



**AGENDA
SPECIAL BOARD MEETING
REMOTE MEETING HELD VIA TELECONFERENCE**

The President of the Board of Commissioners has determined that an in-person meeting or a meeting conducted pursuant to the Open Meetings Act is not practical or prudent because of the COVID-19 disaster.
(As permitted by Public Act 101-0640)

Citizens may participate in the zoom meeting by going to the following web address:
<https://us02web.zoom.us/j/85889942842?pwd=TWdrNXUxS3NpbURPdmgrd2xpMHBVUT09>

For online video access, please use the following Meeting ID and Password when prompted:
Meeting ID: 858 8994 2842
Passcode: 955382

Alternatively, the meeting may be accessed by telephone at:
1-312-626-6799, If prompted for the following items, please enter:
Meeting ID: 858 8994 2842, followed by the # symbol
Password: 955382, followed by the # symbol

Citizens will be offered an opportunity to speak to the Board during the public comment portion. To facilitate this and not have individuals speaking over one another, the Park District kindly requests that individuals wishing to address the Board via the conference line during public comment notify the Park District via email, as noted below, of their intent to address the Board. Alternatively, citizens may submit public comments by email prior to the Board meeting, to be announced by the Park Board President during the public comment portion of the meeting. Email submissions (notice of intent to speak or comment via email) should be submitted by Noon on Wednesday, June 22, 2022, and sent to joe.deluce@champaignparks.org.

**Wednesday, June 22, 2022
5:30 P.M.**

A. CALL TO ORDER

B. PRESENTATION

1. Boneyard Creek Development update – Alex Nagy, City of Champaign

C. COMMENTS FROM THE PUBLIC *Comments limited to not more than three (3) minutes.*

D. NEW BUSINESS

1. Approval of Setting a Public Hearing on the Budget and Appropriation Ordinance
Staff recommends the Board set a Public Hearing on the proposed Budget and Appropriation Ordinance for Wednesday, July 28, 2021 at 5:30 p.m. at the Bresnan Meeting Center to receive public comments. Ordinance No. 660, the proposed Budget and Appropriation Ordinance, is available at the Bresnan Meeting Center for public review. **(Roll Call Vote)**
2. Approval of a Resolution Ratifying Change Orders 18-25 for the Martens Center Construction
Staff recommends approval of a resolution ratifying Change Orders 18 through 25 to the Broeren Russo construction contract for the Martens Center.
(Roll Call Vote)

3. Approval of Intergovernmental Agreement with the City of Champaign for the Sidewalk at the Martens Center
Staff recommends approval of an Intergovernmental agreement with the City of Champaign for the sidewalk at the Martens Center and to authorize the Executive Director enter into the agreement.
(Roll Call Vote)

E. OLD BUSINESS

1. Approval of Hazard Communication Program Manual
Staff recommends approval of the Hazardous Communications Program.
(Roll Call Vote)

F. DISCUSSION ITEMS

1. FY23 Annual Operating Budget
2. Safety Manual
3. Rules and Regulations Ordinance Review – Chapter 5 – *Regulation of Vehicles, Traffic and Parking* and Chapter 6 – *Regulation of Personal Conduct and Behavior*.
4. Board Policy Manual – Policy Review
 - a. Bond Rating Policy
 - b. Bonded Indebtedness Policy
 - c. Identity Protection Policy
 - d. Safety Committee Policy
 - e. Smoke Free Illinois Policy
 - f. Statement of Purpose for Collection of Social Security Numbers by the Park District

G. COMMENTS FROM COMMISSIONERS

A. EXECUTIVE SESSION

The Board will convene into Executive Session under the Illinois Open Meetings Act, specifically 5 ILCS Par. 120/2 (c)(1) the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body and (c)(6) The setting of a price for sale or lease of property owned by the public body, **(Roll Call Vote)**

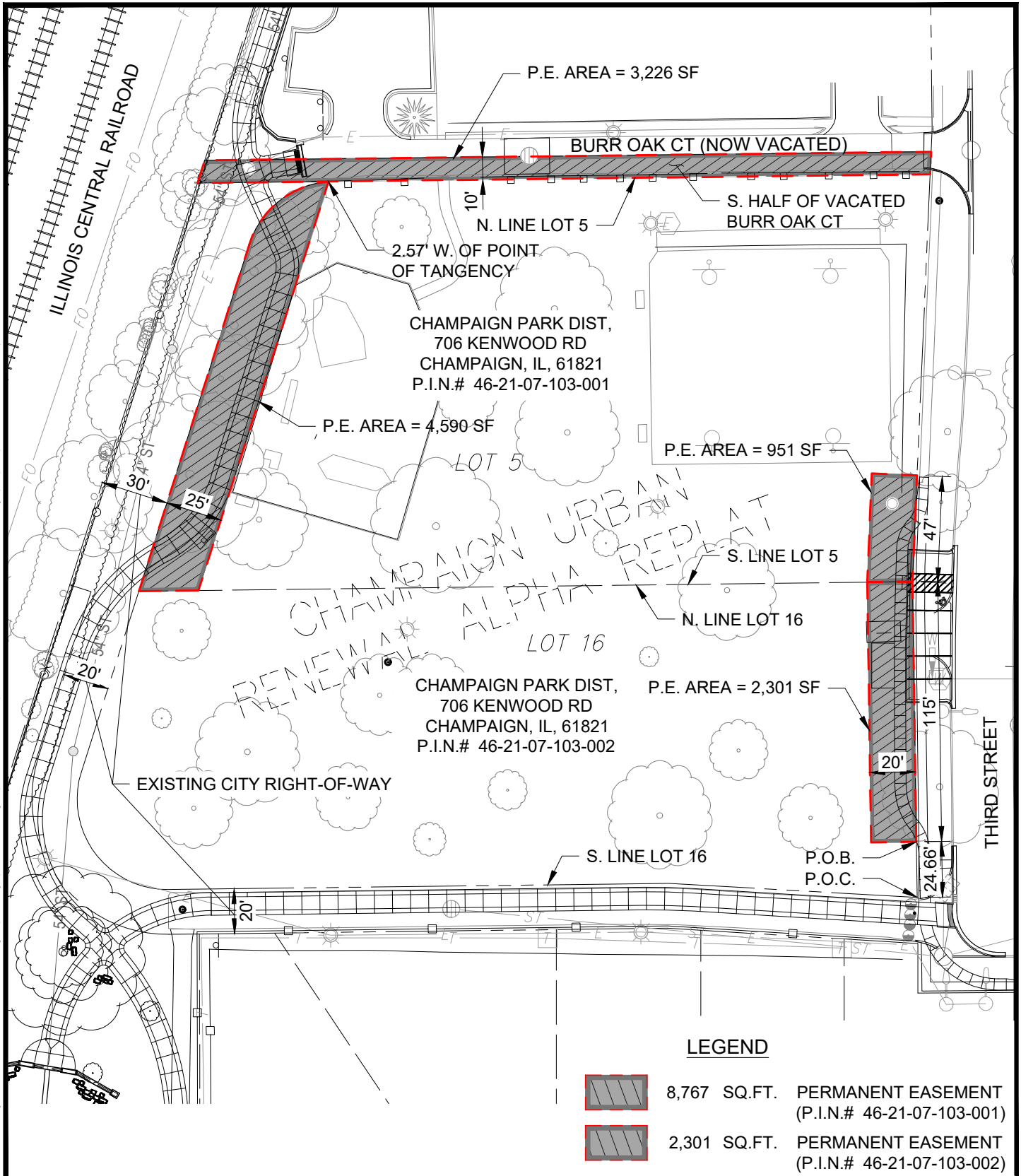
B. RETURN TO REGULAR MEETING

C. EXECUTIVE SESSION ACTION ITEM

1. Action if any on Matters Addressed in Executive Session.
(Roll Call Vote)

H. ADJOURN

J:\2015\0150740.02 - Boneyard Ph B & C Final Design\Survey\07_Drawings\TCE Exhibits - 0150740.02.dwg | 4/21/2022 2:18 PM | gbohn



LEGEND

- 8,767 SQ.FT. PERMANENT EASEMENT (P.I.N.# 46-21-07-103-001)
- 2,301 SQ.FT. PERMANENT EASEMENT (P.I.N.# 46-21-07-103-002)

1 PERMANENT EASEMENTS
SCALE: 1"=60'



Farnsworth GROUP
2211 WEST BRADLEY AVENUE
CHAMPAIGN, ILLINOIS 61821
(217) 352-7408 / info@f-w.com

City of Champaign
EASEMENT EXHIBIT
P.I.N.# 46-21-07-103-001
P.I.N.# 46-21-07-103-002

Project No: 0150740.02
Drawn by: GAB
Approved: AFJ
Date: 04/15/2022
Revised:
FIGURE 13&13.1



REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: June 16, 2022

SUBJECT: Approval of a Resolution Ratifying Change Orders 18 Through 25 for Martens Center Construction

Background

Construction is nearing completion at the Martens Center, with 93% billed at the end of May. Park District Attorney recommends ratification (attachment 2) of attendant construction change orders when their cumulative value exceeds staff spending authority. The following change orders reviewed/authored by Ratio Architects have been executed:

No.	Amount (\$)	Description	Remarks
18	7,989.94	Dryer Exhaust Re-Route	Building Permit Change
19	1,378.14	Wellness Area Power Re-Route	Owner Change
20	901.78	Additional Donor Recognition Signage	Owner Change
21	2,274.86	Elevation Changes at MTD Bus Stop	City Paying 50%
22	4,481.49	Additional Bollards at Utility Entrances	Owner Change
23	4,882.73	Additional WiFi Access Points	Owner Change
24	3,488.45	Extend Double Wall Duct to Lobby	GC Recommended Change
25	3,421.03	Additional Low Voltage Rack Mount	Owner Change

Prior Board Action

January 13, 2021 Regular Meeting—Broeren Russo Builders awarded the Martens Center construction contract.

April 14, 2021 Regular Meeting—Change Order 1 ratified.

June 9, 2021 Regular Meeting—Change Order 2 ratified.

August 11, 2021 Regular Meeting—Change Order 4 ratified; Change Order 6 authorized.

September 8, 2021 Regular Meeting—Change Orders 3, 5, 7-11 ratified.

February 9, 2022 Regular Meeting—Change Orders 12-17 ratified.

Budget Impact

The change orders added \$28,818.42 in total to the Martens Center construction contract. The contract sum to date is \$9,699,804.75 as shown on (attachment 1) *Change Order Log*.

Recommended Action

Staff recommends approval of a resolution ratifying Change Orders 18 through 25 to the Broeren Russo construction contract for the Martens Center.

Prepared by:

Reviewed by:

Andrew Weiss
Director of Planning

Joe DeLuce
Executive Director

RESOLUTION

CHAMPAIGN PARK DISTRICT BOARD OF COMMISSIONERS

Ratification of Martens Center Construction Contract Change Orders 12 Through 17

WHEREAS, the Champaign Park District is a municipal corporation located in Champaign County, Illinois, and is a park district organized and operating pursuant to the provisions of the Park District Code (70 ILCS 1205/1-1 et seq.); and

WHEREAS, the Champaign Park District annually considers and approves a capital budget for each fiscal year commencing May 1 and ending April 30 for various projects; and

WHEREAS, Champaign Park District did enter into a construction contract with Broeren Russo Builders for construction of the Marten Center, effective January 27, 2021; and

WHEREAS, Broeren Russo Builders presented estimate pricing for Change Orders 18 through 25, whereupon Ratio Architects authored Change Orders; and

WHEREAS, Champaign Park District representatives, Ratio Architects, and Broeren Russo Builders determined that the costs associated with Change Orders 18 through 25 total \$28,818.42; and

WHEREAS, Change Orders 18 through 25 to the Construction Contract are germane to the original agreement as signed; and such change is in the best interests of the Champaign Park District and authorized by law;

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of the Champaign Park District as follows:

1. Ratify execution of Change Orders 18 through 25 to the Martens Center construction contract with Broeren Russo Builders hereby passed, confirmed, and ratified for the cumulative value of \$28,818.42 as reflected in Change Orders 18 through 25, which are attached hereto as Exhibit "A".

APPROVED by the President and Board of Commissioners of the Champaign Park District this 22nd day of June, 2022.

(SEAL)

APPROVED

Jarrod Scheunemann, Secretary

Kevin J. Miller, President

Change Order			Amount (\$)			Remarks
Number	Date	Brief Description	Add	Deduct	Contract Sum	
	2/27/2021				9,463,400.00	Original Contract
1	4/6/2021	Building Slab Unsuitable Soils Replacement	55,867.50		9,519,267.50	Ratified at 4/14/2021 Regular Board Meeting
2	7/13/2021	Building Foundation Unsuitable Soils Replacement	58,411.29		9,577,678.79	Ratified at 6/9/2021 Regular Board Meeting
3	7/13/2021	Building Slab Unsuitable Soils Replacement (additional)	4,972.50		9,582,651.29	Ratified at 9/8/2021 Regular Board Meeting
4	7/27/2021	Athletic Equipment Certified Installers	16,000.00		9,598,651.29	Ratified at 8/11/2021 Regular Board Meeting
5	8/2/2021	Additional Brush and Fence Encroachment Clearing	2,675.14		9,601,326.43	Ratified at 9/8/2021 Regular Board Meeting
6	8/4/2021	Five Foot Wide City Sidewalk	34,778.10		9,636,104.53	Authorized at 8/11/2021 Regular Board Meeting **
7	8/17/2021	Plumbing Permit Changes	2,198.71		9,638,303.24	Ratified at 9/8/2021 Regular Board Meeting
8	8/17/2021	Illuminated Exit Sign Permit Change	1,445.20		9,639,748.44	Ratified at 9/8/2021 Regular Board Meeting
9	8/17/2021	Fire Department Connection Permit Change	2,801.74		9,642,550.18	Ratified at 9/8/2021 Regular Board Meeting
10	8/17/2021	Ductwork Metal Plate Escutcheon Requirement	2,049.04		9,644,599.22	Ratified at 9/8/2021 Regular Board Meeting
11	8/17/2021	Steel Tube Headers at West Windows Structural	8,268.74		9,652,867.96	Ratified at 9/8/2021 Regular Board Meeting
12	11/12/2021	Sidewalk Elevation Permit Change	4,133.42		9,657,001.38	Ratified at 2/8/2022 Regular Board Meeting **
13	11/12/2021	Fire Protection Permit Changes	2,221.79		9,659,223.17	Ratified at 2/8/2022 Regular Board Meeting
14	11/18/2021	Electrified Door Hardware for Access Control	2,366.91		9,661,590.08	Ratified at 2/8/2022 Regular Board Meeting
15	12/30/2021	Public Health Department Permit Requirements	8,330.47		9,669,920.55	Ratified at 2/8/2022 Regular Board Meeting
16	12/30/2021	Door Hardware, Keying, and Signage Reconciliation		2,018.70	9,667,901.85	Ratified at 2/8/2022 Regular Board Meeting
17	1/10/2022	Fire Protection Permit Changes	3,084.48		9,670,986.33	Ratified at 2/8/2022 Regular Board Meeting
18	2/4/2022	Dryer Exhaust Re-Route Permit Change	7,989.94		9,678,976.27	Executed 2/11/2022
19	3/23/2022	Move / Change Wellness Area Electrical Power	1,378.14		9,680,354.41	Executed 3/29/2022
20	3/23/2022	Donor Recognition Signage Change	901.78		9,681,256.19	Executed 3/29/2022
21	3/23/2022	Elevation Changes adjacent to MTD Bus Stop	2,274.86		9,683,531.05	Executed 3/29/2022 **
22	4/27/2022	Additional Bollards at Utility Entrances	4,481.49		9,688,012.54	Executed 4/27/2022
23	5/18/2022	Additional WiFi Access Points on Building Exterior	4,882.73		9,692,895.27	Executed 5/19/2022
24	5/18/2022	Extend Double Wall Duct to Lobby	3,488.45		9,696,383.72	Executed 5/19/2022
25	6/7/2022	Additional Low Voltage Rack Mount in Closet 2002C	3,421.03		9,699,804.75	Executed 6/7/2022
			238,423.45	2,018.70	236,404.75	** City of Champaign is sharing 50% of cost.
			ADD	DEDUCT	NET	



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SCANNED

2/11/2022

E-MAILED
3/18/2022

Change Order

PROJECT: (Name and address)
Martens Center
1515 N. Market St.
Champaign, IL 61820

CONTRACT INFORMATION:
Contract For: Construction
Date: January 27, 2021

CHANGE ORDER INFORMATION:
Change Order Number: 18
Date: February 4, 2022

RYAN H.
SKY S.
JOE D.

OWNER: (Name and address)
Champaign Park District
706 Kenwood Rd.
Champaign, IL 61821

ARCHITECT: (Name and address)
RATIO States LLC
d/b/a RATIO States PLLC
102 S. Neil St.
Champaign, IL 61820
19163.000

CONTRACTOR: (Name and address)
Broeren Russo Builders, Inc.
602 N. Country Fair Dr.
Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Provide rescue assistance intercom station and associated signaged in Elevator Lobby C205 as requested by City of Champaign as issued as part of ASI-02. See attached COR 24.

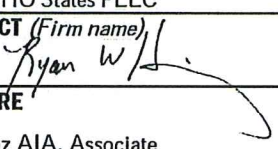
Re-route dryer exhaust per RFI 23 response. City of Champaign does not allow a booster. See attached COR 29 for additional information.


The original Contract Sum was	\$	9,463,400.00
The net change by previously authorized Change Orders	\$	207,586.33
The Contract Sum prior to this Change Order was	\$	9,670,986.33
The Contract Sum will be increased by this Change Order in the amount of	\$	7,989.94
The new Contract Sum including this Change Order will be	\$	9,678,976.27


The Contract Time will be unchanged by Zero (0) days.
The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
d/b/a RATIO States PLLC
ARCHITECT (Firm name)

SIGNATURE
Ryan Hinz AIA, Associate
PRINTED NAME AND TITLE
02/04/2022
DATE

Broeren Russo Builders, Inc.
CONTRACTOR (Firm name)

SIGNATURE
Sky Sanborn, Executive Vice President,
COO
PRINTED NAME AND TITLE
2/11/22
DATE

Champaign Park District
OWNER (Firm name)

SIGNATURE
Joe DeLuca, Executive Director
PRINTED NAME AND TITLE
2/11/2022
DATE



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SCANNED

3/29/2022

Change Order

PROJECT: (Name and address)
Martens Center
1515 N. Market St.
Champaign, IL 61820

CONTRACT INFORMATION:
Contract For: Construction
Date: January 27, 2021

CHANGE ORDER INFORMATION:
Change Order Number: 19
Date: March 23, 2022

OWNER: (Name and address)
Champaign Park District
706 Kenwood Rd.
Champaign, IL 61821

ARCHITECT: (Name and address)
RATIO States LLC
d/b/a RATIO States PLLC
102 S. Neil St.
Champaign, IL 61820
19163.000

CONTRACTOR: (Name and address)
Broeren Russo Builders, Inc.
602 N. Country Fair Dr.
Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Provide (3) fire rated poke-through devices in Wellness 2008 to replaced the specified surface mounted 2-channel raceway. Reference attached Change Order Request 30 for additional information.

The original Contract Sum was	\$	9,463,400.00
The net change by previously authorized Change Orders	\$	215,576.27
The Contract Sum prior to this Change Order was	\$	9,678,976.27
The Contract Sum will be increased by this Change Order in the amount of	\$	1,378.14
The new Contract Sum including this Change Order will be	\$	9,680,354.41

The Contract Time will be unchanged by Zero (0) days.
The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
d/b/a RATIO States PLLC
ARCHITECT (Firm name)
Ryan Hinz
SIGNATURE
Ryan Hinz AIA, Associate
PRINTED NAME AND TITLE
03/23/2022
DATE

Broeren Russo Builders, Inc.
CONTRACTOR (Firm name)
S Sanborn
SIGNATURE
Sky Sanborn, Executive Vice President,
COO
PRINTED NAME AND TITLE
3/28/28
DATE

Champaign Park District
OWNER (Firm name)
Daniel J. Olson
SIGNATURE
Joe DeLuce, Executive Director
Daniel J. Olson
PRINTED NAME AND TITLE
March 29, 2022
DATE

E-MAILED
3/29/2022

R HINZ
S SANBORN
D OLSON
J SCHWEMANN

GOPY



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SCANNED
3/29/2022

Change Order

PROJECT: (Name and address)
Martens Center
1515 N. Market St.
Champaign, IL 61820

CONTRACT INFORMATION:
Contract For: Construction
Date: January 27, 2021

CHANGE ORDER INFORMATION:
Change Order Number: 20
Date: March 23, 2022

OWNER: (Name and address)
Champaign Park District
706 Kenwood Rd.
Champaign, IL 61821

ARCHITECT: (Name and address)
RATIO States LLC
d/b/a RATIO States PLLC
102 S. Neil St.
Champaign, IL 61820
19163.000

CONTRACTOR: (Name and address)
Broeren Russo Builders, Inc.
602 N. Country Fair Dr.
Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Provided revised donor recognition signs requested by the Owner as represented in ASI-20 and reviewed COR-32 attached. This change includes deleted dimensional letter signage and adds interior panel signage.

The original Contract Sum was	\$	9,463,400.00
The net change by previously authorized Change Orders	\$	216,954.41
The Contract Sum prior to this Change Order was	\$	9,680,354.41
The Contract Sum will be increased by this Change Order in the amount of	\$	901.78
The new Contract Sum including this Change Order will be	\$	9,681,256.19

The Contract Time will be unchanged by Zero (0) days.

The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
d/b/a RATIO States PLLC

ARCHITECT (Firm name)

Ryan Hinz

SIGNATURE

Ryan Hinz AIA, Associate

PRINTED NAME AND TITLE

03/23/2022

DATE

Broeren Russo Builders, Inc.

CONTRACTOR (Firm name)

Sky Sanborn

SIGNATURE

Sky Sanborn, Executive Vice President,
COO

PRINTED NAME AND TITLE

3/29/2022

DATE

Champaign Park District

OWNER (Firm name)

Daniel J. Olson

SIGNATURE

Joe DeLuce, Executive Director
Daniel J. Olson

PRINTED NAME AND TITLE

March 29, 2022

DATE

E-MAILED
3/29/2022

R HINZ
S SANBORN
D OLSON
J SCHWENGMAN



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Change Order

PROJECT: (Name and address)
Martens Center
1515 N. Market St.
Champaign, IL 61820

CONTRACT INFORMATION:
Contract For: Construction
Date: January 27, 2021

CHANGE ORDER INFORMATION:
Change Order Number: 21
Date: March 23, 2022

OWNER: (Name and address)
Champaign Park District
706 Kenwood Rd.
Champaign, IL 61821

ARCHITECT: (Name and address)
RATIO States LLC
d/b/a RATIO States PLLC
102 S. Neil St.
Champaign, IL 61820
19163.000

CONTRACTOR: (Name and address)
Broeren Russo Builders, Inc.
602 N. Country Fair Dr.
Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Provide Market Street sidewalk adjustments per attached PR-20 and COR-33. The city of Champaign requested the MTD bus stop pad be included in the side walk replacement work for this project. In addition sidewalk revisions include accomodations for a future mid-block crosswalk to be provided by the city under a separate contract.

The original Contract Sum was	\$	<u>9,463,400.00</u>
The net change by previously authorized Change Orders	\$	<u>217,856.19</u>
The Contract Sum prior to this Change Order was	\$	<u>9,681,256.19</u>
The Contract Sum will be increased by this Change Order in the amount of	\$	<u>2,274.86</u>
The new Contract Sum including this Change Order will be	\$	<u>9,683,531.05</u>

The Contract Time will be unchanged by Zero (0) days.
The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
d/b/a RATIO States PLLC

ARCHITECT (Firm name)

SIGNATURE

Ryan Hinz AIA, Associate

PRINTED NAME AND TITLE

03/23/2022

DATE

Broeren Russo Builders, Inc.

CONTRACTOR (Firm name)

[Signature]

SIGNATURE

Sky Sanborn, Executive Vice President,
COO

PRINTED NAME AND TITLE

3/28/2022

DATE

Champaign Park District

OWNER (Firm name)

[Signature]

SIGNATURE

Joe DeLuce, Executive Director
Daniel J. Olson

PRINTED NAME AND TITLE

March 28, 2022

DATE

E-MAILED
3/29/2022
R Hinz
S Sanborn
D Olson
J Schemmman



5/1/2022

Change Order

PROJECT: (Name and address)
Martens Center
1515 N. Market St.
Champaign, IL 61820

CONTRACT INFORMATION:
Contract For: Construction
Date: January 27, 2021

CHANGE ORDER INFORMATION:
Change Order Number: 22
Date: April 20, 2022

COPY

OWNER: (Name and address)
Champaign Park District
706 Kenwood Rd.
Champaign, IL 61821

ARCHITECT: (Name and address)
RATIO States LLC
d/b/a RATIO States PLLC
102 S. Neil St.
Champaign, IL 61820
19163.000

CONTRACTOR: (Name and address)
Broeren Russo Builders, Inc.
602 N. Country Fair Dr.
Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Furnish and Install (4) additional bollards at the west side of the building to protect utility services entrances. Bollards to be painted to match exterior metal on building. See attached COR 34 for additional information.

The original Contract Sum was	\$ 9,463,400.00
The net change by previously authorized Change Orders	\$ 220,131.05
The Contract Sum prior to this Change Order was	\$ 9,683,531.05
The Contract Sum will be increased by this Change Order in the amount of	\$ 4,481.49
The new Contract Sum including this Change Order will be	\$ 9,688,012.54

The Contract Time will be unchanged by Zero (0) days.
The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
d/b/a RATIO States PLLC

Broeren Russo Builders, Inc.

Champaign Park District

ARCHITECT (Firm name)

CONTRACTOR (Firm name)

OWNER (Firm name)

Ryan W. Hinz
SIGNATURE

[Signature]
SIGNATURE

[Signature]
SIGNATURE

Ryan Hinz AIA, Associate

Sky Sanborn, Executive Vice President,
COO

Joe DeLuce, Executive Director

PRINTED NAME AND TITLE

PRINTED NAME AND TITLE

PRINTED NAME AND TITLE

04/20/2022

4/27/22

4/27/22

DATE

DATE

DATE



AIA®

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SCANNED

5/19/2022

Change Order

PROJECT: (Name and address)
Martens Center
1515 N. Market St.
Champaign, IL 61820

CONTRACT INFORMATION:
Contract For: Construction
Date: January 27, 2021

CHANGE ORDER INFORMATION:
Change Order Number: 23
Date: May 11, 2022

OWNER: (Name and address)
Champaign Park District
706 Kenwood Rd.
Champaign, IL 61821

ARCHITECT: (Name and address)
RATIO States LLC
d/b/a RATIO States PLLC
102 S. Neil St.
Champaign, IL 61820
19163.000

CONTRACTOR: (Name and address)
Broeren Russo Builders, Inc.
602 N. Country Fair Dr.
Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Furnish and install (2) additional exterior wireless access points as requested by the Owner during an on-site visit with the Contractor. See attached COR 36 Rev1 for additional information.

The original Contract Sum was	\$	9,463,400.00
The net change by previously authorized Change Orders	\$	224,612.54
The Contract Sum prior to this Change Order was	\$	9,688,012.54
The Contract Sum will be increased by this Change Order in the amount of	\$	4,882.73
The new Contract Sum including this Change Order will be	\$	9,692,895.27

The Contract Time will be unchanged by Zero (0) days.
The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
d/b/a RATIO States PLLC
ARCHITECT (Firm name)

SIGNATURE
 Ryan Hinz AIA, Associate
PRINTED NAME AND TITLE
 05/11/2022
DATE

Broeren Russo Builders, Inc.
CONTRACTOR (Firm name)

SIGNATURE
 Sky Sanborn, Executive Vice President,
COO
PRINTED NAME AND TITLE
 5/19/22
DATE

Champaign Park District
OWNER (Firm name)

SIGNATURE
 Joe DeLuca, Executive Director
PRINTED NAME AND TITLE
 5/19/22
DATE

Change Order

PROJECT: (Name and address)
Martens Center
1515 N. Market St.
Champaign, IL 61820

CONTRACT INFORMATION:
Contract For: Construction
Date: January 27, 2021

CHANGE ORDER INFORMATION:
Change Order Number: 24
Date: May 11, 2022

OWNER: (Name and address)
Champaign Park District
706 Kenwood Rd.
Champaign, IL 61821

ARCHITECT: (Name and address)
RATIO States LLC
d/b/a RATIO States PLLC
102 S. Neil St.
Champaign, IL 61820
19163.000

CONTRACTOR: (Name and address)
Broeren Russo Builders, Inc.
602 N. Country Fair Dr.
Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Furnish and extend double wall duct into Vestibule V104 above ceiling. Paint duct exposed to view in Entrance Lobby. See COR 35 for additional information.

The original Contract Sum was	\$ 9,463,400.00
The net change by previously authorized Change Orders	\$ 229,495.27
The Contract Sum prior to this Change Order was	\$ 9,692,895.27
The Contract Sum will be increased by this Change Order in the amount of	\$ 3,488.45
The new Contract Sum including this Change Order will be	\$ 9,696,383.72

The Contract Time will be unchanged by Zero (0) days.
The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

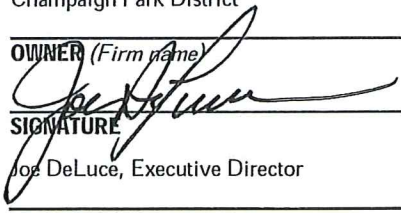
NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
d/b/a RATIO States PLLC
ARCHITECT (Firm name)

SIGNATURE
Ryan Hinz AIA, Associate
PRINTED NAME AND TITLE
05/11/2022
DATE

Broeren Russo Builders, Inc.
CONTRACTOR (Firm name)

SIGNATURE
Sky Sanborn, Executive Vice President,
COO
PRINTED NAME AND TITLE
5/19/22
DATE

Champaign Park District
OWNER (Firm name)

SIGNATURE
Joe DeLuce, Executive Director
PRINTED NAME AND TITLE
5/19/22
DATE

COPY



Document G701™ – 2017

SCANNED

6/7/2022

Change Order

PROJECT: (Name and address)
Martens Center
1515 N. Market St.
Champaign, IL 61820

CONTRACT INFORMATION:
Contract For: Construction
Date: January 27, 2021

CHANGE ORDER INFORMATION:
Change Order Number: 25
Date: June 3, 2022

OWNER: (Name and address)
Champaign Park District
706 Kenwood Rd.
Champaign, IL 61821

ARCHITECT: (Name and address)
RATIO States LLC
d/b/a RATIO States PLLC
102 S. Neil St.
Champaign, IL 61820
19163.000

CONTRACTOR: (Name and address)
Broeren Russo Builders, Inc.
602 N. Country Fair Dr.
Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Remove existing low voltage rack in room GF STOR 2002C. Furnish and install larger rack. Provides total 26U rack spaces. See COR 37 for additional information.

Table with 2 columns: Description and Amount. Rows include original contract sum, net change, sum prior to change order, increase amount, and new contract sum.

The Contract Time will be unchanged by Zero (0) days.
The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
d/b/a RATIO States PLLC
ARCHITECT (Firm name)
SIGNATURE
Ryan Hinz AIA, Associate
PRINTED NAME AND TITLE
06/3/2022
DATE

Broeren Russo Builders, Inc.
CONTRACTOR (Firm name)
SIGNATURE
Sky Sanborn, Executive Vice President, COO
PRINTED NAME AND TITLE
6/7/22
DATE

Champaign Park District
OWNER (Firm name)
SIGNATURE
Joe DeLuce, Executive Director
PRINTED NAME AND TITLE
6/7/22
DATE



REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: June 22, 2022

SUBJECT: Martens Center Project: Sidewalks

Background

In early 2019 the Park District requested a replat of the Human Kinetics Subdivision to allow the Park District to purchase property for Human Kinetics Park and the Martens Center while Human Kinetics Publishers could retain their parking lot. The City expedited the replat and deferred all standard developer requirements for a replat knowing that the sale and possible LWCF money was at stake. The Park District worked with the City over time to wave the street lighting requirement. Additionally, the stormwater detention requirement was addressed in the Bristol Park IGA. The only two (2) outstanding items deferred until construction were the sidewalk and the trees. During design, the sidewalk inventory report was made and sent to the City and the bid documents indicate this as the scope of work. By the time of permit review, the City determined they require the five-foot sidewalks per the plat ordinance.

The replat for Human Kinetics Park included the following details:

1. BEARINGS ARE REFERENCED TO THE ILLINOIS STATE PLANE COORDINATE SYSTEM, EAST ZONE.
2. THE VERTICAL DATUM USED ON THIS PROJECT WAS NAVD 1988.
3. ACCORDING TO THE FEDERAL EMERGENCY MANAGEMENT AGENCY FLOOD INSURANCE RATE MAP, PANEL 313 OF 625, MAP NUMBER 17019C0313D WITH AN EFFECTIVE DATE OF OCTOBER 2, 2013 THE MAJORITY OF THE PROPERTY SURVEYED IS REPORTEDLY LOCATED WITHIN ZONE D (AREAS IN WHICH FLOOD HAZARDS ARE UNDETERMINED, BUT POSSIBLE), WITH A PORTION OF THE SOUTHWEST CORNER OF THE PROPERTY REPORTEDLY LOCATED WITHIN ZONE AE (AREAS IN WHICH HAVE A 1 % ANNUAL CHANCE WITH A BASE FLOOD ELEVATION OF 734.8 FT ACCORDING TO FLOOD PROFILE 08P IN THE CIP OF CHAMPAIGN FLOOD STUDY DATED OCTOBER 2, 2013).
4. THE REPLAT OF HUMAN KINETICS SUBDIVISION DOES NOT LIE WITHIN A DRAINAGE DISTRICT.
5. THE Property SUBDIVIDED IS WITHIN THE CORPORATE LIMITS OF THE CITY OF CHAMPAIGN.
6. THERE ARE NO STRUCTURES ON THE PROPERFT AT THE TIME OF THIS SURVEY.
7. SIDEWALKS, STREET LIGHTS AND STREET TREES SHALL BE DEFERRED AS PART OF THIS PLAT BUT THE INSTALLATION AND CONSTRUCTION OF THESE INFRASTRUCTURE IMPROVEMENTS WILL BE REQUIRED WITH FURTHER DEVELOPMENT OF THESE LOTS.
8. STORMWATER DETENTION SHALL BE DEFERRED AS PART OF THIS SUBDIVISION. ANY FURTHER DEVELOPMENT OF OF LOT 102 SHALL REQUIRE STORMWATER DETENTION TO BE PROVIDED

The mission of the Champaign Park District is to enhance our community's quality of life through positive experiences in parks, recreation, and cultural arts.

As part of the re-plat of the property, the City of Champaign deferred the decision on the City sidewalk on Market Street which is approximately 278 feet in length. The Park District's architecture firm, Ratio Architects did a sidewalk study to make repairs to the existing sidewalk and included those details in the bid specifications for the project. Broeren Russo won the bid for the project which included approximately \$10,000 in their bid to repair the existing sidewalk. The Park District's plan was to make repairs to the existing sidewalk so it meets ADA guidelines and is free of any trip hazards to be level and safe for any residents walking in front of the community center.

When the bid specs were created, a sidewalk study was completed and shared the results were shared with the City of Champaign. The study indicated which sidewalk sections would need to be repaired. Staff did not receive an answer about the sidewalks when the bids were let, so the bid specs included the repairs to the sidewalk. Then, as part of permit review the city made the change and stated that the Park District had to replace the sidewalk with a new five-foot sidewalk. **The Park District did not have to add additional stormwater detention, street lights or trees, just the five-foot sidewalk in order to get a building permit.**

Staff sent a request to Dorothy David, City Manager to request the City provide \$25,000 to help cover the cost of the new sidewalks, but the request had to be made to the City Council. Staff then met with Bruce Knight, Director of Planning for the City and he suggested that the Park District file a waiver request for the sidewalk. Staff filed a waiver request for the sidewalk and during the next week received the following communication from Bruce Knight:

"The City Planning Director responded to our request for a waiver with the following information: It does not appear to me that the Park District will qualify under the waiver criteria. In discussing this with Dorothy David, City Manager, I suggested that we offer to split the cost with you using TIF increment. I know you have indicated that repairs were budgeted at \$10,000, and complete replacement at \$30,000. If we each pay \$15,000 it is not as large an overrun for your budget and the new Martin Center will have a new sidewalk to go with it. Does that work for you?"

-Bruce Knight, Director of Planning

Staff recommended we accept the offer from the City of Champaign to pay \$15,000 towards a new five-foot sidewalk in front of the Martens Center. The cost estimate to replace the existing sidewalk at the Martens Center from Broeren Russo is \$34,778.10.

Budget

The City of Champaign Director of Planning agreed to cover 50% of the costs of the project which continued to grow as the city staff reviewed the plans.

The project included:

- Replacement of the complete sidewalk with a new 5-foot sidewalk \$34,778.10
- Raise the elevation of the city sidewalk by 4 to 6 inches that are being replaced. \$4,133.42
- Replacement of the bus concrete base and set up for a cross walk \$2,274.86
- Design for the above projects and for a future cross walk being installed by the city. \$4,443.00

The total cost for these change orders is \$45,629.38 with \$22,814.69 being covered by the City of Champaign.

Recommendation

Staff recommends the Park Board approve the attached IGA with the City of Champaign and direct the Executive Director to sign the agreement.

Prepared by:

Joe DeLuce, CPRP
Executive Director

COST-SHARE AGREEMENT

Sidewalk – Martens Center

This Cost-Share Agreement (“Agreement”) is entered into on the date it is fully executed, by and between the CITY OF CHAMPAIGN, ILLINOIS, a municipal corporation (“City”) and CHAMPAIGN PARK DISTRICT, a municipal corporation (“Park District”).

WITNESSETH:

WHEREAS, a public sidewalk exists at the frontage along the Martens Center property owned by the Park District (“Sidewalk”); and

WHEREAS, the Martens Center is specifically located at 1515 N. Market St., Champaign, IL 61820; and

WHEREAS, the City and the Park District have a mutual interest in removing and replacing the Sidewalk to improve pedestrian access to and from the Martens Center; and

WHEREAS, pursuant to Sec. 2-121 of the Champaign Municipal Code, the City Manager is authorized to execute agreements with other governmental units in order to undertake joint projects for which the costs are within the administrative purchasing limit; and

WHEREAS, the parties have agreed to share the costs of the Sidewalk improvements (“Project”).

NOW, THEREFORE, in consideration of the mutual benefits and covenants contained herein, the parties agree as follows:

1. **Sidewalk Project.** The Park District owns the Martens Center property located at 1515 N. Market St., Champaign, IL 61820. The Disclosure Affidavit for the Champaign Park District is attached as **Exhibit A**. The City owns or otherwise

maintains and controls the property that encompasses the parkway area east of the Martens Center building from the sidewalk to the curb of Market Street. The City consents to any work done pursuant to the Project Plan Documents attached as **Exhibit B** on land which the City owns or otherwise maintains and controls and to which it has access rights.

2. **Project Construction.** The Project consists of the Park District removing the existing Sidewalk and replacing it with a five-foot wide sidewalk of standard light duty concrete paving, broom finish, as further described in the Project Plan documents in Exhibit B, and the As-Built Plans in Exhibit C. The City will monitor the progress of the work in compliance with its usual and customary practices.

3. **City Cost Share and Payment for Work.**

A. The Park District shall be solely responsible for making all payments to contractors for the work performed on the Project, subject to a right of reimbursement from the City for certain costs as provided below.

B. The City shall reimburse the Park District within 45 days of notice of request for reimbursement of \$22,814.69, which represents 50% of the costs as set forth in the cost estimate of \$45,629.38 per the attachments in **Exhibit B**.

4. **Term.** This Agreement shall terminate upon completion of the Project improvements and payment of the reimbursement amount described in Section 3.

5. **Compliance with Law.** The parties shall comply with all applicable federal, state and local laws, rules, regulations, ordinances and permit requirements pertaining to the completion of the Project.

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6. **No Future Responsibility or Liability.** The financial commitment contained herein shall not be deemed to create a partnership, joint venture, or other formal or informal relationship between the parties to this Agreement other than as set forth herein. Subsequent to the performance of the terms of this Agreement, neither party shall have any future responsibility or liability for the repair, maintenance, or improvement of any portion of the Project that is located on property owned or otherwise controlled by the other party. Accordingly, City shall be responsible for the sidewalk in all manner whatsoever as a City sidewalk from and after completion of the Project. No ownership interest will transfer upon completion of this Project.

7. **No Shared Liability.** Each party shall be solely responsible and liable for any and all claims, at law or equity, arising out of or resulting from any activities performed in connection with their specific obligations under this Agreement, except for claims solely attributable to the negligence of the other party or that other party's officials, employees, or agents.

8. **Severability.** Any provision of this Agreement that is prohibited or unenforceable shall be ineffective only to the extent of such prohibition or unenforceability without invalidating the remaining provisions of this Agreement.

9. **Merger.** This Agreement contains all of the terms and conditions relating to the agreement of the parties and no oral representations, covenants, or agreements exist between the parties other than those stated herein.

10. **Indemnification.** Park District shall indemnify, defend and hold harmless City and any of its trustees, directors, officers, employees, agents, and representatives from and against any and all liability, loss, costs, causes of actions, demands, attorney fees,

expenses, claims, suits and judgments of whatsoever kind and character, including without limitation, all possible costs of responding to demands, in whatever form that may take, with respect to any claim made against City that arises solely from an act, failure or omission on the part of Park District, or any of its commissioners, officers, employees, agents, representatives, and volunteers in carrying out the terms of this Agreement until completion of the Sidewalk. Thereafter, City shall indemnify, defend and hold harmless Park District and its commissioners, officers, employees, agents, and representatives from and against any and all liability, loss, costs, causes of actions, demands, attorney's fees, expenses, claims, suits and judgments of whatsoever kind and character, including without limitation, all possible costs of responding to demands, in whatever form that may take, with respect to any claim made against Park District that arises from an act, failure or omission on the part of City or its council members, officers, employees, agents, and representatives regarding the sidewalk and in carrying out of the terms of this Agreement.

11. **Notice.** Unless otherwise agreed to in writing, any notice pursuant to this Agreement shall be sent by first class US Mail to the following:

Champaign Park District
Joe DeLuce
706 Kenwood Rd.
Champaign, IL 61821

City of Champaign
City Manager
102 N. Neil St.
Champaign, IL 61820

With a copy to
Planning & Development Director
Same address as above

12. **Signatures.** This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original. Facsimile, pdf, or other digital

signature (i.e. DocuSign) shall be deemed to have the same effect as an original ink signature.

IN WITNESS WHEREOF, the City and the Park District have signed this Agreement to the above terms on the date it is fully executed as indicated below.

CITY:
CITY OF CHAMPAIGN

Park District:
CHAMPAIGN PARK DISTRICT

By: _____
Dorothy David
City Manager

By: _____
Joe DeLuce
Executive Director

Date: _____

Date: _____

APPROVED AS TO FORM:

Asst. City Attorney
Sec. 2-121 of the Champaign Mun.Code

List of Exhibits

- A- Disclosure Affidavit
- B- Project Plan Documents, Costs & Fees
- C- As-Built Plans

DISCLOSURE AFFIDAVIT

(NOTE: This disclosure is required by adopted City Council Policy. This Affidavit must be completely filled out and signed by any party 1) entering into contracts with the City, 2) involved in certain land use proceedings, or 3) development of real estate agreements with the City. This Affidavit assists the City in making determinations relative to conflict of interest and other laws.)

(Fill in state and county in which affidavit is being signed)

STATE OF _____)
) ss.
 COUNTY OF _____)

I, the undersigned, being duly sworn, do state as follows:

SECTION 1. BUSINESS STATUS STATEMENT

A. _____ (insert complete legal company name), (hereafter "Contractor" or "Vendor") is a:

- Corporation
- Partnership or Joint Venture (General or Limited)
- Limited Liability Company (LLC)
- Individual or Sole Proprietorship
- Not-for-Profit Corporation
- Trust
- Other (i.e. Government Entity)

Contractor's Federal Tax Identification Number: _____, or in the case of an individual or sole proprietorship, Social Security Number: XXX-XX-_____

(If a Corporation, complete B; If a Partnership, complete C; If a LLC, complete B (i), (ii) and C; If an Individual, complete D; If a Not-for-Profit Corporation, complete E; If a Trust, complete F; If Other (i.e. Government Entity), complete G)

B. CORPORATION OR LLC

(i) The State of Incorporation is _____.

Registered Agent of Corporation/LLC in Illinois: _____ Name _____ Address _____ City, State, Zip _____ Telephone	Business Information (If Different from Registered Agent): _____ Company Address, Principal Office _____ City, State, Zip _____ _____ Telephone Fax _____ Website
--	---

(ii) The corporate officers are as follows (if applicable, list and identify the corporate officers below – attach additional sheets if necessary):

President: _____

Vice President: _____

Secretary: _____

(iii) **Attach a List** of all shareholders owning five percent (5%) or more of the stock in the corporation.

C. PARTNERSHIP OR LLC

The business address is: _____

Telephone: _____ Fax: _____

Email or website: _____

The partners or members are as follows (attach additional sheets if necessary):

(Name, Home Address and Telephone)
(Name, Home Address and Telephone)
(Name, Home Address and Telephone)

Manager of LLC (attach additional sheets as needed):

Name:

Address:

Telephone:

D. INDIVIDUAL PROPRIETORSHIP

The business address is _____

Telephone: _____ Fax: _____

My home address is _____

Telephone: _____ Fax: _____

Email or website: _____

E. NOT-FOR-PROFIT CORPORATION

The business address is: _____

Telephone: _____

Email or website: _____

Director or CAO: _____

The Board Members are as follows (attach additional sheets if necessary):

Name: _____ Address: _____ Telephone: _____
Name: _____ Address: _____ Telephone: _____
Name: _____ Address: _____ Telephone: _____
Name: _____ Address: _____ Telephone: _____

F. TRUST

Bank or entity acting as Trustee is: _____

Address: _____

Telephone: _____ Fax: _____

Trust No.: _____

Power of Direction: _____

Address: _____

Telephone: _____ Fax: _____

Beneficial Interests:

Name: Address: Telephone:
Name: Address: Telephone:
Name: Address: Telephone:
Name: Address: Telephone:

G. OTHER (i.e. GOVERNMENT ENTITY)

The entity's business address is: _____

Telephone: _____

Email or website: _____

Director, Chairman, Manager, Mayor, President etc.: _____

The Board/Council Members are as follows (attach additional sheets if necessary):

Name: _____ Address: _____ Telephone: _____
Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____
Name: _____ Address: _____ Telephone: _____

SECTION 2. NON-COLLUSION STATEMENT

- A. This proposal, bid or contract is made without any connection or common interest in the profits with any other person other than the Vendor except as listed on a separate attached sheet to this affidavit.

Check One:

_____ Others Interested in Contract _____ None

- B. No department director or any employee or any officer of the City of Champaign has any financial interest, directly or indirectly, in the award of this contract except as listed on a separate attached sheet to this affidavit.
- C. That the Contractor/Vendor is not barred from bidding on any contract, if bidding process was used, as a result of violation of 720 ILCS 5/33E-3 and 5/33E-4 (Bid Rigging or Bid Rotating).

SECTION 3. DRUG FREE WORKPLACE AND DELINQUENT ILLINOIS TAXES STATEMENT

The undersigned states under oath that the Contractor/Vendor is in full compliance with the Illinois Drug Free Workplace Act, 30 ILCS 580/1. The undersigned also states under oath and certifies that Contractor/Vendor is not delinquent in payment of any tax administered by the Illinois Department of Revenue except that the taxes for which liability for the taxes or the amount of the taxes are being contested, in accordance with the procedures established by the appropriate Revenue Act; or that the Vendor has entered into an agreement(s) with the Illinois Department of Revenue for the payment of all taxes due and is in compliance with the agreement.

SECTION 4. FAMILIARITY WITH LAWS STATEMENT

The undersigned, being duly sworn, hereby states that the Contractor/Vendor and its employees are familiar with and will comply with all Federal, State and local laws applicable to the project, which may include, but is not limited to, the Prevailing Wage Act and the Davis-Bacon Act.

MANAGERS OR AUTHORIZED SIGNATORIES FOR ALL OWNERSHIP TYPES ARE TO SIGN AND NOTARIZE BELOW:

Signature

Printed Name: _____
Title: _____

SUBSCRIBED and SWORN to before me this ____ day of _____, 20 .

Notary Public

My Commission Expires: _____



August 13, 2021

Change Order

PROJECT: (Name and address)
Martens Center
1515 N. Market St.
Champaign, IL 61820

CONTRACT INFORMATION:
Contract For: Construction
Date: January 27, 2021

CHANGE ORDER INFORMATION:
Change Order Number: 06
Date: August 4, 2021

OWNER: (Name and address)
Champaign Park District
706 Kenwood Rd.
Champaign, IL 61821

ARCHITECT: (Name and address)
RATIO States LLC
d/b/a RATIO States PLLC
102 S. Neil St.
Champaign, IL 61820
19163.000

CONTRACTOR: (Name and address)
Broeren Russo Builders, Inc.
602 N. Country Fair Dr.
Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Remove existing sidewalk along Market Street. Replace additional sidewalk along Market Street with standard light duty concrete paving, broom finish as indicated on sheets L-201, L-202, and L-701 issues as part of ASI-2 City of Champaign Permit Review. Change in Contract Sum for this change order shall not exceed \$34,778.10.

Reference document MC_CO-06 Attachments for all associated back up information.

Table with 2 columns: Description and Amount. Rows include original contract sum, net change, sum prior to change order, increase amount, and new total sum.

The Contract Time will be unchanged by Zero (0) days.
The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
d/b/a RATIO States PLLC
ARCHITECT (Firm name)
Signature: Ryan W. Hinz
SIGNATURE
Ryan Hinz AIA, Associate
PRINTED NAME AND TITLE
08/04/2021
DATE

Broeren Russo Builders, Inc.
CONTRACTOR (Firm name)
Signature: Sky Sanborn
SIGNATURE
Sky Sanborn, Executive Vice President, COO
PRINTED NAME AND TITLE
8/12/21
DATE

Champaign Park District
OWNER (Firm name)
Signature: Joe DeLuce
SIGNATURE
Joe DeLuce, Executive Director
PRINTED NAME AND TITLE
8/13/21
DATE

**ARCHITECT'S SUPPLEMENTAL
INSTRUCTIONS**

Owner Contact: Andrew Weiss / Champaign Park District
Architect Contact: Ryan Hinz / RATIO Architects, LLC.
Contractor Contact: Tyler Adkins / Broeren Russo Builders, Inc

File: 19163.000/CA/ASI

Project: Martens Center

A.S.I. Number: **2**

Owner: Champaign Park District

Date of Issuance: February 5, 2021

To: Broeren Russo Builders, Inc.

Architect: RATIO Architects, LLC.
102 S. Neil Street
Champaign, IL 61820

Architect's Project No.: 19163.000

The Work shall be carried out in accordance with the following supplemental instructions issued in accordance with the Contract Documents without change in the Contract Sum or Contract Time. Proceeding with the work in accordance with these instructions shall serve as your acceptance of this change as consistent with the Contract Documents, without change to the Contract Sum or Contract Time.

Description: The design team has responded to City of Champaign Permit Review 1 comments. These responses are recorded attached Building Plan Review Record and Memorandum and compiled as ASI 02. Individual items believed to change the Contract are being tracked separately. Individual Proposal Requests will be issued for those items and will reference ASI 02.

Attachments:

1. Building Plan Review Record, BS21-0122_AE Responses Rev 1 Memorandum
2. Specifications: 102800
3. Drawings: G-001, G-003, C-201, C-502, C-503, L-001, L-201, L-202, L-501, L-701, L-702, A-001, A-002, A-101, A-201, A-401, A-421, A-422, A-423, A-911, A-913, FP-001, FP-101, P-000, P-100, P-101, E-201, E-401, E-402

END ASI 2

ISSUED BY: _____

RATIO Architect, LLC.

Date



MEMORANDUM

RATIO DESIGN
102 S NEIL ST
CHAMPAIGN, IL 61820

RATIODESIGN.COM

TO: John Kunich, Marchello Grady, Beverly Maddock, Harmon Jordan, Nichole Millage, Eric Van Buskirk

RATIO PROJECT NO: Martens Center 19163.00

DATE: February 15, 2021

SUBJECT: 1501 N. Market Street – BS21-0122 Review Responses

Responses to Plumbing Review Comments received from John Kunich on February 1, 2021

1. Sheet P-001, Detail 16. Please note the fire protection backflow is required to be within 2' of an active main to comply with the "dead end" section 890.1200(c). Please note this on the plans.
RESPONSE: Added a note to specifically mention the 2 feet requirement from 890.1200 on detail 7/FP-001.
2. Sink SK-2 is specified to indirect waste into a floor sink. This fixture is not allowed to open site, it is required to be directly connected to comply with section 890.710. Please revise on the drawings.
RESPONSE: The note on the schedule is in error. The drawings indicate a direct trapped and vented connection to the sanitary system. The schedule has been corrected.
3. Sheet P-100 The floor sinks on the west side are not properly vented in accordance with section 890.1480. Please revise this on the drawings.
RESPONSE: Added an additional vent to serve the first 4" floor sink serving the water service RPZs, the next two floor sinks in the mechanical room will not receive large discharges of water and are wet vented.
4. No cleanouts are shown on the drawings and are required to comply with section 890.420. Please add this to the drawings.
RESPONSE: There are cleanouts included, FCOs, WCOs and every sink and lavatory p-trap is removable to be considered a p-trap. A FCO was added to P-100/P-101 where one was missing on the end of the line in the locker room area.
5. The elevator sump pump should be indirectly wasted into an open site drain to comply with section 890.1360(g)2. Please specify where this discharges.
RESPONSE: The sump pump discharge, PD, discharges into the mop sink in JAN 1000, as shown on P-200.

Design
for
Impact.

INDIANAPOLIS
CHICAGO
DENVER
RALEIGH
CHAMPAIGN, IL

6. A roof hydrant is specified with drainage weep holes. Where does this item drain to? Also with this item and the length of the run as well as limited usage a double check is recommended to prevent any backflow into the system.

RESPONSE: The Woodford SRH-MS roof hydrant is a drain-free model. It comes with a dual check on the outlet. Having a double check BFP is not code required, is this a City of Champaign requirement? It will add additional points of maintenance for the Owner to get certified yearly. Please advise.

Responses to Review Comments received from Marchello Graddy, Bev Maddock, and Harmon Jordan on January 28, 2021

- Existing sidewalk along Market will be removed and replaced. See revised sheets L-201, L-202 and L-701 attached.
- Flowable fill backfill note added to sheet C-503 Keyed Note 13. See revised attached sheet.
- Siphon system design calculations will be provided separately.
- Stormwater system design summary will be separately submitted. There is NO storage required for this project in the stormwater detention basin. Please confer with Eleanor Blackmon. This basin is a part of the city's Boneyard Creek improvement Project and its design is a part thereof.
- The stone bag inlet protection detail has been removed from sheet C-502, attached.
- The construction entrance detail has been removed from sheet C-502, attached.
- Truncated domes have been removed from curb ramps scope.
- Sheet C-002 B6-12 curb and gutter is being used at internal driveway and replacement on Market street where shown.
- Pavement patch standards are indicated on sheet G1/L-701, city standard detail included.
- Driveway Approach revised per city recommendations and Ch. 25 MOP. Refer to Sheet L-201, L-202.
- Continue sidewalk through sidewalk approach. Separate by $\frac{3}{4}$ " expansion_Revised per city recommendations from City.

Responses to Review Comments received from Eric Van Buskirk on February 8, 2021

- Please provide a site plan showing the setbacks for the building and parking lot to the property lines. **Revised, refer to sheet L-001 Key Plan**
- Please provide the FAR of the project
 - **Building: 38,491 SF**
 - **Site area (LOW): 383,067 Sf**
 - **FAR: 0.10**
- Please provide a breakdown of the minimum parking spaces required and count of parking provide on the site
 - **133 spaces required per Sec. 37-359.3_37-359.7**
 - **154 spaces, 6 ADA spaces**
 - **5 temporary spaces**
 - **Bike parking**
 - **16 bike spaces per Sec 37-359.3**

- Please provide dimensions of parking lot stall, aisles and access drives to determine compliance with parking design standards.
 - **18.5 ft deep, 23 ft wide aisles, access drives 18 ft (north), 23 ft (south).**
- Please provide simplified landscaping plan showing landscaping required by the ordinance for the parking lot.
 - **Refer to sheet L-502 and L-503**
- Please provide the neighboring uses and provide information on compliance with the landscaping and buffer requirements.
 - **Neighboring use north: Commercial medium impact**
 - **C, D, or E buffer yard screening.**
 - **Type E buffer yard utilized.**
 - **Neighboring use south: single-family residential no impact**
 - **A or B buffer yard screening.**
 - **Type B buffer yard utilized.**

CC: Client Personnel – Andrew Weiss, Champaign Park District

Consultant Personnel – BRIC Partnership, Berns Clancy & Associates, Bacon Farmer Workman.

Contractor Personnel – NA

RATIO Personnel – Ed Scopel, RATIO Project #19163.000

RATIO DESIGN
102 S NEIL ST
CHAMPAIGN, IL 61820

RATIODESIGN.COM

PROPOSAL REQUEST

Owner: Andrew Weiss / Champaign Park District
Architect: Ryan Hinz / RATIO Architects, LLC.
Contractor: Tyler Adkins / Broeren Russo Builders, Inc
Other:
File: 19163.000/CA/PR

PROJECT: Martens Center
1515 N. Market Street
Champaign, IL 61820

PROPOSAL REQUEST NO.: PR-06
DATE OF ISSUANCE: April 12, 2021

OWNER: Champaign Park District
706 Kenwood Road
Champaign, IL 61821

ARCHITECT: Ratio Architects, LLC.
102 South Neil Street
Champaign, IL 61820

TO: Broeren Russo Builders, Inc.
602 N. Country Fair Drive
Champaign, IL 61821

ARCHITECT'S PROJECT NUMBER: 19163.000
CONTRACT FOR: Construction A101-2017

Please submit an itemized quotation for changes in the Contract Sum and/or Contract Time incidental to proposed modifications to the Contract Documents described herein.

THIS IS NOT A CHANGE ORDER NOR A DIRECTION TO PROCEED WITH THE WORK DESCRIBED HEREIN.

Description:

Replace additional sidewalk along Market Street with standard light duty concrete paving, broom finish as indicated on sheets L-201, L-202, and L-701 issued as part of ASI-2 City of Champaign Permit Review.

Attachments (list of supporting documents):

- 1. See L-201, L-202, L-701 issued as part of ASI-2



ISSUED BY: _____
Ryan Hinz
Associate/ Architecture

Ratio Architects, LLC.

PROPOSAL REQUEST

Owner: Andrew Weiss / Champaign Park District
Architect: Ryan Hinz / RATIO Architects, LLC.
Contractor: Tyler Adkins / Broeren Russo Builders, Inc
Other:
File: 19163.000/CA/PR

PROJECT: Martens Center
1515 N. Market Street
Champaign, IL 61820

PROPOSAL REQUEST NO.: PR-06

DATE OF ISSUANCE: April 12, 2021

OWNER: Champaign Park District
706 Kenwood Road
Champaign, IL 61821

ARCHITECT: Ratio Architects, LLC.
102 South Neil Street
Champaign, IL 61820

TO: Broeren Russo Builders, Inc.
602 N. Country Fair Drive
Champaign, IL 61821

ARCHITECT'S PROJECT NUMBER: 19163.000

CONTRACT FOR: Construction A101-2017

Please submit an itemized quotation for changes in the Contract Sum and/or Contract Time incidental to proposed modifications to the Contract Documents described herein.

THIS IS NOT A CHANGE ORDER NOR A DIRECTION TO PROCEED WITH THE WORK DESCRIBED HEREIN.

Description:

Replace additional sidewalk along Market Street with standard light duty concrete paving, broom finish as indicated on sheets L-201, L-202, and L-701 issued as part of ASI-2 City of Champaign Permit Review.

Attachments (list of supporting documents):

1. See L-201, L-202, L-701 issued as part of ASI-2



ISSUED BY: _____
Ryan Hinz
Associate/ Architecture

Ratio Architects, LLC.



CHANGE ORDER REQUEST

COR #: **03**
 TITLE: **Additional Sidewalk and Curb (RFP 06)**

Date: 5/5/2021
 Project Name: Martens Center
 Project #: 202103

Scope Description

Replace Additional Sidewalk and provide additional curb at entrances per ASI #2

Subcontractor/Vendor Change Items

Subcontractor/Vendor	Change Description	Value
Mid Illinois Concrete	Additional Sidewalk and Curb	\$ 32,472.55
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -

BRBI Staffing

Role	Change Description	Hours	x Rate (\$/hr)	Value
Project Director				\$ -
Project Manager				\$ -
Sr. Project Engineer				\$ -
Superintendent				\$ -
Assistant Superintendent				\$ -

BRBI General Conditions

Item	Change Description	Value
		\$ -
		\$ -
		\$ -
		\$ -

Total COR

Sub/Vendor Subtotal	\$	32,472.55
Fee on Sub/Vendor	5.00%	\$ 1,623.63
BRBI Subtotal	\$	-
Fee on BRBI	10.00%	\$ -
Subtotal	\$	34,096.18
Bonds & Insurance	2.00%	\$ 681.92

TOTAL COR VALUE: \$ 34,778.10

COR SCHEDULE DELAY (cal days): 0

Approval

Owner Approval

Signature

Date

This COR may be withdrawn or amended if not accepted within 30 days of the above date and is subject to all terms and conditions outlined. Owner approval of this COR certifies that the work is to proceed and that a change order is to be issued adjusting the contract agreement per this COR.



Date: 4/13/21

Task Code: 2900 3440
3700

Change Order Request

Contractor/ Owner: Broeren Russo Builders
Attn: Tyler Adkins

Job Name: Martens Center

Job Number: 21013

Work Description: COR is for the additional site concrete work associated with city sidewalks and entrance curbs per ASI #002. It includes approx. 1,450 SF of city sidewalk removal and replacement along with approx. 145LF of depressed city curb along Market St.

Ref. Document: ASI-02

Labor						
Qty	Description	Straight		Overtime		Total
		Hrs	Rate	Hrs	Rate	
1	Laborer Foreman	12	\$80.00			\$960.00
1	Cement Mason Foreman	24	\$82.00			\$1,968.00
1	Operator	10	\$89.00			\$890.00
1	Operator	12	\$89.00			\$1,068.00
1	Laborer	68	\$77.00			\$5,236.00
1	Cement Mason	110	\$79.00			\$8,690.00
1	Superintendent	4	\$95.00			\$380.00
						\$19,192.00

Material				
Qty	Unit	Description	Unit Price	Total
41	CY	IDOT SI/PV Concrete Mix	\$108	\$4,428
18	TN	CA-6 Stone	\$14.50	\$261
74	EA	Dowel Bars	\$1.50	\$111
1	LS	Form Lumber	\$435.00	\$435
				\$5,235.00

Equipment				
Qty	Description	Hrs	Unit Price	Total
1	CAT 324 Excavator	10	\$145.00	\$1,450.00
1	Track Skidsteer	12	\$55.00	\$660.00
2	Tandem Hauling	20	\$85.00	\$1,700.00
				\$3,810.00

Summary					
Total Labor	\$19,192.00	Total Material	\$5,235.00	Total Equipment	\$3,810.00
	(1)		(2)		(3)

Subtotal (1)+(2)+(3)	\$28,237.00
Bond @ 2%	
Mark-up @ 15%	\$4,235.55
TOTAL	\$32,472.55

Approved (Owner's Representative) _____ Date _____



AIA[®]

Document G701™ – 2017

Change Order

PROJECT: (Name and address)

Martens Center
 1515 N. Market St.
 Champaign, IL 61820

CONTRACT INFORMATION:

Contract For: Construction
 Date: January 27, 2021

CHANGE ORDER INFORMATION:

Change Order Number: 12
 Date: November 12, 2021

OWNER: (Name and address)

Champaign Park District
 706 Kenwood Rd.
 Champaign, IL 61821

ARCHITECT: (Name and address)

RATIO States LLC
 d/b/a RATIO States PLLC
 102 S. Neil St.
 Champaign, IL 61820
 19163.000

CONTRACTOR: (Name and address)

Broeren Russo Builders, Inc.
 602 N. Country Fair Dr.
 Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Raise public sidewalk 4"-6" from current grade per direction from the City of Champaign so that the new sidewalk is higher than the curb elevation.

The original Contract Sum was	\$ 9,463,400.00
The net change by previously authorized Change Orders	\$ 189,467.96
The Contract Sum prior to this Change Order was	\$ 9,652,867.96
The Contract Sum will be increased by this Change Order in the amount of	\$ 4,133.42
The new Contract Sum including this Change Order will be	\$ 9,657,001.38

The Contract Time will be unchanged by Zero (0) days.
 The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
 d/b/a RATIO States PLLC

ARCHITECT (Firm name)

Ryan Hinz
 SIGNATURE

Ryan Hinz AIA, Associate

PRINTED NAME AND TITLE

11/12/2021

DATE

Broeren Russo Builders, Inc.

CONTRACTOR (Firm name)

Joe DeLuce
 SIGNATURE

Sky Sanborn, Executive Vice President, COO

PRINTED NAME AND TITLE

11/16/21

DATE

Champaign Park District

OWNER (Firm name)

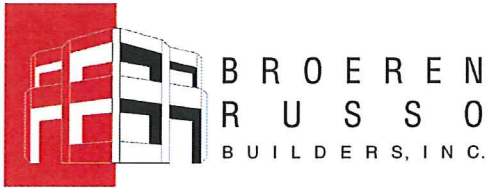
Joe DeLuce
 SIGNATURE

Joe DeLuce, Executive Director

PRINTED NAME AND TITLE

11/16/21

DATE



CHANGE ORDER REQUEST

COR #: **14**
 TITLE: **Raise Public Sidewalk**

Date: 11/11/2021
 Project Name: Martens Center
 Project #: 202103

Scope Description

Raise the public sidewalk 4"-6" from its current grade per direction from the City of Champaign to meet City ordinance, since it must be higher than the curb at the street, and it is currently below the curb

Subcontractor/Vendor Change Items

<u>Subcontractor/Vendor</u>	<u>Change Description</u>	<u>Value</u>
Mid Illinois Concrete	Raise Public Sidewalk	\$ 3,859.40
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -

BRBI Staffing

<u>Role</u>	<u>Change Description</u>	<u>Hours</u>	<u>x Rate (\$/hr)</u>	<u>Value</u>
Project Director				\$ -
Project Manager				\$ -
Sr. Project Engineer				\$ -
Superintendent				\$ -
Assistant Superintendent				\$ -

BRBI General Conditions

<u>Item</u>	<u>Change Description</u>	<u>Value</u>
		\$ -
		\$ -
		\$ -
		\$ -

Total COR

Sub/Vendor Subtotal	\$	3,859.40
Fee on Sub/Vendor	5.00%	\$ 192.97
BRBI Subtotal	\$	-
Fee on BRBI	15.00%	\$ -
Subtotal	\$	4,052.37
Bonds & Insurance	2.00%	\$ 81.05

TOTAL COR VALUE: \$ 4,133.42

COR SCHEDULE DELAY (cal days): 0

Approval

Owner Approval

 Signature Date

This COR may be withdrawn or amended if not accepted within 30 days of the above date and is subject to all terms and conditions outlined. Owner approval of this COR certifies that the work is to proceed and that a change order is to be issued adjusting the contract agreement per this COR.



11/11/2021

Task Code: 3390

Change Order Request

Contractor/ Owner: Broeren Russo Builders
 Attn: Tyler Adkins

Job Name: Martens Center

Job Number: 21013

Work Description: COR is for furnishing and installing CA-6 stone to raise the elevation of the city sidewalks that are being replaced. Existing elevation is below the city curb and slopes toward the site. The proposed elevation change will raise the sidewalk above the curb and the cross slope will be toward the road. Total elevation change is between 4"-6". COR also includes the additional backfill time for additional topsoil placement along the sidewalk.

Ref. Document: _____

Labor						
Qty	Description	Straight		Overtime		Total
		Hrs	Rate	Hrs	Rate	
1	Cement Mason Foreman	4	\$82.00			\$328.00
1	Laborer	8	\$77.00			\$616.00
1	Operator	8	\$89.00			\$712.00
						\$1,656.00

Material				
Qty	Unit	Description	Unit Price	Total
40	TN	CA-6 Stone	\$14.5	\$580
				\$580.00

Equipment				
Qty	Description	Hrs	Unit Price	Total
1	Track Skidsteer	8	\$55.00	\$440.00
1	Tandem Hauling	8	\$85.00	\$680.00
				\$1,120.00

Summary					
Total Labor	\$1,656.00 <small>(1)</small>	Total Material	\$580.00 <small>(2)</small>	Total Equipment	\$1,120.00 <small>(3)</small>
				Subtotal (1)+(2)+(3)	\$3,356.00
				Bond @ 2%	
				Mark-up @ 15%	\$503.40
				TOTAL	\$3,859.40

Approved (Owner's Representative) _____ Date _____

COPY

SCANNED
3/29/2022



Document G701 - 2017

Change Order

PROJECT: (Name and address)
Martens Center
1515 N. Market St.
Champaign, IL 61820

CONTRACT INFORMATION:
Contract For: Construction
Date: January 27, 2021

CHANGE ORDER INFORMATION:
Change Order Number: 21
Date: March 23, 2022

OWNER: (Name and address)
Champaign Park District
706 Kenwood Rd.
Champaign, IL 61821

ARCHITECT: (Name and address)
RATIO States LLC
d/b/a RATIO States PLLC
102 S. Neil St.
Champaign, IL 61820
19163.000

CONTRACTOR: (Name and address)
Broeren Russo Builders, Inc.
602 N. Country Fair Dr.
Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Provide Market Street sidewalk adjustments per attached PR-20 and COR-33. The city of Champaign requested the MTD bus stop pad be included in the side walk replacement work for this project. In addition sidewalk revisions include accomodations for a future mid-block crosswalk to be provided by the city under a separate contract.

The original Contract Sum was	\$ 9,463,400.00
The net change by previously authorized Change Orders	\$ 217,856.19
The Contract Sum prior to this Change Order was	\$ 9,681,256.19
The Contract Sum will be increased by this Change Order in the amount of	\$ 2,274.86
The new Contract Sum including this Change Order will be	\$ 9,683,531.05

The Contract Time will be unchanged by Zero (0) days.
The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
d/b/a RATIO States PLLC

ARCHITECT (Firm name)

SIGNATURE

Ryan Hinz AIA, Associate

PRINTED NAME AND TITLE

03/23/2022

DATE

Broeren Russo Builders, Inc.

CONTRACTOR (Firm name)



SIGNATURE

Sky Sanborn, Executive Vice President,
COO

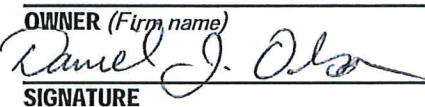
PRINTED NAME AND TITLE

3/28/2022

DATE

Champaign Park District

OWNER (Firm name)



SIGNATURE

Joe DeLuca, Executive Director
Daniel J. Olson

PRINTED NAME AND TITLE

March 28, 2022

DATE

E-MAILED
3/29/2022

R Hinz
S Sanborn
D Olson
J Scheinmann



CHANGE ORDER REQUEST

COR #: **33**
 TITLE: **PR-20 - Market St Sidewalk Replacement**

Date: 3/7/2022
 Project Name: Martens Center
 Project #: 202103

Scope Description

Provide sidewalk adjustments per PR-20. This is in addition to the adjustments made as part of COR 14. There are no changes for the sidewalk elevations, but the bus stop paving was added as part of this PR-20.

Subcontractor/Vendor Change Items

Subcontractor/Vendor	Change Description	Value
Mid Illinois Concrete	Sidewalk paving adjustments per PR-20	\$ 2,124.05
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -

BRBI Staffing

Role	Change Description	Hours	x Rate (\$/hr)	Value
Project Director				\$ -
Project Manager				\$ -
Sr. Project Engineer				\$ -
Superintendent				\$ -
Assistant Superintendent				\$ -

BRBI General Conditions

Item	Change Description	Value
		\$ -
		\$ -
		\$ -
		\$ -

Total COR

Sub/Vendor Subtotal	\$	2,124.05
Fee on Sub/Vendor	5.00%	\$ 106.20
BRBI Subtotal	\$	-
Fee on BRBI	15.00%	\$ -
Subtotal	\$	2,230.25
Bonds & Insurance	2.00%	\$ 44.61

TOTAL COR VALUE: \$ 2,274.86

COR SCHEDULE DELAY (cal days): 0

Approval

Owner Approval

 Signature Date

This COR may be withdrawn or amended if not accepted within 30 days of the above date and is subject to all terms and conditions outlined. Owner approval of this COR certifies that the work is to proceed and that a change order is to be issued adjusting the contract agreement per this COR.



3/7/2022

Task Codes 3440

Change Order Request

Contractor/ Owner: Broeren Russo Builders
 Attn: Sky Sanborn

Job Name: Martens Center Job Number: 21013

Work Description: COR is for removal and replacement of additional concrete sidewalks in the city ROW per PR #20. This includes approx. 160 SF of additional city sidewalk in the locaiton of the existing MTD bus stop.

Ref. Document: PR #20

Labor						
Qty	Description	Straight		Overtime		Total
		Hrs	Rate	Hrs	Rate	
1	Cement Mason Foreman	2	\$82.00			\$164.00
1	Laborer	6	\$77.00			\$462.00
1	Operator	2	\$89.00			\$178.00
1	Cement Mason	4	\$79.00			\$316.00
						\$1,120.00

Material				
Qty	Unit	Description	Unit Price	Total
4	CY	IDOT SI/PV Concrete Mix	\$108.0	\$432
1	LS	Form Lumber	\$15.00	\$15
				\$447.00

Equipment				
Qty	Description	Hrs	Unit Price	Total
1	Track Skidsteer	2	\$55.00	\$110.00
1	Tandem Hauling	2	\$85.00	\$170.00
				\$280.00

Summary					
Total Labor	\$1,120.00	Total Material	\$447.00	Total Equipment	\$280.00
	(1)		(2)		(3)
Subtotal (1)+(2)+(3)		\$1,847.00			
Bond @ 2%					
Mark-up @ 15%		\$277.05			
TOTAL		\$2,124.05			

Approved (Owner's Representative) _____ Date _____

PROPOSAL REQUEST

Owner: Andrew Weiss / Champaign Park District
Architect: Ryan Hinz / RATIO Architects, LLC.
Contractor: Kevin Chevront / Broeren Russo Builders
Other:
File: 19163.000/CA/PR

PROJECT: Martens Center
1515 N. Market Street
Champaign, IL 61820

PROPOSAL REQUEST NO.: 20
DATE OF ISSUANCE: 02/04/2022

OWNER: Champaign Park District
706 Kenwood Road
Champaign, IL 61821

ARCHITECT: Ratio Architects, LLC.
102 South Neil Street
Champaign, IL 61820

TO: Broeren Russo Builders, Inc.
602 N. Country Fair Drive
Champaign, IL 61821

ARCHITECT'S PROJECT NUMBER: 19163.000
CONTRACT FOR: Construction A101-2017

Please submit an itemized quotation for changes in the Contract Sum and/or Contract Time incidental to proposed modifications to the Contract Documents described herein.

THIS IS NOT A CHANGE ORDER NOR A DIRECTION TO PROCEED WITH THE WORK DESCRIBED HEREIN.

Description:

Provide a cost for labor and material to raise the Market Street sidewalk as indicated on the attached L-Series Site Plan and Grading Plan drawings. See attachment for additional information.

Attachments:

- 1. L-201, L-202, L-401 and L-402

ISSUED BY: 
Ryan Hinz
Associate/ Architecture

Ratio Architects, LLC.



AIA®

Document G701™ – 2017

Change Order

PROJECT: *(Name and address)*
 Martens Center
 1515 N. Market St.
 Champaign, IL 61820

CONTRACT INFORMATION:
 Contract For: Construction
 Date: January 27, 2021

CHANGE ORDER INFORMATION:
 Change Order Number: 12
 Date: November 12, 2021

OWNER: *(Name and address)*
 Champaign Park District
 706 Kenwood Rd.
 Champaign, IL 61821

ARCHITECT: *(Name and address)*
 RATIO States LLC
 d/b/a RATIO States PLLC
 102 S. Neil St.
 Champaign, IL 61820
 19163.000

CONTRACTOR: *(Name and address)*
 Broeren Russo Builders, Inc.
 602 N. Country Fair Dr.
 Champaign, IL 61821

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Raise public sidewalk 4"-6" from current grade per direction from the City of Champaign so that the new sidewalk is higher than the curb elevation.

The original Contract Sum was	\$	<u>9,463,400.00</u>
The net change by previously authorized Change Orders	\$	<u>189,467.96</u>
The Contract Sum prior to this Change Order was	\$	<u>9,652,867.96</u>
The Contract Sum will be increased by this Change Order in the amount of	\$	<u>4,133.42</u>
The new Contract Sum including this Change Order will be	\$	<u>9,657,001.38</u>

The Contract Time will be unchanged by Zero (0) days.
 The new date of Substantial Completion will be March 31, 2022

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

RATIO States LLC
 d/b/a RATIO States PLLC

Broeren Russo Builders, Inc.

Champaign Park District

ARCHITECT *(Firm name)*

CONTRACTOR *(Firm name)*

OWNER *(Firm name)*

SIGNATURE

SIGNATURE

SIGNATURE

Ryan Hinz AIA, Associate

Sky Sanborn, Executive Vice President,
 COO

Joe DeLuce, Executive Director

PRINTED NAME AND TITLE

PRINTED NAME AND TITLE

PRINTED NAME AND TITLE

11/12/2021

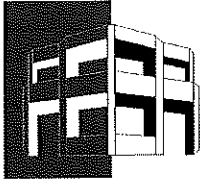
11/16/21

11/16/21

DATE

DATE

DATE



**BROEREN
RUSSO
BUILDERS, INC.**

CHANGE ORDER REQUEST

COR #: 14
TITLE: Raise Public Sidewalk

Date: 11/11/2021
Project Name: Martens Center
Project #: 202103

Scope Description

Raise the public sidewalk 4"-6" from its current grade per direction from the City of Champaign to meet City ordinance, since it must be higher than the curb at the street, and it is currently below the curb

Subcontractor/Vendor Change Items

Subcontractor/Vendor	Change Description	Value
Mid Illinois Concrete	Raise Public Sidewalk	\$ 3,859.40
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -

BRBI Staffing

Role	Change Description	Hours	x Rate (\$/hr)	Value
Project Director				\$ -
Project Manager				\$ -
Sr. Project Engineer				\$ -
Superintendent				\$ -
Assistant Superintendent				\$ -

BRBI General Conditions

Item	Change Description	Value
		\$ -
		\$ -
		\$ -
		\$ -

Total COR

Sub/Vendor Subtotal	\$	3,859.40
Fee on Sub/Vendor	5.00%	\$ 192.97
BRBI Subtotal	\$	-
Fee on BRBI	15.00%	\$ -
Subtotal	\$	4,052.37
Bonds & Insurance	2.00%	\$ 81.05

TOTAL COR VALUE: \$ 4,133.42

COR SCHEDULE DELAY (cal days): 0

Approval

Owner Approval

Signature Date

This COR may be withdrawn or amended if not accepted within 30 days of the above date and is subject to all terms and conditions outlined. Owner approval of this COR certifies that the work is to proceed and that a change order is to be issued adjusting the contract agreement per this COR.



11/11/2021

Task Code: 3390

Change Order Request

Contractor/ Owner: Broeren Russo Builders

Attn: Tyler Adkins

Job Name: Martens Center

Job Number: 21013

Work Description: COR is for furnishing and installing CA-6 stone to raise the elevation of the city sidewalks that are being replaced. Existing elevation is below the city curb and slopes toward the site. The proposed elevation change will raise the sidewalk above the curb and the cross slope will be toward the road. Total elevation change is between 4"-6". COR also includes the additional backfill time for additional topsoil placement along the sidewalk.

Ref. Document: _____

Labor						
Qty	Description	Straight		Overtime		Total
		Hrs	Rate	Hrs	Rate	
1	Cement Mason Foreman	4	\$82.00			\$328.00
1	Laborer	8	\$77.00			\$616.00
1	Operator	8	\$89.00			\$712.00
						\$1,656.00

Material				
Qty	Unit	Description	Unit Price	Total
40	TN	CA-6 Stone	\$14.5	\$580
				\$580.00

Equipment				
Qty	Description	Hrs	Unit Price	Total
1	Track Skidsteer	8	\$55.00	\$440.00
1	Tandem Hauling	8	\$85.00	\$680.00
				\$1,120.00

Summary					
Total Labor	\$1,656.00	Total Material	\$580.00	Total Equipment	\$1,120.00
	(1)		(2)		(3)

Subtotal (1)+(2)+(3)	\$3,356.00
Bond @ 2%	
Mark-up @ 15%	\$503.40
TOTAL	\$3,859.40

Approved (Owner's Representative) _____

Date _____

MARTENS CENTER
1515 N MARKET ST
CHAMPAIGN, IL
61820

Owner
Champaign Park District
706 Kenwood Avenue
Champaign, IL 61821
217-398-2376

Architect
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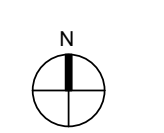
SITE FEATURES PLAN GENERAL NOTES:

- DO NOT SCALE DRAWINGS FOR FIELD LAYOUT. REFER TO SITE LAYOUT PLAN(S) FOR DIMENSIONS.
- WORK SHOWN ON THE DRAWINGS SHALL BE BASE BID UNLESS SPECIFICALLY NOTED TO BE BY ALTERNATE BID.
- COORDINATE ALL WORK WITH OTHER DESIGN DISCIPLINES.
- EXISTING AND PROPOSED UTILITIES THAT ARE SHOWN ARE FOR REFERENCE ONLY. REFER TO THE SITE SURVEY FOR EXISTING UTILITIES AND VERIFY IN THE FIELD. REFER TO THE SITE ELECTRICAL PLAN FOR PROPOSED LIGHTING AND OUTLETS. REFER TO CIVIL DRAWINGS FOR ALL OTHER PROPOSED UTILITIES.
- REFER TO A2/L-701 FOR CONCRETE PAVING JOINT DETAILS.
 - 1'J' DENOTES ISOLATION JOINT.
 - 'CJ-A' DENOTES CONTRACTION JOINT 'A'.
 - 'CJ-B' DENOTES CONTRACTION JOINT 'B'.
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SIGNAGE		
CODE	DESCRIPTION	DETAIL
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10-14B	SPECIALTY SIGNAGE, TEMPORARY PARKING SIGN	
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CODE	DESCRIPTION	DETAIL
12-93A	SITE FURNISHING, BIKE RACK	
12-93B	SITE FURNISHING, FORMS AND SURFACES, QUAD BENCH	B3/L-703
12-93C	SITE FURNISHING, LITTER RECEPTACLE	
12-93D	SITE FURNISHING, WABASH VALLEY, COURTYARD SERIES 6" BENCH CY420-R, RIBBED PATTERN	F1/L-703
12-93E	SITE FURNISHING, DECORATIVE BOLLARD	F7/L-703
12-93F	SITE FURNISHING, SERVICE BOLLARD	F6/L-702
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32-12B	ASPHALT PAVING, HEAVY DUTY	E1/L-701
32-12C	ASPHALT PAVING, STREET PATCH	G1/L-701
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CODE	DESCRIPTION	DETAIL
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STORM UTILITY DRAINAGE PIPING		
CODE	DESCRIPTION	DETAIL
33-41A	UTILITIES, STORMWATER; REF: CIVIL	

KEY PLAN



SEAL | DATE

SHEET ISSUE

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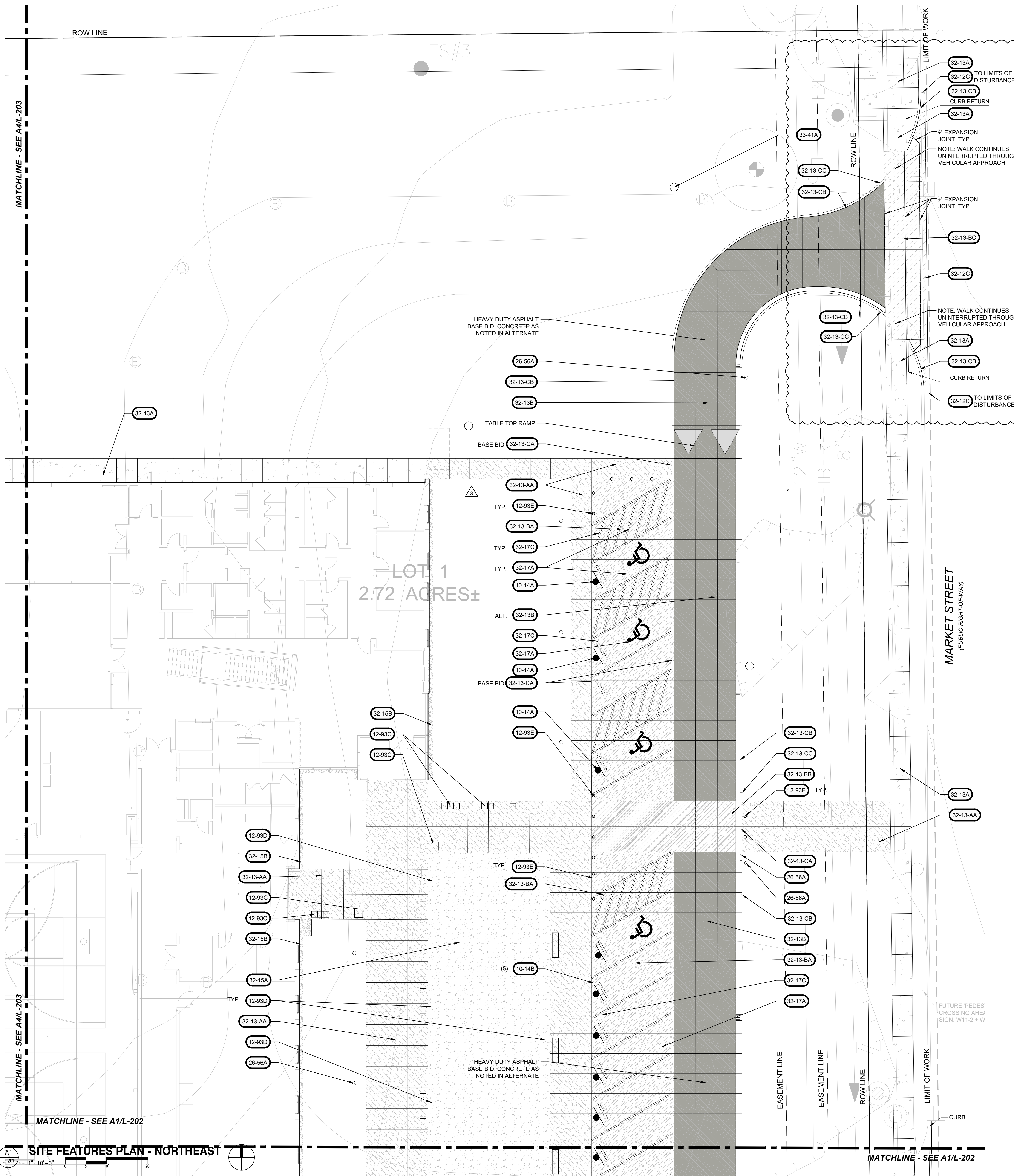
RATIO

PROJECT NO. 19163.000

SITE FEATURES PLAN

SHEET NUMBER

L-201



SITE FEATURES PLAN - NORTHEAST

A1
L-201

1"=10'-0"

MATCHLINE - SEE A1/L-202

MATCHLINE - SEE A4/L-203

MATCHLINE - SEE A4/L-203

MATCHLINE - SEE A1/L-202

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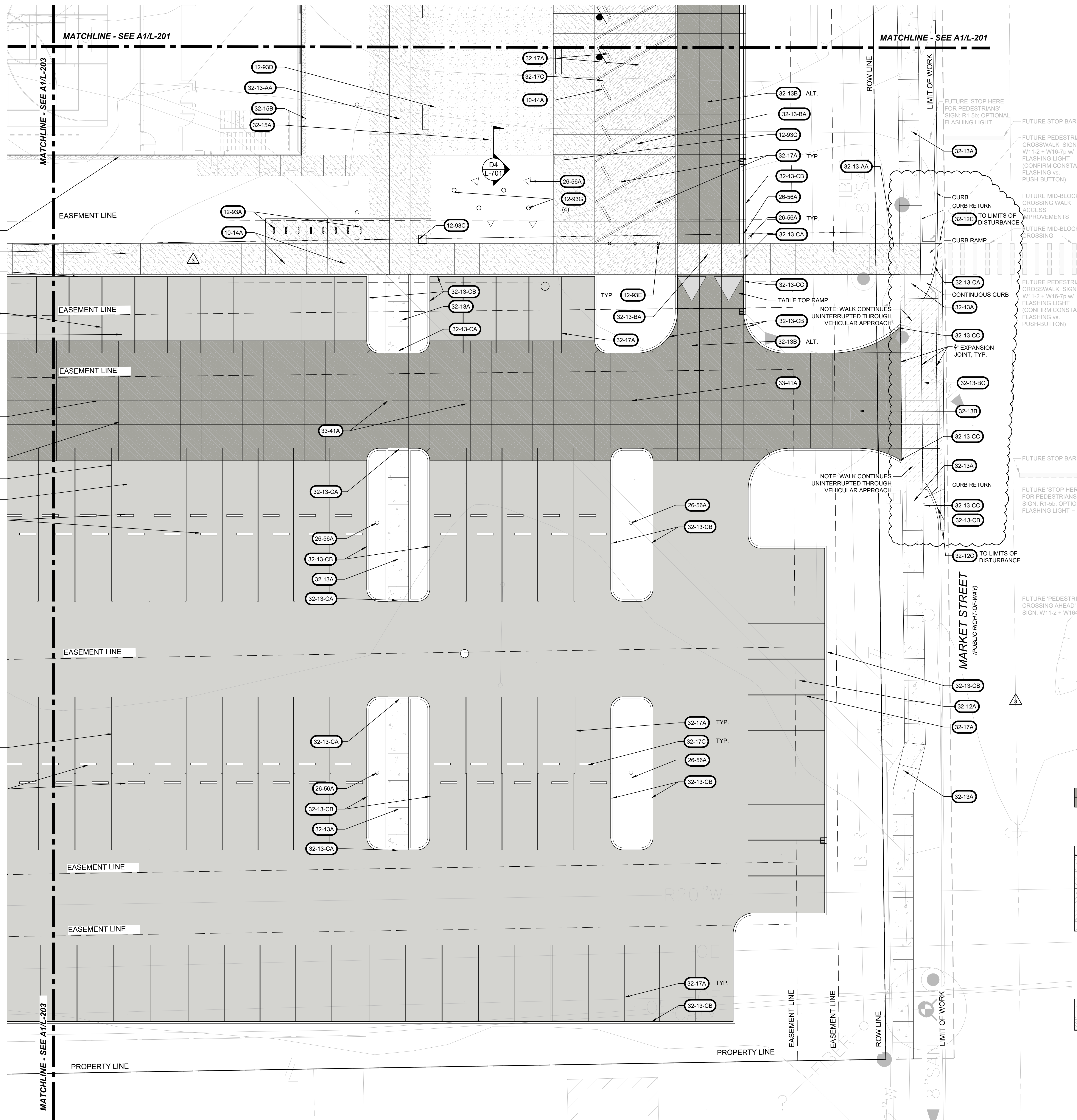
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2	CITY OF CHAMPAIGN PERMIT REVIEW 02/16/21
3	CITY OF CHAMPAIGN PERMIT REVIEW 2 03/18/21
4	MARKET STREET SIDEWALK REVISIONS 03/11/22



PROJECT NO. 19163.000

SITE FEATURES PLAN

SHEET NUMBER
L-202

MARTENS CENTER
1515 N MARKET ST
CHAMPAIGN, IL
61820

Owner
Champaign Park District
706 Kenwood Avenue
Champaign, IL 61821
217-398-2376

Architect
RATIO
102 South Neil Street
Champaign, Illinois 61820
217-352-7696

Structural Engineer
Bacon Farmer Workman
907 Arrow Road, Suite 2
Champaign, IL 61821
217-530-4283

Mechanical / Electrical Engineer
BRIC Partnership, LLC
100 e. Washington St. Suite 220
Belleville, IL 62220
618-277-5200

Civil Engineer
Berns, Clancy and Associates
405 E. Main Street
Urbana, IL 61802
217-384-1144

SEAL | DATE 01/01/17

SHEET ISSUE	
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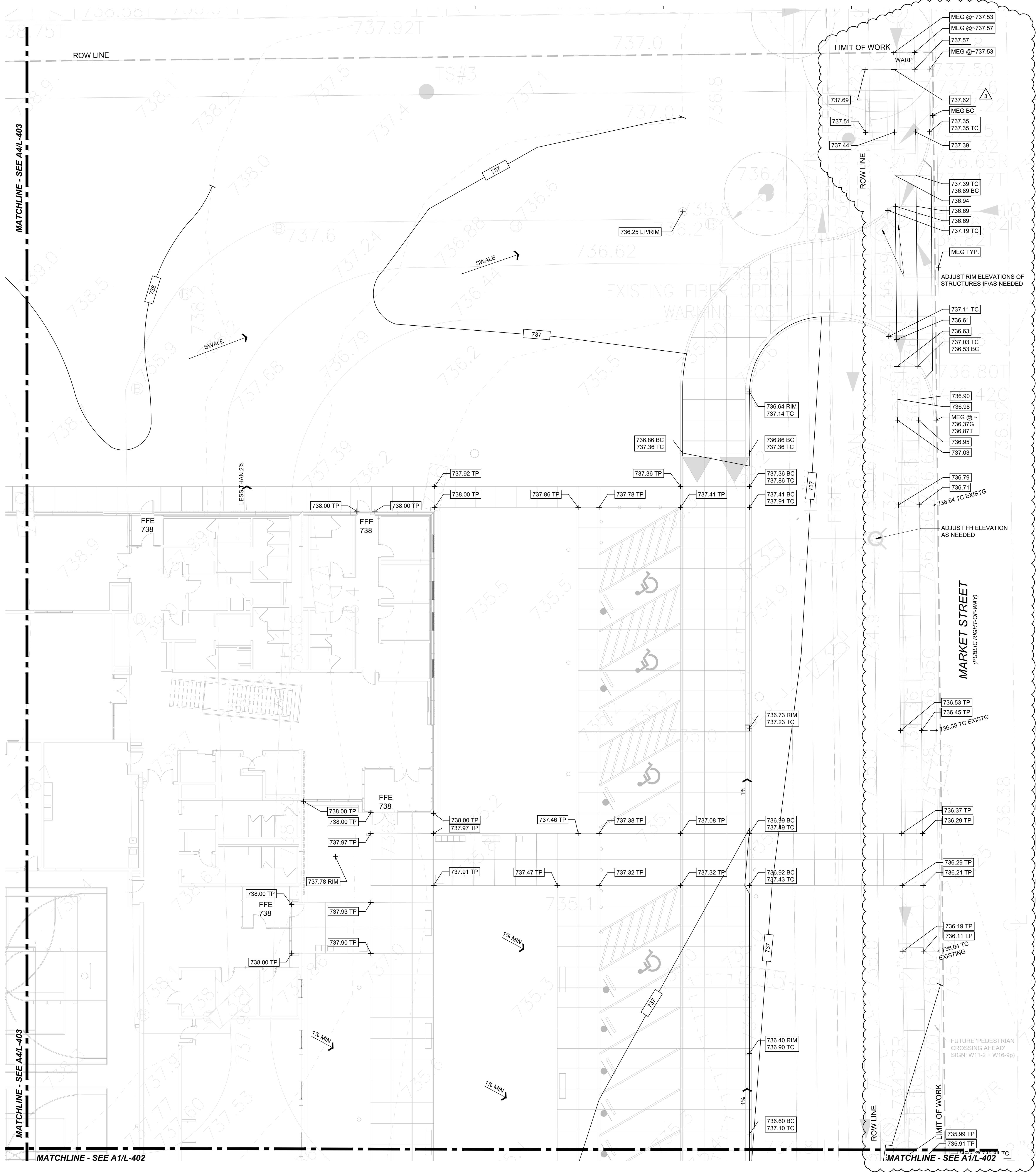


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PROJECT NO. 19163.000

SHEET TITLE
SITE GRADING PLAN

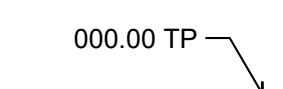
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L-401



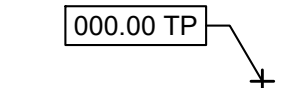
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- CONTRACTOR SHALL VERIFY ALL VERTICAL AND HORIZONTAL DIMENSIONS AND FIELD CONDITIONS PRIOR TO STARTING WORK. CONTRACTOR IS RESPONSIBLE FOR ALL FIELD DIMENSIONS. IF CONTRACTOR FINDS ANY DISCREPANCIES BETWEEN CONTRACT DOCUMENTS AND ACTUAL FIELD DIMENSIONS OR CONDITIONS, CONTRACTOR SHALL NOTIFY LANDSCAPE ARCHITECT IMMEDIATELY.
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- WHERE NEW PAVED SURFACES ADJOIN EXISTING PAVED SURFACES, MEET EXISTING GRADE.
- DRAINAGE DESIGN SHOWN IS CONCEPTUAL. PLEASE SEE CIVIL DRAWINGS FOR MORE COMPLETE AND DETAILED STORMWATER DRAINAGE DESIGN.
- SPOT ELEVATIONS ARE DENOTED AS FOLLOWS:

SPOT ELEVATION - EXISTING:



SPOT ELEVATION - PROPOSED:



- SPOT ELEVATION ABBREVIATIONS ARE DEFINED AS FOLLOWS:

- BC = BOTTOM OF CURB
- BR = BOTTOM OF RAMP
- BS = BOTTOM OF STAIR
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- FG = FINISH GRADE
- RIM = TOP OF CASTING
- TC = TOP OF CURB
- TEP = TOP OF EQUIPMENT PAD
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NOTE: CROSS SLOPE IN ALL ADA SPACES AND AISLES TO BE LESS THAN 2% TYPICAL.

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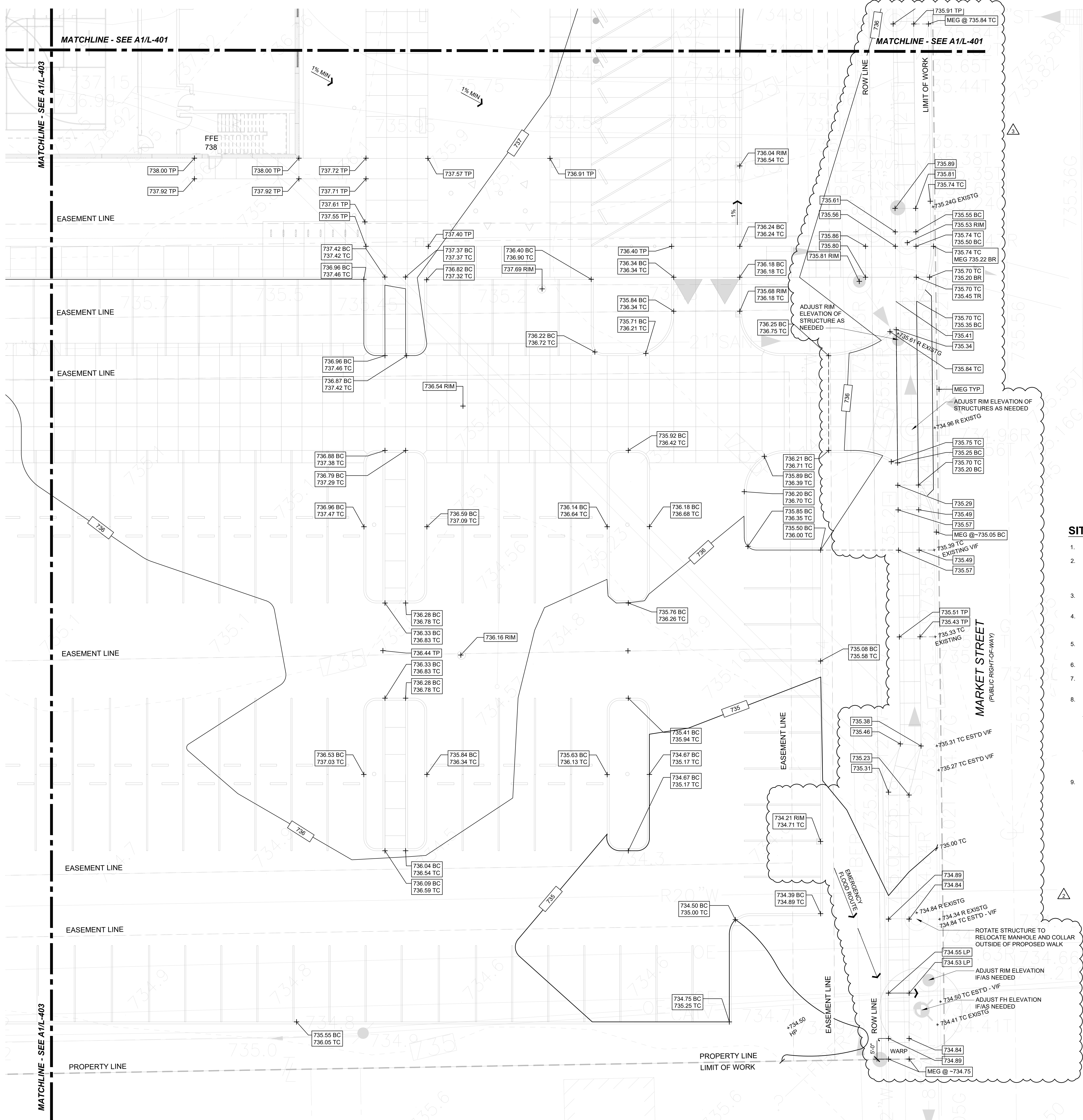


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PROJECT NO. 19163.000

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SITE GRADING PLAN

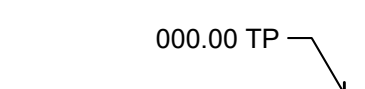
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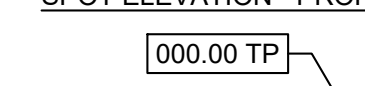
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REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: June 22, 2022

SUBJECT: Hazardous Communication Program

Background

The Champaign Park District participates in the Illinois Distinguished Agency program which is sponsored by the Illinois Association of Park Districts and the Illinois Park and Recreation Association. The goal of the Illinois Distinguished Accreditation program is to improve the delivery of recreation services to the residents of Illinois through a voluntary comprehensive evaluation process. The desired result is to improve the quality of life for Illinois residents and to recognize those agencies that provide this quality service.

The Champaign Park District went through the initial accreditation in 1999 and was recognized as a distinguished agency from 2000 to 2005. The Park District then was re-certified from 2006-2011, 2012-2017, and 2018-2023 and now the Park District has applied to participate in the accreditation process for 2024-2029.

The IAPD/IPRA accreditation process requires the Park District to develop and update a Hazardous Communications Program every 5 years to enhance the Park District's compliance with the Toxic Substances Disclosure Act (820 ILCS 255/1, *et seq.*). This program communicates to employees the hazards of chemicals and how to properly handle them in the workplace to keep themselves and everyone else safe.

Our current Hazardous Communications program was approved in 2017. Since then, there have been no new OSHA standards and staff feel, along with PDRMA, that our current program meets the requirements for a successful Hazardous Communications Program. Staff recommend only one update, specifically to job title, as noted by track changes within the document.

Previous Board Action

June 8, 2022 Regular Board Meeting: The Board approved removing the the Hazardous Communications program from the consent agenda and subsequently approved tabling the program action item to allow the Board additional time to review and prepare feedback.

Recommended Action

Staff recommends review and approval of the Hazardous Communications Program, which will meet standard L.14.1(a) as required for Distinguished Agency accreditation.

Prepared by:

Joe Kearfott
Assistant Director of Administrative Services

Reviewed by:

Jarrod Scheunemann
Director of Administrative Services

The mission of the Champaign Park District is to enhance our community's quality of life through positive experiences in parks, recreation, and cultural arts.



CHAMPAIGN

PARK DISTRICT

**HAZARD
COMMUNICATION
PROGRAM**

Table of Contents

Introduction.....	3
Definitions.....	4
Health Hazard.....	4
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Introduction

The Champaign Park District (Park District) has developed a comprehensive Hazard Communication (Hazcom) program to ensure the Park District communicates to its employees hazards of chemicals information.

The Hazard Communication Standard requires the Park District to train its employees in the health and safety hazards of the chemicals in the workplace. A “hazardous chemical” is any chemical that is classified as a physical hazard or a health hazard, a simple asphyxiant, combustible dust, pyrophoric gas, or hazard not otherwise classified. A few examples of hazardous chemicals used in Park District operations include pool chemicals, custodial supplies, fuels, paints, pesticides, automotive products, compressed gases, and fertilizers.

The Park District Hazcom program applies to all work areas where employees have the potential to be exposed to chemicals during routine operations, non-routine tasks, and chemical-spill emergencies. The Hazcom program consists of five basic elements listed below:

- Written Hazcom program.
- Inventory of hazardous chemical products.
- Inventory of Safety Data Sheets.
- Labeling procedure for hazardous material containers.
- Hazcom employee training program.

It is Park district policy to provide employees a safe and healthy work environment. It is also a management objective to maintain an effective Hazcom program consistent with federal, state, and local health and safety regulations. To attain this objective, all Park district employees must include Hazcom compliance as an essential consideration in all phases of their work. The Park district Hazcom program is a cooperative effort between management and employees.

Approved
Approved

6/16/17

Hazard Communication Program Coordinator

Date

Definitions

Health Hazard

A chemical classified as posing one of the following hazardous effects:

- Acute toxicity (any route of exposure).
- Skin corrosion or irritation.
- Serious eye damage or eye irritation.
- Respiratory or skin sensitization.
- Germ cell mutagenicity.
- Carcinogenicity.
- Reproductive toxicity.
- Specific-target organ toxicity (single or repeated exposure).
- Aspiration hazard.

The criteria for determining whether a chemical is classified as a health hazard are listed in Appendix A of this document and in OSHA standard §1910.1200, Appendix A – Health Hazard Criteria.

Label

An appropriate group of written, printed or graphic information elements (pictogram, hazard statement, signal word and precautionary statement) concerning a hazardous chemical that is affixed to, printed on, or attached to the container that holds the hazardous chemical or to the outside packaging.

Safety Data Sheet (SDS)

Written or printed material concerning a hazardous chemical prepared in accordance with OSHA 1900.1200(g).

Physical Hazard

A chemical classified as posing one of the following hazardous effects:

- Explosive.
- Flammable (gases, aerosols, liquids, or solids).
- Oxidizer (liquid, solid or gas).
- Self-reactive.
- Pyrophoric (liquid or solid).
- Self-heating.
- Organic peroxide.
- Corrosive to metal.
- Gas under pressure.
- In contact with water, emits flammable gas.

The criteria for determining whether a chemical is classified as a physical hazard are listed in Appendix A of this document and in OSHA standard §1910.1200, Appendix B—Physical Hazard Criteria.

Substance

Chemical elements and their compounds in the natural state or obtained by any production process, including any additive necessary to preserve the stability of the product and any impurities deriving from

the process used, but excluding any solvent that may be separated without affecting the stability of the substance or changing its composition.

Written Hazcom Program

Director

- Designates a Hazcom coordinator for Park district operations.
- Approves the written Hazcom program.
- Ensures workplace compliance with the written Hazcom program.

Assistant Director of Administrative Services or Risk Manager (can also assume role as Hazcom Program Coordinator)

- Maintains an inventory of all hazardous substances used or stored in the workplace.
- Maintains an SDS file/binder for inventoried hazardous substances.
- Trains new employees on specific hazards and safety precautions for hazardous substances. Trains all employees on hazards of newly introduced chemical products. Examples of this specific training include:
 - Personal protective equipment to be worn.
 - Health and physical hazards of each chemical product.
 - Review of the Park district written Hazcom program.
- Maintains Hazcom training documentation.
- Ensures all chemical containers have proper labeling.

Employees

- Follow all chemical safety procedures applicable to their job tasks. If unsure of proper procedures, request instructions from manager/supervisor.
- Report to manager or supervisor any unsafe or potentially unsafe chemical safety problems or issues. Chemical safety suggestions to management are encouraged.

Hazcom Program Coordinator

- Coordinates Hazcom Standard compliance activities.
- Maintains an up-to-date hazardous substance inventory for all departments.
- Requests current SDS directly from chemical manufacturers and suppliers.
- Posts in a conspicuous place a list of all hazardous substances present at that location and a notice of where additional information concerning those substances is available.
- Ensures area managers and supervisors are aware of their Hazcom program functional responsibilities.
- Ensures managers and supervisors are aware of hazardous chemical container labeling requirements.
- Maintains a copy of the OSHA Hazard Communication Standard.

The following sections briefly highlight the policies and regulatory compliance program of Park district concerning hazardous chemicals in the workplace.

Labeling

Park district is responsible for maintaining the labels on the containers, including, but not limited to, tanks, totes, and drums. Each container of hazardous material in the work place must be labeled with

the identity of the product and the appropriate hazard warnings. This means labels must be maintained on chemicals in a manner that continues to be legible and the pertinent information (such as the hazards and directions for use) does not get defaced (i.e., fade, get washed off) or removed in any way. The Park district will re-label containers if labels are removed or defaced. As a general rule, the label provided by the supplier of the product is sufficient. Re-labeling becomes necessary if a product is transferred to an unlabeled container for intermediate or long-term storage. Containers holding 10 gallons or less, intended for the immediate use of the employee filling the container, are exempt from the labeling requirements.

Pipes, vats, and other fixed containers must also have their contents identified. Batch tickets, tags, placards, or other equally effective means of labeling may be used. Please see Appendix A for further information on labeling requirements.

Safety Data Sheets (SDS)

Obtain SDS from suppliers for all chemicals used within the operations. All employees should be trained on what an SDS is and where they are located (usually in a file/binder). The SDS file/binder should be placed at locations for specific chemical use; i.e., pool chemicals are found at the pool facility; custodial supplies in or near the janitor's office; automotive products in the shop office; and so forth.

Employees have the right to obtain SDS for each hazardous material in the work place. SDS must be available to employees and former employees for at least 30 years after the material is no longer used, produced, or stored on the work site. Please see Appendix B for further information on how to read and understand a SDS.

Chemical Inventories

An inventory of chemical products used or stored is maintained by each area manager and supervisor and posted in each work area. The Hazcom Coordinator maintains a master inventory of all chemical products used or stored within the facility. All inventories are updated as new chemicals are introduced or old chemicals phased out. Updated inventories are posted and copies provided to the Hazcom Coordinator, noting new chemical additions.

Employee Information and Training

Employees are trained during orientation when first hired and annually thereafter. Employees are also trained whenever any new chemical hazard is introduced in the workplace because of process change or job transfer. The Park district training focuses on the following subjects:

- Details of the written Hazard Communication program, including how employees can obtain copies of the plan and use detailed information on chemical hazards (physical and health effects of the substances, signs and symptoms of overexposure).
- Methods used to identify locations of hazardous chemicals in the workplace and how to detect their presence. Also, how to lessen or prevent overexposure to these hazardous substances.

- Steps employees should take to protect themselves from chemical hazards, including appropriate work practices, personal protective equipment, and emergency procedures for spills and leaks and possible exposures.
- Explanations of the labeling system and Safety Data Sheets.

Documentation: Training records for all employees trained is retained for review by outside regulatory agencies. The training records should be kept on file following the annual training and whenever a new chemical is introduced in the workplace. All training records should be retained for the length of employment. If an employee is exposed to a toxic chemical and receives medical treatment, the medical records should be kept on file for 30 years past employment.

Non-routine Tasks and Emergencies: Employees who may be involved with non-routine tasks and emergency situations will be trained regarding special chemical hazards. Records will document this training. Some examples of non-routine tasks include acid washing a pool, resurfacing a gym floor, and stripping/waxing a tile floor. Emergency situations refer primarily to response to accidental chemical spills and leaks.

Notification and Information

On-site Contractors

On-site contractors shall be informed of chemical hazards to which their employees could possibly be exposed while working at Park district. The Hazcom coordinator has the responsibility for making available to contractors and their subcontractors information normally available to Park district employees. Contractors and subcontractors are responsible for training their own employees on Hazcom.

Park district Employee Information

All employees, or their designated representatives, may obtain further information on the Hazcom program, chemical inventory lists, SDS, and the OSHA Hazard Communication Standard by contacting the Park district Hazcom coordinator.










Appendix A – Labeling Requirements


It is the policy of Park district that no container of hazardous chemicals be released for use without the following label information:

- Product identifier – Name or number used for a hazardous chemical on a label or in the SDS. It provides a unique means by which the employee can identify the chemical.
- Signal word – Word used to indicate the relative level of severity of hazard and alert the employee to a potential hazard on the label. The signal words used in this section are "danger" and "warning." Danger is used for the more severe hazards, while warning is used for the less severe.
- Pictogram – Composition that may include a symbol plus other graphic elements, such as a border, background pattern, or color, intended to convey specific information about the hazards of a chemical. Eight pictograms are designated under the Hazcom standard for application to a hazard category.
- Hazard statement – Statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical including, where appropriate, the degree of hazard.
- Precautionary statement(s) – Phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling.
- Name, address and phone number of the chemical manufacturer, distributor or importer.

Hazard Communication Standard Pictogram

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

HCS Pictograms and Hazards		
Health Hazard  <ul style="list-style-type: none"> ▪ Carcinogen ▪ Mutagenicity ▪ Reproductive Toxicity ▪ Respiratory Sensitizer ▪ Target Organ Toxicity ▪ Aspiration Toxicity 	Flame  <ul style="list-style-type: none"> ▪ Flammables ▪ Pyrophorics ▪ Self-Heating ▪ Emits Flammable Gas ▪ Self-Reactives ▪ Organic Peroxides 	Exclamation Mark  <ul style="list-style-type: none"> ▪ Irritant (skin and eye) ▪ Skin Sensitizer ▪ Acute Toxicity ▪ Narcotic Effects ▪ Respiratory Tract Irritant ▪ Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder  <ul style="list-style-type: none"> ▪ Gases Under Pressure 	Corrosion  <ul style="list-style-type: none"> ▪ Skin Corrosion/Burns ▪ Eye Damage ▪ Corrosive to Metals 	Exploding Bomb  <ul style="list-style-type: none"> ▪ Explosives ▪ Self-Reactives ▪ Organic Peroxides
Flame Over Circle  <ul style="list-style-type: none"> ▪ Oxidizers 	Environment (Non-Mandatory)  <ul style="list-style-type: none"> ▪ Aquatic Toxicity 	Skull and Crossbones  <ul style="list-style-type: none"> ▪ Acute Toxicity (fatal or toxic)

SAMPLE LABEL	
<p style="text-align: center;">PRODUCT IDENTIFIER</p> <p>CODE _____</p> <p>Product Name _____</p> <p style="text-align: center;">SUPPLIER IDENTIFICATION</p> <p>Company Name _____</p> <p>Street Address _____</p> <p>City _____ State _____</p> <p>Postal Code _____ Country _____</p> <p>Emergency Phone Number _____</p> <p style="text-align: center;">PRECAUTIONARY STATEMENTS</p> <p>Keep container tightly closed. Store in cool, well ventilated place that is locked. Keep away from heat/sparks/open flame. No smoking. Only use non-sparking tools. Use explosion-proof electrical equipment. Take precautionary measure against static discharge. Ground and bond container and receiving equipment. Do not breathe vapors. Wear Protective gloves. Do not eat, drink or smoke when using this product. Wash hands thoroughly after handling. Dispose of in accordance with local, regional, national, international regulations as specified.</p> <p>In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO₂) fire extinguisher to extinguish.</p> <p>First Aid If exposed call Poison Center. If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.</p>	<p style="text-align: center;">HAZARD PICTOGRAMS</p> <div style="text-align: center;">  </div> <p style="text-align: center;">SIGNAL WORD Danger</p> <p style="text-align: center;">HAZARD STATEMENT Highly flammable liquid and vapor. May cause liver and kidney damage.</p> <p style="text-align: center;">SUPPLEMENTAL INFORMATION</p> <p>Directions for use</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Fill weight: _____ Lot Number _____</p> <p>Gross weight: _____ Fill Date: _____</p> <p>Expiration Date: _____</p>

The Safety Coordinator has this responsibility. If at any time the hazardous material was not received with the above information, or the hazardous material is transferred to another carton/container/drum, the hazardous material will receive a warning label.

The warning label should be an extra copy of the original manufacturer's label or a generic label. If you use a generic label, the label should contain all graphic and information elements required by the Hazcom standard.

All agency employees need to be aware of the hazard classifications as defined by OSHA. The classifications are divided into Health and Physical Hazards. §1910.1200 (Appendix A & B)

Health Hazards

Acute toxicity refers to those adverse effects that occur following oral or dermal administration of a single dose of a substance, or multiple doses given within 24 hours, or an inhalation exposure of four hours.

Skin corrosion/irritation is the production of irreversible damage to the skin; namely, visible necrosis through the epidermis and into the dermis. Corrosive reactions are typified by ulcers, bleeding, bloody scabs, discoloration due to blanching of the skin, complete areas of alopecia, and scars. *Skin irritation* is the production of reversible damage to the skin following contact with a substance.

Serious eye damage/irritation is the production of tissue damage in the eye, or serious physical decay of vision, following exposure to a substance to the anterior surface of the eye. *Eye irritation* is the production of changes in the eye following exposure to a substance to the anterior surface of the eye.

Respiratory sensitizer/Skin sensitizer means a chemical leads to hypersensitivity of the airways following inhalation of the chemical. *Skin sensitizer* means a chemical leads to an allergic response following skin contact.

Mutation/Genotoxic/Genotoxicity is a permanent change in the amount or structure of the genetic material in a cell. This hazard class is primarily concerned with chemicals that may cause mutations in the germ cells of humans that can be transmitted to the progeny.

Carcinogen means a substance or a mixture of substances that induce cancer or increase its incidence.

Reproductive toxicity includes *adverse effects on sexual function and fertility* in adult males and females, as well as *adverse effects on development of the offspring*. *Adverse effects on sexual function and fertility* means any effect of chemicals that interferes with reproductive ability or sexual capacity.

Specific target organ toxicity – single exposure, (STOT-SE) means specific, non-lethal target organ toxicity arising from a single exposure to a chemical. Specific target organ toxicity can occur by any route relevant for humans, i.e., principally oral, dermal or inhalation.

Specific target organ toxicity – repeated exposure (STOT-RE) means specific target organ toxicity arising from repeated exposure to a substance or mixture.

Specific target organ toxicity can occur by any route relevant for humans, e.g., principally oral, dermal or inhalation.

Aspiration means the entry of a liquid or solid chemical directly through the oral or nasal cavity, or indirectly from vomiting, into the trachea and lower respiratory system. Aspiration toxicity includes severe acute effects such as chemical pneumonia, varying degrees of pulmonary injury or death following aspiration.

Physical Hazards

Explosive/pyrotechnic chemicals is a solid or liquid chemical that is, in itself, capable by chemical reaction of producing gas at such a temperature and pressure and at such a speed as to cause damage to the surroundings.

Flammable gas means a gas having a flammable range with air at 20°C (68°F) and a standard pressure of 101.3 kPa (14.7 psi).

Flammable aerosol means any non-refillable receptacle containing a gas compressed, liquefied or dissolved under pressure, and fitted with a release device allowing the contents to be ejected as particles in suspension in a gas, or as a foam, paste, powder, liquid or gas.

Oxidizing gas means any gas which may, generally by providing oxygen, cause or contribute to the combustion of other material more than air does.

Gases under pressure are gases which are contained in a receptacle at a pressure of 200 kPa (29 psi) (gauge) or more, or which are liquefied, or liquefied and refrigerated. They comprise compressed gases, liquefied gases, dissolved gases and refrigerated liquefied gases.

Flammable liquid means a liquid having a flash point of not more than 93°C (199.4°F).

Flash point means the minimum temperature at which a liquid gives off vapor in sufficient concentration to form an ignitable mixture with air near the surface of the liquid.

Flammable solid means a solid that is a readily combustible solid or that may cause or contribute to fire through friction.

Readily combustible solids are powdered, granular, or pasty chemicals that are dangerous if they can be easily ignited by brief contact with an ignition source, such as a burning match, and if the flame spreads rapidly.

Self-reactive chemicals are thermally unstable liquid or solid chemicals liable to undergo a strongly exothermic decomposition even without participation of oxygen (air). This definition excludes chemicals classified under this section as explosives, organic peroxides, oxidizing liquids or oxidizing solids. A self-reactive chemical possesses explosive properties when in laboratory testing the formulation is liable to detonate, to deflagrate rapidly or to show a violent effect when heated under confinement.

Pyrophoric liquid/solid means a liquid, which even in small quantities, is liable to ignite within five minutes after coming into contact with air. *Pyrophoric solid* means a solid, which even in small quantities, is liable to ignite within five minutes after coming into contact with air.

A *self-heating chemical* is a solid or liquid chemical, other than a pyrophoric liquid or solid, which, by reaction with air and without energy supply, is liable to self-heat; this chemical differs from a pyrophoric liquid or solid in that it will ignite only when in large amounts (kilograms) and after long periods of time (hours or days). Self-heating of a substance or mixture is a process where the gradual reaction of that substance or mixture with oxygen (in air) generates heat. If the rate of heat production exceeds the rate of

heat loss, then the temperature of the substance or mixture will rise and which, after an induction time, may lead to self-ignition and combustion.

Chemicals, which in contact with water, emit flammable gases are solid or liquid chemicals, which by interaction with water, are liable to become spontaneously flammable or to give off flammable gases in dangerous quantities.

Oxidizing liquid/solid means a liquid, which in itself is not necessarily combustible, can, generally by yielding oxygen, cause, or contribute to, the combustion of other material. *Oxidizing solid* means a solid, which in itself is not necessarily combustible, can, generally by yielding oxygen, cause, or contribute to, the combustion of other material.

Organic peroxides are thermally unstable chemicals, which may undergo exothermic self-accelerating decomposition and may have one or more of the following properties: be liable to explosive decomposition; burn rapidly; be sensitive to impact or friction; or react dangerously with other substances.

A chemical that is corrosive to metals means a chemical that by chemical action materially damages, or even destroys, metals.

Appendix B - How to Read a Safety Data Sheet

The SDS is the primary document by which health and safety information is provided by the manufacturer to the distributor and ultimately to the worker using the product. The SDS may be in any format and may vary greatly in length, but all must contain the following information:

Section 1: Identification

This section identifies the chemical on the SDS as well as the recommended uses. It also provides the essential contact information of the supplier. The required information consists of the product identifier used on the label and any other common names or synonyms by which the substance is known; name, address, phone number of the manufacturer, importer, or other responsible party, and an emergency phone number; recommended use of the chemical (e.g., a brief description of what it actually does, such as flame retardant); and any restrictions on use (including recommendations given by the supplier).

Section 2: Hazard(s) Identification

This section identifies the hazards of the chemical presented on the SDS and the appropriate warning information associated with those hazards. The required information consists of:

- The hazard classification of the chemical (e.g., flammable liquid).
- Signal word.
- Hazard statement(s).
- Pictograms (the pictograms or hazard symbols may be presented as graphical reproductions of the symbols in black and white or be a description of the name of the symbol (e.g., skull and crossbones, flame).
- Precautionary statement(s).
- Description of any hazards not otherwise classified.
- For a mixture that contains an ingredient(s) with unknown toxicity, a statement describing how much (percentage) of the mixture consists of ingredient(s) with unknown acute toxicity. Please note this is a total percentage of the mixture and not tied to the individual ingredient(s).

Section 3: Composition/Information on Ingredients

This section identifies the ingredient(s) contained in the product indicated on the SDS, including impurities and stabilizing additives. It also includes information on substances, mixtures, and all chemicals where a trade secret is claimed. The required information consists of:

Substances

- Chemical name.
- Common name and synonyms.
- Chemical Abstracts Service (CAS) number and other unique identifiers.
- Impurities and stabilizing additives, which are classified and contribute to the classification of the chemical.

Mixtures

Same information required for substances.

- The chemical name and concentration (i.e., exact percentage) of all ingredients classified as health hazards and that are:
 - Present above their cut-off/concentration limits.

- Present a health risk below the cut-off/concentration limits.
- The concentration (exact percentages) of each ingredient must be specified except concentration ranges may be used in the following situations:
 - Trade secret claim is made,
 - There is batch-to-batch variation.
 - SDS used for a group of substantially similar mixtures.

Chemicals where a trade secret is claimed:

A statement that the specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret is required.

Section 4: First-aid Measures

This section describes the initial care to be given by untrained responders to an individual who has been exposed to the chemical. The required information consists of:

- Necessary first-aid instructions by relevant routes of exposure (inhalation, skin and eye contact, and ingestion).
- Description of the most important symptoms, or effects, and any acute or delayed symptoms.
- Recommendations for immediate medical care and special treatment needed, when necessary.

Section 5: Fire-fighting Measures

This section provides recommendations for fighting a fire caused by the chemical. The required information consists of:

- Recommendations of suitable extinguishing equipment and information about extinguishing equipment that is not appropriate for a particular situation.
- Advice on specific hazards that develop from the chemical during the fire, such as any hazardous combustion products created when the chemical burns.
- Recommendations on special protective equipment or precautions for firefighters.

Section 6: Accidental Release Measures

This section provides recommendations on the appropriate response to spills, leaks or releases, including containment and cleanup practices to prevent or minimize exposure to people, properties or the environment. It may also include recommendations distinguishing between responses for large and small spills where the spill volume has a significant impact on the hazard. The required information may consist of recommendations for:

- Use of personal precautions (such as removal of ignition sources or providing sufficient ventilation) and protective equipment to prevent the contamination of skin, eyes and clothing.
- Emergency procedures, including instructions for evacuations, consulting experts when needed, and appropriate protective clothing.
- Methods and materials used for containment (e.g., covering the drains and capping procedures).
- Cleanup procedures (e.g., appropriate techniques for neutralization, decontamination, cleaning or vacuuming; adsorbent materials; and/or equipment required for containment/clean up)

Section 7: Handling and Storage

This section provides guidance on the safe handling practices and conditions for safe storage of chemicals. The required information consists of:

- Precautions for safe handling, including recommendations for handling incompatible chemicals, minimizing the release of the chemical into the environment, and providing advice on general hygiene practices (e.g., eating, drinking, and smoking in work areas is prohibited).
- Recommendations on the conditions for safe storage, including any incompatibilities. Provide advice on specific storage requirements (e.g., ventilation requirements)

Section 8: Exposure Controls/Personal Protection

This section indicates the exposure limits, engineering controls, and personal protective measures to us to minimize worker exposure. The required information consists of:

- OSHA Permissible Exposure Limits (PELs), American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLVs), and any other exposure limit used or recommended by the chemical manufacturer, importer or employer preparing the safety data sheet, where available.
- Appropriate engineering controls (e.g., use local exhaust ventilation, or use only in an enclosed system).
- Recommendations for personal protective measures to prevent illness or injury from exposure to chemicals, such as personal protective equipment (PPE) (e.g., appropriate types of eye, face, skin or respiratory protection needed based on hazards and potential exposure).
- Any special requirements for PPE, protective clothing or respirators (e.g., type of glove material, such as PVC or nitrile rubber gloves, and breakthrough time of the glove material).

Section 9: Physical and Chemical Properties

This section identifies physical and chemical properties associated with the substance or mixture. The minimum required information consists of:

- Appearance (physical state, color, etc.).
- Upper/lower flammability or explosive limits.
- Odor.
- Vapor pressure.
- Odor threshold.
- Vapor density.
- pH.
- Relative density.
- Melting point/freezing point.
- Solubility(ies).
- Initial boiling point and boiling range.
- Flash point.
- Evaporation rate.
- Flammability (solid, gas).
- Upper/lower flammability or explosive limits.
- Vapor pressure.
- Vapor density.

- Relative density.
- Solubility(ies).
- Partition coefficient: n-octanol/water.
- Auto-ignition temperature.
- Decomposition temperature.
- Viscosity.

The SDS may not contain every item on the above list because information may not be relevant or is not available. When this occurs, a notation to that effect must be made for that chemical property.

Manufacturers may also add other relevant properties, such as the dust deflagration index (Kst) for combustible dust, used to evaluate a dust's explosive potential.

Section 10: Stability and Reactivity

This section describes the reactivity hazards of the chemical and the chemical stability information. This section is broken into three parts: reactivity, chemical stability, and other. The required information consists of:

Reactivity

- Description of the specific test data for the chemical(s). This data can be for a class or family of the chemical if such data adequately represent the anticipated hazard of the chemical(s), where available.

Chemical stability

- Indication of whether the chemical is stable or unstable under normal ambient temperature and conditions while in storage and being handled.
- Description of any stabilizers needed to maintain chemical stability.
- Indication of any safety issues that may arise should the product change in physical appearance.

Other

- Indication of the possibility of hazardous reactions, including a statement about whether the chemical will react or polymerize, which could release excess pressure or heat, or create other hazardous conditions. Also, a description of the conditions under which hazardous reactions may occur.
- List of all conditions to avoid (e.g., static discharge, shock, vibrations, or environmental conditions that may lead to hazardous conditions).
- List of all classes of incompatible materials (e.g., classes of chemicals or specific substances) with which the chemical could react to produce a hazardous situation.
- List of any known or anticipated hazardous decomposition products produced because of use, storage or heating. (Include hazardous combustion products in Section 5 (Fire-Fighting Measures) of the SDS.)

Section 11: Toxicological Information

This section identifies toxicological and health effects information or indicates such data is not available. The required information consists of:

- Information on likely routes of exposure (inhalation, ingestion, skin and eye contact). The SDS should indicate if the information is unknown.

- Description of the delayed, immediate or chronic effects from short- and long-term exposure.
- Numerical measures of toxicity (e.g., acute toxicity estimates such as the LD50 (median lethal dose). Estimated amount [of a substance] expected to kill 50 percent of test animals in a single dose.
- Description of the symptoms. This description includes the symptoms associated with exposure to the chemical from the least to the most severe exposure.
- Indication of whether the chemical is listed in the National Toxicology Program (NTP) Report on Carcinogens (latest edition) or has been found to be a potential carcinogen in the International Agency for Research on Cancer (IARC) Monographs (latest editions) or found to be a potential carcinogen by OSHA.

Section 12: Ecological Information (non-mandatory)

This section provides information to evaluate the environmental impact of the chemical(s) if released in the environment. The information may include:

- Data from toxicity tests performed on aquatic and/or terrestrial organisms, where available (e.g., acute or chronic aquatic toxicity data for fish, algae, crustaceans, and other plants; toxicity data on birds, bees, plants).
- Whether there is a potential for the chemical to persist and degrade in the environment either through biodegradation or other processes, such as oxidation or hydrolysis.
- Results of tests of bioaccumulation potential, making reference to the octanol-water partition coefficient (Kow) and the bioconcentration factor (BCF), where available.
- The potential for a substance to move from the soil to the groundwater (indicate results from adsorption studies or leaching studies).
- Other adverse effects (e.g., environmental fate, ozone layer depletion potential, photochemical ozone creation potential, endocrine disrupting potential, and/or global warming potential).

Section 13: Disposal Considerations (non-mandatory)

This section provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices. To minimize exposure, this section should also refer the reader to Section 8 (Exposure Controls/Personal Protection) of the SDS. The information may include:

- Description of appropriate disposal containers to use.
- Recommendations of appropriate disposal methods to employ.
- Description of the physical and chemical properties that may affect disposal activities.
- Language discouraging sewage disposal.
- Any special precautions for landfills or incineration activities

Section 14: Transport Information (non-mandatory)

This section provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail or sea. The information may include:

- UN number (i.e., four-figure identification number of the substance)¹.
- UN proper shipping name.
- Transport hazard class(es).
- Packing group number, if applicable, based on the degree of hazard.

- Environmental hazards (e.g., identify if it is a marine pollutant according to the International Maritime Dangerous Goods Code (IMDG Code)).
- Guidance on transport in bulk (according to Annex II of MARPOL 73/783 and the International Code for the Construction and Equipment of Ships Carrying Dangerous Chemicals in Bulk (International Bulk Chemical Code (IBC Code))).

Any special precautions that employees should be aware of or need to comply with, in connection with transport or conveyance either within or outside their premises (indicate when information is not available).

Section 15: Regulatory Information (non-mandatory)

This section identifies the safety, health and environmental regulations specific for the product that are not indicated anywhere else on the SDS. The information may include:

- Any national and/or regional regulatory information of the chemical or mixtures (including any OSHA, Department of Transportation, Environmental Protection Agency, or Consumer Product Safety Commission regulations).

Section 16: Other Information

This section indicates when the SDS was prepared or when the last known revision was made. The SDS may also state what changes were made to the previous version. You may wish to contact the supplier for an explanation of the changes. Other useful information also may be included here.

Appendix C – Effective Dates

The table below summarizes the phase-in dates required under the revised Hazard Communication Standard (HCS):

Effective Completion Date	Requirement(s)	Who
December 1, 2013	Train employees on the new label elements and safety data sheet (SDS) format.	Employers (agencies)
June 1, 2015 December 1, 2015	Compliance with all modified provisions of this final rule, except: The Distributor shall not ship containers labeled by the chemical manufacturer or importer unless it is a GHS label	Chemical manufacturers, importers, distributors and employers
June 1, 2016	Update alternative workplace labeling and hazard communication program as necessary, and provide additional employee training for newly identified physical or health hazards.	Employers (agencies)
Transition period to the effective completion dates noted above	May comply with either 29 CFR 1910.1200 (the final standard), the current standard, or both	Chemical manufacturers, importers, distributors, and employers (agencies)



REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: June 15, 2022

SUBJECT: Safety Manual

Background

The Champaign Park District participates in the Illinois Distinguished Agency program which is sponsored by the Illinois Association of Park Districts and the Illinois Park and Recreation Association. The goal of the Illinois Distinguished Accreditation program is to improve the delivery of recreation services to the residents of Illinois through a voluntary comprehensive evaluation process. The desired result is to improve the quality of life for Illinois residents and to recognize those agencies that provide this quality service.

The Champaign Park District went through the initial accreditation in 1999 and was recognized as a distinguished agency from 2000 to 2005. The Park District then was re-certified from 2006-2011, 2012-2017, and 2018-2023 and now the Park District has applied to participate in the accreditation process for 2024-2029.

Part of the accreditation process requires the Park District to develop and update a Safety Manual every 5 years. This manual lays out best practices when it comes to maintaining safety throughout the Park District.

The Park District's current Safety Manual was approved in 2017. This update reflects staffing changes and ensures consistency by aligning current procedures with other Park District documents.

During the Safety Committee's review and update of the safety manual, an original word version could not be located. Therefore, staff redlined the changes in the original document and created a new word document that highlights all revisions in yellow.

Several sections, such as safety gear, fire watch, cutting and welding, vehicle, and blood borne pathogens have been truncated so staff can be redirected to reference more specific related information located within other Park District program manuals. The forms that were included in the appendices of the 2017 manual have been removed because they are now located and recorded online. Other items were updated to match employee desktop emergency procedures flipcharts.

Recommended Action

Staff recommends review and approval of the Safety Manual, which will meet standard 4.9.5 as required for distinguished agency accreditation.

Prepared by:

Joe Kearfott
Assistant Director of Administrative Services

Reviewed by:

Jarrod Scheunemann
Director of Administrative Services

The mission of the Champaign Park District is to enhance our community's quality of life through positive experiences in parks, recreation, and cultural arts.

Safety Manual

**A Commitment
to Safety
in the Workplace**



CHAMPAIGN

PARK DISTRICT

CHAMPAIGN PARK DISTRICT

Safety Policy

We acknowledge an obligation to provide safe working conditions for employees and a safe leisure environment for the public using our programs, facilities and parks.

It is the intention of the Champaign Park District to develop, implement and administer a safety and comprehensive loss control program. In all of our assignments, the health and safety of all is an important consideration.

Personnel at all levels are directed to make safety a matter of continuing and mutual concern, equal in importance with all other operational considerations. Each supervisor is to ensure that work is done in a safe manner, inspections are conducted on a regular basis, hazards are confronted and accidents are investigated.

Safety adherence and performance shall be an important part of each performance appraisal of the Park District.

Approved by Board of Commissioners	March 12, 1997
Revised by Board of Commissioners	September 14, 2005
Revised by Board of Commissioners	July 13, 2011
Revised by Board of Commissioners	May 20, 2013
Revised by Board of Commissioners	August 23, 2017

Craig Hays, President

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EMPLOYEE SAFETY

Staff Responsibilities

The success of the Champaign Park District safety program will depend upon the announced and demonstrated interest of management, the sincere and consistent example set by supervisors and the cooperative, concerted efforts of all employees.

All Park District employees are required, as a condition of employment, to develop safe work habits and to contribute in every manner possible to the safety of themselves, their co-workers, and the general public. Park District staff members have the following responsibilities:

Executive Director

- Provide administrative and financial support for all safety programs.
- Become thoroughly familiar with the Safety Manual contents.
- Approve safety policies.
- Participate in safety by building a strong safety culture for the Park District.
- Communicate safety policies and programs to the Board of Commissioners.

Risk Manager

- Establish and administer the loss control program.
- Become thoroughly familiar with the Safety Manual contents.
- Maintain a working knowledge of all general and department specific safety rules.
- Coordinate with department heads to assist in their duties and responsibilities in the areas of loss control and safety.
- Act as chair of the Safety Committee.
- Administer the accident investigation policy and procedures to ensure that sufficient data is being gathered for review.
- Make specific budget allocations for the purchase of safety equipment, service and training.
- Provide proper orientation, job instruction training and in-service training to employees and supervisors.

Department Heads

- Coordinate with the ~~Risk Manager~~ to organize loss control program aspects which are particular to their department.
- Become thoroughly familiar with the Safety Manual contents.
- Maintain a working knowledge of all general and department specific safety rules.
- Enforce safety rules, and improve employee and public knowledge of the same by confronting and correcting unsafe behavior and conditions. Negligence to enforce safety rules on the part of the supervisory personnel is also considered a safety violation.
- Prepare needed support information for the PDRMA ~~Loss Control Program evaluation~~.
- Make budget recommendations for improving safety, specific to their department.

Supervisors

- Become thoroughly familiar with the Safety Manual contents.
- Maintain a working knowledge of all general and department specific safety rules.
- Inspect work areas for compliance with safe work practices and rules.
- Proper safety orientation of new employees and continued job training and in-service safety training to current employees.
- Enforce safety rules, and improves employee and public knowledge of the same by confronting and correcting unsafe behavior and conditions. Negligence to enforce safety rules on the part of the supervisory personnel is also considered a safety violation.
- Report and investigate accidents.
- Ensure necessary safety equipment and protective devices for each job or program are available, used, and properly maintained.
- Cooperate with the ~~Risk Manager~~ in making sure all memos, training records, material safety data sheets, and correspondence are sent for their view.
- Treat public complaints and concerns with the utmost attention; being courteous in all cases.

Employees

- Maintain a working knowledge of all general and department specific safety rules.
- Immediate reporting of all accidents and unsafe conditions to their supervisor.
- Cooperate and assist in the investigation of accidents.
- Attend all required safety programs and in-service educational meetings.
- Treat public complaints and concerns with the utmost attention; being courteous in all cases.
- Pay strict attention to housekeeping of work areas(s).

GENERAL SAFETY RULES

- Horseplay and fighting will not be tolerated in the work place.
- Possession of unauthorized firearms, alcoholic beverages, illegal drugs or unauthorized medically prescribed drugs will not be tolerated in the work place.
- Your immediate supervisor must be informed if you are required to take medication during work hours which may cause drowsiness, alter judgment, perception or reaction time. Written medical evidence stating that the medication will not adversely affect your decision-making or physical ability may be required. Please refer to Section 6-11 and review the comprehensive Alcohol and Drug Abuse Policy in the Personnel Policy Manual.
- Your immediate supervisor must be notified of any permanent or temporary impairment that reduces your ability to perform in a safe manner or prevent or hinder your performance of the essential functions of your position.
- Personal protective equipment must be used when potential hazards cannot be eliminated.
- Equipment is to be operated only by trained and authorized personnel.
- Periodic inspections of workstations may be conducted to identify potential hazards and to ensure that equipment or vehicles are in safe operating condition.
- Any potentially unsafe conditions or acts are to be reported immediately to your immediate supervisor.
- If there is any doubt about the safety of a work method, your immediate supervisor should be consulted before beginning work.
- All accidents, near misses, injuries and property damage must be reported to your immediate supervisor, regardless of the severity of the injury or damage.
- Failure to report an accident or known hazardous condition shall be cause for disciplinary action up to and including dismissal.
- All employees must follow recommended work procedures outlined for their job, department and/or facility.
- Employees are responsible for maintaining an orderly environment. All tools and equipment must be stored in a designated place. Scrap and waste material are to be discarded in a designated refuse container.
- Any smoke, fire or unusual odors must be reported promptly to your immediate supervisor.
- If you create a potential slip or trip hazard, correct the hazard immediately or mark the area clearly before leaving it unattended.
- Vehicle safety belts must be used on all public roadways, in accordance with state statute and whenever the vehicle is moving.
- Employees who operate vehicles must obey all driver safety instructions and comply with traffic signs, signals and markers and all applicable laws.
- Employees who are authorized to drive are responsible for having a valid driver's license for the class of vehicle they operate. You must report revocation or suspension of your driver's license to your immediate supervisor. Failure to report revocation or suspension of your driver's license shall be cause for disciplinary action up to and including termination.
- All drivers must submit authorization for drivers abstracts annually.
- All employees must know Park District rules regarding accident reporting, evacuation routes and fire department notification.
- Departmental and facility rules and procedures outlined in specific manuals must be followed by each employee in the department. Employees must assist and cooperate with all safety investigations and inspections and assist in implementing safety procedures as required.

- Disciplinary actions, as described in the Personnel Policy Manual, shall be taken as a result of an employee's failure to abide by safety rules and regulations.

ACCIDENT REPORTING PROCEDURES

An accident report must be prepared for any accident, injury, or "near miss" which occurs on Park District property or at any program sponsored by the Park District. The accident report forms must be used for all injuries sustained by patrons or injuries that occur to staff and volunteers.

- PREPARE A DETAILED ACCIDENT REPORT: Attain as much information as possible regarding the accident. Be thorough in your description of the injury, how it occurred, and what type of first aid was administered. Others must be able to read the report and fully understand the circumstances involved.
- It is very important that the accident report is prepared ~~on a timely basis~~. Accident reports must be filled out immediately after the injured has been properly attended to.
- If the injury occurs to an employee, within ~~(24)~~ hours an accident report must be completed ~~and turned in to the Risk Manager, or in his/her absence to the Director of Human Resources~~. If the employee injury requires more than basic first aid and requires medical attention, the employee must contact the ~~Risk Manager~~ who will refer the employee to Occupational Health.

ACCIDENT INVESTIGATION PROCEDURES

1. Accident investigations are the responsibility of the Safety Committee and may be initiated by any member of the Safety Committee. Accidents, injuries, and "near misses" incidents are reviewed by the Safety Committee and a determination will be made regarding the need for an accident investigation.
2. The Accident Investigation Team will consist of the ~~Risk Manager, Director of Human Resources~~ and the appropriate Department Head, and at least two safety committee members.
3. The scope of the investigation will include: summary of the accident site; interviews with witnesses; determination of improper safety procedures, if any; and correction of any safety deficiencies.

EMPLOYEE SAFETY GEAR

- ~~The Park District will provide essential safety gear for use with specific equipment as designated in its operational instructions.~~
- ~~Hard hats must be worn whenever any possible risk is involved, i.e. all building repairs and construction projects where potential overhead hazards could exist, tree planting, etc. Hard hats are not required for painting, general building maintenance, custodial work, flower planting and general shop work.~~
- ~~Proper insulation of hard hats for winter wear will be provided, when appropriate.~~
- ~~Protective ear equipment must be worn whenever working with loud machinery or vehicles, i.e. chain saws, tractors, air hammers, etc.~~
- ~~Protective face shields must be worn when working with grinders, welders, etc., and safety glasses must be worn when working under vehicles where potential splash chemicals are present.~~
- ~~Protective goggles, face shield, gloves, and chaps must be worn when working with a chain saw.~~
- ~~A hard hat, face shield, long sleeves, and heavy gloves must be worn when operating chipping machines.~~
- ~~Employees in the Operations Department normally wearing eyeglasses must wear safety lens glasses or safety glasses over the eye glasses.~~

COMPLIANCE PROGRAMS

The Park District has developed guidelines for employees in protecting themselves against hazardous conditions in the workplace as well as complying with local, state and federal regulations. The Park District will provide training when applicable to employees job function.

Bloodborne Pathogens Exposure Control Plan

The Park District has developed procedures that will address occupational exposure to blood and other potentially infectious materials. The plan outlines methods of compliance; hepatitis B vaccination, post-

exposure evaluation and follow-up; communication of hazards; training and record keeping. The Park District will provide training on an annual basis and/or as needed.

Fall Protection/Walking-Working Surfaces

The Park District will ensure that the hazards of all elevated falls over 4 feet are evaluated, and that information concerning these hazards are communicated to all employees affected. The ~~Risk Manager~~ and/or other designated trained fall protection personnel are responsible for the administration of this program and have full authority to make necessary decisions to ensure the success of the program. A written program will be reviewed and evaluated on an annual basis or when changes occur to the Occupational Safety and Health Administration (OSHA) standard. A training program will be provided for those employees exposed to fall protection. Training will ensure that employees understand the purpose, function, and proper use of fall protection. Also that employees acquire the knowledge and skills required for the safe application and usage. The Park District will provide training to employees on an annual basis.

Hazardous Communication Program (HAZCOM)

This program is intended to meet all requirements of the Toxic Substances Disclosure to Employees Act, commonly referred to as the Illinois Employee Right-to-Know Law. The law requires the Park District to communicate and train its employees about the health and safety hazards of chemicals in the workplace. The ~~Risk Manager~~ has been designated as the Hazardous Communications Coordinator. The responsibilities include posting Right-to-Know Law signs, labeling hazardous substances, obtaining and maintaining Material Safety Data Sheets, and providing initial and refresher training to all employees. The Park District will provide training to employees on an annual basis.

Lockout/Tagout

The purpose of this program is help ensure that the machine or equipment is stopped or isolated from all potentially hazardous energy sources and locked out before employees do any maintenance. The Park District will provide training to employees annually.

Personal Protective Equipment (PPE)

Where jobs have inherent hazards, employees will be notified and supplied with the proper PPE. The ~~Risk Manager~~ and/or supervisors will train employees to appreciate the inherent risks, proper selection, implementation and care of the equipment. The ~~Risk Manager~~ and/or supervisors will enforce the use of PPE as well as any associated safety rules pertaining to work activities. All employees will meet or exceed OSHA, American National Standards Institute (ANSI), American Society for Testing and Materials (ASTM), manufacturer specification and any organizational guidelines pertaining to personal protective equipment. The Park District will provide training on an annual basis.

Confined Spaces Program

The Park District has developed the following guidelines to ensure the safety of our employees exposed to confined spaces which are based on the requirements established by the OSHA as well as regulations adopted by the Illinois Department of Labor (IDOL). This agency will maintain a written program, identify confined spaces within its facilities and recreation areas, and train employees on safe entry and specific safety precautions. The Park District will provide training annually.

Stretching Policy

Stretching is an important component of the Park District's effort to reduce the effects of ergonomic risk factors both on and off the job. Over time, the excessive stress and strain on tendons, muscles, ligaments, cartilage, blood vessels, and nerves resulting from ergonomic risk factors can lead to injury. Stretching, as an ergonomic intervention, can be a useful method to providing a safer working environment for Park District staff. It is the policy of the Park District to engage in a proactive, sustained program to reducing or eliminating ergonomic-related injuries to employees by educating and implementing an agency-wide policy of simple reversal of posture and stretching exercises that are intended to increase worker flexibility and range of motion, improve circulation, relieve stress, and enhance coordination, both on and off the job. (Posters will be posted in each work area.)

Industrial Truck (Fork Lifts)

The Park District will ensure that the requirements of the standard for powered industrial trucks will be adhered to.

This standard practice instruction is intended to address comprehensively the issues of; employee training, authorization, safety requirements, fire protection, maintenance, and general operation of fork trucks, tractors, platform lift trucks, motorized hand trucks, and other specialized industrial trucks used within the Park District, including end loaders and bobcats equipped with forks .

Cutting/Welding Procedure Tips

Cutting/welding projects can be extremely dangerous activities if the proper precautions are not taken. Agencies must ensure that staff is properly trained, the proper personal protective equipment is used and the work area is properly inspected prior to performing any cutting or welding projects. Attached is a pre-work checklist and procedures for fire watch/work area monitoring that must be considered prior to starting any project.

Pre-Work Checklist

- ~~Supervisor completes a hot work permit and a copy is retained.~~
- ~~Any compressed gas cylinders to be moved in a vehicle must be firmly secured in an upright position, strapped or chained in place, and all safety caps securely screwed in place.~~
- ~~Verify that sprinkler systems, fire extinguishers, or water hoses are in good working condition.~~
- ~~Inspect all hot work equipment to make sure that it is in good working condition.~~
 - ~~The following personal protective equipment is made available and is used:~~
 - ~~Face shield/proper eye lenses~~
 - ~~Leather gloves~~
 - ~~Leather gauntlets, long sleeve shirt, pants, etc.~~
- ~~Evaluate these fire safety precautions within thirty-five (35) feet of the work area:~~
 - ~~Ensure the atmosphere does not contain explosive chemicals.~~
 - ~~Remove any flammable liquids, paper or related items from the work area.~~
 - ~~Use fire resistant tarps or metal shields over floors, walls, or other openings.~~
 - ~~Sweep the floor of any debris.~~
 - ~~Wet down combustible floors, walls and related areas when possible.~~

Fire Watch/Work Area Monitoring

- ~~There should be at least one employee provided for an onsite fire watch for at least sixty (60) minutes following the completion of the hot work.~~
- ~~The fire watch must be provided with an appropriate fire extinguisher or water hose and communication device.~~
- ~~The fire watch must look for signs of heat, smoke, etc. which may occur in the hot work area. Also, look for signs of fire above or below ceilings and on both sides of walls and floors.~~
- ~~In the event a fire is noted, the employee must immediately sound the fire alarm and call the fire department. The fire watch can then attempt to extinguish the fire. Fires that occur in walls or between floors may be difficult to extinguish after they have been smoldering. For this reason, it is very important that the fire department be contacted so that they can conduct a professional assessment to determine if the fire is fully extinguished.~~
- ~~The hot work permitted area must be inspected approximately 4 hours after the job is completed to again ensure that no fire is present at all construction sites. There is a two hour inspection required after work is completed in our welding shop.~~

EMERGENCY PROCEDURES

In the event of an emergency, all staff must follow the emergency procedures that are outlined in the Park District Emergency Operations/Crisis Management Plan. Please refer to the Park District Emergency Response Plan found at each facility for further emergency instructions.

Remember: The first priority in any type of emergency is always the direct safety of all Park District staff and for the general public.

Communication Plan

In the event of an emergency, the Bresnan Meeting Center front desk staff shall act as the communication

center for the Park District.

1. The Executive Director shall notify Department Directors, and the Board of Commissioners and Officers.
- ~~2. The Director of Human Resources/IT and Risk shall notify all HR/IT and Risk staff.~~
- ~~3. The Director of Finance shall notify all finance staff of the emergency.~~
- ~~4. The Director of Recreation shall notify all recreation staff of the emergency.~~
- ~~5. The Director of Operations shall notify all operations staff of the emergency.~~
- ~~6. The Marketing Director shall notify all marketing staff of the emergency.~~
- ~~7. All operation's vehicles in the field will be dispatched by radio if unavailable by phone.~~
8. *If an emergency occurs after hours, notification shall be made in the following order:*

Title	Name	Main Contact Phone Number	Secondary Contact Phone Number
Executive Director	Joe DeLuce	819-3821	714-2333
Director of HR, IT and Risk	Tammy Hoggatt	819-3823	840-9963
Risk Manager	Wendy Zindars	819-3834	404-444-3739
Recreation Director	Jameel Jones	819-3907	390-5656
Director of Operations	Dan Olson	819-3812	
Director of Finance	Andrea Wallace	819-3826	778-8608
Marketing & Communications Director	Chelsea Norton	819-3943	273-3943

ARMED INTRUDER

Lockdown Guidelines

~~Please follow the information below to respond in an active shooter or violent intruder situations:~~

Goal of Lockdown:

- The purpose of a lockdown is to minimize accessibility to facilities ~~in the park to reduce the risk of injury or danger to, staff, patrons or visitors from a violent intruder.~~

Decision to Lockdown:

- A lockdown would be implemented when requested by Public Safety, Law Enforcement, Fire Department, ~~Park District Administration,~~ or any Park District staff.
- ~~• The goal of this procedure is to protect patrons, visitors, and employees from an armed violent intruder, regardless of the type of weapon.~~

Incidents That May Require Lockdown:

- Person(s) armed with firearm(s) or weapon(s) on Park District property, gunshots directed at or near the Park District facilities, police incidents involving dangerous person(s) that are adjacent to or within a short distance of park property, intruders, hazardous chemical spills, gas leaks, electrical conditions, or disasters close to the Park District facilities, or any other violent incident that a reasonable person would recommend a lockdown.
- ~~• This would include localized sounds of gunshots, multiple incidents of breaking glass windows, explosions, and/or other noises associated with violent crimes.~~
- ~~• Individuals with any type of violent weapon(s) on Park District Property.~~

Order or Announcement to Lockdown

- ~~• Announcement via telephone, radio, in person, text message and/or E-mail, "This is a lockdown, I repeat, this is a lockdown. We have an emergency. Go to the nearest office or classroom and secure yourself inside."~~
- ~~• Insert Hard and Soft Lockdown.~~

If an active shooter or intruder is inside the building with you

- Try to keep everyone quiet as not to bring attention to you and others. Move to a securable area, if safe to do so.
- If the area you are in can be locked, lock it and stay away from the entry and windows. Consider barricading the door if you cannot lock it.
- If you cannot lock or barricade yourself and hide somewhere, and you can determine where the shooting is coming from, run to any exit you can reach without being seen by the shooter.
- Dial 9-9-1-1 from building phone and 9-1-1 from your cell phone to contact the Emergency Dispatch Center as soon as possible to report what is happening. Dispatchers will advise you on what to do.
- Give as much detail about the intruder as possible – color of clothes, height, weight, color of hair, type of weapon, area of building, etc.

~~If an active shooter or intruder enters your office or classroom~~

- ~~• Dial 9 then 9-1-1 on your office phone or 9-1-1 from your cell phone if possible.~~
- ~~• If it is possible to talk, report what is happening, and provide the shooter's location and description.~~
- ~~• If it is not safe to speak, just leave the line open so the dispatcher can hear what is taking place.~~
- ~~• If you are confronted by the shooter and defenseless, attempt to negotiate with the shooter.~~
- ~~• Attempting to overpower the shooter with force should be considered as the last resort after all other options have been exhausted.~~
- ~~• If the shooter leaves the area, attempt to lock or barricade the door, or proceed to a safe location as described above.~~

~~Possibility of fleeing an active shooting or violent intruder situation~~

- ~~• Have a route of escape in mind.~~
- ~~• Leave everything behind except your cell phone (do not worry about purses or book bags - those will only slow you down).~~
- ~~• Keep your hands visible and follow the instructions of the police. You must remember, the police may not have an accurate description of the shooter(s), so for everyone's safety, you may be detained by the police.~~
- ~~• Do not stop to assist wounded victims or attempt to move them. Do tell the police where these victims are located.~~

What to expect from law enforcement responding to an active shooter or violent intruder

- Police are trained to proceed as quickly as possible to the sound of the gunfire.
- Their purpose is to stop the shooter.
- Officers may be in plain clothes, patrol uniforms, or SWAT uniforms armed with long rifles, shotguns, and/or handguns. They will have identification.
- Do as the officers direct you, and keep your hands visible at all times to show the officers you are not a threat.
- If possible, tell the officers where the shooter was last seen, and provide a full description of the shooter and any weapons used.
- Also be aware that the first responding police officers will not stop to assist injured people. Others will follow to treat the injured. First responding officers are trained to proceed as quickly as possible to the gunfire and to stop the shooter.

- Do not allow anyone out of the classroom or secure area at any time during a lock down, until a person of authority (Park District Administration Staff, Police Officer, and/or Program Manager). Parents will not be allowed to pick up their children during a lockdown without permission from a Park District Manager once the incident has been stabilized.

Activate the Emergency Crisis Plan as soon as safely possible and make proper notifications of the Park District Administration.

- ~~Please review the Park District's Emergency Crisis Plan for Types 1 and 2 Incidents.~~

~~Types of Incidents:~~

~~A **Type I** crisis is a situation or event that causes, or has the potential to cause, public or media concern. It could be, among other things, an accidental drowning, allegation of abuse, severe vehicle accident, emergency facility closing, severe employee or patron injury, or a criminal act that occurred on agency property.~~

~~A **Type II** crisis is one that takes place within the community and involves use of Park District facilities for refuge. A crisis of this type might result from a natural disaster, train wreck, chemical spill, terrorist attack or any event resulting in a need for emergency shelters.~~

~~The potential crisis list is endless. In any potential crisis situation, early notification of the Crisis Team is critical. Park District staff who has knowledge of a crisis or potential crisis situation must notify the Executive Director, the Risk Manager, or any member of the Crisis Team as soon as it is safe to do so. The Executive Director shall determine if a situation requires the activation of the Crisis Team.~~

SPECIFIC SAFETY STANDARDS/CORE 6

Facilities

- At least two (2) exits must be available from all floors.
- There must never be any obstructions in aisles or exits.
- Enough fire extinguishers of the proper type must be provided to meet the minimum fire code restrictions. Each employee must be instructed on the proper use of each type. In-service training will be provided each year by the ~~Risk Manager~~ as a review for present employees and as training for new employees.
- Fire extinguishers must be placed within easy reach, and properly marked, and OSHA color-coded as to their type.
- Fire extinguishers will be checked annually and levels maintained at all times.
- Smoking is prohibited except in designated areas, where sufficient large non-combustible ashtrays and adequate ventilation are provided.
- Materials and equipment must be stored in pre-designated areas. Custodial carts are not to be stored in public areas or left unattended.
- All refuse must be placed in proper containers and a sufficient amount of receptacles should be in each building. Waste receptacles must be emptied periodically and never allowed to be overfilled.

Accident Prevention

- Slippery substances spilled on floors must be immediately cleaned up.
- Floors, walks, and parking lots must be maintained at a level and even condition. Repairs must be made to holes, depressions, broken floor surface, uncovered drains, loose or poorly fitted gratings, sagging or expanded floor supports.
- All painting supplies and combustible materials must be stored in a separate, proper fire resistant cabinet.
- Emergency lights are present in all buildings used by the public and must be checked monthly.
- All exits must be clearly lit and marked.
- Broken lights must be replaced immediately.
- Electrical wiring must be properly encased and replaced when worn.
- Care must be taken not to overload circuits.

- Extension cords should be used on a short term, temporary basis only.
- Electrical cords must be kept in as orderly a fashion as possible to prevent any falls. ~~Use of extension cords should be only on a temporary basis and must not be run under carpeting or exposed so as to possibly cause injury.~~
- Any replacement curtains or drapes, must be fire retardant.
- All stairways must be equipped with secure railings and well lit.
- All buildings must have emergency phone numbers located at the telephone as well as emergency procedures posted. Each facility director must have a copy of the emergency plan and know the location of first aid supplies.
- ~~All buildings must be equipped with sufficient first aid supplies.~~
- Sidewalks, steps, parking lots, tennis courts, and basketball courts must be repaired if shifting or cracking presents hazardous conditions. All hazardous conditions must be reported to the ~~Risk Manager~~ for assessment.
- All tables and chairs must be inspected and repaired regularly by facility staff.
- A three-foot clear zone must be maintained around all electrical switch gear, breaker boxes or heating and boiler units.
- ~~There shall be no spray painting or adhesive indoors at any facilities without the proper safety gear and proper mechanical ventilation.~~

Parks

- Signs must be posted communicating hours and specific ordinances.
- All newly installed and any necessary replacements for playground apparatus must comply with Consumer Product Safety Commission (CPSC) guidelines.
- No asphalt or other hard surfaces shall be under playground equipment. All surfaces must comply with CPSC guidelines.
- All parks are to be inspected for compliance with CPSC guidelines. All playgrounds must be inspected and repaired monthly. Completed copies of the inspection and repair forms must be retained by the ~~Risk Manager~~.
- All employees are to clean up broken glass when it is found. NEVER pick up broken glass with bare hands. Use mechanical devices.
- All employees must report unsafe conditions in any park or recreation facility to the ~~Risk Manager~~.
- Operators of mowers, weed eaters and other power equipment must ensure that grass clippings, rocks, etc. are not discharged towards park users, employees, and vehicles.
- Equipment operators must read and understand operating instructions, and follow all safety rules contained therein as well as receive proper in-service training.
- Park crews must perform a general safety inspection for the entire park and playground on each weekly visit.

Equipment and Tools

The immediate supervisor is responsible for ensuring that:

- Proper training is given to an employee prior to any use of equipment.
- All equipment and tools must be stored in a pre-designed area and should be kept clean and repaired at all times.
- All new equipment and tools must comply with local, state and federal standards, where required.
- Operational instructions for ALL machinery and equipment must be in written form and kept close to the appropriate machine or equipment for employee reference.
- Proper use of ladders must be taught, including proper angle placement; ladders must be replaced before using if there are cracked rungs or side rails, ineffective braces, no ladder shoes, or insufficient clearance.

- Ear protection devices are utilized when operating or around portable air hammer, chainsaw, and all other loud equipment.
- When sanding, spray painting, or working with fiberglass materials appropriate ventilation, air filtering and proper safety equipment must be utilized to protect the employee from dust and fumes.
- A safety curtain must be used when using welding equipment.
- Two (2) employees must be present at all times while working with the tree chipper and proper safety equipment must be worn.
- At no time should any mobile equipment or tools be left unattended and unsecured at a work site. Always lock ignition and remove keys from vehicle or equipment.

~~VEHICLE 360° WALK AROUND CIRCLE OF SAFETY~~

~~Walk completely around your vehicle every time before you drive it. Supervisors and managers should monitor their staff for compliance with this procedure.~~

~~30-Second Site Safety Walk-Through Policy~~

~~All employees are required to conduct a thirty (30) second sight safety walk through prior to starting at their job site.~~

~~Any hazards or safety concerns observed during the 30-Second Site Safety Walk-Through must be eliminated or minimized. Always follow applicable agency safety policies and procedures. If you are unsure, contact your supervisor before beginning the job task.~~

- ~~Pause before you approach:~~
 - ~~Ask yourself: "Are there any obvious potential safety hazards?"~~
 - ~~Generally, your first impression will be correct.~~
- ~~Observe your surroundings:~~
 - ~~What is there about the location, terrain, ground or flooring that could create a hazard or cause an injury?~~
- ~~Observe the traffic in or around the worksite:~~
 - ~~Will vehicle or pedestrian traffic cause a safety hazard or concern?~~
- ~~Protect yourself!~~
 - ~~Should you be wearing personal protective equipment?~~
 - ~~Are you wearing the appropriate footwear to safely perform the job?~~
- ~~Consider the unknown:~~
 - ~~What is unique about the site that may cause a safety concern?~~
 - ~~Will the equipment, materials or job task introduce safety concerns?~~
- ~~Consider the unknown:~~
 - ~~What is unique about the site that may cause a safety concern?~~
 - ~~Will the equipment, materials or job task introduce safety concerns?~~
- ~~Any hazards or safety concerns observed during the 30-Second Site Safety Walk-Through must be eliminated or minimized. Always follow applicable agency safety policies and procedures. If you are unsure, contact your supervisor before beginning the job task.~~
- ~~Implement a 3 Points of Contact Policy.~~

~~3 Points of Contact Policy~~

~~Employees should consistently use 3 — Points of contact while climbing ladders and when entering or exiting all vehicles and equipment.~~

~~Common injuries associated with climbing ladders include: the employee slips or trips while climbing a ladder and subsequently falls. As a result, the employee then is injured by striking the equipment or ground. Injuries occur because climbing ladders include the following potentially hazardous activities:~~

- Reaching
- Twisting
- Pulling
- Climbing

Factors that often contribute to the incident include:

- Being in a hurry
- Talking with co-workers or patrons
- Wet or slippery equipment
- Carrying equipment or another object
- Jumping from a guard chair
- Failing to use stairs or ladders

Job Tasks Required to Use 3 Points of Contact

Areas where 3 Points of Contact should be required include, but are not limited to, the following job classifications and work areas:

1. Entering/Exiting and Mounting/Dismounting any equipment, including the following:
 - Tractors
 - Skid Steers
 - Trailers
 - Pickup and Dump Trucks
 - Mowers
 - Buses/Vans
2. Climbing ladders and scaffolding
3. Climbing stairs
4. Climbing playground equipment

3 Points of Contact (Aquatics)

(Aquatics) Common injuries associated with entering/exiting pools and mounting/dismounting lifeguard chairs include:

- The employee slips or trips while climbing the lifeguard chair and subsequently falls. As a result, the employee then is injured by striking the equipment or ground.
- The guard slip/falls while climbing off the lifeguard chair, striking the equipment or ground.
- While exiting the pool, the employee climbs out using the pool gutter or edge, then slips and falls, striking the ground.

Factors that often contribute to the incident include:

- Being in a hurry
- Talking with co-workers or patrons
- Wet or slippery equipment or surfaces
- Carrying equipment or another object
- Jumping from a guard chair
- Failing to use stairs or ladders
- Entering or exiting a piece of equipment
- Failing to maintain a "3 Points of Contact"

Policy, Procedure and Training

~~The 3 Points of Contact method provides maximum stability and support, thereby reducing the likelihood of slipping and falling.~~

~~PDRMA members can reduce the risk of climbing/descending lifeguard chair injuries by:~~

- ~~• Implementing a 3 Points of Contact Policy~~
- ~~• Conducting employee training on the 3 Points of Contact Policy/Procedure~~
- ~~• Having supervisory staff diligently enforce the 3 Points of Contact policies and procedures~~
- ~~• Providing coaching and positive feedback to support applicable policy and procedures~~

Policy

~~Improperly exiting and entering pools, or mounting and dismounting lifeguard chairs can increase the likelihood of injury to staff.~~

~~Injuries occur because entering and exiting pools or mounting and dismounting lifeguard chairs include the following potentially hazardous activities:~~

- ~~• Reaching~~
- ~~• Twisting~~
- ~~• Pulling~~
- ~~• Climbing~~

~~When ascending/descending lifeguard chairs during a rotation or beginning and leaving the shift, lifeguards shall use 3 Points of Contact with the guard chair.~~

~~To do this, lifeguards must maintain contact with one hand and two feet or two hands and one foot at all times when entering/exiting pools by using the pool ladders as well as when ascending and descending from lifeguard chairs in order to form a stabilizing triangle of contact.~~

Procedure

~~Agency Responsibilities:~~

- ~~• Evaluate the stability and surfacing of every pool ladder and lifeguard chair.~~
- ~~• Provide additional ladders, non-slip surfaces and hand holds where necessary.~~
- ~~• Maintain steps, contact surfaces and handholds in useable condition.~~
- ~~• Consider lifeguard chairs with larger platforms and improved ladder position and access.~~
- ~~• Inspect lifeguard chairs, stairs and ladders frequently.~~

Vehicles

~~Common injuries associated with enter/exiting vehicles include:~~

- ~~• The employee slips or trips while entering or exiting the vehicle/equipment and falls, striking the vehicle or ground.~~
- ~~• While exiting the vehicle/equipment, the employee jumps from the vehicle to the ground, often injuring an ankle, knee or back.~~

~~Factors that often contribute to the incident include:~~

- ~~• Being in a hurry~~
- ~~• Talking with co-workers or patrons~~
- ~~• Wet or slippery equipment~~
- ~~• Being distracted by talking on a cell phone~~
- ~~• Carrying equipment or another object~~

- Jumping
- ~~Failing to maintain a “3 Points of Contact” with the vehicle~~

~~Improperly entering and exiting (or mounting and dismounting) vehicles, trucks, tractors, buses, vans, trailers, ladders, stairs or other pieces of construction equipment can increase the risk of injury. To reduce or eliminate the risk of injury, organizations should implement a policy so that drivers and staff exercise the 3 Points of Contact method when entering or exiting vehicles.~~

~~During training and in the scope of their duties, all staff shall enter and exit vehicles by using a 3-Points of Contact at seats, foot platforms, handles, stairs, and ladders.~~

3 Points of Contact (Job Classifications)

~~The purpose of this policy is to identify job tasks that require the use of a 3 Point of Contact Procedure and to establish protocols for carrying out a safe 3 Point of Contact.~~

~~When creating a 3 Points of Contact Policy, an organization should:~~

- ~~Identify job tasks that require the use of a 3 Point of Contact Procedure.~~
- ~~Establish protocols for implementing a safe 3 Point of Contact method.~~
- ~~Specify every employee who will be subject to the policy.~~
- ~~Specify who will be responsible for implementing and communicating the policy to employees.~~
- ~~Identify specific vehicles or equipment (i.e. tractors, trucks, ladders) which require a 3 Points of Contact procedure.~~

BEST PRACTICE LIFTING

The Champaign Park Districts overall aim is to ensure a consistent approach to best practice lifting with all employees.

The three basic concepts of safe lifting are:

- When lifting any type of load, always move straight up and down. Keep your feet planted underneath your knees to maintain balance.
- Keep your elbows in and close to your body.
- Move and pivot with your feet when you step, don't twist your back to move a load.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

In the event of an OSH inspection under the auspices of the Illinois Health and Safety Act, the following guidelines will apply:

- The ~~Risk Manager~~ is designated as the responsible individual to participate in the inspection process.
- A list of required materials or posters and their locations is kept at the Bresnan Meeting Center.
- Records necessary for the inspection, OSHA 300, etc., are located in the Central Safety File.
- The ~~Risk Manager, Director of Human Resources~~ and the Executive Director may negotiate timeframes for corrections of any citations, and are responsible for the completion of said corrections.

~~MOTOR VEHICLE SAFETY~~

~~Motor Vehicles~~

- No one below the age of 18 years may operate any motorized vehicle or any other piece of equipment that may be outlined in specific departmental procedures.
- Employees under the age of 21 years, will not be allowed to transport passengers in vans.

- Out of Town check lists shall be completed for any trip taken outside Champaign County involving participants. A copy of the completed report must be left with the ~~Risk Manager~~ and the front desk prior to trip departure.
- Accurate records must be kept and up-to-date on all repairs, tune-ups, etc. for each vehicle.
- No person is permitted to ride in or on equipment being towed.
- Riding in the back of trucks is strictly prohibited.
- All trucks must be equipped with a gate, which should be put up when transporting. When a gate must be down for wide or extra-long items, vehicles must be properly flagged and four-way flashers or strobe on.
- All loads must be secured when transported in vehicles.
- Roll bars or Roll-Over Protection Structures (ROPS) must be installed on all tractors. In order for the roll bars to be effective, seatbelts must be worn at all times.
- No vehicle is to be operated or moved unless all doors are closed.
- No vehicle is to be left idling unattended unless in "park" or in neutral with emergency brakes or air brakes engaged if vehicle does not have a "park" position.
- All vehicles must be equipped with the proper fire extinguishers.
- Any new vehicles that are purchased must comply with Illinois Department of Transportation standards.
- Each driver is responsible for reporting all accidents, incidents, vehicle damage and malfunctions to their immediate supervisor.
- Drivers must maintain the posted speed limits at all times and observe all other vehicle operation regulations. In pathways and parks, vehicles shall not exceed five (5) mph and drivers should be alert if conditions warrant a slower speed. The traveling speed on all streets should not exceed the posted limit.
- When operating a vehicle in a park, the existing paved access road should be used. Vehicles are not allowed on the grass unless it is required for completion of the work projects.
- Employees are expected to be courteous to other drivers and to pedestrians.
- Employees are responsible for the condition and appearance of the vehicle they are assigned to drive.
- Employees are responsible for any motor vehicle violations they may incur.
- All new employees who drive Park District vehicles are to receive a drivers' check which will be conducted bi- yearly thereafter.

Reporting Vehicle Accidents

A Vehicle Accident Report must be filled out following any/all accidents involving Park District vehicles. Employees will follow the same procedure for submitting the report as that stated in the accident reporting process.

- Call police immediately for any vehicle accident, no matter how slight with the exception of a Park District vehicle damaging Park District property. Then notify your immediate supervisor.
- In damage to Park District property, the immediate supervisor and ~~Risk Manager~~ must be notified immediately
- Procedures for what to do in case of an accident will be available in each vehicle.

~~BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN~~

~~Introduction~~

~~The Occupational Safety and Health Administration (OSHA), and the U.S. Department of Health and Human Services has enacted the Bloodborne Pathogens Standards to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other Bloodborne Pathogens."~~

~~This manual describes the procedures the Champaign Park District will follow to address occupational exposure to blood or other potentially infectious materials.~~

~~Blood means human blood, human blood components and products made from human blood.~~

~~Other potentially infectious materials include semen, vaginal secretions, and cerebrospinal synovial, pleural, pericardial, and amniotic fluid. This also includes saliva and other body fluids contaminated with blood, including urine and feces and all body fluids where it is difficult to determine between body fluids potentially infectious.~~

~~General Program Management~~

~~The Risk Manager is responsible for the overall management and support of the Bloodborne Pathogens Compliance Program. This includes the following:~~

- ~~• Overall responsibility for implementation and supervision of the Exposure Control Plan.~~
- ~~• Revision of the Plan when necessary.~~
- ~~• Collecting and maintaining a reference library on the Bloodborne Pathogens Standard and bloodborne pathogens safety and health information.~~
- ~~• Acting as liaison during OSHA inspections.~~

~~The Safety Committee will aid the Risk Manager in fulfilling the responsibilities. Appointed to the committee will be the following staff:~~

- ~~• Safety Committee Coordinator~~
- ~~• Recreation Department Representative(s)~~
- ~~• Therapeutic and Integration Services Representative(s)~~

~~Department heads are responsible for exposure control in their respective areas. They will work directly with the Risk Manager to assure employees are following proper exposure control procedures. They are also responsible for:~~

- ~~• Maintaining a current list of personnel requiring training.~~
- ~~• Scheduling training for new employees and annual training for other personnel.~~
- ~~• Scheduling new employees for vaccination as appropriate.~~

~~Employees are responsible for the following:~~

- ~~• Knowing what tasks they perform that lead to occupational exposure.~~
- ~~• Attending bloodborne pathogens training sessions.~~
- ~~• Following procedures in accordance with this Exposure Control Plan.~~

~~The Exposure Control Plan will be reviewed and updated under any of the following circumstances:~~

- ~~• Annually by April 1 of each year.~~
- ~~• Whenever new or modified tasks and procedures are implemented which affect occupational exposure of employees.~~
- ~~• Whenever employee's jobs are revised so the new instances of occupational exposure of employees may occur.~~
- ~~• Whenever new positions are created which may involve exposure to bloodborne pathogens.~~

~~Exposure Determination~~

~~Jobs have been classified for exposure to bloodborne pathogens and other infectious materials as follows:~~

- ~~• No employees in this classification have exposure.~~
- ~~• Some employees in this classification may have exposure.~~
- ~~• All employees in this classification may have exposure.~~

~~Specific tasks that produce potential exposure:~~

- ~~• Pick up and removal of trash.~~
- ~~• Administering first aid and CPR~~
- ~~• Accidental contact with contaminated material.~~

The following job classifications may have occupational exposure:

• Administrative Assistant	1	• Operations Supervisor	2
• Aquatics staff (Seasonal)	3	• Park Beautification (trash crew)	3
• Art Smart Staff (preschool)	3	• Park Walkers (seasonal)	3
• Ball Field Maintenance	2	• Prairie Farm Leaders	2
• Bookkeeper/Asst. Bookkeeper	2	• Program Assistants	2
• Busy Bee Staff (preschool)	3	• Program Supervisors	2
• Cashiers	2	• Receptionists (all classifications)	2
• Concession Workers	2	• Site Supervisors	2
• Coordinators	2	• Special Events Manager	2
• BSW's (all classifications)	3	• Volunteers	1
• Day Camp Staff	2	• Park District Planner	1
• Director of Finance	1	Special Recreation Classification by job areas	
• Director of Recreation	1	• Afterschool Director (seasonal)	3
• Executive Director	1	• Afterschool Leaders/Asst. Leaders	
• Director of Human Resources	1	(seasonal)	2
• Director of Panning	1	• Assistant Coaches (seasonal)	2
• Director of Operations	1	• Building Supervisors/Openers	
• Director of Marketing & Com.	1	(seasonal)	2
• Flower Island Crew	2	• Camp Counselors (seasonal)	2
• Grounds Maintenance	2	• Camp Supervisors/Asst. Supervisors	
• Instructors	2	(seasonal)	3
• Maintenance Worker	2	• Drivers (part-time)	2
• Marketing Staff	1	• Head Coach	2
• Mower Operator	2	• Instructors (seasonal)	2
• Officials	2	• Leaders (seasonal)	2
• Operations Clerk	2	• Officials (seasonal)	2
• Operations I and II	2	• Program Manager	2
• Operations Specialist	2	• Program Supervisor	2

Methods of Compliance

Universal precautions - assume all blood and other potentially infectious materials are indeed infectious.

Engineering and Work Practice Controls

- Staff members must treat all blood and other potentially infectious materials as defined in OSHA regulations as potentially infectious, and follow all precautionary measures outlined in this Exposure Control Plan at all times.
- Whenever any staff member's skin comes in contact with blood or other potentially infectious materials, the member must immediately, or as soon as possible, wash his/her hands and any other contaminated skin area with soap and warm running water or flush mucous membranes with water following the contact.
- Staff members exposed to blood or other potentially infectious materials who are in the field must use antiseptic hand cleaners or towelettes when hand washing facilities are not available. When antiseptic hand cleaners or towelettes are used, hands must be washed with soap and warm running water as soon as possible.
- Members wearing protective gloves or other personal equipment, as soon as possible after removal of same, must wash hands immediately or as soon as possible, using soap and warm water.

Personal Protective Equipment

1. Staff members must wear personal protective equipment provided by the Park District when performing tasks/procedures that have potential for exposure to blood or other body fluids. Each area (i.e. Centers, Aquatic facilities, field locations, Prairie Farm, operations vehicles) will have equipment kits including but not limited to the following:
 - Disposable (single use) gloves
 - Protective eyewear and masks
 - CPR pocket masks
 - Utility gloves
2. Personal protective equipment must be worn as follows:
 - Disposable gloves must be worn whenever a staff member can be reasonably expected to have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skins, and also, whenever a member handles or touches contaminated items or surfaces.
 - Protective eyewear and masks must be worn by staff members whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated (eye, nose or mouth contamination) can be reasonably expected.
 - CPR pocket masks must be used by staff members whenever they perform cardiopulmonary resuscitation (CPR) to provide a physical barrier between the victim and the staff member performing mouth to mouth resuscitation.
 - Disposable gloves used must not to be washed or decontaminated for reuse, and are to be replaced immediately if torn or punctured.
 - Decontaminate utility gloves after each use. Discard if punctured, torn or showing signs of wear.
3. Department Heads will ensure that all staff use appropriate personal protective equipment as outlined in this document.
4. Personal protective equipment provided by the Park District must be of a disposable type and not laundered or reused.
5. Personal protective equipment must be removed by the Risk Manager as soon as possible after the incident where protective equipment use was required. Supervisor should contact 217-398-2550 immediately.
6. All personal protective equipment once used, must be disposed of by the member who used the equipment as follows:

Housekeeping

1. Staff members must ensure that all work areas where they are assigned are maintained in sanitary condition.
2. All working surfaces must be cleaned and decontaminated with appropriate disinfectant immediately, or as soon as possible, after coming into contact with blood or other potentially infectious materials.
3. Staff must use only products capable of treating/disinfecting surfaces contaminated with viruses, bacteria, or fungi.
4. Cover surfaces that are difficult to decontaminate with plastic wrap or other material that water will not go through.
5. Contaminated needles and sharps must be disposed of without shearing or breaking. These items must be disposed of in puncture resistant, biohazard labeled containers having leak proof sides and bottoms.
6. Disposal of all regulated waste must be in accordance with applicable regulations of the United States, State of Illinois, and any applicable county and local regulations.
7. Disposal of all regulated waste must be performed by approved vendors at a licensed facility.

Hepatitis B Vaccination, Post-Exposure, Follow-up, and Training

Hepatitis B Virus

Hepatitis is a liver disease, initially resulting in possible inflammation of the liver, and frequently leading to more serious conditions including cirrhosis and liver cancer. In the United States there are about 300,000 new cases of Hepatitis B Virus (HBV), the most common form of Hepatitis each year.

Health care workers are much more likely to contract Hepatitis B than the rest of the population. While there is no cure for Hepatitis B, a vaccine does exist that is 90% effective in preventing infection.

The symptoms of HBV infection are very much like mild "flu". Initially, there is a sense of fatigue, possible stomach pain, loss of appetite, and nausea. As the disease continues to develop, jaundice (distinct yellowing of the skin) and darkened urine will often occur. However, many people who are infected with HBV will show no symptoms for some time.

After exposure, it can take two (2) to six (6) months for Hepatitis B to develop. This is extremely important since vaccinations begun immediately after exposure to the virus can often prevent infection.

Vaccination

- Park District provides, at no cost, vaccination against Hepatitis B to employees who might be expected to have occupational exposure risk. This consists of series of three (3) inoculations over a six (6) month period.
- Vaccination will begin within ten working days of an assignment to a task that produces occupational exposure risk.

Post Exposure Follow-up

- If an exposure to blood or other body fluids occurs, the exposed individual must immediately notify his/her supervisor and the Risk Manager, and fill out an incident report. Identify the source individual (the individual whose blood or body fluid caused the exposure), if possible.
- Incident reports must be picked up by the Risk Manager as soon as possible following the accident.
- The Risk Manager must make arrangements with source individual or parent/guardian for testing for HIV and Hepatitis B. The employee must sign consent for the blood draw and testing.
- Hepatitis B vaccine must be offered post exposure, at no expense to the employee.
- Any test results must be kept confidential by the Park District, hospital, clinic and/or doctor. It is the responsibility of the employee, hospital, clinic and/or doctor to provide a report to the Park District on the employee's situation.
- The Risk Manager must investigate every incident that occurs and prepare a written summary of the incident. The Risk Manager makes recommendations for avoiding similar incidents.

- ~~The employee's medical condition shall be disclosed only to the extent necessary to minimize the health risk to the employee and others. Only those personnel who need to know of the employee's condition to assure proper care and precaution will be informed. Personnel will be reminded that no information regarding the identity or condition of the person is to be discussed with anyone, including spouses, other family members, or Park District personnel. The legal ramifications to both the employee involved and the Park District of breach of confidentiality will be clearly explained to employees.~~
- ~~All employee's medical records, other findings, or diagnoses are confidential and must remain in a locked file at the Bresnan Meeting Center's Human Resources office.~~

~~Training~~

~~Department heads must schedule training for all new employees before assignment of tasks involving occupational exposure and training for all employees annually. Training consists of the following:~~

- ~~Regulations~~
- ~~Epidemiology and symptoms of bloodborne diseases~~
- ~~Exposure Control Plan~~
- ~~Tasks and other procedures that involve exposure~~
- ~~Use and limitations of methods to prevent exposure, including engineering controls, work practices, and personal protective equipment~~
- ~~Information on the Hepatitis B vaccination program~~
- ~~Actions and persons to contact in an emergency involving blood or other body fluids~~
- ~~Procedure to follow if exposure occurs~~
- ~~Post exposure follow-up activities~~
- ~~Signs and labels or color coding~~

~~Exposure Control Plan~~

~~Record Keeping~~

~~Medical Records~~

1. ~~The Risk Manager must establish a medical record for each employee with an occupational exposure to blood or other potentially infectious material.~~
2. ~~The medical record must contain at a minimum:~~
 - ~~Name and social security number~~
 - ~~Dates of Hepatitis B vaccination or strength of solution~~
 - ~~Any medical records relative to the employee's ability to receive the vaccination~~
 - ~~A copy of all post exposure follow-up activities~~
3. ~~Maintain the medical record in a locked file in the Human Resources office.~~
4. ~~Medical records must not be disclosed without the employee's written consent to any persons in or outside the work place except as required by law.~~
5. ~~Provide medical records to the employee upon request for examination and copying.~~
6. ~~Maintain medical records for thirty (30) years after employment ends. If the Park District goes out of business and there is no successor, notify the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services.~~

~~Training Records~~

1. ~~Maintain training records which include:~~
 - ~~Date of training session.~~
 - ~~Contents or summary of the training sessions.~~
 - ~~Name and qualification of the persons conducting the session.~~

- Name and job title of each person attending the training session.
2. Maintain training records for three years from the date on which the training occurred.
 3. Make training records available to employees on request for examination and copying.

Exposure Control Plan Recombivax HB

Recombivax HB (Hepatitis B vaccine (Recombinant), MSD) is a vaccine for protection against Hepatitis B disease.

Hepatitis B Disease (serum hepatitis) is caused by Hepatitis B virus. Hepatitis B has been found in virtually all body secretions and excretions. However, only blood, saliva, semen and vaginal fluids have been shown to be infectious. Contaminated needles are important vehicles of spread, especially among drug addicts. Transmission occurs between sexual partners. Transmission can also occur between household contacts who may share razors or toothbrushes. Fecal or oral transmission does not spread Hepatitis B.

A blood test can show if you have the disease or not, or if you are a carrier. Signs and symptoms of Hepatitis B disease are: liver damage, jaundice, decreased appetite, nausea and malaise (feeling tired). There is no cure for Hepatitis B disease and it can be fatal especially if associated with another virus called delta agent.

Hepatitis B vaccine will not protect against the other forms of hepatitis which are: Hepatitis A disease caused by Hepatitis A virus and Hepatitis Non-A Non-B Disease caused by Hepatitis C. Hepatitis A is primarily spread by the fecal-oral route (someone who handles food and does not wash his/her hands following a bowel movement). Hepatitis C is primarily spread by blood. Hepatitis is a very complicated disease caused by known complicated viruses. Even with vaccination against Hepatitis B, the following precautions should be taken:

- never share hypodermic needles
- use condoms during sexual intercourse with an infected person
- use good hygiene (use your own toothbrush, razor)
- wash hands after using the toilet
- cover all sores, cuts or rashes if you are in close contact or in the same house with someone who is infected
- wear gloves if you touch anyone's blood or body fluids

For blood spilled on a person, the contaminated person should:

- clean the area with warm soapy water
- alert their supervisor or Human Resources

Human Immunodeficiency Virus (HIV)

This virus is the newest of the major bloodborne diseases.

Symptoms of HIV infection can vary, but often include: weakness, diarrhea, headaches, sore throat, fever, nausea and other "flu like" symptoms.

Many people with the HIV virus can show no apparent symptoms for years after their infection. Contracting the HIV virus usually leads to the development of Acquired Immunodeficiency Syndrome (AIDS). This results in the breakdown of the immune system, so the body cannot fight off diseases. Currently no vaccination exists to prevent infection of HIV, and there is no known cure.

TRANSMISSION

In healthcare settings, HBV and HIV are most often transmitted through breaks in the skin or mucous membranes. This usually occurs through needle sticks, or having infectious material (such as blood or other body fluids) get into existing cuts or abrasions.

Glossary

Blood - Human blood, human blood components, and products made from blood.

Bloodborne Pathogens - Microorganisms that are present in human blood and that can cause disease in humans. These pathogens include Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)

Contaminated - Marked by the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry - Laundry that has been soiled with blood or other potentially infectious materials or that may contain sharps.

Contaminated Sharps - Any contaminated object that can penetrate the skin, including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wanes.

Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or items to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls - Devices or equipment for isolating or removing hazards from the workplace.

Exposure Incident - A specific eye, mouth, or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from an employee performing his/her duties.

Handwashing Facilities - Locations that provide an adequate supply of running portable water, soap, and single-use towels or hot air drying machines.

HBV - Hepatitis B Virus

HIV - Human Immunodeficiency Virus

Occupational Exposure - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from employees performing their duties.

1	Agency name	Today's date		
2	Date of incident (mm/dd/yyyy)	Time of incident (hh:mm a.m./p.m.)		
3	Name of person completing report	Title of person completing report		
4	Business phone number	Business email		
5	How did the incident occur? (Provide a brief, factual description; do not speculate on fault, etc.)			
6	Name of the location (park, pool, community center; <i>Ex. Smith Pool, Johnson Community Center</i>) or nearest intersection where the incident occurred.			
7	Is there an address for this location? If yes, please provide the following:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Street address _____				
City _____		State _____	Zip code _____	
8	Location (Specify the exact type of location/facility where injury occurred. <i>Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.</i>)			
9	Primary location (Specify exact location. <i>Ex. lap pool, cart storage, classroom, pavilion</i>)			

BODILY INJURY

If an employee was injured, please submit the form for an Employee Injury (Form 04) type of incident.

10	Was a person injured? (<i>Ex. patron, citizen, participant, volunteer</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
11	If yes, please provide the following information:			
Last name _____		First name _____		
Address _____				
City _____		State _____	Zip code _____	
Home phone # _____		Work phone # _____	Cell phone # _____	
Age _____		Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
12	Is injured person an agency volunteer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
13	Describe the injury (affected body part and type of injury; <i>Ex. contusion, bruise, laceration, sprain, break, etc.</i>)			
14	Did injured person make any statements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, what did injured person say? _____				

15 Was first aid administered? Yes No Unknown

Name and position of person who administered first aid _____

What first aid was given? _____

Did first aid involve AED and/or CPR? Yes No Unknown

If yes, please submit a PDRMA post-AED form.

Were paramedic services offered?

Called and refused (at scene by patron) Yes Offered and called Yes

Offered and refused Yes Offered, refused, called by agency anyway Yes

Unable to respond and called Yes

Were police called? Yes If yes, please provide the following information.

Name of police department _____

Name of officer _____

Do you expect this person to submit a claim? Yes No Unknown

PROPERTY DAMAGE

16 Was property damaged as a result of this accident/incident? Yes No Unknown

17 If yes, how was the person involved in the accident/incident?

Owner of property adjacent to park district Patron

Vehicle owner Other

18 Last name (or business name) _____ First name (not necessary if business name) _____

Address _____

City _____ State _____ Zip code _____ Phone number _____

Describe the property damage _____

WITNESS INFORMATION

19 If there was a witness(es) to the accident/incident, please provide the following information:

Last name _____ First name _____

Address _____

City _____ State _____ Zip code _____ Phone number _____

20 Did witness make any statements? Yes No Unknown

If yes, what did witness say? _____

21 Where was witness when the accident/incident occurred? _____

1	Agency name	Today's date		
2	Date of incident (mm/dd/yyyy)	Time of incident (hh:mm, a.m./p.m.)		
3	Name of person completing the report	Title of person completing report		
4	Business phone	Business email		
5	How did the incident occur? (Provide a brief factual summary.)			
6	Name of the location (street/road/highway) or nearest intersection where the incident occurred.			
7	Is there an address for incident location? If yes, please provide the following:			
	Street address			
	City	State	Zip code	
8	Location			
	Offsite (non-agency owned)	<input type="checkbox"/>	On agency property	<input type="checkbox"/>
9	Primary location			
	Highway/roadway	<input type="checkbox"/>	Parking lot	<input type="checkbox"/>
			Other	<input type="checkbox"/>
10	Was the agency vehicle occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
11	Agency driver last name		First name	
	Address			
	City	State	Zip code	
	Home phone #	Work phone #	Cell phone #	
	Email			
	Is this driver an employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	If Yes, enter job title of employee			
	Identify the type of driver			
	Full-time employee	<input type="checkbox"/>	Intern	<input type="checkbox"/>
	Part-time employee	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>
	Seasonal employee	<input type="checkbox"/>	Non-agency employee	<input type="checkbox"/>
			Spouse/family member	<input type="checkbox"/>
12	Agency vehicle VIN	Make	Model	License number



Vehicle Accident Report

(Accident involving agency vehicle. May involve bodily injury/property damage.)
Attorney/Client Privileged Document

Form 02
(pg. 2)

13 Is vehicle drivable? Yes No Unknown
If no, provide current location of vehicle

14 Area of damage

15 Estimated repair cost

16 Was a trailer involved? Yes No Unknown
If yes, provide the following information.

Trailer year Make Model License number

Trailer area of damage

Current location of trailer

Estimated repair cost of trailer

17 Has a police agency conducted an investigation? Yes No If yes, provide the following information.

What police agency investigated the incident?

Police report number

18 Was the agency driver ticketed, arrested or cited for violation(s)? Yes No Unknown
If yes, provide details of the ticket, arrest or violation(s).

19 CLAIMANT INFORMATION

Identify other people involved in the accident. (Make additional copies of this section if needed.)

How was the person involved in the accident? (Check all that apply.)

Driver of other vehicle Injured person Owner of involved property
Owner of other vehicle Passenger of agency vehicle Passenger of other vehicle
Pedestrian

Last name or business name First name (not necessary for business)

Address

City State Zip code

Home phone # Work phone # Cell phone #

19 Vehicle make	Model	Year
Area of damage		
Is vehicle driveable? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, current location of vehicle		
Extent of damage <input type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible <input type="checkbox"/> Severe <input type="checkbox"/> Slight		
Describe the property damage (other than vehicle)		
Extent of damage to property other than vehicle <input type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible <input type="checkbox"/> Severe <input type="checkbox"/> Slight		
Age of injured person _____		Sex of injured person <input type="checkbox"/> Male <input type="checkbox"/> Female
Was the injured person transported by paramedics? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, where was the injured person taken?		
Do you expect the injured person to file a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe the injury		

ADDITIONAL CLAIMANT INFORMATION

Identify other people involved in the accident. (Make additional copies of this section if needed.)

How was the person involved in the accident? (Check all that apply.)

Driver of other vehicle <input type="checkbox"/>	Injured person <input type="checkbox"/>	Owner of involved property <input type="checkbox"/>
Owner of other vehicle <input type="checkbox"/>	Passenger of agency vehicle <input type="checkbox"/>	Passenger of other vehicle <input type="checkbox"/>
Pedestrian <input type="checkbox"/>		

Last name or business name _____ First name (not necessary for business) _____

Address _____

City _____ State _____ Zip code _____

Home phone # _____ Work phone # _____ Cell phone # _____

Vehicle make	Model	Year
Area of damage		
Is vehicle driveable? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, current location of vehicle		
Extent of damage <input type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible <input type="checkbox"/> Severe <input type="checkbox"/> Slight		
Describe the property damage (other than vehicle)		
Extent of damage to property other than vehicle <input type="checkbox"/> Moderate <input type="checkbox"/> Nothing visible <input type="checkbox"/> Severe <input type="checkbox"/> Slight		

19 Age of injured person _____ Sex of injured person Male Female
 Was the injured person transported by paramedics? Yes No
 If yes, where was the injured person taken?
 Do you expect the injured person to file a claim? Yes No
 Describe the injury

20 Identify witnesses of the accident. (Provide the following information for each witness. Make additional copies of this page if needed.)

Last name	First name	
Address		
City	State	Zip code
Home phone #	Work phone #	Cell phone #

Witness to accident? Yes No Unknown If yes, provide the following information.
 Relation to injured person or property owner:
 Agency employee or volunteer Another program participant or park user Friend
 Other Passerby Relative
 Did witness make any statements? Yes No Unknown
 If yes, provide the following information.
 What did witness say?
 Where was witness when the accident occurred?

21 Was the driver of the agency vehicle conducting agency business at the time of the accident?
 Yes No Unknown

22 What street was the agency driver on? _____ What street was the other driver driving on? _____

23 What direction was the agency driver traveling? North South East West
 What direction was the other driver traveling? North South East West

24 Weather conditions
 Dry Fog Ice Snow Wet

25 Accident diagram

1	Agency name	Today's date		
2	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm, a.m./p.m.)		
3	Name of person completing the report	Title of person completing report		
4	Business phone	Business email		
5	How did the incident occur and what property was damaged? (Provide a brief factual summary.)			
6	Name of the location (park, pool, community center; <i>Ex. Smith Pool, Johnson Community Center</i>) or nearest intersection where the incident occurred.			
7	Is there an address for incident location? If yes, please provide the following:			
	Street address			
	City	State	Zip code	
8	Location (Specify the exact type of location/facility damaged, listing multiple locations/facilities if necessary. <i>Ex. maintenance garage, sports field</i>)			
9	Primary location (Identify the exact area of damage. <i>Ex. tool storage, batting cage</i>)			
10	Estimate of loss			
11	Contact person at facility			
12	Contact person's email			
13	Contact person's phone number			
14	Was damage caused by third-party (non-agency) individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
15	Has the party responsible for damage been identified? If yes, provide the following contact information for the person or persons identified:			
	Name	Street address		
	City	State	Zip code	
16	Has a police agency conducted an investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
17	What police agency investigated the incident?	What is the police report number?		
18	Were criminal charges brought against the responsible party? If yes, what were the charges?			

1	Complete an Employee Injury Report for each employee injured.		
2	Agency name	Today's date	
3	Date of incident (mm/dd/yyyy)	Time of incident (hh/mm a.m./p.m.)	
4	Name of person completing report	Title of person completing report	
5	Business phone	Business email	
6	How did the incident occur? (Provide a one-line factual description.)		
7	Name of the location (park, pool, community center; <i>Ex. Smith Pool, Johnson Community Center</i>) or nearest intersection where the incident occurred.		
8	Is there an address for this location? If yes, please provide the following:		
	Street address		
	City	State	Zip code
9	Location (Specify the exact type of location/facility where injury occurred. <i>Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.</i>)		
10	Primary location (Specify exact location. <i>Ex. lap pool, cart storage, classroom, pavilion</i>)		
11	Employer's FEIN		
12	Did the employee miss more than three (3) scheduled workdays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
13	What was the employee doing when the accident occurred?		
14	How did the incident occur? (Provide a detailed factual description.)		
15	Employee last name	First name	
	Address		
	City	State	Zip code
	Home phone #	Work phone #	Cell phone #
	Best number to contact employee		Email
	Social security number	Date of birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Marital status (divorced/married/single/unknown)	Number of dependents	Does employee speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Average weekly wage	Job title/occupation	

15	What is the employee's employment status?			
<input type="checkbox"/> Permanent full-time		<input type="checkbox"/> Permanent part-time		<input type="checkbox"/> Seasonal
		<input type="checkbox"/> Intern		<input type="checkbox"/> Other
Date hired (mm/dd/yyyy)		What is the employee's tenure? (length of employment)		
		<input type="checkbox"/> Less than 1 yr. <input type="checkbox"/> 1-3 yrs. <input type="checkbox"/> 4-10 yrs. <input type="checkbox"/> 11-19 yrs. <input type="checkbox"/> More than 20 yrs.		
Time employee began work on day of incident (hh/mm a.m./p.m.)				
Last date employee worked prior to date of incident (mm/dd/yyyy)				
If the employee died as a result of the accident, give the date of death. (mm/dd/yyyy)				
Did the incident occur on agency premises?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Injury or illness?				
		<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	
Describe the injury or illness (affected body part and type of injury; <i>Ex. contusion, bruise, laceration, sprain, break, etc.</i>)				
What object or substance, if any, directly harmed the employee?				
16	Did the injured employee seek medical attention?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
17	If yes, was the treatment given away from the worksite?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
18	Was the employee treated in an emergency room?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
19	Was the employee hospitalized overnight as an inpatient?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
20	Name of treating physician, health care provider, or emergency room			
Address				
City		State	Zip code	Phone number



Incident Reporting Instructions

#	Section	Instructions
1	What type of incident do you want to report?	<p>Agency Property Damage – Claims involving damage, destruction or theft of all types of <u>agency</u> property and contents such as those resulting from fire, wind, water, vandalism, etc. Use the Property Loss Report, Form 03. <i>(Do not use this form to report damage to property owned by patrons, adjacent land owners, or other third parties.)</i></p> <p>Employee Injury (Workers' Compensation) – Claims involving employee injuries or illnesses. Use the Employee Injury Report, Form 04.</p> <p>Vehicle Accident – Claims involving damage to an agency vehicle or damage (bodily injury or property damage) caused by an agency vehicle. An agency vehicle must be involved in the incident when you use the Vehicle Accident Report, Form 02.</p> <p>Third Parties – Injuries, illness and property damage suffered by patrons, participants, adjacent landowners and other third parties that occur on agency property or result from agency activities. Use the Accident/Incident Report, Form 01. <i>(Do not use this form for injuries and property damage suffered by third parties resulting from the use of an agency vehicle. In those instances, use the Vehicle Accident Report, Form 02.)</i></p>

Accident/Incident Report Instructions

#	Section	Instructions
1	Agency name	Write in your agency name.
	Today's date	Provide today's date
2	Date of incident (mm/dd/yyyy)	Provide the date the incident occurred or your best estimate if you do not know the specific date.
	Time of incident (hh:mm a.m./p.m.)	Provide the time the incident occurred or your best estimate if you do not know the specific time.
3	Name of person completing the report	Provide the name of the person completing the report. This person must be an agency employee or volunteer.
	Title of person completing the report	Provide the title of the person completing the report.
4	Business phone number of person completing the report	Provide the best business or cell phone number of the person completing the report.
	Business email of person completing the report	Provide a <u>business</u> , not personal, email for the employee or volunteer completing the report.
5	How did the incident occur? (Brief summary of incident.)	Provide a brief description of how the accident occurred. <i>Be sure to indicate what the person was doing when injury occurred.</i>
6	Name of the location or nearest intersection where the incident occurred.	Provide the name of the park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc., where the incident occurred. If the location does not have an exact street address, provide the nearest intersection for reference.
7	Is there an address for incident location?	Select Yes or No. If Yes, provide the address, city and state of the location named in Question 6 (Ex. park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc.).
8	Location	Provide the exact type of location/facility (Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.) where the incident occurred.
9	Primary location	Provide a more detailed description of the incident location than in Question 8 (Ex. lap pool, cart storage, classroom, pavilion, etc.).
10	Was a person injured? (i.e. patron, citizen, participant, volunteer)	Check Yes, No or Unknown.

#	Section	Instructions
11	Injured person (non-employee)	If you answer Yes to Question 10, provide the following information about the injured person: <ul style="list-style-type: none"> • Last name. • First name. • Address, city, state and zip code. • Phone numbers. • Age. • Sex (Female/Male/Unknown).
12	Is injured person an agency volunteer?	Check Yes, No or Unknown.
13	Describe the injury (affected body part and type of injury (Ex. contusion, bruise, laceration, sprain, break, etc.).	Briefly describe the injury.
14	Did injured person make any statements?	Check Yes, No or Unknown. If you check Yes, provide a brief description of what the injured person said in the statement.
15	Was first aid administered? Name and position of person who administered first aid What first aid was given? Did first aid involve AED and/or CPR? Were paramedic services offered? Were police called? Do you expect this person to submit a claim?	Check Yes, No or Unknown. Provide the name and position of the person who administered first aid. Describe the first aid administered to injured person. Check Yes, No or Unknown. If you check Yes, please submit a PDRMA post-AED form. Check the option that applies: <ul style="list-style-type: none"> • Called and refused (at scene by patron). • Offered and called. • Offered and refused. • Offered, refused, called by agency anyway. • Unable to respond and called. Check Yes or No. If you check Yes, provide the following information: <ul style="list-style-type: none"> • Name of police department. • Name of officer. Check Yes, No or Unknown.
16	Was property damaged as a result of this accident/incident?	Check Yes, No or Unknown.

#	Section	Instructions
17	If yes, how was the person involved in the accident/incident?	<p>If the answer to Question 16 is Yes, check the option that applies:</p> <ul style="list-style-type: none"> • Owner of property adjacent to Park District. • Vehicle owner. • Patron. • Other.
18	Provide contact information for property owner.	<p>If you identify the person in Question 17, provide the following contact information:</p> <ul style="list-style-type: none"> • Last name or name of business. • First name if not a business. • Address, city, state, zip code and phone number. • Description of the property that was damaged and how the damage occurred.
19	Witness(es) to accident/incident	<p>If there is a witness(es) to the accident/incident, the following information:</p> <ul style="list-style-type: none"> • Last name. • First name. • Address, city, state, zip code and phone number.
20	Did witness make any statements?	<p>Check Yes, No or Unknown. If you check Yes, provide a brief description of what the witness said.</p>
21	Where was the witness when the accident/incident occurred?	<p>Briefly describe where the witness was located in relation to where the accident/incident occurred.</p>



Vehicle Accident Report Instructions

Form
02

#	Section	Instructions
1	Agency name	Write in your agency name.
	Today's date	Provide today's date
2	Date of incident (mm/dd/yyyy)	Provide the date the incident occurred or your best estimate if you do not know the specific date.
	Time of incident (hh:mm a.m. /p.m.)	Provide the time the incident occurred or your best estimate if you do not know the specific time.
3	Name of person completing the report	Provide the name of the person completing the report. This person must be an agency employee or volunteer.
	Title of person completing the report	Provide the title of the person completing the report.
4	Business phone number of person completing the report	Provide the best business or cell phone number of the person completing the report.
	Business email of person completing the report	Provide a <u>business</u> , not personal, email for the employee or volunteer completing the report.
5	How did the incident occur? (Brief summary of incident.)	Provide a short description of how the accident occurred.
6	Name of the location or nearest intersection where the incident occurred	Provide the name of the park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc., where the incident occurred. If the location does not have an exact street address, provide the nearest intersection for reference.
7	Is there an address for incident location?	Select Yes or No. If Yes, provide the address, city and state of the location named in Question 6 (Ex. park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc.).
8	Location	Check one of the these two options: <ul style="list-style-type: none">• Offsite (non-agency owned).• On agency property.
9	Primary location	Check one of these three options: <ul style="list-style-type: none">• Highway/roadway.• Parking lot.• Other.

#	Section	Instructions
10	Was the agency vehicle occupied?	Check Yes, No or Unknown.
11	Agency driver	<p>If you answer Yes to Question 10, provide the following information about the agency driver:</p> <ul style="list-style-type: none"> • Last name. • First name. • Address. • City, state, zip code. • Home, work and cell phone numbers. • Email address. <p>Is this driver an employee of the agency? Check Yes, No or Unknown.</p> <p>Identify the type of driver Check one box from the following options:</p> <ul style="list-style-type: none"> • Full-time employee. • Part-time employee. • Seasonal employee. • Intern. • Volunteer. • Non-Park District employee. • Spouse/family member.
12	Agency vehicle information	<p>Provide the following information about the agency vehicle:</p> <ul style="list-style-type: none"> • VIN. • Make. • Model. • License number.
13	Is vehicle drivable?	Check Yes, No or Unknown. If you check No, provide the current location of the vehicle.
14	Area of damage	Describe what part of the agency vehicle is damaged.
15	Estimated repair cost	Provide an estimated dollar amount of what it will cost to repair the agency vehicle.

#	Section	Instructions
16	Was a trailer involved?	Check Yes, No or Unknown. If you check Yes, provide the following information: <ul style="list-style-type: none"> • Trailer year, make, model and license number. • Trailer area of damage. • Current location of trailer. • Estimated repair cost of trailer.
17	Has a police agency conducted an investigation?	Check Yes, No or Unknown. If you check Yes, provide the following information: <ul style="list-style-type: none"> • What police agency investigated the incident? • Police report number.
18	Was the agency driver ticketed, arrested, or cited for violations?	Check Yes, No or Unknown. If you check Yes, provide details about the ticket, arrest or violation.
19	Identify other people involved in the accident	If other people were involved in the accident, check all of the following boxes that apply: <ul style="list-style-type: none"> • Driver of other vehicle. • Owner of other vehicle. • Pedestrian. • Injured person. • Passenger of agency vehicle. • Owner of involved property. • Passenger of other vehicle. <p>Provide the following information about the person:</p> <ul style="list-style-type: none"> • Last name or business name. • First name if not a business. • Address. • City, state and zip code. • Home, work and cell phone numbers. • Vehicle make, model and year. • Area of damage. <p>Is vehicle drivable? Check Yes, No or Unknown. If you check No, provide the current location of vehicle.</p> <p>Extent of damage Designate the extent of damage by checking one of the following options:</p> <ul style="list-style-type: none"> • Moderate. • Nothing visible. • Severe. • Slight.

#	Section	Instructions
19	Identify other people involved in the accident	<p>Describe the property damage (other than vehicle). Provide a brief description of the property damaged, other than a vehicle.</p> <p>Extent of damage to property other than vehicle Designate the extent of damage to property other than vehicle by checking one of the following options:</p> <ul style="list-style-type: none"> • Moderate. • Nothing visible. • Severe. • Slight. <p>Age of injured person If the person involved was injured, provide the following information:</p> <ul style="list-style-type: none"> • Age of injured person. • Sex of injured person. <p>Was the injured person transported by paramedics? Check Yes or No. If you check Yes, identify where the injured person was taken.</p> <p>Do you expect the injured person to file a claim? Check Yes or No.</p> <p>Describe the injury. Briefly describe the injury the person sustained.</p>
	ADDITIONAL CLAIMANT INFORMATION	This section is provided if multiple people were involved in the vehicle accident. Refer to the instructions for Question 19 to fill out this section on an additional claimant.
20	Identify witnesses of the accident	<p>If there is a witness(es) to the accident, provide the following information about each witness:</p> <ul style="list-style-type: none"> • Last name. • First name. • Address. • City, state, zip. • Home, work and cell phone numbers. <p>Witness to accident? Check Yes or No.</p>

#	Section	Instructions
20	Identify witnesses of the accident	<p>Relation to injured person or property owner If you check Yes for the question above, check one of the following options:</p> <ul style="list-style-type: none"> • Agency employee or volunteer. • Another program participant or park user. • Friend. • Other. • Passerby. • Relative. <p>Did witness make any statements? Check Yes, No or Unknown.</p> <p>What did witness say? If you checked Yes above, provide a brief description of what witness said in the statement.</p> <p>Where was the witness when the accident occurred? Briefly describe where the witness was located when the accident occurred.</p>
21	Was the driver of the agency vehicle conducting agency business at the time of accident?	Check Yes, No or Unknown.
22	What street was the agency driver on? What street was the other driver driving on?	<p>Provide the name of the street on which the agency driver was driving.</p> <p>Provide the name of the street on which the other driver was driving.</p>
23	What direction was the agency driver traveling? What direction was the other driver traveling?	<p>Check the box to indicate whether the agency driver was traveling north, south, east or west when the accident occurred.</p> <p>Check the box to indicate whether the other driver was traveling north, south, east or west when the accident occurred.</p>
24	Weather conditions	<p>Check one of the following options:</p> <ul style="list-style-type: none"> • Dry. • Fog. • Ice. • Snow. • Wet.
25	Accident diagram	Please include a drawing of the accident scene.

Property Loss Report

Instructions

#	Section	Instructions
1	Agency name	Write in your agency name.
	Today's date	Provide today's date
2	Date of incident (mm/dd/yyyy)	Provide the date the incident occurred or your best estimate if you do not know the specific date.
	Time of incident (hh:mm a.m. /p.m.)	Provide the time the incident occurred or your best estimate if you do not know the specific time.
3	Name of person completing the report	Provide the name of the person completing the report. This person must be an agency employee or volunteer.
	Title of person completing the report	Provide the title of the person completing the report.
4	Business phone number of person completing the report	Provide the best business or cell phone number of the person completing the report.
	Business email of person completing the report	Provide a <u>business</u> , not personal, email for the employee or volunteer completing the report.
5	How did the incident occur and what property was damaged? (Brief summary of incident.)	Provide a short description of how the accident occurred and a description of the property and how it was damaged.
6	Name of the location or nearest intersection where the incident occurred.	Provide the name of the park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc., where the incident occurred. If the location does not have an exact street address, provide the nearest intersection for reference.
7	Is there an address for incident location?	If Yes, provide the address, city and state of the location named in Question 6 (Ex. park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc.).
8	Location	Provide the exact type of location/facility (Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.) where the incident occurred.
9	Primary location	Provide a more detailed description of the incident location than in Question 8 (Ex. lap pool, cart storage, classroom, pavilion, etc.).

#	Section	Instructions
10	Estimate of loss	Provide estimated dollar amount of damage if available or a description of the severity of the damages.
11	Contact person at facility	Provide the name of the person at the agency to contact for more information regarding the loss.
12	Contact person's email	Provide <u>business</u> , not personal, e-mail address for the contact person, if available.
13	Contact person's phone number	Provide the business or cell phone number for the contact person.
14	Was damage caused by 3rd party (non-agency individual)?	Check Yes, No or Unknown.
15	Has the responsible party for the damage been identified?	<p>If yes, provide the following information about the responsible party:</p> <ul style="list-style-type: none"> • First and last name. • Street address. • City, state and zip code.
16	Has a police agency conducted an investigation?	Check Yes, No or Unknown.
17	What police agency investigated the incident?	Provide the law enforcement agency name.
	What is the police report number?	Provide the police report number.
18	Were criminal charges brought against the responsible party?	If yes, identify the charges.

Employee Injury Report Instructions

#	Section	Instructions
1	Complete an Employee Injury Report for each employee injured.	If more than one agency employee was injured in a single accident, submit an Employee Injury Report for each employee.
2	Agency name Today's date	Write in your agency name. Provide today's date
3	Date of incident (mm/dd/yyyy) Time of incident (hh:mm a.m./p.m.)	Provide the date the incident occurred or your best estimate if you do not know the specific date. Provide the time the incident occurred or your best estimate if you do not know the specific time.
4	Name of person completing the report Title of person completing the report	Provide the name of the person completing the report. This person must be an agency employee. Provide the title of the person completing the report.
5	Business phone number of person completing the report Business email of person completing the report	Provide the best business or cell phone number of the person completing the report. Provide a <u>business</u> , not personal, email for the employee or volunteer completing the report.
6	How did the incident occur? (Provide a one-line factual description.)	Provide a one-line factual description of how the accident occurred. You can provide a more detailed description of the incident later on in the form.
7	Name of the location or nearest intersection where the incident occurred.	Provide the name of the park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc., where the incident occurred. If the location does not have an exact street address, provide the nearest intersection for reference.
8	Is there an address for incident location?	If Yes, provide the address, city and state of the location named in Question 7 (park, pool, community center, administration office, maintenance facility, non-agency property/facility, etc.).
9	Location	Provide the exact type of location/facility (Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.) where the incident occurred.

#	Section	Instructions
10	Primary location	Provide a more detailed description of the incident location than in Question 9 (Ex. lap pool, cart storage, classroom, pavilion, etc.).
11	Employer's FEIN	Provide your agency's Federal Employer Information Number.
12	Did the employee miss more than three (3) scheduled workdays?	Check Yes, No or Unknown.
13	What was the employee doing when the accident occurred?	Briefly describe what activity or job the employee was doing when injured. (Mowing, clearing brush, instructing aerobics class, etc.)
14	How did the accident occur? (Provide a detailed description.)	Provide a detailed, factual description of how the accident occurred. (Do not just say "twisted ankle." State whether the employee stepped into, off something, tripped, etc., which resulted in a twisted ankle.)
15	Employee	<p>Provide the following contact information for the injured employee:</p> <ul style="list-style-type: none"> • Last and first name. • Address. • City, state and zip code. • Home, work and cell phone numbers. • Best phone number to contact employee. • Social security number, DOB and gender. • Marital status, number of dependents, whether the employee speaks English. • Average weekly wage and job title. <p>What is the employee's employment status? Place a check in the appropriate box for Permanent full-time, Permanent part-time, Seasonal, Intern or Other.</p> <p>Date hired Provide the mm/dd/yyyy of hire.</p>

#	Section	Instructions
15		<p>What is the employee's tenure? Place a check in the appropriate box from the options provided:</p> <ul style="list-style-type: none"> • Less than 1 yr. • 1-3 yrs. • 4-10 yrs. • 11-19 yrs. • More than 20 yrs. <p>Time employee began work on day of incident Provide time as hh/mm and designate a.m. /p.m.</p> <p>Last date employee worked prior to date of incident Provide date as mm/dd/yyyy.</p> <p>If the employee died as a result of the accident, give the date of death. Provide date as mm/dd/yyyy.</p> <p>Did the incident occur on agency premises? Check Yes, No or Unknown.</p> <p>Injury or illness? Check Injury or Illness.</p> <p>Describe the injury or illness Identify the body part and type of injury, such as contusion, bruise, laceration, sprain, break, etc.</p> <p>What object of substance, if any, directly harmed the employee? Identify the object or substance.</p>
16	Did the injured employee seek medical attention?	Check Yes, No or Unknown.
17	If yes, was the treatment given away from the worksite?	Check Yes, No or Unknown.
18	Was the employee treated in an emergency room?	Check Yes, No or Unknown.
19	Was the employee hospitalized overnight as an inpatient?	Check Yes, No or Unknown.
20	Name of physician, health care provider, or emergency room	<p>Provide the following information:</p> <ul style="list-style-type: none"> • Name of physician, health care provider or emergency room. • Address. • City, state, zip code and phone number.



Champaign Park District CONDUCT REPORT

(Submit within 24 hours)

Route immediately to the Following:

- Program Director/Coordinator
- Division Manager
- Risk Manager

Name of Additional Parties Involved (1)

Address _____

Phone _____

Name of Additional Parties Involved (2)

Address _____

Phone _____

**List additional parties on the next page*

Explain in detail what behavior was witnessed by staff: *(List only facts)*

Explain any comments made by parties:

How was the incident handled *(on-site)*?

Report Prepared by:

THIS SECTION FOR CAMP BASED PROGRAMMING ONLY

Camp Director/Asst. Director or Program Supervisor's Investigation & Recommendations:
Report Investigated by: _____ Title: _____

Name of Participant: _____ Date: _____

Any past conduct reports? _____

Degree of Behavior Action: First Degree Second Degree Third Degree N/A

How was the discipline handled?

Were the parents called? Yes No Date/Time: _____

Explain parent's comments:

Were Police called? Yes No

Name of Officer handling the case: _____ Case #: _____

Police comments/recommendations:

Full-Time Coordinator or Manager's Investigation and Recommendations:

Report Reviewed by: _____ Title: _____

This information has been prepared to assist the Champaign Park District's Attorney in defending potential litigation. DO NOT release to any person, except a PDRMA official or designated claim representative.

A. In your opinion, what unsafe act, condition, or work procedure contributed to this

B. What corrective action(s) should be taken to prevent a repeat

C. Do you expect a claim to be submitted? No

D. Any further pertinent



CHAMPAIGN

PARK DISTRICT

SAFETY MANUAL

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Safety Policy

We acknowledge an obligation to provide safe working conditions for employees and a safe leisure environment for the public using our programs, facilities, and parks.

It is the intention of the Champaign Park District to develop, implement, and administer a safety and comprehensive loss control program. In all of our assignments, the health and safety of all should be an important consideration.

Personnel at all levels are directed to make safety a matter of continuing and mutual concern, equal in importance with other operational considerations. Each supervisor is to ensure that work is done in a safe manner. Inspections are conducted on a regular basis, hazards are confronted, and accidents are investigated.

Safety adherence and performance shall be an important part of each performance appraisal of the Park District.

Approved by Board of Commissioners	March 12, 1997
Revised by Board of Commissioners	September 14, 2005
Revised by Board of Commissioners	July 13, 2011
Revised by Board of Commissioners	May 20, 2013
Revised by Board of Commissioners	August 23, 2017

President

Employee Safety

Staff Responsibilities

The success of the Champaign Park District safety program will depend upon the announced and demonstrated interest of management, the sincere and consistent example set by supervisors and the cooperative, concerted efforts of all employees.

All Park District employees are required, as a condition of employment, to develop safe work habits and to contribute in every manner possible to the safety of themselves, their co-workers, and the general public.

Park District staff members have the following responsibilities:

EXECUTIVE DIRECTOR

- Provide administrative and financial support for all safety programs.
- Become thoroughly familiar with the safety manual contents.
- Approve safety policies.
- Participate in safety by making safety tours, review safety reports, and praises safety work methods.
- Communicate safety policies and programs to the Board of Commissioners

ASSISTANT DIRECTOR OF ADMINISTRATIVE SERVICES

- Establish and administer the loss control program.
- Become thoroughly familiar with the safety manual contents.
- Maintain a working knowledge of all general and department specific safety rules.
- Instill in each department head, a clear understanding of their duties and responsibilities in the areas of loss control and safety.
- Act as chair of the Safety Committee
- Administer the accident investigation policy and procedures to ensure that sufficient data is being gathered for review.
- Makes specific budget recommendations for the purchase of safety equipment, service, and training.
- Provides proper job instruction training and in-service training to employees and supervisors.

DEPARTMENT HEADS

- Work in harmony with the Assistant Director of Administrative Services to organize loss control program aspects which are particular to their department.
- Become thoroughly familiar with the safety manual contents.
- Maintain a working knowledge of all general and department specific safety rules.

- Enforce safety rules and improve employee and public knowledge of the same by confronting and correcting unsafe behavior and conditions. Negligence to enforce safety rules on the part of the supervisory personnel is also considered a safety violation.
- Prepare needed support information for the PDRMA **Risk Management Review**.
- Make budget recommendations for improving safety specific to their department.

MANAGERS AND SUPERVISORS

- Become thoroughly familiar with the safety manual contents.
- Maintain a working knowledge of all general and department specific safety rules.
- Inspect work areas for compliance with safe work practices and rules.
- Properly orient new employees while providing good job training and in-service safety training to current employees.
- Enforce safety rules and improve employee and public knowledge of the same by confronting and correcting unsafe behavior and conditions. Negligence to enforce safety rules on the part of the supervisory personnel is also considered a safety violation.
- Report and investigate accidents.
- Make sure necessary safety equipment and protective devices for each job or program are available, used, and properly maintained.
- Cooperate with the Assistant Director of Administrative services in making sure all memos, training records, safety data sheets, and correspondence are sent for their review.
- Treat public complaints and concerns with the utmost attention being courteous in all cases.

EMPLOYEES

- Maintain a working knowledge of all general and department specific safety rules.
- Immediately report all accidents and unsafe conditions to their supervisor.
- Cooperate and assist in the investigation of accidents.
- Attends all required safety programs, job instruction training and in-service educational meetings.
- Treat public complaints and concerns with the utmost attention being courteous in all cases.
- Pay strict attention to housekeeping of work areas.

General Safety Rules

- Horseplay and fighting will not be tolerated in the work place.
- Possession of unauthorized firearms, alcoholic beverages, illegal drugs or unauthorized medically prescribed drugs will not be tolerated in the work place.

- Your immediate supervisor must be informed if you are required to take medication during work hours which may cause drowsiness, alter judgment, perception or reaction time. Written medical evidence stating that the medication will not adversely affect your decision making or physical ability may be required. Please refer to Section 6-11 and review the comprehensive Alcohol and Drug Abuse Policy in Appendix A in the Personnel Policy Manual.
- Your immediate supervisor must be notified of any permanent or temporary impairment that reduces your ability to perform in a safe manner or prevent or hinder your performance of the essential functions of your position.
- Personal protective equipment must be used when potential hazards cannot be eliminated.
- Equipment is to be operated only by trained and authorized personnel.
- Periodic inspections of workstations may be conducted to identify potential hazards and to ensure that equipment or vehicles are in safe operating condition.
- Any potentially unsafe conditions or acts are to be reported immediately to your immediate supervisor.
- If there is any doubt about the safety of a work method, your immediate supervisor should be consulted before beginning work.
- All accidents, near misses, injuries and property damage must be reported to your immediate supervisor, regardless of the severity of the injury or damage.
- Failure to report an accident or known hazardous condition may be cause for disciplinary action up to and including dismissal.
- All employees must follow recommended work procedures outlined for their job, department, and/or facility.
- Employees are responsible for maintaining an orderly environment. All tools and equipment must be stored in a designated place. Scrap and waste material are to be discarded in a designated refuse container.
- Any smoke, fire or unusual odors must be reported promptly to your immediate supervisor.
- If you create a potential slip or trip hazard, correct the hazard immediately or mark the area clearly before leaving it unattended.
- Vehicle safety belts must be used on all public roadways in accordance with state statute.
- Employees who operate vehicles must obey all driver safety instructions and comply with traffic signs, signals, and markers and all applicable laws.
- Employees who are authorized to drive are responsible for having a valid driver's license for the class of vehicle they operate. You must report revocation or suspension of your driver's license to your immediate supervisor.
- All drivers will submit authorization for drivers abstracts annually.
- All employees must know District rules regarding accident reporting, evacuation routes and fire department notification.
- Departmental and facility rules and procedures outlined in specific manuals must be followed by each employee in the department. Employees must assist and cooperate with all safety investigations and inspections and assist in implementing safety procedures as required.
- Any employee found to be in violation of a safety standard will be issued a warning by his/her supervisor. Disciplinary actions, as described in the Personnel Policy Manual, may be taken as a result of an employee's failure to abide by safety rules and regulations.

Accident Reporting Procedures

An accident report should be prepared for any accident, injury or "near miss" which occurs on Champaign Park District property or at any program sponsored by the Park District. The accident report forms will be used for all injuries sustained by patrons or injuries that occur to staff and volunteers.

PREPARE A DETAILED ACCIDENT REPORT

- Attain as much information as possible regarding the accident. Be thorough in your description of the injury, how it occurred, and what type of first aid was administered. Others should be able to read the report and fully understand the circumstances involved.
- It is very important that the accident report is prepared in a timely manner. Accident reports should be filled out immediately after the injured has been properly attended to. Reports are to be filled out online and will automatically be submitted to the Director and Assistant Director of Administrative Services.
- If the injury occurs to an employee, within 2 hours an accident report must be completed. If the employee injury requires more than basic first aid and requires medical attention, the employee should contact the Assistant Director of Administrative Services who will refer the employee to Occupational Health.

Accident Investigation Procedure

- Accident investigations are the responsibility of the Safety Committee and may be initiated by any member of the Safety Committee. Accident, injuries, and "near misses" may result in the need for an accident investigation.
- The accident investigation team will consist of the Assistant Director of Administrative Services, the appropriate Department Head, and at least two safety committee members.
- The scope of the investigation will include
 - Summary of the accident site

- Interviews with witnesses
- Determination of improper safety procedures, if any
- Correction of any safety deficiencies

Park District will provide training to employees on an annual basis.

LOCKOUT/TAGOUT PROGRAM

The purpose of this program is to help ensure that the machine or equipment is stopped or isolated from all potentially hazardous energy sources and locked out before employees do any maintenance. The Park District will provide training to employees annually.

PERSONAL PROTECTIVE EQUIPMENT SAFETY PROGRAM

Where jobs have inherent hazards, employees will be notified and supplied with the proper PPE. The Assistant Director of Administrative Services and/or supervisors will train employees to appreciate the inherent risks, proper selection, implementation and care of the equipment. The Assistant Director of Administrative Services and/or supervisors will enforce the use of PPE as well as any associated safety rules pertaining to work activities. All employees will meet or exceed OSHA, American National Standards Institute, American Society for Testing and Materials, manufacturer specification and any organizational guidelines pertaining to personal protective equipment. The Park District will provide training on an annual basis.

CONFINED SPACES SAFETY PROGRAM

The Park District has developed the following guidelines to ensure the safety of our employees exposed to confined spaces which are based on the requirements established by OSHA as well as regulations adopted by the Illinois Department of Labor. This agency will maintain a written program, identify confined spaces within its facilities and recreation areas, and train employees on safe entry and specific safety precautions. The Park District will provide training annually.

ERGONOMICS POLICY AND TRAINING PROGRAM

Stretching is an important component of the Park District's effort to reduce the effects of ergonomic risk factors both on and off the job. Over time, the excessive stress and strain on tendons, muscles, ligaments, cartilage, blood vessels, and nerves resulting from ergonomic risk factors can lead to injury. Stretching, as an ergonomic intervention, can be a useful method to providing a safer working environment for Park District staff. It is the policy of the Park District to engage in a proactive, sustained program to reducing or eliminating ergonomic related injuries to employees by educating and implementing an agency wide policy of simple reversal of posture and stretching exercises that are intended to increase worker flexibility and range of motion, improve circulation, relieve stress, and enhance coordination, both on and off the job.

POWERED INDUSTRIAL TRUCK PROGRAM

The Park District will ensure that the requirements of the standard for powered industrial trucks will be adhered to. This standard practice instruction is intended to address comprehensively the issues of employee training,

Employee Safety Gear

- The Park District will provide essential safety gear for use with specific equipment as designated in its Personal Protective Equipment Safety Program.

Compliance Programs

The **Champaign** Park District has developed guidelines for employees in protecting themselves against hazardous conditions in the workplace as well as complying with local, state, and federal regulations. The Park District will provide training when applicable to employees' job function.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

The Park District has developed procedures that will address occupational exposure to blood and other potentially infectious materials. The plan outlines methods of compliance, hepatitis B vaccination, post-exposure evaluation and follow-up, communication of hazards, and training and record keeping. The Park District will provide training on an annual basis and/or as needed.

FALL PROTECTION PROGRAM

The Park District will ensure that the hazards of all elevated falls over 4 feet are evaluated, and that information concerning their hazards are communicated to all employees affected. The **Assistant Director of Administrative Services** and/or other designated trained fall protection personnel are responsible for the administration of this program and have full authority to make necessary decisions to ensure success of the program. A written program will be reviewed and evaluated on an annual basis or when changes occur to the Occupational Safety and Health Administration (OSHA) standard. A training program will be provided for those employees exposed to fall protection. Training will ensure that employees understand the purpose, function, and proper use of fall protection. Also, that they acquire the knowledge and skills required for the safe application and usage. The Park District will provide training to employees on an annual basis.

HAZARDOUS COMMUNICATION PROGRAM

This program is intended to meet all requirements of the Toxic Substances Disclosure to Employees Act, commonly referred to as the Illinois Employee Right-to-Know Law. The law requires the Park District to communicate and train their employees about the health and safety hazards of the chemicals in the workplace. The Assistant Director of Administrative Services has been designated as the Hazardous Communications Coordinator. The responsibilities include posting Right-to-Know law signs, labeling hazardous substances, obtaining and maintaining Safety Data Sheets, and providing initial and refresher training to all employees. The

authorization, safety requirements, fire protection, maintenance, and general operation of fork trucks, tractors, platform lift trucks, motorized hand trucks, and other specialized industrial trucks used within the Park District, including end loaders and bobcats equipped with forks.

HOT WORK PROGRAM

Cutting/welding projects can be extremely dangerous activities if the proper precautions are not taken. Agencies must ensure that staff is properly trained, the proper personal protective equipment is used and the work area is properly inspected prior to performing any cutting or welding projects. Attached is a pre-work checklist and procedures for fire watch/work area monitoring that must be considered prior to starting any project.

Emergency Procedures

In the event of an emergency, all staff must follow the emergency procedures that are outlined in the Park District Emergency Operations/Crisis Management Plan. Please refer to the Park District Emergency Response Plan found at each facility for further emergency instructions.

Remember the first priority in any type of emergency is always the direct safety of all Park District staff and to the general public.

Communication Plan

In the event of an emergency the Bresnan Meeting Center front desk staff shall act as the communication center for the Park District.

- The Executive Director shall notify Department Heads and the Board of Commissioners and Officers.
- Each Department head will be responsible of notification to their managers and supervisors.
- If an emergency occurs after hours, notification shall be made in the following order.

Title	Name	Cell Phone
Executive Director	Joe DeLuce	217-714-2333
Director of Admin. Services	Jarrold Scheunemann	217-390-5857
Asst. Director of Admin. Services	Joe Kearfott	217-781-7446
Director of Operation	Dan Olson	217-369-5860
Director of Recreation	Jameel Jones	217-390-5656
Director of Rev. Facilities	Jimmy Gleason	708-522-5665
Director of Marketing & Communication	Chelsea Norton	217-273-3943

Tornado Plan

FACILITIES

Tornado Watch

- Turn on weather radio to 162.550
- Inform everyone in facility of watch
- Check park areas and inform everyone of watch
- Continue programs as scheduled

Tornado Warning

- Turn on weather radio to 162.550
- Inform everyone in the facility of the warning and direct them to the designated cover area.

VEHICLES

Tornado Watch

- Director of Operations will inform all park personnel of weather updates
- Turn radio to emergency radio station 1400 AM
- Check park areas and inform everyone of watch

Tornado Warning

- Director of Operations will inform all park personnel of weather updates
- Turn radio to emergency radio station 1400 AM
- Inform everyone in the general vicinity of warning
- Seek the closest shelter and take cover

Lightning and Thunder Guidelines

If lightning strikes are detected within a 10-mile radius, outdoor programs should suspend programming for at least 20 minutes after the last lightning strike was seen or thunder was heard. Staff and participants should seek cover and all programming should be moved indoors if able to do so.

Temperature Guidelines for Programs

Outdoor programs should be moved indoors or cancelled if either of the following occur.

- **Excessive Heat Warning**
 - Current or forecasted high air temperatures combined with high humidity levels expected or imminent within 12 hours. This includes when a heat index is at least 105* for more than 3 hours per day for two consecutive days or anytime the heat index will reach 110*
- **Extreme Cold Warning**
 - Current or below zero air temperatures combined with any level of winds producing extreme wind chill levels that can cause hypothermia or frostbite. This typically occurs when wind-chill readings reach -40* or lower for at least 3 hours per day.

Fire and Explosion Plan

Fires can begin through explosions from highly volatile materials, arson, lightning strikes, vandalism, overheating appliances, fireworks, smoking materials, or improperly stored flammables.

To stop the spread of fire, early detection and extinguishing are essential. If a fire gets out of control or an explosion is imminent, evacuation must be immediate. The impact of fire is greatly affected by fire alarms, sprinkler systems, exit signs, emergency lighting, and employees trained in fire extinguisher use.

FIRE EXTINGUISHER USE

Fight a fire with an extinguisher only if the following are true:

- The fire department has been notified of the fire.
- The fire is small and confined to its immediate area of origin
- You have a way out and can fight the fire with your back to an exit
- You have the proper extinguisher and know how to use it
- You use careful judgment. If your effort is failing, get out of the facility quickly, and close the door behind you.

BASIC ACTION AND EVACUATION

- Contact the Fire Department (911) and activate the nearest fire alarm.
- Begin evacuation of all participants and staff
- Attempt to extinguish the fire under the recommended guidelines.
- Do not use elevators to exit to upper or lower levels.
- Leave lights and windows as they are
- Be aware of the number of participants for whom you are responsible. Upon evacuation, do a head count.
- Close all doors as you exit rooms.
- A site supervisor or designated staff should prepare to meet the fire department.
- Available staff should stay with all participants. However, one staff member should contact the Assistant Director of Administrative Services and another staff member should contact parents of youth participants if applicable.

Utility Failure Plan

In the event that utilities in the Champaign area go out, the following will occur.

- Emergency lighting systems will operate in Park District facilities for at least 15 minutes.
- Staff should utilize flashlights and emergency radios located at each facility
- Staff should take the appropriate steps to calm all participants and to proceed with activities if able to.
- Staff should check the elevators for patrons

- If utility failure continues for an extended period of time contact parents of youth participants and send adult participants home.
- Call Ameren at the following number if you see downed power lines or smell gas.
 - 1-800-755-5000
- If gas or burning odors are detected within the building, evacuate the building immediately.

Bomb or Terrorist Threat

- Take the threat seriously
- Get as much information as possible and write it down immediately.
 - Name of Caller
 - Age
 - Gender
 - Date
 - Location of the threat
 - Time of detonation
 - What the threat looks like
 - Why they are threatening the Park District
 - What kind of threat is it
 - Any other identification
- If possible, keep the caller on the primary line and contact the police on a secondary line
- Contact Park District staff to initiate the Crisis Management Plan
- Have a staff member prepared to meet authorities when they arrive
- If instructed to, evacuate the facility
- If the police request assistance, the Assistant Director of Administrative Services will coordinate with them and provide assistance.

Armed Intruder

Guidelines for responding during an active shooter or violent intruder situation.

The purpose of a lockdown is to minimize accessibility to facilities and reduce the risk of injury or danger to staff and patrons.

A lockdown would be implemented when requested by public safety, law enforcement, fire department, or Champaign Park District staff.

INCIDENTS THAT MAY REQUIRE A LOCKDOWN

- Person(s) armed with firearm or weapon on Park District Property
- Gunshots directed at or near the Park District facilities
- Police incidents involving dangerous person(s) that are adjacent to or within a short distance of Park District property
- Hazardous chemical spills
- Gas leaks

- Electrical conditions
- Disasters close to Park District facilities
- Any other violent incident that a reasonable person would recommend a lock down

LOCKDOWNS

Lock downs will be announced via telephone, radio, in-person, text message and/or email.

Soft Lock Down

A soft lock down should be initiated whenever there is a situation or event that causes concern for personal safety that is taking place out in the community. This includes, but is not limited to:

- Violent acts like mob action
- Violence near Park District property
- Armed robbery near Park District property
- Other criminal acts that may escalate into a facility

Park District staff are to lock all exterior doors of the effected facility. Entry into the building should be limited to only known non-threatening individuals. Staff should encourage all patrons to remain in the facility until the all clear has been announced.

Hard Lock Down

A hard lock down should be initiated when there is a situation or event that causes concern for personal safety inside one of our facilities or parks. This includes:

- Witnessed violent acts
- A violent intruder with/without a weapon
- Loud screaming
- Anytime there is a heightened concern of escalating violence.

ACTIVE INTRUDER INSIDE THE BUILDING

Immediate action to take

- Try to keep everyone quiet as not to bring attention to you and others.
- Move to a securable area if able to do so.
- If the area you are in can be locked, lock it and stay away from the entry and windows.
- If you cannot lock the door barricade the door and hide somewhere inside the room
- If you can determine where the shooting is coming from and can safely run to any exit do so.
- If able to exit leave everything behind except your cell phone.
- Keep your hands visible and follow the instructions of the police.
- Do not stop to assist wounded victims or attempt to move them. Report their location to the police once you have exited the building.

- Dial 911 to contact the emergency dispatch center as soon as possible to report what is happening. Dispatchers will advise you on what to do.
- Give as much detail about the intruder as you can.

What to expect from law enforcement

- Police are trained to respond as quickly as possible to gunfire.
- Their purpose is to stop the shooter.
- Officers may be in plain clothes, uniforms, SWAT uniforms and armed with long rifles, shotguns, and/or handguns.
- They will have identification.
- Do as the officers direct you, and keep your hands visible at all times to show the officers you are not a threat.
- If possible, tell the officers where the shooter was last seen and provide any details about the shooter that you can.
- The first officers to respond will not stop to assist injured people. Other officers will follow to treat the injured.
- Do not allow anyone into or out of your secure area until instructed to do so by the police.

Specific Safety Standards

Facilities

- At least two (2) exits must be available from all floors.
- There must never be any obstructions in aisles or exits.
- Enough fire extinguishers of the proper type must be provided to meet the minimum fire code restrictions.
- Smoking is prohibited indoors.
- Materials and equipment must be stored in predesigned areas.
- Custodial carts are not to be stored in public areas or left unattended.
- All refuse must be placed in the proper containers and a sufficient number of receptacles should be in each building.
- Guns are not allowed in Park District facilities

Parks

- Signs should be posted communicating hours parks are open.
- All newly installed and any necessary replacements for playground apparatus must comply with the Consumer Product Safety Commission (CPSC) guidelines.

- No asphalt or other hard surfaces shall be under playground equipment. All surfaces must comply with CPSC guidelines.
- All playgrounds are to be inspected monthly.
- All parks and trails are to be inspected quarterly.
- All employees are to clean up broken glass when it is found.
- All employees are to report unsafe conditions in an y park to the Assistant Director of Administrative Services.
- Operators of mowers, weed eaters and other power equipment are to ensure that grass clippings, rocks, etc. are not discharged towards park users, employees, and vehicles.
- Park crews are to perform a general safety inspection for the entire park and playground on each weekly visit.

Vehicles

- Staff must completely a 360* circle for safety every time you go to get into a vehicle.
- Seat belts must be worn at all times.
- Staff must use 3 points of contact any time getting into or out of equipment or vehicles.
- No one below the age of 18 may operate any motorized vehicle or any other piece of equipment that may be outlined in specific departmental procedures.
- Employees under the age of 21 will not be allowed to transport passengers.
- Out of Town checklists must be completed for any trip taken outside the Champaign-Urbana area.
- Accurate records must be kept and up-to-date on all repairs, tune-ups, etc. for each vehicle.
- No person should ride in or on equipment being towed.
- No person shall ride in the back of a truck.
- All trucks should be equipped with a gate, which should be put up when transporting. If a gate must be down for wide or extra long items, vehicles must be properly flagged and four-way flashers or strobe be on.
- All loads must be secured when transported in a vehicle.
- Roll bars should be installed on all mowers and tractors and seat belts should be worn at all times.
- No vehicle is to be operated or moved unless all doors are closed and latched.
- No vehicle is to be left idling unattended unless in “park” or in neutral with emergency brakes or air brakes engaged if the vehicle does not have a “park” option.
- All vehicles must be equipped with the proper fire extinguishers.
- Any new vehicles that are purchased must comply with the Department of Transportation standards.

- Each driver is responsible for reporting all accidents, incidents, vehicle damage and malfunctions to their immediate supervisor.
- Drivers must obey all traffic laws and speed limits at all times.
- Vehicles that are traveling in parks or on trails should not exceed 5 mph.
- All drivers must receive a drivers check before operating any vehicle.

Equipment and Tools

- Proper training is required for all staff prior to use of any tool or equipment.
- All equipment and tools must be stored in a pre-designated area and should be kept clean and repaired at all times.
- All new equipment and tools must comply with local, state and federal standards.
- Operational instructions for all machinery and equipment must be in written form and kept close to the appropriate machine or equipment for employee reference.
- Proper use and inspections of ladders must be taught to employees before use.
- Ear protection devices are to be utilized with portable air hammers, chainsaws, brush chippers, mowers, weed eaters and any other loud equipment.
- When sanding, spray painting, or working with fiber glass materials, appropriate ventilation and PPE must be used to protect the employee.
- All proper fall protection shall be worn when working from elevated heights.
- A separate room or safety curtain must be used while welding.
- Two employees shall be present at all times while using the tree chipper and proper safety equipment must be worn.
- At no time shall equipment or tools be left unattended at a work site.

Accident Prevention

- Slippery substances spilled on floors must be cleaned up immediately.
- Floors, walks, and parking lots must be maintained. Repairs must be made to holes, depressions, broken flooring, uncovered drains, loose or poorly fitted grating or sagging and expanded floor supports.
- All painting supplies and combustible materials must be stored in a separate room or fire-resistant cabinet.
- Emergency lights are present in all buildings used by the public and are to be checked monthly.
- All exits must be clearly lit and marked.
- Broken lights must be replaced immediately.
- Electrically wiring must be properly encased and replaced when worn.
- Care must be taken not to over load circuits.

- Extension cords should be used on a short term, temporary basis only.
- Electrical cords must be kept in as orderly a fashion as possible to prevent any falls.
- Any replacement curtains or drapes must be fire retardant.
- All stairways must be equipped with secure railings and well lit.
- All buildings must have emergency phone numbers located at the telephone as well as emergency procedures posted.
- Each facility manager should have a copy of the emergency plan.
- Every facility should be equipped with a first aid kit and AED.
- All tables and chairs should be inspected and repaired regularly by facility staff.
- A three (3) foot clear zone must be maintained around all electrical switch gear, breaker boxes and heating and cooling units.

Occupational Safety and Health Administration

In the event of an OSHA inspection under the auspices of the Illinois Health and Safety Act, the following guidelines will apply:

- The Assistant Director of Administrative Services is designated as the responsible individual to participate in the inspection process.
- A list of required materials or posters and their locations is kept at the Bresnan Meeting Center
- Records necessary for the inspection, OSHA 300 etc. are located in the Assistant Director of Administrative Services office.
- The Executive Director and Director and Assistant Director of Administrative Services may negotiate timeframes for corrections of any citations, and are responsible for the completion of said corrections.

REPORT TO PARK BOARD



FROM: Joe DeLuce, Executive Director

DATE: June 22, 2022

SUBJECT: Rules and Regulations Ordinance - Board Review, Discussion and Tracking

Background

The staff Rules and Regulations committee asked the Board to review the red-lined *Rules and Regulations Ordinance* document and make suggestions. This memo will serve as a tracking log of the items that are discussed. Suggestions can be sent to Dan Olson at any time and they will also be logged on this sheet. A final document for approval will be brought to the Board in October. Section, page numbers, etc. refer to the red-line version of the document that was distributed to Board Members at the April 27, 2022 Board meeting with "Draft 5/17/2022 DJO" in the upper right corner.

Tracking

6/8/22	Sec. 16 – Fuel Powered or Radio Controlled...	P. 31	Yea Consensus: J, T, K, C
Suggested: JS – Ensure drone language is in restrictions. GH – Use "Unmanned Aircraft Systems" (UAS) for drone to match separate policy.			
Actions/Findings: Part A includes "drone" but <u>will add "UAS" language.</u> Part C covers UAS and Federal Aviation Administration guidelines.			
Written: No person shall upon or in connection with any property of the District: A. Start, fly or use any fuel-powered, air-propulsioned or electric-powered model or toy or any radio-controlled model car, aircraft, drone, Unmanned Aircraft System (UAS), boat or rocket or any similar controlled or powered toy or model, except at those areas or waters designated.			

Prior Board Action

April 27, 2022 – Board presented timeline, memo, original Rules and Regulations Ordinance, and new staff red-lined Rules and Regulations ordinance and tabled discussion of the Rules and Regulations until a later date.

June 8, 2022 – Preliminary discussion on the procedures we will be taking to review the Rules and Regulations as well as questions and considerations for the document.

Recommended Action

Consensus will be sought for items discussed to ensure we are capturing Board member suggestions, but not formal action is requested at this time.

Prepared by:

Reviewed by:

Daniel Olson
Director of Operations

Joe DeLuce
Executive Director



REPORT TO PARK BOARD

FROM: Joe DeLuce, Executive Director

DATE: June 22, 2022

SUBJECT: Distinguished Agency Accreditation Program

Background

The Champaign Park District participates in the Illinois Distinguished Agency program which is sponsored by the Illinois Association of Park Districts and the Illinois Park and Recreation Association. The goal of the Illinois Distinguished Accreditation program is to improve the delivery of recreation services to the residents of Illinois through a voluntary comprehensive evaluation process. The desired result is to improve the quality of life for Illinois residents and to recognize those agencies that provide this quality service.

The Champaign Park District went through the initial accreditation in 1999 and was recognized as a distinguished agency from 2000 to 2005. The Park District then was re-certified from 2006-2011, 2012-2017, and 2018-2023 and now the Park District has applied to participate in the accreditation process for 2024-2029.

Discussion

Distinguished Agency Accreditation requires evidence of compliance for a long list of standards which need to be met in order to be approved. As part of this process the Park Board has been asked to review and approve numerous policies which need to be revised, updated or developed to meet the various standards.

Staff recommends review of the statements and policies from the Board Policy Manual:

- a. Bond Rating Policy
- b. Bonded Indebtedness Policy
- c. Identity Protection Policy
- d. Safety Committee Policy
- e. Smoke Free Illinois Policy
- f. Statement of Purpose for Collection of Social Security Numbers by the Park District

Prepared by:

Reviewed by:

Jarrold Scheunemann
Director of Administrative Services

Joe DeLuce
Executive Director



The Champaign Park District (Park) issues bonded indebtedness as a source of financial means for the payment of expenses incurred in connection with the acquisition and improvement of long-term assets. The Park District's primary objectives in debt management are to keep the level of indebtedness within available resources and within the total debt and payment limits established by state law, including tax caps.

Approved by Board of Park Commissioners November 9, 2005

Revised by Board of Commissioners October 12, 2011

Revised by Board of Commissioners October 12, 2016

Revised by Board of Commissioners

Kevin J. Miller, President

Joseph C. DeLuce, Executive Director



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Kevin J. Miller, President

Joseph C. DeLuce, Executive Director



While the Champaign Park District (Park District) has an official bond rating, the Park District shall not maintain a bond rating on an annual basis unless necessary for financing of projects. The decision of whether or not a bond rating on the issuance of debt under the prevailing market conditions shall be secured will be made by the Champaign Park District Board of Commissioners (Board) on a case-by-case basis for each separate bond issue approved by the Park Board.

Approved by Board of Commissioners September 23, 1999

Revised by Board of Commissioners November 9, 2005

Revised by Board of Commissioners July 13, 2011

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Revised by Board of Commissioners

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Revised by Board of Commissioners _____

Kevin J. Miller, President

Joseph C. DeLuce, Executive Director



I. Introduction and Identification of Act

This Identity-Protection Policy is adopted pursuant to the Illinois Identity Protection Act, 5 ILCS 179/1 et seq. The Identity Protection Act requires the Park District to draft, approve, and implement this Identity-Protection Policy to ensure the confidentiality and integrity of Social Security numbers (SSNs) that the Park District collects, maintains, and uses. It is important to safeguard SSNs against unauthorized access because SSNs can be used to facilitate identity theft. One way to better protect SSNs is to limit the widespread dissemination of those numbers. The Identity Protection Act was enacted in part to require local and State government agencies to assess their personal information collection practices and make necessary changes to those practices to enhance confidentiality. All Park District Commissioners, officers, employees, ~~and~~ agents, and representatives, shall comply with the Identity Protection Act and this Policy at all times.

II. Definitions

The following words shall have the following meanings when used in this Policy.

"Act" means the Illinois Identity Protection Act, 5 ILCS 179/1 et seq.

"Board" means the Board of Commissioners of the Park District. "Park District" means Champaign Park District.

"Person" means any individual in the employ of the Park District.

"Policy" means this Identity-Protection Policy.

"Publicly post" or "publicly display" means to intentionally communicate or otherwise intentionally make available to the general public.

"Redact" means to alter or truncate data so that no more than five sequential digits of a SSN are accessible as part of personal information.

"SSN(s)" means any Social Security number provided to an individual by the Social Security Administration.

"Statement of Purpose" means the statement of the purpose(s) for which the Park District is collecting and using an individual's SSN that the Act requires the Park District to provide when collecting a SSN or upon request by an individual. An example of a Statement of Purpose for the Park District is attached to this Policy.

III. Statement of Purpose

The Park District shall provide an individual with a Statement of Purpose anytime an individual is asked to provide the Park District with their SSN or if an individual requests it. [The Statement of Purpose is located in the Board Policy Manual.](#)

IV. Prohibited Activities

a) Neither the Park District nor any Person may:

1. Publicly post or publicly display in any manner an individual's SSN.
2. Print an individual's SSN on any card required for the individual to access products or

services provided by the person or entity.

3. Require an individual to transmit a SSN over the Internet unless the connection is secure or the SSN is encrypted.
 4. Print an individual's SSN on any materials that are mailed to the individual, through the U.S. Postal Service, any private mail service, electronic mail, or any similar method of delivery, unless State or federal law requires the SSN to be on the document to be mailed. Notwithstanding the foregoing, SSNs may be included in applications and forms sent by mail, including, but not limited to: (i) any material mailed in connection with the administration of the Unemployment Insurance Act; (ii) any material mailed in connection with any tax administered by the Department of Revenue; and (iii) documents sent as part of an application or enrollment process or to establish, amend, or terminate an account, contract, or policy or to confirm the accuracy of the SSN. A SSN that is permissibly mailed pursuant to this paragraph ~~will~~shall not be printed, in whole or in part, on a postcard or other mailer that does not require an envelope or be visible on an envelope without the envelope having been opened.
- b) Except as otherwise provided in paragraph (c) below or unless otherwise provided in the Act, neither the Park District nor any Person may:
1. Collect, use, or disclose a SSN from an individual, unless: (i) required to do so under State or federal law, rules, or regulations, or the collection, use, or disclosure of the SSN is otherwise necessary for the performance of the Park District's duties and responsibilities; (ii) the need and purpose for the SSN is documented before collection of the SSN; and (iii) the SSN collected is relevant to the documented need and purpose.
 2. Require an individual to use their SSN to access an internet website.
 3. Use the SSN for any purpose other than the purpose for which it was collected.
- c) The prohibitions in paragraph (b) above do not apply in the following circumstances:
1. The disclosure of SSNs to agents, employees, contractors, or subcontractors of a governmental entity or disclosure by a governmental entity to another governmental entity or its agents, employees, contractors, or subcontractors if disclosure is necessary in order for the entity to perform its duties and responsibilities; and, if disclosing to a contractor or subcontractor, prior to such disclosure, the governmental entity first receives from the contractor or subcontractor a copy of the contractor's or subcontractor's policy that sets forth how the requirements imposed under this Act on a governmental entity to protect an individual's SSN will be achieved.
 2. The disclosure of SSNs pursuant to a court order, warrant, or subpoena.
 3. The collection, use, or disclosure of SSNs in order to ensure the safety of: State and local government employees; persons committed to correctional facilities, local jails, and other law-enforcement facilities or retention centers; wards of the State; and all persons working in or visiting a State or local government agency facility.
 4. The collection, use, or disclosure of SSNs for internal verification or administrative purposes.

5. The disclosure of SSNs by a State agency to the Park District for the collection of delinquent child support or of any State debt or to the Park District to assist with an investigation or the prevention of fraud.
6. The collection or use of SSNs to investigate or prevent fraud, to conduct background checks, to collect a debt, to obtain a credit report from a consumer reporting agency under the federal Fair Credit Reporting Act, to undertake any permissible purpose that is enumerated under the federal Gramm-Leach Bliley Act, or to locate a missing person, a lost relative, or a person who is due a benefit, such as a pension benefit or an unclaimed property benefit.

A) Coordination with the Freedom of Information Act and Other Laws

The Park District shall comply with the provisions of the Illinois Freedom of Information Act, 5 ILCS 140/1, et seq, and any other State law with respect to allowing the public inspection and copying of information or documents containing all or any portion of an individual's SSN. However, the Park District shall redact SSNs from the information or documents before allowing the public inspection or copying of the information or documents.

When collecting SSNs, the Park District shall request each SSN in a manner that makes the SSN easy to redact if required to be released as part of a public records request. The Park District shall require that when collecting a SSN or upon request by the individual, a statement of the purpose or purposes for which it is collecting and using the SSN shall be provided.

B) Limited Employee Access to Social Security Numbers

Only employees who are required for the performance of their essential job functions to use or handle information or documents that contain SSNs ~~will~~ shall have access. All employees who have access to SSNs shall first be trained to protect the confidentiality of SSNs and sign an acknowledgement that such training was provided and completed. The training will include instructions on the proper handling of information that contains SSNs from the time of collection through destruction of the information.

C) Embedded Social Security Numbers

Neither the Park District nor any Person shall encode or embed a SSN in or on a card or document, including, but not limited to, using a bar code, chip, magnetic strip, RFID technology, or other technology, in place of removing the SSN as required by the Act and this Policy.

D) Applicability

If any provision of this Policy conflicts with any provision of the Act, the provisions of the Act shall prevail.

This Policy does not apply to:

1. The collection, use, or disclosure of a SSN as required by State or federal law, rule, or regulation;
or
2. Documents that are recorded with a county recorder or required to be open to the public under a State or federal law, rule, or regulation, applicable case law, Supreme Court Rule, or the Constitution of the State of Illinois; provided, that, the Park District shall redact the SSN from such document if such law, rule, or regulation permits.

E) Availability of Policy

The Policy shall be filed with the Board within 30 days of its approval. All Park District employees shall be advised of the existence of this Policy.

Park District employees who are required for the performance of their essential job functions to use or handle information or documents that contain SSNs shall be provided a copy of this Policy, which each shall maintain at all times and sign an acknowledgement of receipt of said Policy. A copy of the Policy is available to all other employees and any member of the public by requesting in writing a copy from:

Director of Human Resources,
706 Kenwood Road,
Champaign, IL 61821
217-398-2550.

F) Amendments

This Policy may be amended by the Park District at any time. If the Policy is amended, the Park District shall file a written copy of the Policy, as amended, with the Board and shall also advise all Park District employees of the existence of the amended Policy. A copy of the amended Policy ~~will~~shall be made available to Park District employees and the public as set forth in the preceding section above.

Approved by Board of Commissioners	June 8, 2011
Revised by Board of Commissioners	July 13, 2016
<u>Revised by Board of Commissioners</u>	

Kevin J. Miller, President

Joseph C. DeLuce, Executive Director



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"Redact" means to alter or truncate data so that no more than five sequential digits of a SSN are accessible as part of personal information.

"SSN(s)" means any Social Security number provided to an individual by the Social Security Administration.

"Statement of Purpose" means the statement of the purpose(s) for which the Park District is collecting and using an individual's SSN that the Act requires the Park District to provide when collecting a SSN or upon request by an individual. An example of a Statement of Purpose for the Park District is attached to this Policy.

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 4. Print an individual's SSN on any materials that are mailed to the individual, through the U.S. Postal Service, any private mail service, electronic mail, or any similar method of delivery, unless State or federal law requires the SSN to be on the document to be mailed. Notwithstanding the foregoing, SSNs may be included in applications and forms sent by mail, including, but not limited to: (i) any material mailed in connection with the administration of the Unemployment Insurance Act; (ii) any material mailed in connection with any tax administered by the Department of Revenue; and (iii) documents sent as part of an application or enrollment process or to establish, amend, or terminate an account, contract, or policy or to confirm the accuracy of the SSN. A SSN that is permissibly mailed pursuant to this paragraph will not be printed, in whole or in part, on a postcard or other mailer that does not require an envelope or be visible on an envelope without the envelope having been opened.
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 2. The disclosure of SSNs pursuant to a court order, warrant, or subpoena.
 3. The collection, use, or disclosure of SSNs in order to ensure the safety of: State and local government employees; persons committed to correctional facilities, local jails, and other law-enforcement facilities or retention centers; wards of the State; and all persons working in or visiting a State or local government agency facility.
 4. The collection, use, or disclosure of SSNs for internal verification or administrative purposes.

5. The disclosure of SSNs by a State agency to the Park District for the collection of delinquent child support or of any State debt or to the Park District to assist with an investigation or the prevention of fraud.
6. The collection or use of SSNs to investigate or prevent fraud, to conduct background checks, to collect a debt, to obtain a credit report from a consumer reporting agency under the federal Fair Credit Reporting Act, to undertake any permissible purpose that is enumerated under the federal Gramm-Leach Bliley Act, or to locate a missing person, a lost relative, or a person who is due a benefit, such as a pension benefit or an unclaimed property benefit.

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Approved by Board of Commissioners
Revised by Board of Commissioners
Revised by Board of Commissioners

June 8, 2011
July 13, 2016

Kevin J. Miller, President

Joseph C. DeLuce, Executive Director



Safety Committee Policy

As part of the Champaign Park District's (Park District) overall safety program, it shall be a policy of the Park District to establish a safety committee to help develop, implement, and administer the safety program for the Park District.

Purpose

The purpose of the safety committee shall be to make recommendations to the Executive Director (Director) that will improve safety for the public and Park District employees through the use of regular evaluations of parks, programs, facilities, safety-related policies and procedures, work environments, and work practices.

Responsibilities

The committee shall be responsible for the following:

- Review all accident, conduct, property damage, and vandalism reports prepared by staff;
- Make recommendations to address the elimination of recurring safety-related problems;
- Prepare and review monthly fire inspections of all buildings and facilities;
- Review monthly and seasonal inspections of parks, trails, playgrounds and sport fields;
- Review safety-related manuals policies, procedures on an annual basis and make recommendations for modifications, improvements and upgrades;
- Annually review and administer staff safety training programs, and make recommendations for modifications, improvements and upgrades; and
- Administer the safety incentive program.

Members

The ~~Executive~~ Director shall assign a representative from each department and program area to the committee. The ~~Executive~~ Director has the final responsibility for assigning members to the committee.

Meetings

Safety committee meetings shall be held monthly at various locations throughout the Park District.

Approved by Board of Commissioners	October 13, 1999
Revised by Board of Commissioners	September 14, 2005
Revised by Board of Commissioners	July 13, 2011
Revised by Board of Commissioners	November 9, 2016
Revised by Board of Commissioners	_____

Kevin J. Miller, President

Joseph DeLuce, Executive Director



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Kevin J. Miller, President

Joseph DeLuce, Executive Director



Smoking is prohibited in Champaign Park District (Park District) buildings, facilities, equipment, vehicles, or while working directly with the public, except in designated areas. Any new state or federal law regulating smoking to stricter standards will be adopted and enforced by the Park District at the time it becomes law.

The Smoke Free Illinois Act ~~will~~ shall be strictly enforced by the Park District. The Smoke Free Illinois Act prohibits:

- ~~s~~Smoking in virtually all public places and workplaces, including offices. This also pertains to theaters, museums, libraries, educational institutions, schools, commercial establishments, and any other Park District buildings.
- Smoking within 15 feet of entrances, exits, windows that open and ventilation intakes.
- Ashtrays where smoking is prohibited.

Additionally, the Park District shall post "No Smoking" signs at each entrance to the place of employment or public place where smoking is prohibited. "No Smoking" signs shall comply with the specification in the Smoke-free Illinois Act.

Approved by Board of Commissioners
Revised by Board of Commissioners
Revised by Board of Commissioners

February 9, 2011
July 13, 2016

Kevin J. Miller, President

Joseph C. DeLuce, Executive Director



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- Smoking within 15 feet of entrances, exits, windows that open and ventilation intakes.
- Ashtrays where smoking is prohibited.

Additionally, the Park District shall post “No Smoking” signs at each entrance to the place of employment or public place where smoking is prohibited. “No Smoking” signs shall comply with the specification in the Smoke-free Illinois Act.

Approved by Board of Commissioners
Revised by Board of Commissioners
Revised by Board of Commissioners

February 9, 2011
July 13, 2016

Kevin J. Miller, President

Joseph C. DeLuce, Executive Director



Statement of Purpose for Collection of Social Security Numbers by the Park District (Attachement)

The Identity Protection Act, 5 ILCS 179/1, et seq., and the Identity Protection Policy of the Champaign Park District (Park District) require the Park District to provide an individual with a statement of the purpose or purposes for which the Park District is collecting and using the individual's Social Security number (SSN) anytime an individual is asked to provide the Park District with their SSN or if an individual requests it. This Statement of Purpose is being provided to you because you have been asked by the Park District to provide your SSN or because you requested a copy of this statement.

Why does ~~we~~ the Park District collect ~~your~~ an employee's Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- Employment matters
- Insurance claim
- Complaint mediation or investigation
- Law enforcement investigation
- Child support collection
- Internal verification
- Administrative services

What does ~~es we~~ the Park District do with your Social Security number?

~~We~~ The Park District will only use your SSN for the purpose for which it was collected.

~~We will~~ The Park District shall not:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
- Publicly post or publicly display your SSN;
- Print your SSN on any card required for you to access our services;
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you: the exceptions would be (i) any material mailed in connection with the administration of the Unemployment Insurance Act; (ii) any material mailed in connection with any tax administered by the Department of Revenue; and (iii) documents sent as part of an application or enrollment process or to establish, amend, or terminate an account, contract, or policy or to confirm the accuracy of the SSN. If mailed, your SSN will not be visible without opening the envelope in which it is contained.

Questions or Complaints about this Statement of Purpose

Write or e-mail to the Champaign Park District:

~~Tammy Hoggatt~~ Heather Miller

Director of Human Resources

706 Kenwood Road

Champaign, IL 61821

E-mail: ~~personnel@champaignparks.com~~ personnel@champaignparks.org

The mission of the Champaign Park District is to enhance our community's quality of life through positive experiences in parks, recreation, and cultural arts.



Statement of Purpose for Collection of Social Security Numbers by the Park District (Attachment)

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