53, 36m \$38
\$5000 Lease 12m \$506, 24m \$262, 36m \$189
\$10000 Lease 12m \$957, 24m \$504, 36m \$353
\$15000 Lease 12m \$1433, 24m \$719, 36m \$510



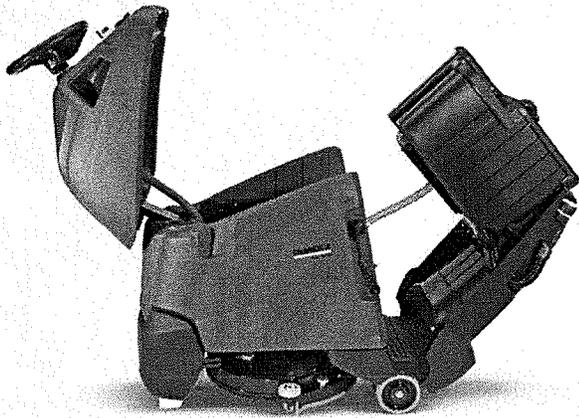
DOUBLE YOUR PRODUCTIVITY.

Experience a 50 percent gain in productivity with the Chariot™ 2 iScrub 20 Deluxe versus a conventional 20-inch walk-behind scrubber.

PROFESSIONAL | CHARIOT™ 2 ISCRUB 20 DELUXE

Double your scrubbing productivity.

Experience a 50 percent gain in productivity with the Chariot™ 2 iScrub 20 Deluxe versus a conventional 20-inch walk-behind scrubber. With a lower investment cost, higher production rate and simplicity of maintenance, this scrubber exceeds all expectations. This model features an on-board charger and optional chemical metering for even greater time-savings.



Productivity focused

- Chariot™ patented stand-on cleaning technology that significantly increases productivity and cleaning quality
- 50% more productive than a conventional 20-inch walk-behind scrubber
- Quiet operation for daytime cleaning
- On-board charger allows for charging anywhere
- The center-pivot squeegee uses Aqua-Mizer™ Technology, creating a cleaning chamber that holds the solution so that it is used to the fullest effectiveness. Aqua-Mizer™ helps you lower your water and chemical consumption, extending up to 50% greater coverage per tankful.
- Optional chemical metering available to ensure optimal chemical usage

Safety first

- Swiveling no-adjustment squeegee with Aqua-Mizer™ functionality ensuring 100% water pick up for dry, safe floors
- Design and size that provides remarkable maneuverability, and best-in-industry 360° visibility that allows the operator to see more of the cleaning area
- Tie-down bar for ease of transportation

Easy-to-use

- Intuitive control panel with two transport speeds, two operating speeds, and an easy-to-clean, fully accessible hygienic recovery tank
- Solution dump hose rotates to the floor for easy, operator-free dumping
- Wide open accessibility for service, with hygienic, easy-to-clean recovery tanks and easy access to batteries
- Tight 48-inch turning radius for maneuverability

Technical Specifications and Order Numbers.

CHARIOT™ 2 ISCRUB 20 DELUXE

TECHNICAL SPECIFICATIONS

Cleaning path	in	20
Productivity (practical)	ft ² /hr	18,000
Brushes (disc)	in	20
Brush motor	hp	0.33
Brush speed	rpm	180
Brush pressure	lbs	50
Tank volume (fresh/dirty)	gal	10/10
Electrical system		36V 3x12V 130 A/H, 36V 3x12V 114 A/H AGM
Operating noise level	dba	67
Weight (w/o batteries)	lbs	250
Dimensions (L x W x H)	in	42 x 26.5 x 50.75

EQUIPMENT

Order No.	Description
9.840-898.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 130 A/H batteries, 21A automatic charger w/ pad driver
9.840-900.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 114 A/H AGM batteries, 21A automatic charger w/ pad driver
9.840-901.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 114 A/H AGM batteries, 21A on-board charger w/ pad driver
9.840-902.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 130 A/H batteries, 21A automatic charger w/ poly brush
9.840-904.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 114 A/H AGM batteries, 21A automatic charger w/ poly brush
9.840-905.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 114 A/H AGM batteries, 21A on-board charger w/ poly brush
9.841-255.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 130 A/H batteries, 21A automatic charger w/ chemical metering, pad driver
9.841-258.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 130 A/H batteries, 21A automatic charger w/ chemical metering, poly brush
9.841-256.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 114 A/H AGM batteries, 21A automatic charger w/ chemical metering, pad driver
9.841-259.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 114 A/H AGM batteries, 21A automatic charger w/ chemical metering, poly brush
9.841-257.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 114 A/H AGM batteries, 21A on-board charger w/ chemical metering, pad driver
9.841-260.0	Chariot™ 2 iScrub 20 Deluxe, 36V 3x12V 114 A/H AGM batteries, 21A on-board charger w/ chemical metering, poly brush

ACCESSORIES

Order No.	Description
<input type="checkbox"/> 8.632-606.0	Chariot™ Front Squeegee Linatex
<input type="checkbox"/> 8.632-607.0	Chariot™ Rear Squeegee Linatex
<input type="checkbox"/> 8.634-205.0	Chariot™ Front Squeegee Urethane
<input type="checkbox"/> 8.634-206.0	Chariot™ Rear Squeegee Urethane
<input checked="" type="checkbox"/> 8.600-041.0	Pad Driver, 20-inch
<input type="checkbox"/> 8.600-042.0	Polypropylene Brush, 20-inch
<input type="checkbox"/> 8.628-387.0	Nylon Polish Brush 20-inch
<input type="checkbox"/> 8.600-043.0	Nylon Brush, 20-inch
<input type="checkbox"/> 8.600-044.0	Mild Grit Brush, 20-inch

■ Included Optional

Please contact us for more information:

North America

4555 Airport Way
Denver, CO 80239 U.S.A.

Phone +1 800 444-7654
Fax +1 866 271-0520

Canada

6535 Millcreek Drive
Unit 67
Mississauga, ON L5N 2M2 Canada

Phone +1 905 672-8233
Fax +1 905 672-3155

www.windsorkarchergroup.com

12/01/17
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TOWN OF WEST YELLOWSTONE
Claim Approval List
For the Accounting Period: 12/17
For Pay Date: 12/01/17

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* ... Over spent expenditure

Claim	Vendor #/Name/ Check Invoice #/Inv Date/Description	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
43913	2845 Kastang, Kauffman & Mersen, PC	6,854.51					
	11/09/17 legal services	6,843.00		LEGAL	1000 411100	352	101000
	11/09/17 postage/copies	11.51		LEGAL	1000 411100	870	101000
	11/09/17 phone/fax	0.00		LEGAL	1000 411100	345	101000
	11/09/17 travel	0.00		LEGAL	1000 411100	373	101000
43915	2088 Town West Yellowstone	700.21					
	12/01/17 utility chrgs, Chamber, 895	38.50		BLDGS	1000 411257	340	101000
	12/01/17 utility chrgs, UPDL, 892	63.31		BLDGS	1000 411252	340	101000
	12/01/17 utility chrgs, PS Shops, 884	29.19		BLDGS	1000 411253	340	101000
	12/01/17 utility chrgs. Povah Ctr, 887	60.16		BLDGS	1000 411255	340	101000
	12/01/17 utility chrgs, Police Dept, 886	37.53		BLDGS	1000 411258	340	101000
	12/01/17 utility chrgs, City Park, 885	321.23		BLDGS	1000 411253	340	101000
	12/01/17 utility chrgs, Library, 891	29.49		LIBBLD	1000 411259	340	101000
	12/01/17 utility chrgs, Lift #1, 903	12.63		SEWER	5310 430600	340	101000
	12/01/17 utility chrgs, Twn Hall, 921	108.17		TWNHAL	1000 411250	340	101000
43916	2852 Blackfoot Communications	5,240.54					
	12/15/17 602-4908, povah center	0.00		POVAH	1000 411255	345	101000
	11/15/17 646-5106, fax soc svc	485.86		SOCSSRV	1000 450135	345	101000
	11/15/17 646-5119, police station	485.86*		POLICE	1000 420100	345	101000
	11/15/17 646-5141, sewer plant alarm	485.86		SEWER	5310 430600	345	101000
	11/15/17 646-5185, town hall alarm	1.10		TWNHAL	1000 411250	345	101000
	11/15/17 646-7311, social services	72.54		SOCSSRV	1000 450135	345	101000
	11/15/17 646-7481, povah elevator	483.32		POVAH	1000 411255	345	101000
	11/15/17 646-7511, town hall fax	485.86		TWNHAL	1000 411250	345	101000
	11/15/17 646-7609, public works	33.89		SEWER	5310 430600	345	101000
	11/15/17 646-7650, police station fax	485.86*		POLICE	1000 420100	345	101000
	11/15/17 646-7715, povah center	31.85		POVAH	1000 411255	345	101000
	11/15/17 646-7795, town hall	228.99		TWNHAL	1000 411250	345	101000
	11/15/17 646-7845, court clerk	21.34		COURT	1000 410360	345	101000
	11/15/17 646-9017, library	41.85		LIBRAR	2220 460100	345	101000
	11/15/17 646-9027, sewer plant alarm	485.86		SEWER	5310 430600	345	101000
	11/15/17 ethernet, library	515.03		LIBRAR	2220 460100	345	101000
	12/15/17 ethernet, povah center	253.64		POVAH	1000 411255	345	101000
	12/15/17 ethernet, police station	361.16*		POLICE	1000 420100	345	101000
	12/15/17 ethernet, town hall	280.67		TWNHAL	1000 411250	345	101000
43918	1514 Verizon Wireless	1,211.20					
	18 Smartphones						
	1 regular phones						
	3 laptops						
	11/20/17 640-0108, Police	58.68*		SOCSSER	1000 420100	345	101000
	11/20/17 640-0121 Laptop	40.01		STREET	1000 430200	345	101000

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	11/20/17	640-0141 Street SP	58.68*		STREET	1000 420100	345	101000
	11/20/17	640-1103, Operator SP	58.68		STREET	1000 430200	345	101000
	11/20/17	640-1438, SS Director	28.68		SOCSE	1000 450135	345	101000
	11/20/17	640-1460, Library Dir, SP	58.68		LIBRAR	2220 460100	345	101000
	11/20/17	640-1461, Facilities Tech, SP	58.68		WATER	5210 430500	345	101000
	11/20/17	640-1462, Operator, SP	58.68		WATER	5210 430500	345	101000
	11/20/17	640-1463, Deputy PSS, SP	58.68		SEWER	5310 430600	345	101000
	11/20/17	640-1472, Ops Mgr, SP	58.68		ADMIN	1000 410210	345	101000
	11/20/17	640-1676, Rec Coord, SP	58.68		REC	1000 460440	345	101000
	11/20/17	640-1754, COP, SP	58.68*		POLICE	1000 420100	345	101000
	11/20/17	640-1755, Police	58.68*		POLICE	1000 420100	345	101000
	11/20/17	640-1756, Police	58.68*		POLICE	1000 420100	345	101000
	11/20/17	640-1757, Police	58.68*		POLICE	1000 420100	345	101000
	11/20/17	640-1758, Police, SP	58.68*		POLICE	1000 420100	345	101000
	11/20/17	640-1759, Police	58.68*		POLICE	1000 420100	345	101000
	11/20/17	640-7547, Facilities Tech SP	58.68		PARKS	1000 460430	345	101000
	11/20/17	640-9074, PSS, SP	58.68		SEWER	5310 430600	345	101000
	11/20/17	COP laptop	46.21*		POLICE	1000 420100	345	101000
	11/20/17	683 laptop	40.01*		POLICE	1000 420100	345	101000
	11/20/17	640-0159 STREET SP	58.73		STREET	1000 430200	345	101000
43919		2813 Century Link	1,530.10					
	11/19/17	DSL Pub Serv Office 646-7949	0.00		BLDINS	1000 430200	345	101000
	11/19/17	Police 646-7600	334.47*		POLICE	1000 420100	345	101000
	11/19/17	E911 Viper 646-5170	98.54		E911	2850 420750	345	101000
	11/19/17	E911 255-9710	999.12		E911	2850 420750	345	101000
	11/19/17	E911 255-9712	24.51		E911	2850 420750	345	101000
	11/19/17	Alarm Lines, 646-5185	73.46		TWNHAL	1000 411250	345	101000
43924		42 Fall River Electric	9,270.21					
	11/20/17	UPDH 4212041 elec service	636.46		UPDH	1000 411252	341	101000
	11/20/17	POLICE 4212008 elec service	247.75		POLICE	1000 411258	341	101000
	11/20/17	shop 4212018 elec service	180.10		STREET	1000 430200	341	101000
	11/20/17	ANIMAL 4212029 elec serv	126.28		ANIMAL	1000 440600	341	101000
	11/20/17	PARK 4212032 Elec ser	180.31		PARK	1000 411253	341	101000
	11/20/17	PARK, old firehouse 2901001 e	316.76		PARK	1000 411253	341	101000
	11/20/17	CLORINATOR 4212030 elec serv	60.77		WATER	5210 430500	341	101000
	11/20/17	MADADD H2O Tower 4212017	50.58		WATER	5210 430500	341	101000
	11/20/17	RR Well 4212005 elec serv	61.29		WATER	5210 430500	341	101000
	11/20/17	SEWER LIFT STATION 4212006	185.91		SEWER	5310 430600	341	101000
	11/20/17	SEWER PLANT 4212007 elec ser	1,504.12		SEWER	5310 430600	341	101000
	11/20/17	MAD SEWER LIFT 4212014 elec	155.28		SEWER	5310 430600	341	101000
	11/20/17	SEWER TREAT SERV 4212046 ele	2,851.07		SEWER	5310 430600	341	101000
	11/20/17	library 23 dunraven 4212054	128.84		LIBRY	1000 411259	341	101000
	11/20/17	pvah comm ctr 4212001	502.94		POVAH	1000 411255	341	101000

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Claim	Check	Invoice #/Inv Date/Description	Vendor #/Name/ Line \$	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
	11/20/17	unmetered lights	4212004	1,463.06		STLITE	1000 430263	341	101000
	11/20/17	Town Hall	4212009	495.79		TWNHAL	1000 411250	341	101000
	11/20/17	Ice Rink	421010	38.99		PARKS	1000 411253	341	101000
	11/20/17	Hayden/Grouse Well	4212015	42.77		WATER	5210 430500	341	101000
	11/20/17	Electric Well	4212031	41.14		WATER	5210 430500	341	101000
43927		1085 JD Speciality Services		1,650.00					
	3307 11/29/17	wing plow, edge on grader		1,650.00*		STREET	1000 430200	369	101000
43928		1031 Murdoch's Ranch & Home Supply		222.98					
	11/05/17	supplies		134.99		STREET	1000 430200	229	101000
	11/20/17	supplies		87.99		STREET	1000 430200	220	101000
43929		3066 Core & Main		456.18					
	I051359 11/21/17	6" accessory		456.18		WATER	5210 430590	251	101000
43930		2264 MORNING GLORY COFFEE & TEA		33.75					
	460706 11/27/17	supplies		33.75		DISPAT	1000 420160	220	101000
43931		2997 The New Yorker		99.99					
	11/30/17	subscription		99.99		LIB	2220 460100	215	101000
43932		951 Barnes & Noble		254.53					
	3571582 11/15/17	books		91.55		LIB	2220 460100	215	101000
	3571583 11/15/17	books		58.40		LIB	2220 460100	215	101000
	3571584 11/15/17	books		104.58		LIB	2220 460100	215	101000
43933		3004 Partsmaster		457.52					
	23219492 11/16/17	supplies		68.49		STREET	1000 430200	220	101000
	2320929702 10/20/17	supplies		389.03		STREET	1000 430200	220	101000
43934		1142 Midwest Welding & Machine, Inc.		142.50					
	175181 11/20/17	spreader problems		142.50		STREET	1000 430200	361	101000
43935		2914 NRMEDD		3,500.00					
	246 11/27/17	annual membership 17-18		3,500.00		ADMIN	1000 410210	335	101000
43936		379 Energy Laboratories, Inc		892.00					
	121875 11/22/17	water samples		892.00		WATER	5210 430500	357	101000

12/01/17
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43937	999999 RYAN BEEBOUT 11/22/17 bond refund TK-2017-464	335.00 335.00		COURT	7469 212401		101000
43938	171 Montana Food Bank Network AOR108341 11/09/17 commodities AOR108351 11/09/17 commodities	542.06 15.78 526.28		HELP HELP	7010 450135 7010 450135	220 220	101000 101000
43939	2977 Staples Credit Plan 11/10/17 office supplies	431.80 431.80		SOCSEB	1000 450135	220	101000
43940	2908 Frontline Ag Solutions, LLC 499169 11/20/17 parts	477.92 477.92		STREET	1000 430200	220	101000
43941	2854 Kenco Security and Technology 1418202 10/01/17 alarm monitoring-3 months	82.50 82.50		TWNHAL	1000 411250	357	101000
43942	999999 MARC BARRUS 11/30/17 bond refund TK-2017-371	20.00 20.00		COURT	7469 212401		101000
43943	2980 Montana Department of Labor & 11/19/17 elevator inspection, 10 Geyser 2010-ELEV-MTN-002760	240.00 240.00		POVAH	1000 411255	350	101000
43944	60 Westgate Station 100517-01 10/05/17 fuel-help fund voucher 100517-02 10/05/17 fuel-help fund voucher	50.00 25.00 25.00		HELP HELP	7010 450135 7010 450135	231 231	101000 101000
43945	73 Westmart Building Center 11/27/17 supplies 11/27/17 supplies 11/27/17 supplies 11/27/17 supplies 11/27/17 supplies 11/27/17 supplies 11/27/17 supplies	1,483.98 552.55 596.50* 24.67 270.57 3.60 5.70 30.39		STREET UPDL LIB PARKS CLINIC TRAILH WATER	1000 430200 1000 411252 2220 460100 1000 460430 1000 411251 1000 411256 5210 430500	220 220 220 220 366 366 220	101000 101000 101000 101000 101000 101000 101000
43946	999999 CARLOS ORTEGA 12/01/17 restitution TK-2015-408	526.63 526.63		COURT	7469 212401		101000

12/01/17
16:45:11

TOWN OF WEST YELLOWSTONE
Claim Approval List
For the Accounting Period: 12/17
For Pay Date: 12/01/17

Page: 5 of 6
Report ID: AP100

* ... Over spent expenditure

Claim	Check	Invoice #/Inv Date/Description	Vendor #/Name/	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
43947		999999 12/01/17	ALFRED EDWARD KINGSLAND restitution TK-2015-408	49.39 49.39		COURT	7469 212401		101000
43948		999999 12/01/17	MARK GRANT SIMPSON bond refund TK-2017-324	600.00 600.00		COURT	7469 212401		101000
43949		3092 12/01/17	Custer County Justice Court pass thru Jeremy Austin Boroug	310.00 310.00		COURT	7469 213000		101000
43950		40 11/14/17	Jerry's Enterprises fuel, help fund, Riverside	50.00 25.00		HELP	7010 450135	231	101000
		11/01/17	fuel, help fund, Riverside	25.00		HELP	7010 450135	231	101000
		# of Claims	30	Total:	37,715.50				

WEST YELLOWSTONE TOWN COUNCIL
Town Council Meeting
November 21, 2017

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

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

The meeting is called to order by Mayor Jerry Johnson 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 \$125,655.04. (Parker, Forsythe)
- 2) Motion carried to approve the Consent Agenda, which includes the minutes of the November 7, 2017 Town Council Meeting. (Schmier, Parker)
- 3) Motion carried to table the business license application for Four Winds Storage. (Parker, Schmier)
- 4) Motion carried to adopt the Growth Policy with the inclusion of the sentence "Zoning or design guidelines should be implemented to perpetuate the character and preservation of the historic district." in Objective 7.3, Action 7.3.1. (Forsythe, Parker)
- 5) Motion carried to approve the Exposition License for Mistletoe Magic to reduce the application fee to \$50.00 and waive the resort tax bond. (Parker, Forsythe)
- 6) Motion carried to approve the Application to Maintain an Encroachment to put up two banners and three fire barrels and conduct hayrides during the Christmas Stroll on December 9, 2017 as well as approve the Outside Amplification Permit for the event. (Parker, Forsythe)

Public Comment Period

No public comment is received.

Council Comments

Council Member Brad Schmier thanks Cole Parker for his service on the Town Council over the last four years. He also thanks everyone for their concerns and assistance when he had a recent accident with a dumpster lid. Mayor Johnson says that Council Member Martineau did fall yesterday getting into his car and taking an ambulance ride to Big Sky. The x-rays were inconclusive but he is home recovering. He also mentions that Tom Schaap recently passed away due to cancer, a long-term resident. Council Member Parker says that Emmett Moldenhauer, a West Yellowstone resident, joined the army and has been accepted and starting the training to become a green beret. Council Member Greg Forsythe asks if Safelink completed the fiber optic installation this fall. Sabolsky says they did not and he intends to follow up on that. He also asks questions about releasing a new RFP for legal services and engineer. Forsythe says they should consider hiring a full-time attorney. He says they may also want to look at that option for engineering services.

DISCUSSION

- 3) Forsythe makes a motion, seconded by Parker to approve the business license application for Four Winds Storage to include 8 RV sites, a bake shop, and a nightly rental contingent upon obtaining all the necessary permits. After further discussion by the Council, several questions are raised about water and sewer connections and health department approvals. Parker withdraws his second and the motion dies for lack of a second. A new motion is carried to table the application.

- 4) The Council discusses final adoption of the Growth Policy. Mayor Johnson mentions that they have received comments from Tim Daley, Randy Roberson, Jay Thrift regarding development of the B-3 zone and YHC Executive Director Kaitlin Johnson regarding preservation of the historic district. Forsythe asks what the real purpose is of the Growth Policy. Sabolsky explains it is a compilation of development guidelines that should reflect the recommendations from staff and the community. Sabolsky says that the policy can be updated as necessary but should be reviewed at least every five years. The Council clarifies that recommendations in the plan are just recommendations, but it makes good sense to establish them. Parker expresses concerns about the increase in hotels and that there are no protections for existing businesses. He says that they need to think about what they want this town to look like for their children and grandchildren. Mayor Johnson reads an email from Randy Roberson regarding the Growth Policy expressing concerns about the recommendation to require housing with new commercial developments. He disagrees with the commercial linkage stating the supply and demand are not always in sync. Tim Daley addresses the Town Council and points out multiple portions of the proposed policy that he believes conflict. He says that sentences that allege that a mixture of residential and commercial detract from the appearance of the town are untrue and insulting. He says that the development of the 80 acres should be only residential. He says the current zoning situation is simple and elegant and questions why they would change any of that. He encourages the Council to vote against approval tonight. He says that the Planning Board did reluctantly vote to approve the Growth Policy only to put it in front of the Town Council. Mayor Johnson reads an email from Jay Thrift in opposition to any changes to the zoning in the B-3 area. Teri Gibson addresses the Council and says that the current zoning ordinances conflict with each other and needs to be cleaned up. She also says that the proposal to require housing along with commercial developments should remain. She says that if any hotel that has employee housing is not using it, they certainly would rent it out nightly. Johnson says that he does have some concerns about the policy. He has concerns about future councils that may wish to waive connection fees for water and sewer services to support affordable housing, but they must remember that those systems cost money and they have to be funded somehow. He agrees with some of the points made by Daley. Forsythe says that he appreciates the time that everyone has put into this plan. He points out that there is nothing here that is set in stone and they need to move forward. He says there is no reason they cannot change things as they go and he is going to vote for the current draft. Schmier says that the new policy is well written and agrees that they can make changes as time goes on. He says that he hopes this policy doesn't just go on the shelf and get ignored for 8 to 10 years.

- 6) Public Services Superintendent Patterson says that he and Chief Newell are going to recommend an alternate route for the hayrides but they will work that out with the Chamber.

- A) **Advisory Board Reports:** Town Manager Dan Sabolsky explains that they are advertising to fill the vacancy on the Health Care Services Advisory Board. Parker says that he has been serving on that board as well as the Planning Board and they will need to appoint another Town Council member once his term ends at the end of the year. Johnson says that Barb Klesel is moving to Bozeman and is going to resign from the Marketing and Promotions Advisory Board.

- B) **Town Manager/Department Head Reports:** Town Manager Dan Sabolsky reports that they have prepared a survey about the summer recreation program to gather feedback from parents, with assistance from Recreation Coordinator Brandy Holland, Deputy Clerk Lisa Johnson and Assistant Librarian Monika Rogers. He reports that the Safety Committee has been meeting and working on the Safety Policy, with assistance from Thomas Danehower of MMIA. They are working on the plans for the new sewer line on Electric Street and anticipate plans for the Siemen Project by the end of the year. He is working with David Arnado on a building permit process that should streamline projects and permitting. He reports that the first draft of the nightly rentals ordinance is done and they are gathering comments and feedback from other professionals on that topic. He reports that they conducted a second round of interviews for a dispatcher today and it was promising and they hope to make an offer of employment. They have also made a conditional offer of employment for a part-time dispatcher.

Public Services Superintendent James Patterson says that there has been a lot of water in the last week and they are doing their best to keep the drains open and the water flowing. Chief Newell thanks Officer Curtis and VanLeeuwen for their efforts to connect and educate some of the younger kids at Little Rangers Center and the Halloween events. He says that he and Officer VanLeeuwen provided additional security at the MSU vs U of M football game in Bozeman on Saturday. He says they have had multiple accidents and slideoffs over the last couple weeks. Finance Director Lanie Gospodarek reports that her department has been working on the bargaining process, safety policy, distribution of the Employee Personnel Policy manual, the banking RFP, Christmas Party, and financing of the Siegel Learning Center. Social Services Director Kathi Arnado reports that the 5th grade class was in the building today to assist putting together the Thanksgiving Baskets for needy members of the community. She says that they received 55 turkeys from the Gallatin County Food Bank. She also mentions donation opportunities to support the food bank.

CORRESPONDENCE/FYI

- 2017 Yellowstone Ski Festival Special Event Application
- Dated November 14, 2017, Yellowstone National Park Superintendent Daniel Wenk writes to thank and confirm the Town's participation in the Yellowstone-Grand Teton Biosphere Reserve Area.

The meeting is adjourned. (9:00 PM)

Mayor

ATTEST:

Town Clerk

RESOLUTION NO. 707

A RESOLUTION OF THE TOWN COUNCIL OF WEST YELLOWSTONE, MONTANA TO ADOPT THE WEST YELLOWSTONE GROWTH POLICY UPDATE

WHEREAS, in 2006, the West Yellowstone Town Council adopted the West Yellowstone Growth Policy as guidance for the general policy and pattern of development of the Town of West Yellowstone pursuant to Montana Code Annotated Title 76, Chapter 1, Part 601 *et seq*; and

WHEREAS, the West Yellowstone Planning Advisory Board, staff and consultants have worked to update the Town's Growth Policy to address current and projected challenges for the betterment of the Town's future; and

WHEREAS, on May 24, 2017 the West Yellowstone Planning Advisory Board held a properly noticed public hearing on the proposed West Yellowstone Growth Policy Update; and

WHEREAS, after considering the recommendations and suggestions elicited at the public hearing and subsequent open meetings, the West Yellowstone Planning Advisory Board recommended the Town Council of West Yellowstone, Montana to adopt the West Yellowstone Growth Policy Update and to pursue the goals, objectives, and actions therein; and

WHEREAS, after considering the recommendation of the West Yellowstone Planning Advisory Board and public testimony, on October 17, 2017 the West Yellowstone Town Council passed a Resolution of Intention to adopt the West Yellowstone Growth Policy Update and to pursue the goals, objectives, and actions therein, opening a 30-day public comment period; and

WHEREAS, on November 21, 2017, after considering the recommendation of the Town of West Yellowstone Planning Advisory Board and public testimony, the West Yellowstone Town Council passed a motion to adopt the West Yellowstone Growth Policy Update with the changes listed in Exhibit A, and to pursue the goals, objectives, and policies therein.

NOW THEREFORE, BE IT RESOLVED by the West Yellowstone Town Council, to adopt the West Yellowstone Growth Policy Update, and to pursue the goals, objectives, and actions therein.

PASSED AND ADOPTED by the Town Council of the Town of West Yellowstone this 5th day of December 2017.

APPROVED:

Mayor

Council Member

Council Member

Council Member

Council Member

ATTEST:

Town Clerk

Exhibit A

Below are the changes made by the West Yellowstone Town Council to the West Yellowstone Growth Policy Update prior to final adoption.

1. Front cover: Replaced the old Town logo with the current one.
2. Front cover: Removed September/October and also Town Council Draft.
3. Removed the resolution page (the final resolution was not available for publishing).
4. Changed the footer to read West Yellowstone Growth Policy (removed dates, MT, and Draft)
5. Page 2, left column, the sentence under Actions: Changed the sentence to read, “The implementation sections are what drives the growth policy...” In other words, removed the letter s from drives.
6. Page 2, right column, under Growth Policy Framework, end of the first sentence: Changed the word eight to seven because there are seven chapters, not eight.
7. Page 14, left column, under Action 7.1.1: Added the Historic District to the list of areas that could benefit from design guidelines to correspond with change number 9 below.
8. Page 16, left column, under Action 7.3.1, second sentence: Removed the letter a before the word necessary.
9. Page 16, left column, under Action 7.3.1, last sentence: Changed sentence to read “Zoning or design guidelines ~~may be appropriate~~ should be implemented to perpetuate the character and preservation of the historic district.”
10. Page 16, right column, under Action 7.3.2, last sentence: Changed the word site to sight.

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"/> DIPLOMA <input type="checkbox"/> BEYOND HIGH SCHOOL			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> FEMALE		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> NOT <input type="checkbox"/> UNKNOWN		NUMBER OF DEPENDANTS

Wages

DATE HIRED	GROSS EARNINGS FOR FOUR PAY PERIODS PRECEDING THE INJURY	DATE/AMOUNT /	DATE/AMOUNT /	DATE/AMOUNT /	DATE/AMOUNT /
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		NUMBER OF DAYS WORKED PER WEEK	WAGE	<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: <input type="checkbox"/> BOARD & ROOM <input type="checkbox"/> OVERTIME <input type="checkbox"/> BONUS <input type="checkbox"/> COMMISSIONS <input type="checkbox"/> OTHER:			ESTIMATED VALUE IF ANY		
WORKED NEXT SCHEDULED SHIFT <input type="checkbox"/> Yes <input type="checkbox"/> No	OFF WORK MORE THAN 5 WORK DAYS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NOT SURE	DATE LAST WORKED	DATE OF RETURN TO WORK	FULL WAGES PAID FOR DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	SALARY CONTINUED? <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? <input type="checkbox"/> YES <input type="checkbox"/> NO		ACCIDENT ADDRESS OR LOCATION TOWN _____ STATE _____ POSTAL CODE _____				
DATE EMPLOYER NOTIFIED	ACCIDENT REPORTED TO	SAFETY EQUIPMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFETY EQUIPMENT USED? <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 <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY			INJURED WORKER IS A <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> A MEMBER OF THE EMPLOYER'S (SOLE PROPRIETOR OR <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY PARTNER) FAMILY LIVING IN THE EMPLOYER'S HOUSEHOLD.				
DO YOU HAVE ANY REASON TO QUESTION THIS ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, PLEASE EXPLAIN FULLY. USE SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.			
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? _____

November 29, 2017

Town of West Yellowstone - Town Council

Subject: Old Airport snow storage area strip for Ski-Doo snowmobile calibration December 5 & 6, 2017.

Request: Approximately 20' x 300' of straight line snow packed and groomed section to test/calibrate acceleration of a new Ski-Doo race snowmobile prior to the “National ISOC SnoCross Race” being held the following weekend December 8 & 9, 2018 in Jackson Hole , Wyoming. The north snow storage section running East/West that is now approximately 500' long would be the preferred area to use.

I am submitting this written request on behalf of Steve Scheuring Speed Sports of Aurora Minnesota, a National Ski-Doo Snowmobile Race Team as the “*snowmobile event go to*” contact. For additional information about Steve Scheuring Sports Racing visit www.scheuring-speedsports.com

I was contacted by Steve Scheuring this week as Ski-Doo Racing is chasing snow prior to Jackson Hole race. He asked about snow depth on the “Old Airport” and the possibility of using a section to create a starting line acceleration strip/track with some bumps at 6500' altitude. After a trip to the newly acquired town addition I saw the snow storage strips on the site and called Rob Hermanson, Snowmobile Events site designer/creator and discussed the request and possible options.

With our “*Welcome to West Yellowstone*” attitude to anyone wanting to come to town, we contacted our local resources including James Patterson about “What If”... we used the Old Airport north snow storage strip, leveled, groomed and came up with an option to secure strip perimeter.

We recognize the need for permission and or a permit to use, create and the obligation to restore post event. Scheuring Sports/Bombardier-Ski-Doo would provide insurance to Town of West Yellowstone accordingly.

They would be joined by two additional National Ski-Doo Race Teams, Warnert Racing and Boss Racing. 3 or 4 race team semis and support personal would be on site or street. This strip would be limited to Ski-Doo team's use only. All snowmobiles are stock from factory and meet all emission regulations.

All expenses incurred including but not limited to permits, insurance, site setup and restoration, would be responsibility of Scheuring Sports. Steve Scheuring is a long time snowmobile race team owner and return rider to West Yellowstone. These teams have raced SnoCross races in West Yellowstone for many years in the past and Ski-Doo Racing teams have always been advocates to bring back National SnoCross Racing to West Yellowstone.

I know this is a last minute request before the next scheduled meeting. That is what happens when the world believes as we market “*WE HAVE SNOW*”! There may not be much snow depth today but our community has a reputation of making events happen spontaneously in various conditions.

Thank you in advance for considering this request. This seemed easier for me to request to expedite then to try to tell Steve who and why to call or contact. I need to get an answer back to Steve Scheuring Thursday November 30 for their travel plans and our site preparation options.

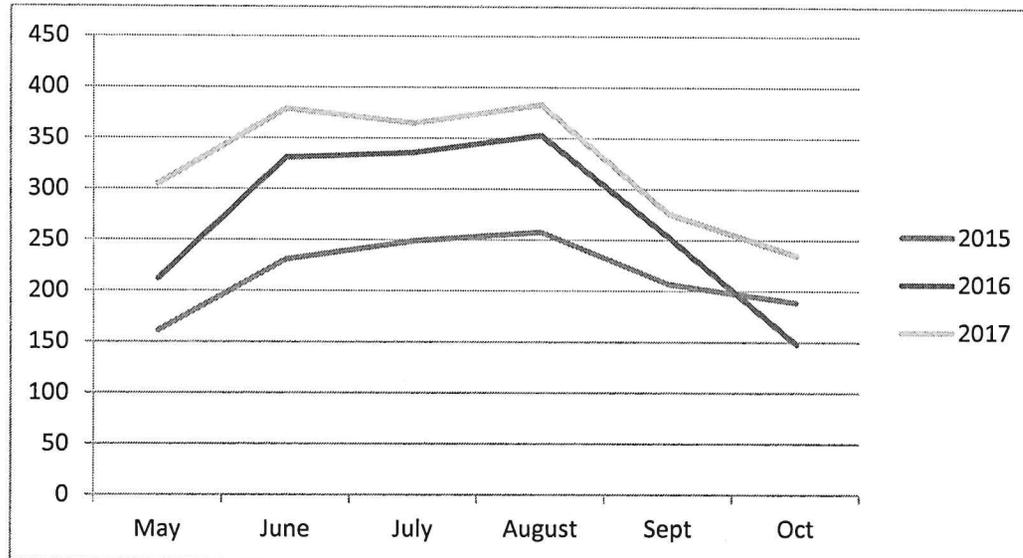
Again, sorry about the rush. Please contact me with additional questions, requirements and response.

Marge Wanner, Snowmobile Event Coordinator
Ph 406-539-7895

Community Health Partners

West Yellowstone Provider Encounters

	May	June	July	August	Sept	Oct
2015	161	231	249	258	207	189
2016	212	331	336	353	253	148
2017	305	379	365	383	276	235



What IS it?

It's a free program where a Parenting Partner from CHP comes to your house twice a month with...

A fun activity on the floor with both the child and the parent that focuses on developing the child's language, motor, cognitive, social or emotional skills.

A discussion between the parent and the PAT Parenting Partner about attachment, discipline, health, nutrition, safety, sleep or transitions.

A book: The parenting partner gives a new, age appropriate book to the family every visit.

A screener: The parenting partner uses a variety of screeners to identify potential developmental issues before they become a problem.

A referral or two: The parenting partner refers and connects the family to any useful community resources.

Do you have a kid between the ages of 0 and 3?

Learning begins at birth!

From birth to 3 years of age and especially the first 6 months of life, the brain goes through the most critical stage of development. By age 3, children have learned 75% of all the language skills they will have as adults. In the first few years, children learn more and at a faster pace than any other time in life. By age 3 a child's brain is 80% of the size of an adult brain.

Patty Peterson

Parents As Teachers Coordinator

Community Health Partners

406-646-2147

Please call for information!

Parents as Teachers

Parents are their children's first and most important teachers.



Call us!
646-2147

11 Electric St., West Yellowstone

Child Development Chart

- 8 to 1 1/2 M**
- > I respond to the sound of my caregiver's voice.
 - > I turn my head to the sound of my caregiver's voice.
 - > I cry in different ways to tell my caregiver what I need.
- 1 1/2 to 3 1/2 M**
- > I turn my head in the general direction I hear sound coming from.
 - > I look at people when they talk to me.
 - > I make sounds with my saliva.
- 3 1/2 to 5 1/2 M**
- > I turn to see where a sound is coming from.
 - > I listen closely to the sounds I make with my mouth.
 - > I practice my sounds with my mouth when alone.

The PAT curriculum has thousands of resource pages with activities, handouts and charts for every early childhood issue you can imagine!

Ways to Build Attachment With Your Baby

When your baby feels other people

out himself, he feels safe enough to explore his world

Positive Discipline

Helping your child learn appropriate behaviors is one of the toughest jobs of parenthood. When you are caring and consistent, your child will

You can't spoil your baby! During his first 6 months, he needs all your love, understanding, and comfort.

You can help your baby develop secure attachment in these ways:

Your child makes choices about how to behave. There will come a time when you set a limit you have

Natural consequences can be pleasant or unpleasant. You do not impose these - they are simply what happens after an action. Unpleasant

Activity Pages: 24 to 36 Mo

Blanket Swing: Singing and Swaying to Rhythm

How do we do it?

1. Place your baby on her back in the center of the blanket. Sit or kneel on the floor next to the blanket.
2. Hold the corners on one end of the blanket and have a partner hold the corners on the other end. Gently lift the blanket a few inches off the ground.
3. Slowly swing your baby back and forth.
4. Take turns singing favorite songs and

What's in it for us?

Motor: Your baby is beginning a sense of balance. Her body moves side to side in response to motion.

This rocking motion can be soothing for your baby. Lovingly talking to your baby reinforces trust.

Language: Your baby begins to use language when she

- > Ball Play
- > Basket of Balls
- > Beading
- > Bears With Feelings
- > Blocks
- > Blowing Bubbles
- > Blowing in the Band
- > Blowing in the Wind
- > Bowling
- > Clips and Tongs
- > Counting
- > Drawing and Writing
- > Dressing Teddy
- > Favorite Foods Matching
- > Finger
- > No-Cook
- > Paper Bag
- > Parachute
- > People Pic
- > Play Sets
- > Pretend Play
- > Pretend Tea
- > Putting Things
- > Racquet Play
- > Remember Who
- > Shape Ho

