



Town of Casco
Selectboard Regular Meeting Agenda
April 01, 2025 at 6:00 PM
Casco Community Center

Regular Meeting

1. Review and approval of the meeting agenda
2. Approval of bills and signing and approval of all open warrants
3. Approval of Minutes: March 18, 2025
4. Public Participation for non-Agenda items
5. Manager's Update

Old Business

6. The Selectboard will discuss contract zoning with Casco Public Library.
7. The Selectboard will discuss a proposed Senior Tax Credit Ordinance.

New Business

8. The Selectboard will conduct a Public Hearing of Liquor License Renewal of Top of the Hill Grill
9. The Selectboard will consider appointments to the Safe Streets Committee
10. The Selectboard will consider increasing participation in Maine Municipal Risk Pool's Workers Comp Safety Incentive Program Tier III
11. The Selectboard will consider which Selectboard member will represent Casco at Greater Portland Council of Governments annual summit on May 29th.
12. Selectboard Comments

Executive Session

13. Executive Session to discuss Concealed Weapons Permits per Title 25, Part 5, Chapter 252, Section 2006 for application 04/01/2025A, 04/01/2025B, & 04/01/2025C.
14. Adjournment

Reminders to the Attending Public: Selectboard meetings are open to the public, but the public may not speak unless recognized by the Board Chair or Vice Chair in their absence. Except during a public hearing, comment time is limited to 2 minutes per speaker during public participation or on agenda items. Matters related to personnel will not be heard.

Future meeting dates (subject to change)

Month DD, YYYY at HH:MM PM Meeting Name

April 2, 2025 @ 6:00 PM Ad Hoc Committee (Water Quality)

April 2, 2025 @ 6:00 PM Safe Streets Committee

April 7, 2025 @ 5:30 PM Finance Committee/Selectboard Budget Workshop

April 9, 2025 @ 6:00 PM Ad Hoc Committee (Capital Improvements)

April 14, 2025 @ 5:30 PM Finance Committee Budget Workshop

April 14, 2025 @ 6:30 PM Planning Board Workshop

April 15, 2025 @ 6:00 PM Selectboard Regular Meeting



Town of Casco

Selectboard Regular Meeting Minutes

March 18, 2025 at 6:00 PM

Casco Community Center

Regular Meeting

PRESENT

Scott Avery
 Eugene Connolly
 Robert MacDonald
 Mary Fernandes
 Grant Plummer

1. Review and approval of the meeting agenda

The Selectboard moved and seconded to approve the meeting agenda.

Motion made by Avery, Seconded by MacDonald.

Voting Yea: Avery, Connolly, MacDonald, Fernandes, Plummer

2. Approval of bills and signing and approval of all open warrants

The Selectboard moved and seconded to approve all bills and signing of all open warrants.

Motion made by Plummer, Seconded by MacDonald.

Voting Yea: Avery, Connolly, MacDonald, Fernandes, Plummer

3. Approval of Minutes: March 4, 2025

The Selectboard moved and seconded to accept the minutes from the March 4, 2025 meeting as presented.

Motion made by Avery, Seconded by Fernandes.

Voting Yea: Avery, Connolly, MacDonald, Fernandes, Plummer

4. Public Participation for non-Agenda items

David Kimball made a presentation regarding his property lines.

5. Manager's Update

A. Cumberland County is holding an informational meeting related to the Community Emergency Response Team (CERT). We will post more information about this informational session once it is received.

B. Casco Town roads were posted on March 10th and are scheduled to last until May 1st. The end date of the posting can be changed based on the road and future weather conditions.

C. I anticipate the Selectboard being invited to a future Capital Improvement Implementation Committee workshop with a focus on the Selectboard and Committee's short-term priorities.

D. We anticipate that the RFID system at Bulky Waste will be installed during the first week of April. Both Naples and Casco are providing BTEK the bulky waste information necessary for data entry prior to installation. We anticipate the relining of the Transfer Station to occur during a similar time frame. Once firm dates are identified, the Selectboard and public will be notified.

E. The Selectboard and Finance Committee are completing their initial workshops. The date(s) for additional workshop or meetings will be posted once determined.

Old Business

6. The Selectboard will discuss discrepancies between Town and Library property lines, deeds, and other land-related discrepancies.

Discussion only. No action was taken.

7. The Selectboard will discuss the sign garage.

Discussion only. No action was taken.

New Business

8. The Selectboard will consider approving February 25, 2025 Special Town Meeting minutes.

The Selectboard moved and seconded to accept the minutes from the February 25, 2025 Special Town meeting as presented.

Motion made by Avery, Seconded by Fernandes.

Voting Yea: Avery, Connolly, Fernandes, Plummer

Voting Abstaining: MacDonald

9. The Selectboard will consider a contract with IAFF 5372 for a period between 07/01/2025 and 06/30/2028.

The Selectboard moved and seconded to approve the Collective Bargaining Agreement with IAFF 5372 for a period between 07/01/2025 and 06/30/2028 as presented.

Motion made by Avery, Seconded by Fernandes.

Voting Yea: Avery, Connolly, MacDonald, Fernandes, Plummer

10. The Selectboard will consider the bids for the Edwards Road box culvert project.

The Selectboard moved and seconded to award the Edwards Road box culvert project to RN Willey pending financial approval at Town Meeting.

Motion made by Avery, Seconded by Fernandes.

Voting Yea: Avery, Connolly, MacDonald, Fernandes, Plummer

11. The Selectboard will discuss appointments to the Ad Hoc Water Committee.

The Selectboard moved and accepted to appoint the following individuals to the Ad Hoc Water Committee: Jim Arsham, Diane Cormier, Maggie Daigle, Pam Edwards, Tom McCarthy, Sarah Monarch, Levi Thornton and Eileen Tidd.

Motion made by MacDonald, Seconded by Avery.

Voting Yea: Avery, Connolly, MacDonald, Fernandes, Plummer

12. Selectboard Comments

Grant Plummer- Appreciates road postings. Stated he loves our community and hopes to continue serving.

Bob MacDonald- Excited to see more people involved with the community and with Comprehensive Plan Implementation Committee. It's nice to see people caring.

Mary Fernandes- Agreed with Bob's statements.

Scott Avery- Inquired when we can bring the speed limit signs out.

Gene Connolly- Appreciative of good people stepping up to the plate.

Executive Session

13. Executive Session to discuss Concealed Weapons Permits per Title 25, Part 5, Chapter 252, Section 2006 for application 03/18/2025A, 03/18/2025B, 03/18/2025C, 03/18/2025D and 03/18/2025E.

14. Executive Session pursuant to 1 M.R.S.A.405(6)(E) Consultation with legal counsel.

The Selectboard moved and seconded to enter Executive Session to discuss Concealed Weapons Permits per Title 25, Part 5, Chapter 252, Section 2006 for application 03/18/2025A, 03/18/2025B, 03/18/2025C, 03/18/2025D and 03/18/2025E. and Executive Session pursuant to 1 M.R.S.A.405(6)(E) Consultation with legal counsel at 6:43pm.

Motion made by Plummer, Seconded by Avery.

Voting Yea: Avery, Connolly, MacDonald, Fernandes, Plummer

The Selectboard moved and seconded to exit Executive Session at 7:30pm.

Motion made by MacDonald, Seconded by Fernandes.

Voting Yea: Avery, Connolly, MacDonald, Fernandes, Plummer

15. Adjournment

The Selectboard moved and seconded to adjourn at 7:31pm.

Motion made by MacDonald, Seconded by Avery.

Voting Yea: Avery, Connolly, MacDonald, Fernandes, Plummer

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Month DD, YYYY at HH:MM PM Meeting Name

March 19, 2025 @ 6:00 PM Ad Hoc/Capital Improvement Committee meeting

March 24, 2025 @ 6:30 PM Planning Board

March 24, 2025 @ 5:30 Finance Committee/Selectboard Workshop

April 1, 2025 @ 6:00 PM Regular Selectboard Meeting

DRAFT



Town of Casco

Selectboard Regular Meeting Minutes

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DRAFT



**Manager's Memorandum
April 1, 2025, Selectboard Meeting**

Item 5.#

To: Selectboard
From: Tony Ward, Town Manager
Date: 03-27-2025
Re: Selectboard meeting 04-01-2025

Below are notes for agenda items for the April 1, 2025, meeting

5. Managers' Update

- A. The recent rain and snow have made road maintenance challenging. The recent rainstorm caused substantially problems on gravel roads within the Town. The Town hired contractors to make repairs on Edes Falls Road and Fountain Hill Road. In addition, these road conditions have made plowing roads exceptionally challenging. During the past storm, our contractor had two (2) vehicles stuck in the mud for extended periods. In the immediate future, dirt roads will not be plowed for minimal snowfall. This is to preserve the road and minimize damage to either the road or equipment.
- B. The Open Space Committee and I are still collaborating with Loon Echo to finalize the RFP for planning service for the Open Space Committee. I anticipate the RFP being finalized within the next few weeks and then released for bids. I anticipate providing the Selectboard definitive dates at your April 15th meeting.
- C. Greater Portland Council of Government (GPCOG) and I continue holding bi-weekly meetings with reference to the Capital Improvement survey project. The Ad Hoc Committee tasked with this study is scheduled to hold their first meeting on April 9th at 6:00 pm. GPCOG is obtaining significant Town data related to past expenditures, current needs, and potential future expenditures (Capital Improvement Plans). They will provide the committee with a synopsis of this information, provide them with draft survey questions, methodology for obtaining data and possible timeline for completion of the project..
- D. The Town recently conducted a Request for Proposals for an replace ambulance that is included in the proposed FY26 budget. The Town received bids from Autotronics, LLC and Greenwood Emergency Vehicles. Autotronics submitted two (2) bids and Greenwood a singular bid. Below is a synopsis of the bids:

TOWN OF CASCO
635 Meadow Road • Casco, ME 04015 • 207-627-4515
www.cascomaine.org

- Autotronics, LLC first bid was for 2025 Ford F550- 7.3L Gas 4 x 4 Braun Chief XL Ambulance with a purchase price of \$456,000 less \$100,000 trade in for a total cost of \$356,000. The estimated delivery date is February 2026.
- Autotronics, LLC second bid was for a 2024 Ford F-550 6.7L Diesel 4 x 4 Demers MXP-170 ambulance with a purchase price of \$438,000 less \$100,000 trade-in for a total cost of \$344,000. The estimated delivery date is 2 months after final approval.
- Greenwood Emergency Vehicle's bid was for 2027 Ford F-550 193 Gas 4 x 4 Horton 623 with a purchase price of \$358,750 with trade-in or \$346,250 with trade in if prepaid.. The estimated delivery date is approximately 520 days after receipt.

The Fire Department's Turck Committee is reviewing the details of the bid and will make a recommendation to the Selectboard. Chief Cole and I are also reviewing the bids and will make a similar recommendation to the Selectboard.

Old Business

6. The Selectboard will discuss contract zoning with Casco Public Library.

The Casco Public Library Board of Trustees submitted a request for Contract Zoning Agreement(CZA). The draft CZA was submitted to the Planning Board for their April 28th meeting. A workshop with the Trustees is scheduled for April 15th during the Selectboard's regular meeting.

7. The Selectboard will discuss proposed Senior Tax Credit Ordinance.

Included in the Selectboard packet is a draft Senior Tax Credit Ordinance. The language in the draft is slightly different than the Selectboard's original dialogue. The necessity for these minor changes is based on legal review and compliance with Maine law.

New Business

8. The Selectboard will conduct a Public Hearing of Liquor License Renewal of Top of the Hill Grill

Included in your packets is the Top of the Hill liquor license renewal application.

In the past, the Selectboard provided the authority for the Town Clerk to approve Liquor License renewals. Unfortunately, State law requires public hearings for any liquor license renewal for the five years after the initial awarding of the license.

The Town has received no complaints about this business and is not aware of any administrative violations. Staff and I recommend the Selectboard approve the liquor license request and recommend the forwarding to the State of Maine Bureau of Liquor for final review/approval.

9. The Selectboard will consider appointments onto the Safe Streets Committee.

On February 14th, the Selectboard voted to change the Safe Streets Committee from an ad hoc committee to a permanent committee. With that change, the current members should be reappointed onto the permanent committee. All members of the ad hoc committee, minus one are interested in being appointed to the permanent committee. Staff and I recommend that you appoint Sam Brown, Eric Dibner, Justin Millette, Rae-Anne Nguyen, and Courtney Walsh.

10. The Selectboard will consider increasing participation in Maine Municipal Risk Pool's Workers Comp Safety Incentive Program Tier III.

The Town currently participates in the Maine Municipal Associations Risk Pool's Workers Comp Safety Incentive Plan (WCSIP). The Town is currently a tier II participant in this plan. This level of participation saves the Town 7.5% on our Workers Compensation insurance. To increase from a tier II to tier III the Town would demonstrate the following actions:

- A. Employee training is documented*
- B. A written incident review policy is in place*
- C. A wellness program or similar alternative is offered to employees*
- D. A return-to-work policy that provides light-duty work as soon as the employee is medically cleared by a physician. The return-to-work policy and light-duty options are in place for all employees, across all departments, even those working under a collective bargaining agreement.*
- E. Leadership attends/participates in Safety Committee meetings, trainings, and other safety events*

Of these five (5) points, Town staff is already documenting trainings, reviewing incidents, implemented as wellness program through Maine Municipal Health Trust and I am involved in safety meetings, trainings and other safety related events. The only true actions needed are a written incident policy (even though parcticed) and return-to-work policy.

Included in the Selectboard packet is two (2) Maine Municipal Sample polices relating to return to work and incident review. If the Selectboard is interested in proceeding forward in the tier III of WCSIP, I will present Casco based policies for these two policies at your April 15th meeting.

11. The Selectboard will consider which Selectboard member will represent Casco at Greater Portland Council of Governments annual summit on May 29th.

Greater Portland Council of Governments is holding their General Assemble and Annual Summit on May 29, 2025, between the hours of 2:00 pm and 6:30 pm. GPCOG traditionally invites two (2) representatives from each community to attend. Selectperson Mary Fernandes is on their executive committee and would be one of the Casco representatives. The Selectboard has traditionally authorized the Selectboard chair to be the second Casco representative.

DRAFT

(March 14, 2025)

Chapter 149

Taxation

• • •

Article II Senior Property Tax Assistance

§ 149-3 Purpose and Authority.

This Article is adopted pursuant to 36 M.R.S. § 6232. The purpose of this Article is to establish a program to provide property tax assistance to persons 70 years of age and over who reside in the town of Casco, and who otherwise qualify as set forth herein.

§ 149-4 Definitions.

As used in this Article, the following terms shall be defined as follows:

Assistance Payment: The benefit amount to which an eligible participant is entitled, as determined in § 149-6 of this Article.

Benefit Base: The amount equal to each applicant's property taxes paid during the previous tax year on the applicant's homestead or rent constituting property taxes paid by the applicant during the previous tax year.

Homestead: "Homestead," as that term is defined in 36 M.R.S. § 681(2), as amended. Generally, and without limiting the foregoing, a homestead is a dwelling owned or rented by the applicant or held in a revocable trust for the benefit of the applicant. The applicant must reside in the homestead at least 9 months of each calendar year.

Household Income: "Income," as defined in 36 M.R.S. § 5219-KK(1)(D), as amended or recodified.

Qualifying Applicant: A person who is determined by the Town Manager or their designee, after review of the criteria for participation under § 149-4 of this Article and a complete application under § 149-5 of this Article, to be eligible for an assistance payment under the terms of this Article.

Rent Constituting Property Tax: "Rent constituting property taxes," as defined in 36 M.R.S. § 5219-KK(1)(E), as amended. Generally, and without limiting the foregoing, rent constituting property taxes is equal to 15% of the gross rent actually paid in cash or its equivalent during the tax year solely for the right of occupancy of a homestead in the State of Maine. For purposes of this definition, "gross rent" means rent paid at arm's length solely for the right of occupancy of a homestead, exclusive of charges for any utilities, services, furniture, furnishings or personal property

appliances furnished by the landlord as part of the rental agreement, whether or not expressly set out in the rental agreement.

§ 149-4 Criteria for Participation.

In order to participate in the Senior Property Tax Assistance Program and be eligible to receive an assistance payment hereunder, an applicant must demonstrate all of the following:

- A. The applicant shall be 70 years of age or older at the time of application.
- B. If the applicant is a property owner (rather than a renter), they shall have a homestead in the town of Casco at the time of application, and shall have maintained that homestead for at least 10 consecutive tax years prior to the date of application.
- C. If the applicant is a renter, the renter shall have been a resident of the Town of Casco for at least 10 consecutive tax years prior to the date of application.
- D. A property owner applicant shall own no more than one residential property at the time of application and throughout their participation in the Senior Property Tax Assistance Program. A rental applicant shall not own any residential property at the time of application and throughout their participation in the Senior Property Tax Assistance Program.
- E. The applicant must demonstrate that they have received a tax credit under the provisions of the State of Maine Property Tax Fairness Credit Program, in accordance with 36 M.R.S. § 5219-KK, as may be amended from time to time.

§ 149-5 Application and Payment Procedures.

- A. Persons seeking to participate in the Senior Property Tax Assistance Program shall submit an application to the Town Manager no later than May 15 of each year. A new application must be submitted each year in order for the applicant to continue to participate. The application form shall be made available upon request in the Town Office and shall include, at a minimum, the applicant's name, address, and contact information. To the application form, applicants shall attach proof of household income and proof of property taxes paid or rent constituting property taxes paid during the preceding tax year. Applicants who do not file an income tax return but receive Social Security benefits must submit their SSA-1099 form with the application.
- B. The Town Manager or their designee shall review the submitted application and determine if it is complete. If the application is deemed not to be complete then the applicant shall be alerted and given 10 business days to submit any additional required documentation. Failure to submit such documentation in a timely manner may lead to the application being denied.
- C. The Town Manager or their designee shall review every complete application and determine whether the applicant have demonstrated compliance with all

requirements of this Article. The Town Manager’s determination of eligibility under this Article is final.

§ 149-6 Determination of Eligibility and Amount.

A. Upon determination of eligibility, the Town Manager shall determine the amount of the assistance payment available to the applicant. The amount of assistance is designed to provide greater benefits to applicants with lower income in relation to their benefit base. Eligible applicants will receive an assistance payment equal to the lesser of:

1. The amount of benefit calculated under Subsection B, below;
2. A pro rata share of available monies in the Program Fund established in § 149-8 of this Article, based on the calculated amount of benefit; and
3. Property taxes paid or rent constituting property taxes paid, less the amount received by the applicant under the State of Maine Property Tax Fairness Program.

B. Eligible applicants may qualify for an assistance payment based on a calculation of the applicant’s benefit base as a percentage of their household income under the following formula:

[(benefit base/household income) x 100 = benefit base as percentage of household income.]

The table below lists the benefits that correspond with the benefit base a percentage of household income.

<u>Benefit Base as Percentage of Household Income</u>	<u>Assistance Payment Amount</u>
<u>8% - 12%</u>	<u>\$100.00</u>
<u>12.01% - 16%</u>	<u>\$200.00</u>
<u>16.01% - 20%</u>	<u>\$300.00</u>
<u>20.01% - 24%</u>	<u>\$400.00</u>
<u>24.01% and over</u>	<u>\$500.00</u>

§ 149-7 Limitations on Payments

A. The Town Manager shall report to the Selectboard by August 1 of each year the projected payments and number of eligible applicants requesting assistance from the program fund.

B. Disbursal of assistance payments under this Article shall be conditioned upon the existence of sufficient monies in the program fund for the year in which participation

is sought. If there are not sufficient monies in the program fund to pay all qualifying applicants under this Article per the calculations set forth in § 149-6, payments shall be limited to the amounts available in the fund and may be prorated accordingly. If a lack of funding results in no payment or less than full payment to the qualifying applicant, the request and/or unpaid balance will not carry over to the next year.

§ 149-8 Creation of Program Fund

A program fund from which payments shall be made under this Article shall be created as follows:

- A. Town Meeting may annually raise and appropriate funds to the program fund, in order to provide benefits to eligible applicants under this Article.
- B. The program fund shall be considered a reserve account, and any surplus monies existing at the end of each fiscal year shall remain in the program fund and shall not lapse into unassigned fund balance.

§ 149-9 Timing of Payments

A person who qualifies for an assistance payment under this Article shall have their benefit applied to their outstanding real estate taxes no later than October 1 for the year in which participation is sought.

§ 149-10 One Applicant Per Household

Only one qualifying applicant per household shall be entitled to payment under this Article each year. Eligibility shall be determined based on total household income. The right to file an application under this Article is personal to the applicant and does not survive the applicant's death, but the right may be exercised on behalf of an applicant by the applicant's legal guardian or attorney in fact. If an applicant dies after having filed a timely complete application that results in a determination of qualification, the amount determined by the Town Manager shall be disbursed to another member of the household as determined by the Town Manager. If the applicant was the only member of a household, then no payment shall be made under this Article.



Application Copy

File Number: 53866

Job Type: Renewal Application

LICENSE # RES-21-104852	APPLICATION DATE RECEIVED 2025-03-12
LICENSE TYPE On-Premises: Beer, Wine & Spirits	LICENSEE TOP OF THE HILL CAFE
AGENT NAME	EFFECTIVE DATE 2024-04-09
EXPIRES 2025-04-08	STATUS Active
PREMISES NAME TOP OF THE HILL GRILLE	
NEW SECONDARY LICENSE(S) None selected	
PREMISES TYPE Restaurant (not Class A)	PREMISES NAME TOP OF THE HILL GRILLE
OPERATOR TOP OF THE HILL CAFE	
PHYSICAL ADDRESS 8 SUNNY HILL RD CASCO ME 04015-3546	
MAILING ADDRESS 8 SUNNY HILL RD CASCO ME 04015-3546	
CONTACT NAME STEPHEN BARNES	PREFERRED CONTACT METHOD Email

CONTACT PHONE

ALTERNATE PHONE

Item 8.#

FAX

EMAIL

QUESTIONS

On-Premises: Beer, Wine & Spirit

1. Is your business and "Doing Business As" (DBA) name registered and in good standing with the Maine Secretary of State? If not, please address this with the Secretary of State before proceeding with this application.

Answer "No" if you are a Sole Proprietor.

Yes

20120607 D

2. Do licensee or applicant(s) have any interest in any other Maine Liquor License?

No

3. Are all licensees/applicants citizens of the United States?

Yes

4. Are all licensees/applicants residents of the State of Maine?


Yes

5. Is your license for a club with a membership?

No

6. Is your license application for Vessel Corporation?

No

7. Do you have a valid and current health license issued by Maine Department of Health and Human Services OR the Department of Agriculture?
Yes
(document uploaded)
8. Do you allow dancing or entertainment on the licensed premises? If so, You need to have a a license from the Maine State Fire Marshal. See <https://www.maine.gov/dps/fmo/plans-review/applications> for more information.
No
9. Will any law enforcement officer directly benefit financially from this license, if issued?
No
- 10 Is the licensee or applicant for a license receiving, directly or indirectly, any money, credit, thing of value, endorsement of commercial paper, guarantee of credit or financial assistance of any sort from any person or entity within or without the State, if the person or entity is engaged, directly or indirectly, in the manufacture, distribution, wholesale sale, storage or transportation of liquor.
No
- 11 Is the licensee/applicant(s) directly or indirectly giving aid or assistance in the form of money, property, credit, or financial assistance of any sort, to any person or business entity holding a liquor license granted by the State of Maine?
No
- 12 Do you have a manager employed?
Yes
Stephen Barnes

- 13 Has any of the listed applicants or an employed manager been denied a liquor license within the last 5 years?
No

14 Is any of the listed applicants the spouse, father, mother, child or other immediate family member of a person whose liquor license has been revoked or denied in the last 6 months?

No

15 Has any licensee/applicant or employed manager ever been convicted of any violation of the liquor laws in Maine or any State of the United States within the last 5 years?

No

16 Has the licensee/applicant(s) or manager ever been convicted of any violation of any law, other than minor traffic violations, in Maine or any State of the United States?

No

17 Does the licensee/applicant(s) own the premises?

Yes

18 At which address are your business records located?

8 Sunny Hill Road, Casco, Maine, 04015

19 What will be your business hours? Please indicate each day's open and close times.

Monday 7am-2pm

Tuesday 7am-2pm

Wednesday 7am-2pm

Thursday 7am-2pm

Friday 7am-2pm

Saturday 7am-2pm

Sunday 7am-2pm

20 Please provide the name and distance from the premises to the nearest school, school dormitory and place of place of worship, measured from the main entrance of the premises to the main entrance of the school, school dormitory and place of worship by the ordinary course of travel.

Songo Locks Elementary School

2.1 miles

21 Is your application for a Hotel or Bed & Breakfast?

No

22 What is the gross food income for the licensure period that will end on the expiration date?

██████████

23 What is the gross income from beer, wine, and spirits for the licensing period ending on the expiration date?

██████████

24 Do you have a food menu?

Yes

(document uploaded)

DOCUMENTS

TYPE	FILE NAME	DESCRIPTION
Premises Floor Plan	Diagram of Premises.pdf	
Maine Health or Agriculture License	Health License.jpeg	
Food Menu	LunchMenu.pdf	
Food Menu	BreakfastMenu.pdf	
Corporate Supplemental Form	Supplemental-Ownership-Form.pdf	

APPLICANT

TOP OF THE HILL CAFE

DECLARATION

- I certify that I am the applicant as described in this application, or that I am duly authorized to submit this application on the applicant's behalf.

All information provided in this application is accurate and correct. I understand that false statements made on this application are punishable by law. Knowingly supplying false information on this application is a Class D Offense under Maine's Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000 or by both.

Criterion Tier I

- A. The completed Resolve Form has been submitted to MMA
- B. Meets the required State of Maine Department of Labor (MDOL) **compliance directives**
- C. Agrees to respond within 30-days to Corrective Action Recommendations
- D. A **Personal Protective Equipment (PPE)** safety plan is implemented for all required departments
- E. Safety policies are reviewed and documented annually
- F. Key people have been assigned safety responsibilities
- G. A process to communicate safety concerns to all employees is in place
- H. Leadership is aware of and reviews accidents

Criterion Tier II

- A. A **slip, trip and fall** safety policy is in place
- B. A **lifting and back** safety policy is in place
- C. An **office ergonomics** safety policy is in place
- D. A **safety committee** holds meetings at least quarterly and minutes are documented
- E. **Incident reviews** (i.e. accidents, near misses) are conducted to find root cause(s) of reported occurrences
- F. **Facility self inspection** are completed annually and documented
- G. **Preferred providers** are used

SPECIAL NOTE: The preferred provider list is a useful tool, but not meant to be restrictive. Other options may be available to you. For more information email WCSIP@memun.org.

Criterion Tier III

- A. Employee training is documented
- B. A written **incident review** policy is in place
- C. A wellness program or similar alternative is offered to employees
- D. A **return-to-work policy** that provides light-duty work as soon as the employee is medically cleared by a physician. The return-to-work policy and light-duty options are in place for all employees, across all departments, even those working under a collective bargaining agreement.
- E. Leadership attends/participates in **Safety Committee** meetings, trainings and other safety events

Incident Review – Sample Written Program

Introduction

Incident Review - what is it?

The purpose of an “incident review” is to determine why that specific incident took place. Incidents may involve bodily injury, damage to property or cause interruption in your normal operations. There may also be “near miss” incidents and not cause any of the above.

After an incident occurs, it is important to determine **how** and why an incident took place. By fully investigating how and **why** an incident occurred, the root cause can be established and measures can be taken to prevent a similar incident from happening again.

The purpose of Incident Review is to objectively identify and address the root cause to prevent the same situation from taking place again.

Why should I take time and resources to do Incident Review? How does my organization benefit?

- A thorough incident review can prevent employees or members of the public on your premises from being seriously injured- or worse- killed.
- An incident review may be able to identify weaknesses in your operations to prevent your organization from being disrupted from a future incident causing injuries to employees, injuries or damage to members of the public or damage to your critical equipment.
- Will help can lower workers’ compensation costs by reducing the frequency and severity of incidents at the workplace.
- It can be difficult to ask “what in our organizational structure contributed to systemic failures that caused this incident”, but the benefits noted above far outweigh the difficulties.

Why do I need to investigate a near miss?

A series of close calls means it is just a matter of time before someone is hurt and/or property gets damaged. These near misses presents an opportunity for an organization to examine the how and why’s of what happened in order to prevent a more serious incident in the future.

Why do I need to have a written program?

- Ensuring consistent implementation of all elements of the incident review program.
- Clearly defining expected outcomes, methods and individual behavior.
- Providing a basis for succession of the program through personnel changes.
- Providing a basis for training new employees.
- Providing documentation for regulatory agencies as well as to specify the program's elements and the logic behind the development process.
- Giving investigators the road map for implementing the program.

Program Requirements

All workplace incidents that end in an employee being injured should be reported to your Workers' Compensation provider. An incident that causes property damage or other liability to the public may need to be reported to your Property and Causality Insurance Carrier.

Elements of an Incident Review Program should include:

- Employee training on incident reporting, and procedures following an incident
- Incident review procedures.
- Investigator Training.
- Assigning responsibilities for incident reviews and follow-up.
- Identify who will be completing the review and their level of involvement. This should include supervisors, management staff, safety committee members, review team members, and employees knowledgeable with the work process.
- For major events identify an organization contact person for speaking with the media or contacting additional emergency services.
- Implementing a follow-up process to implement recommendations for controlling the risk/hazard exposure in the future. This should include review of information developed in the review and recommendations by employees, management, and the safety committee.

A written Incident Review Program should include the following elements:

- Management/supervisory notification procedures.
- How and which incidents will be investigated.
- Who is responsible for reviews?
- Who will complete the proper reports and forms?
- How investigator training will be performed. (Loss Control Consultant, FirstNet or Other Sources)
- Periodic program for effectiveness. (Annual)
- How records will be maintained.
- How monitoring and follow up is to be accomplished.

Review Process

- Employees need to understand the importance of timely reporting and providing accurate event details.
- A prompt review will ensure the likelihood of gathering accurate information related to the event. Ideally the review should be as thorough for a near miss event as for a more serious loss event; usually 24-48 hours and take photographs immediately after the event is reported.
- Determine what staff will participate in the review as well as what their role will be. Staff could include Top Managers, Supervisors and general work force, trained members of the incident review team, safety committee members, or a combination of these groups all could be involved in the review.
- A direct supervisor should also be involved with the incident review process but keep in mind it may not always be a best practice for that supervisor to be the lead investigator as they may have contributed to the incident by not correcting unsafe employee behavior, ignored unsafe work conditions or may not have recognized the hazard in the first place.
 - The use of specific incident review forms is a critical piece to any review. Staff should be made familiar with these forms prior to an incident occurring and be trained on how to accurately complete this forms. (Samples of these forms can be found within this guide as a reference for your organization.)
 - As part of the Review process, an organization will need to determine beforehand who will receive a copy of the incident forms and report. This could include the safety committee, management, supervisors or all employees involved in the incident.
- Incident review and follow up on recommendations to ensure the implementation of corrective actions.
- The injured party and the department supervisor should have an opportunity to make recommendations for correction.
- The safety committee should review these recommendations and have an opportunity to comment or make additional recommendations.

Review Procedure

- Timing is critical. Incident Review should be commenced as soon as possible after onsite medical care has been administered for injuries and the scene is safe enough to do so.
- Gather basic facts:
 - Who was involved?
 - What happened? Be specific and detailed, include equipment and condition of equipment used during the event.
 - When? Day of the week, time of day, season, weather conditions, etc.
 - Where? Work site, roadway, work zone, building and specific location.
 - Interview victims/witnesses as soon as possible. Filter out opinions vs. actual facts of the event.
 - “Process” the scene. Take notes of the conditions such as wet floor, lighting conditions, location of, and types, of tools and equipment used before area conditions change.
 - Take photographs of the scene from various angles. Note any warning signs or labels in the area or on equipment (or lack of them).

Basic tools should be available to the incident review team members:

- Writing /note taking materials.
- Caution/warning tape to delineate the incident area.
- Tape Measure for checking distance/clearance areas.
- Digital Camera or cell phone.
- Flashlight.
- Review Forms and Witness Statement Forms.
- Basic electric testing equipment “tick tester” for checking circuits for voltage, GFCI/outlet testing device.
- List of active/available review members and safety committee members.
- Any Personal Protective Equipment (PPE) needed such as safety glasses, gloves and/or high visibility vests when working near moving vehicular traffic.

Analyze the gathered information and seek out the causes.

- Outline the event facts in chronologic order.
- Connect how each fact relates to the incident.
- Ask the **why** questions (Why was the warning label missing? Why wasn't the employee trained on this piece of equipment? Why wasn't the missing guard reported to supervisor? Why wasn't the equipment taken out of service?)
- List possible causes- brainstorm where not obvious.
- Personal factors.
- Unsafe conditions-environmental factors.
- Unsafe acts-behavioral factors. (May be a HR or Management Concern; Review may end)
- Review each possible cause- "Does it explain the facts?"
- Sort out direct, contributing, and root causes.
- Review policies, training materials, manuals, job hazard analysis, job task procedures, etc. Do they address what was uncovered as review "facts" and address the root cause?

Factors and Direct Causes

- Personal factors include deficiencies in physical condition, mental condition or attitude and can include physical illness, fatigue or influence of drugs or alcohol. **If a person appears to be impaired from drugs or alcohol refer to HR immediately.** Does the injured party have a history of not following safety protocol? A history of prior incidents? If so, was that prior incident similar to the current incident that led to the injury or damage to property? If the injury involves an employee, was there any personnel issues that could be a factor? Such as on probation, recent discipline issues, etc.
- Unsafe conditions are situations or events not under the individuals control such as Personal Protective Equipment (PPE) not made available, poor lighting, facility/equipment conditions, weather conditions, lack of training.
- Unsafe Acts are specific actions or inactions within the individual's control such as ignoring warning labels, not following safety rules, or lack of supervisor corrective action. **If unsafe acts are witnessed refer to Human Resources or Immediate Supervisor.**
- Direct Causes; Defined as the immediate, initiating, or [primary](#) cause which that leads to an event or action that allows an event or action to take place. These may include unsafe acts or unsafe conditions.
- Contributing Causes or Factors. Defined as factors or conditions that by themselves did not cause the incident but when combined with the direct causes lead the events down the path of the incident.
 - Examples: (weather, time, safety culture, human factors including training and education, job experience, environment factors including lack of management

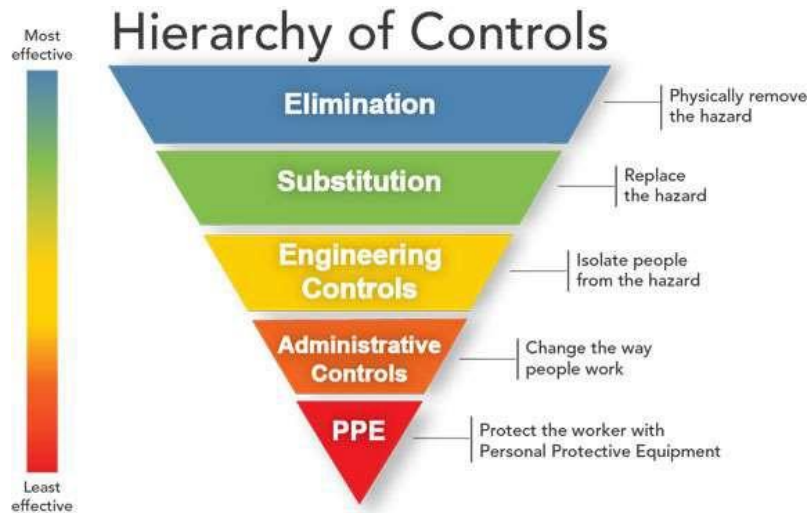
systems, including safety programs and safety policies, equipment and facilities conditions).

- A significant contributing cause can be the failure of management and supervisory staff to enforce safety policies.
- Root Cause. A root cause is a fundamental, underlying, system-related reason why an incident occurred that identifies one or more correctable system failures.

Hierarchy of Controls and Recommendations

Make recommendations for corrective action based on the Hierarchy of Controls. These are listed from most effective to least effective:

- Elimination of a hazardous procedure or a hazardous substance.
- Substitution of a hazardous procedure or substance with a less hazardous alternative.
- Engineering Controls- machine guarding, material handling devices, etc.
- Administrative Controls, Written policies, Safety Training, Job Hazard Analysis, Job Task Analysis.
- Personal Protective Equipment (PPE).



Source: NIOSH

Examples

- If an employee falls from a ladder while replacing a light bulb, can a pole with a special grappling tool on the end be used to remove and install bulbs so a ladder is not necessary? **Elimination of Hazard.**
- Replace solvent based paints with water based paints to reduce fumes. **Substitution.**
- Place guards around moving machinery parts to prevent incidental contact by employees. **Engineering Control.**



- Job rotation can be used to alleviate physical fatigue and stress of a particular set of muscles and tendons by rotating employees among other jobs that use different muscle-tendon groups. **Administrative Control.**
- Provide safety glasses/goggles to protect eyes from chips, debris or spray. **Personal Protective Equipment**

Recommendations need to be clear and achievable to reach short and long term goals. Recommendations can also include:

- Revision of written safety programs and safety policies to address discovered risk exposures.
- Improved, refresher or hands on safety training.
- Testing proficiency after training.
- Supervisory safety and management level safety training.
- Defining supervisory responsibilities and expectations.
- Define Hazard Reporting procedures and train staff on them.
- New hire employee orientation and training program.
- Facility or process audits.
- Preventative maintenance program needed.
- Capital Improvement Plan (CIP) to replace hazardous equipment or processes.

What categories of controls do the above examples fall under?

For more information on hazard controls, see: <https://www.osha.gov/shpguidelines/hazard-prevention.html>

What to do if having difficulty coming up with recommendations following an incident:

- Review incident at safety meetings / with all employees. Gather input from the people that know the job the best or perform the task on a regular basis.
- Look for experience of similar organizations / operations. (In the municipal sector, most municipalities have similar exposures, but may have significant differences in controlling risk/hazard exposures).
- Check OSHA and Maine Department of Labor resources.
- Contact your assigned MMA Loss Control Consultant.

Avoid making questionable conclusions such as:

- “Tell employees to be more careful.”
- “Incidents happen.”
- “There was no way of preventing the incident.”

Sample Analysis of an Incident

Two employees are completing the task of transferring lube oil from one tank to another. A spill of the lube oil happens on the floor walking surface level. Fortunately no one was injured but a Near Miss event takes place. Let’s take a look at what the review uncovered.

- Personnel pumping lube oil down to tank in lower level. - **Direct Cause** of the event, job task related.
- Co-worker watching the level indicator had left the work area for several moments to open doors for other workers carrying materials is a **Contributing Factor**. It’s easy to say that the employee should not have left the area to assist other employees. However, there has not been a job hazard analysis or job task procedures developed for the task, how does the employee know not to leave the operation? The employee was trying to be helpful to other employees with completion of their task, positively impacting the organization. Further review shows that there may not be enough hand trucks and dollies for material handling. Could an automated door control helped to prevent the incident? **Engineering Controls**
- Overflow from the tank was not completely contained by dike curb (cracked). This was a **Contributing Factor**- Are facility and equipment inspections completed? If so, how are identified deficiencies being tracked for completion? This maintenance issue and inspection task is an **Administrative Control**.
- After the spill happened and before clean up could be done, an operator walked by the area and slipped. No barricade tape had been set up or cones placed to demarcate the hazardous area. **Direct Cause- Near Miss Event**. Are employees empowered to make spot corrections of safety hazards? And have they been trained in how to do this? **Administrative Control**.
- No written procedure for the job. This is the **Root Cause**- If written job procedures are not developed how can employees be expected to perform in a specific manner? Developing a written procedure is an **Administrative Control**.

Summary

- Near misses, close calls and little incidents are warning signs that a big incident can occur.
- Investigate to determine facts, learn from failures, and identify improvement opportunities to safety programs or facilities, equipment, and maintenance programs.
- Check into personal, environmental, and behavioral factors that lead to incidents.
- Seek the direct, underlying and root causes.
- Have a formal process to address root causes with follow-up and accountability.
- Assign responsibility and follow-up reporting.
- Monitor results.

Additional resources can be found at:

- Incident Reviews for employers:
https://www.osha.gov/dte/InclnvGuide4Empl_Dec2015.pdf
- OSHA: Importance of Root Cause Analysis During Incident Review:
<https://www.osha.gov/Publications/OSHA3895.pdf>
- MDOL Safety Works: Safety Works has employer compliance directives, sample safety policies, and provides safety training for employees and supervisors.
<http://www.safetyworksmaine.gov/index.shtml>
- MMA Risk Management Loss Control: contact your assigned Loss Control Consultant for assistance with Incident Review training, loss trending, and risk exposure control at 1-800-590-5583.

The following template can be used as a framework for crafting an Incident Review Program for your Organization:

Incident Review Program

Purpose

The purpose of this program is to define and document the incident review process at **(Town / City / Entity of)**_____.

This program defines the responsibilities of management and supervisory staff in investigating the causes of incidents and implementing appropriate corrective actions to prevent similar situations from recurring.

Definitions

Incident - An unplanned, unwanted event that causes injury, illness or property damage or the probability of injury, illness or property damage.

Incident – An unplanned or unwanted event that does not result in an injury, illness or property damage. Often times called a “**close call**” or “**near miss**”.

Hazard – Anything that presents a danger to employees or property.

Hazard Control - Any method used to reduce or eliminate a hazard, such as:

- Eliminating the hazard.
- Substitute the hazard with a less dangerous method or process.
- Engineering Controls (isolate people from the hazard).
- Administrative Controls (policies, procedures, training, housekeeping, safe work practices).
- Personal Protective Equipment (PPE).

OSHA 300 Log: The Log and Summary of Occupational Injuries and Illnesses, on which all injuries and illnesses that occur in the workplace during the year must be recorded; also used to complete the OSHA 300A summary at the end of the year to satisfy employer posting requirements.

MDOL: Maine Department of Labor

Responsibilities

The Program Administrator, _____(Name/Title).

This person is responsible for:

- Administering program and issuing written materials to support it.
- Reviewing the program annually and updating as appropriate.
- Analyzing incident records to identify program deficiencies.
- Scheduling managers, supervisors and (if applicable) safety committee members for training.
- Coordinating all activities related to hazard control, insurance, state and local regulatory compliance.

- Reporting incidents to the Maine Department of Labor when required:
 - All incidents resulting in fatalities must be reported to MDOL within eight (8) hours of the incident.
 - All serious injuries requiring immediate hospitalization must be reported to MDOL within 24 hours of the incident.
 - Reports can be made electronically or by telephone at incident.bls@maine.gov or 207-592-4501 (24 hours).

This person or their designee is also responsible for:

- Maintaining training recordkeeping.
- Maintaining OSHA Recordkeeping on OSHA 300 Log and Summary of Occupational Injuries and Illnesses.
- Posting the OSHA 300A Summary Work-Related Injuries and Illnesses form February 1 to April 30 of the year following the year covered by the form.

Supervisors and Managers are responsible for:

- Establishing incident reporting policies and procedure.
- Training employees on procedures and policies.
- Ensuring all incidents and injuries are properly investigated and provide appropriate corrective actions in a timely manner.
- Ensuring immediate and long term corrective actions are taken to prevent reoccurrence.
- Coordinating the reporting of claims to applicable insurers in compliance with Maine’s Workers Compensation laws.
- Maintaining incident reports on file.
- Providing or arrange for all necessary medical care for injured workers.
- Initiating incident reviews immediately upon notification and completing them within 24 hours of occurrence if they involve an employee injury or illness that requires a physician’s care.
- Ensuring review interviews are conducted in a professional manner. (The purpose of the interview is to gather facts, not to find fault or assign blame.)
- Taking action to protect people and property from secondary effects of incidents.

Employees are responsible for:

- Immediately reporting all incidents and injuries to their supervisors.
- Promptly reporting all hazardous conditions and near misses to supervisors.
- Assisting, as requested, in all incident reviews.

1.0 Sample – Incident Review General Policy

The Town/Entity/City of _____ considers employees to be our most valued asset and as such we will ensure that all incident and incidents are analyzed to correct the hazardous conditions, unsafe practices, and improve related system weaknesses that produced them. This incident/incident analysis plan has been developed to ensure our policy is effectively implemented.

_____ will ensure this plan is communicated, maintained and updated as **appropriate**.

2.0 Incident/Incident Reporting

2.1 Background. Incidents and incidents cannot be investigated or analyzed if they are not reported. A common reason that they go unreported is that the incident/incident analysis process is perceived to be a search for the “guilty party” rather than a search for the facts. We agree with current research that indicates most incidents are ultimately caused by system weaknesses. Management will assume responsibility for improving these system weaknesses. When incident/incident analysis is handled as a search for facts, the all employees are more likely to work together to report incidents/incidents and to correct any procedural, training, human error, managerial, or other deficiencies.

2.2 Employees often are reluctant to report an incident because of fear, peer pressure, or concern that it may affect their job in some one way. To ensure that incidents will be reported, employee must be encouraged to participate in the “fact-finding” process. The purpose of the incident review then becomes one that will uncover system problems and provide solutions that will result in long term corrective action.

2.3 Consequently, our policy is to analyze incidents to primarily determine how we can fix the system. We will not investigate incidents to determine fault. A “no-fault” incident/incident analysis policy will help ensure we improve all aspects of our manufacturing process.

2.4 Policy. All employees will report immediately to their supervisor, any unusual or out of the ordinary condition or behavior at any level of the organization that has caused or could cause an injury or illness of any kind.

Supervisors will recognize employees immediately when an employee reports an injury or a hazard that could cause serious physical harm or fatality, or could result in shutting down operations.

_____ will ensure effective reporting procedures are developed so we can quickly eliminate or reduce hazardous conditions, unsafe practices, and system weaknesses.

3.0 Preplanning

3.1 Effective incident/incident analysis starts before the event occurs by establishing a well thought-out incident/incident analysis process. Preplanning is crucial to ensure accurate information is obtained before it is lost over time following the incident/incident as a result of cleanup efforts or possible blurring of people’s recollections.

4.0 Incident/Incident Analysis

4.1 If applicable, the Safety Committee or the Incident Review Team is responsible for analyzing incidents.

4.2 Supervisors are assigned the responsibility for analyzing incidents in their departments. All supervisors will be familiar with this plan and properly trained in analysis procedures. Other staff may also investigate in conjunction with the supervisor.

4.3 All incidents (near misses) that might have resulted in serious injury or fatality will be analyzed. Incidents that might have resulted in minor injury or property damage will be investigated within four (4) hours of notification.

4.4 An incident/minor injury report will be submitted through management levels to senior level management. If within the capability/authority of the department supervisor, corrective actions will begin immediately to eliminate or reduce the hazardous condition or unsafe work practice the might result in injury or illness.

5.0 Management Responsibilities

5.1 When an incident/incident takes place resulting in injury or damage, management and/or supervisory personnel will:

- A. Provide medical and other safety/health help to personnel.
- B. Bring the incident under control.
- C. Investigate the incident effectively to preserve information and evidence.

5.2 To preserve relevant information the assigned investigator(s) will do the following when it is safe to do so:

- A. Secure or barricade the scene.
- B. Immediately collect information that may be transient or time sensitive, such as debris, scuff marks, gouges, discoloration of surfaces or components, or other indicators that may fade or disappear with time.
- C. Interview personnel. The purpose of the interview is to gather facts, not to find fault or assign blame.

6.0 Incident/Incident Analysis Team

6.1 Background. It is important to identify and establish incident/incident analysis staff or teams **before** an event occurs so they can quickly move into action if called on. The experience of staff or the team is another important factor affecting the quality of the analysis. Competent employees will be appointed who are trained, and have the knowledge and skills necessary to conduct an effective analysis.

6.2 Training. Staff identified in section 6.3 as Investigators will undergo initial training for Incident Review, and an annual refresher training.

6.3 Incident/Incident Analysis Team Makeup. Although team membership may vary according to the type of incident, a typical team analyzing an incident/incident may include:

- A. A first-line supervisor from the affected area.
- B. Personnel from an area not involved in the incident.
- C. An engineering and/or maintenance supervisor.
- D. The safety supervisor.
- E. Members of the Safety Committee.
- F. Occupational health/environmental personnel.
- G. Appropriate front line personnel (i.e., operators, mechanics, technicians); and,
- H. Research and/or technical personnel.

Team Member Contact Information:

6.4 The Incident/Incident Analysis Team Leader

The incident/Incident Analysis team leader will:

- A. Control the scope of investigative activity by identifying which lines of analysis should be pursued, referred to another group for study, or deferred.
- B. Call and preside over meetings regarding the review and analysis.
- C. Assign tasks and establish timetables.
- D. Ensure that no potentially useful data source is overlooked; and,
- E. Keep management advised of the progress of the review and analysis.

7.0 Determining the Facts

A thorough search for the facts is an important step in incident/incident analysis. During the fact-finding phase of the process, team members will:

- A. When safe to do so, visit the scene before physical evidence is disturbed.
- B. Sample unknown spills, vapors, residues, etc., noting conditions which may have affected the sample; (Be sure you sample using proper safety and health procedures).
- C. Prepare visual aids, such as photographs, field sketches, diagrams, and other graphical representations to provide data for the analysis.

- D. Obtain on-the-spot information from eyewitnesses, if possible. Interview with those directly involved and others whose input might be useful should be scheduled soon thereafter. The interviews should be conducted privately and individually; so that the comments of one witness will not influence the responses of others.
- E. Observe key mechanical equipment as it is disassembled. Include inspection logs, maintenance logs, operating logs, recorder charts, previous reports, procedures, equipment manuals, oral instruction, as-built drawings (if available), change of design records, design data, records indicating the previous training and performance of the employees involved, computer simulations, laboratory tests, etc.
- F. Determine which incident-related items should be preserved. When a preliminary analysis reveals that an item may have failed to operate correctly, was damaged, etc., arrangements should be made to either preserve the item or carefully document any subsequent repairs or modifications. Photographs should be obtained before any alterations or modifications are done.
- G. Carefully document the sources of information contained in the incident report. This will be valuable should it subsequently be determined that further study of the incident or potential incident is necessary.

8.0 Determining the Cause

It is critical to establish the root cause(s) of an incident/incident so that effective recommendations are made to correct the hazardous conditions and unsafe work practices, and make system improvements to prevent the incident from recurring. The incident/incident analysis team will use appropriate methods to sort out the facts, inferences, and judgments they assemble. Even when the cause of an incident appears obvious, the review team will still conduct a formal analysis to make sure any oversight, or a premature/erroneous judgment is not made. Below is one method to develop cause and effect relationships:

- A. Develop the chronology, timeline or sequence of events, which occurred before, during, and after the incident. The focus of the chronology should be solely on what happened and what actions were taken. List alternatives when the status cannot be definitely established because of missing or contradictory information.
- B. List conditions or circumstances which deviated from normal, no matter how insignificant they may seem.
- C. List all hypotheses of the causes of the incident based on these deviations.

9.0 Recommending Corrective Actions and System Improvements

Usually, making recommendations for corrective actions and system improvements follow in a straightforward manner from the cause(s) that were determined. A recommendation for corrective action and system improvement will contain three parts:

1. The recommendation itself, which describes the actions and improvements to be taken to prevent a recurrence of the incident.
2. The name of the person(s) or position(s) responsible for accomplishing actions and improvements.
3. The correction date(s).

10.0 Follow-up System

To make sure follow-up and closure of open recommendations resulting from an incident, the Town / City / Entity of _____ will develop and implement a system to track open recommendations and document actions taken to close out those recommendations. Such a system will include a periodic status report to management.

11.0 Communicating Results

11.1 To prevent recurring incidents we will take two additional steps:

- 1. Document findings; and
- 2. Review the results of the analysis with appropriate personnel.

11.2 Incident documentation will address the following topics:

- 1. Description of the incident (date, time, location, etc.);
- 2. Facts determined during the analysis (including chronology as appropriate);
- 3. Statement of causes; and
- 4. Recommendations for corrective and preventive action (including who is responsible and correction date).

12.0 Review and approval

Appropriate operating, maintenance and other personnel will review all incident/incident analysis reports. Personnel at other departments may also review the report to preclude a similar occurrence of the incident.

Plan reviewed by _____ Date _____

_____ Date _____

_____ Date _____

Plan approved by _____ Date _____

13.0 Program Updates

The written program will be reviewed annually and updated as appropriate.

Date of last review: _____ by: _____

Date of last review: _____ by: _____

Date of last review: _____ by: _____

Date of last review: _____ by: _____

Date of last review: _____ by: _____

Date of last review: _____ by: _____

Forms:

The following sample forms are appended for possible use in conjunction with an Incident Review Program:

- Sample Supervisor’s Incident Report of Injury Form

- Sample Incident Analysis Form

- Sample First Aid Report Form

- Sample Workplace Hazard Reporting Form

- Sample Employee’s Report of Injury Form

- Incident Review Witness Statement

- Sample Occupational Incident, Injury & Near Miss Management Flow Chart



Sample Supervisor's Incident Review-Report of Injury

The form on the next page is a sample template designed as a simple way to capture information about employee injuries. It can be modified to meet the needs of your organization. The form is most effective when used in conjunction with a policy requiring injured employees and supervisory personnel to discuss the injury as soon as possible after the incident.

*****NOTE*** *The form is not a substitute for the WCB-1 First Report of Injury form that must be sent to your Workers' Compensation insurer.***

The completed form should also be used to analyze and implement hazard reduction measures to reduce the potential for injury recurrence. Where safety committees are in place, the form should also be reviewed by the safety committee to track the implementation of corrective measures and monitor the quality of the supervisory review.

Supervisor's Incident Review-Report of Injury

Indicate Expected Incident Type 1st Aid <input type="checkbox"/> Med Only <input type="checkbox"/> Med with Lost Time <input type="checkbox"/>		Department: _____		Report Completed Date _____	
Exact Location of Incident: _____		Date of Incident: _____	Time of Incident: _____ a.m./p.m.		Date Reported: _____
Work-Related Injury or Illness		Tools and Safety Equipment		Other Information	
Injured Worker's Name: _____		Was a Machine or Tool Involved? Yes <input type="checkbox"/> No <input type="checkbox"/>		List any witnesses below. Interview each witness individually. Signed witness statements should be maintained separately. 1. _____ 2. _____ 3. _____ Indicate Shift Start Time on Date of Injury: _____	
Part of Body: _____ RT/LT		If yes, was machine or tool defective? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe Injury/Illness: _____		Safety Equip/PPE Required? Yes <input type="checkbox"/> No <input type="checkbox"/> If <u>Yes</u> , was it used: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Presently, is any loss of work time expected? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was there anything the injured worker could have done to prevent the injury? _____			
Job Title: _____					
Does Employee work for another employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name and Address _____					
Was <i>First Aid</i> Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, by whom: _____					
Was <i>Medical Treatment</i> provided by a healthcare provider? Yes <input type="checkbox"/> No <input type="checkbox"/> Check <input type="checkbox"/> if from LIST YOUR MED PROVIDER HERE . Provide name of medical provider <u>IF</u> other medical provider was used: _____					
Describe details leading up to and including the incident/injury or manifestation of symptoms: _____ _____ _____ _____					
Was activity part of employee's normal job duties? Yes <input type="checkbox"/> No <input type="checkbox"/>					

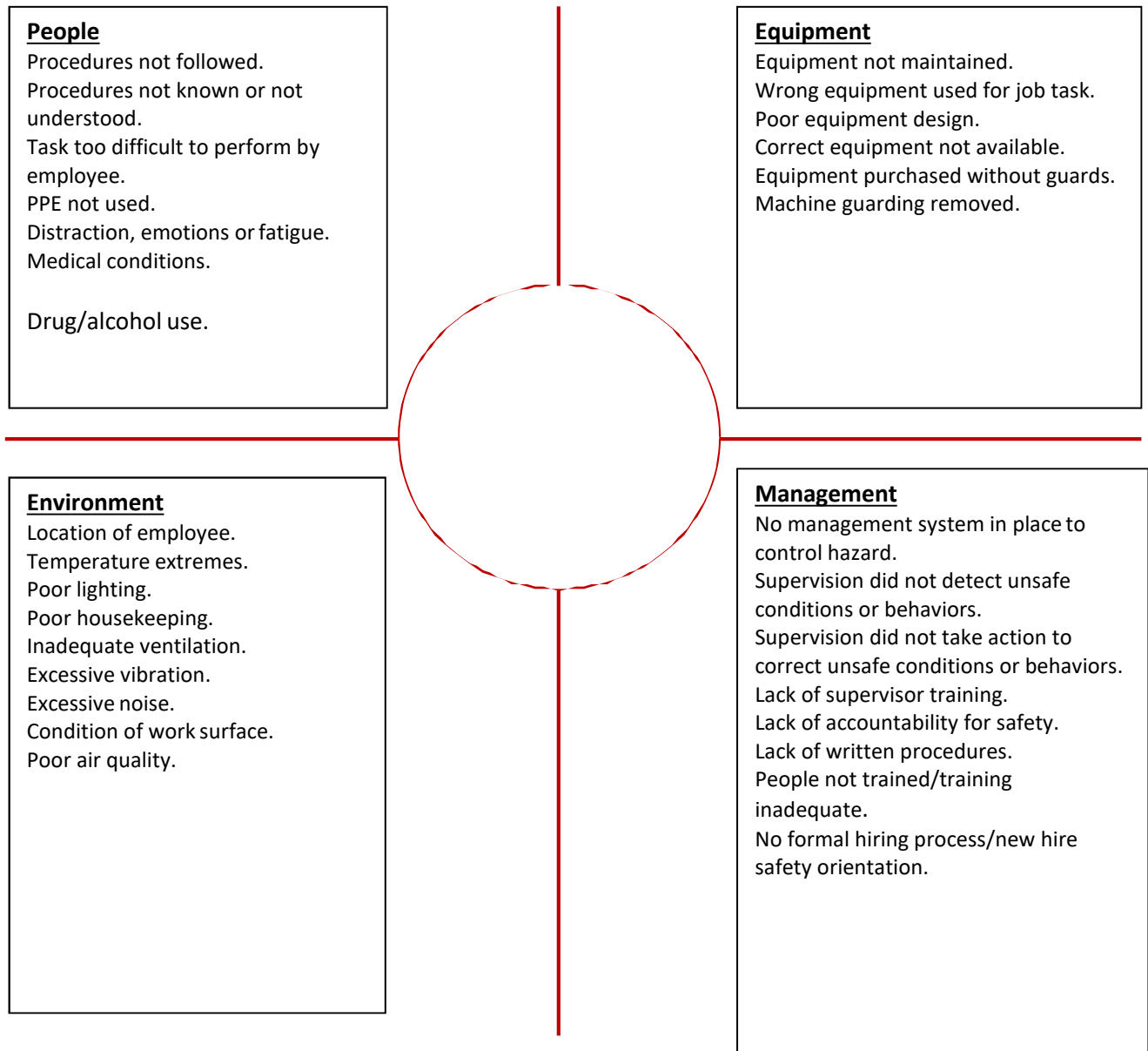


What conditions, circumstances or factors contributed to this incident (i.e. tools, equipment, PPE, policies, object, training, hazards, employee action/inaction, weight of item, etc.)? Be thorough and descriptive!			
Correction Suggestions (Note what could be done to prevent this from happening again-<i>being more careful is not an option</i>)			
Reviewed by Safety Committee? Yes <input type="checkbox"/> No <input type="checkbox"/> Signature Safety Committee Chair:			
Who is responsible for reviewing/implementing corrective actions noted above?			
Signature of Reviewing Supervisor:		Date:	
Employee Signature:		Date:	

Incident Analysis Form

Instructions:

- 1. Write down the incident event in the space in the middle of the page.
2. Determine if the incident circumstances are in the areas of People, Equipment, or Management.
3. If there are circumstances in a particular section, ask a series of "why?" questions to determine the reasons for every set of circumstances.
4. When you have run out of "why?" questions, analyze the result. Eliminate any unlikely causes or circumstances that you cannot control. Identify the incident cause.
5. Determine what management system needs to be in place to assure that the accident does not happen again.



People

Procedures not followed.
Procedures not known or not understood.
Task too difficult to perform by employee.
PPE not used.
Distraction, emotions or fatigue.
Medical conditions.
Drug/alcohol use.

Equipment

Equipment not maintained.
Wrong equipment used for job task.
Poor equipment design.
Correct equipment not available.
Equipment purchased without guards.
Machine guarding removed.

Environment

Location of employee.
Temperature extremes.
Poor lighting.
Poor housekeeping.
Inadequate ventilation.
Excessive vibration.
Excessive noise.
Condition of work surface.
Poor air quality.

Management

No management system in place to control hazard.
Supervision did not detect unsafe conditions or behaviors.
Supervision did not take action to correct unsafe conditions or behaviors.
Lack of supervisor training.
Lack of accountability for safety.
Lack of written procedures.
People not trained/training inadequate.
No formal hiring process/new hire safety orientation.



Sample First Aid Report Form

This sample form can be used to document circumstances and corrective action that can be taken for injuries requiring first aid treatment. It can be adjusted or modified to meet the needs of your organization.

First Aid Report

Name _____ Date/Time of first aid injury _____

Equipment involved _____ Location of injury _____

First aid given by (indicate self or name of firstaider): _____

Describe circumstances of first aid injury: _____

What control measures should have been in place to prevent this first aid injury? _____

Additional comments: _____

Date of report _____ Prepared by _____

Submitted to _____

Actions taken: _____

Date of corrective action: _____

Authorized Signature: _____

Please Note: This report should be posted in a conspicuous place where all employees will see it and reviewed at the next safety committee meeting.

Sample Workplace Hazard Reporting Form

This sample form can be used to report and document hazards so they can be corrected. The form can be adjusted to meet the needs of your Organization; this may also be known as a "Near-Miss" Form.

Workplace Hazard Reporting Form

Name: _____ Date: _____

Department: _____

Hazard Reported To: Safety Committee Yes No
 Supervisor Yes No

Other: _____

Description of Potential Hazard: _____

Recommendations for Eliminating Potential Hazards: _____

Received By: _____ Date Received: _____

Actions Taken: _____

Date Posted: _____

Please Note: This report should be posted in a conspicuous place where all employees will see it and reviewed at the next safety committee meeting.

Sample Employee's Report of Injury Form

*This sample form can be changed or modified to meet the needs of your organization. If utilized, the form should be used to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – no matter how minor. This helps identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action. *****Note: This is not a substitute for the WCB-1 First report of Injury form which must be filed with your Workers' Compensation insurer.***

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:

Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:

Sample Incident Review Witness Statement Form

This sample Incident Review Witness Statement Form is to be used with your Supervisors Incident Review form to obtain information regarding events that may occurred before or during an incident.

Incident Review Witness Statement Form

Name:	Job Title:
Phone:	Supervisor:
Work Location:	
Location of Accident:	

Accident Time and Date:
Please fully describe the accident sequence from start to finish (use additional space as needed):
Please fully describe the work and conditions in progress leading up to the accident (use additional space as needed):
Note anything unusual you observed before or during the accident (sights, sounds, odors, etc.) (use additional space as needed):
What was your role in the incident sequence? (use additional space as needed)
What conditions influenced the incident (weather, time of day, equipment malfunctions, etc.)? (use additional space as needed)
What do you think caused the incident? (use additional space as needed)

How could the incident have been prevented? (use additional space as needed)	
Please list other possible witnesses (use additional space as needed):	
Additional comments/observations (use additional space as needed):	
Signature:	Date/Time:

Sample Incident Flow Chart

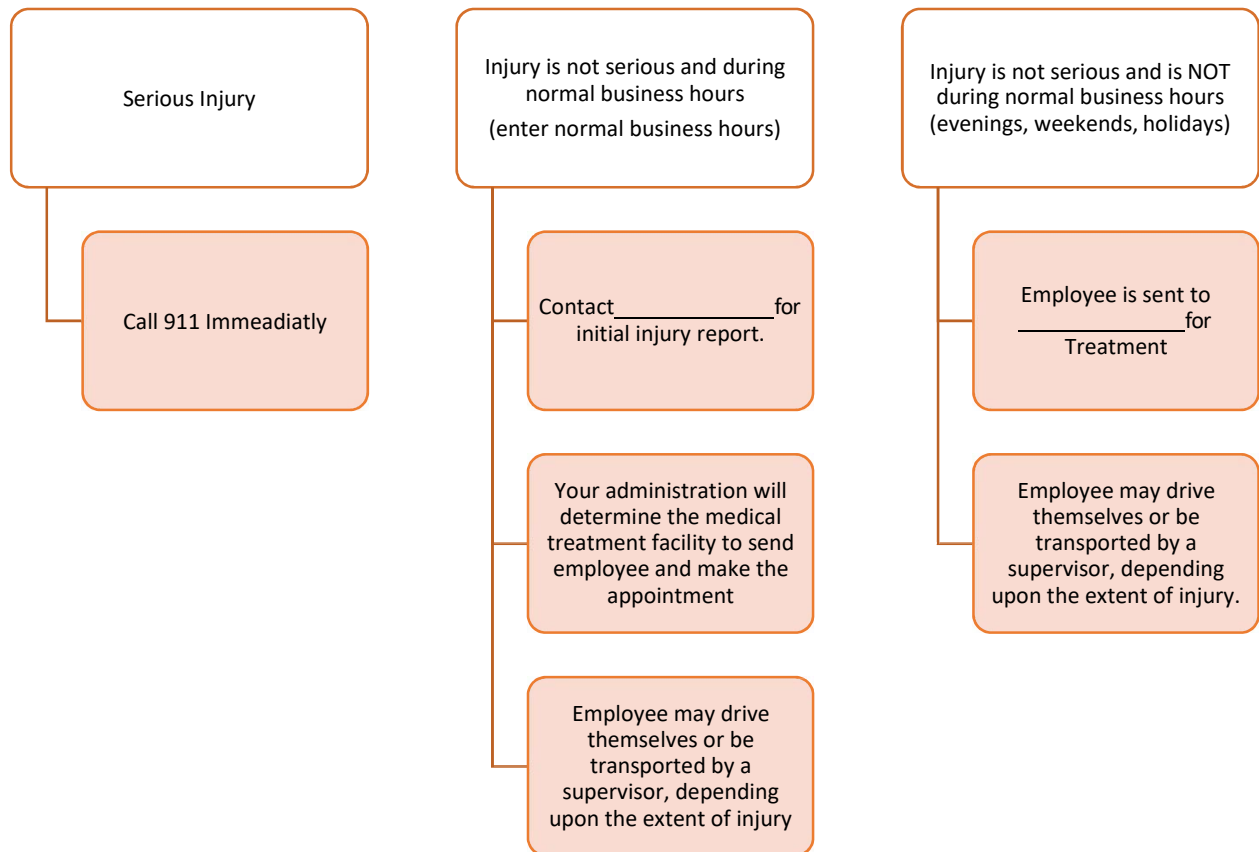
This sample flow chart can be changed or modified to fit your Organization’s procedures following a workplace incident.

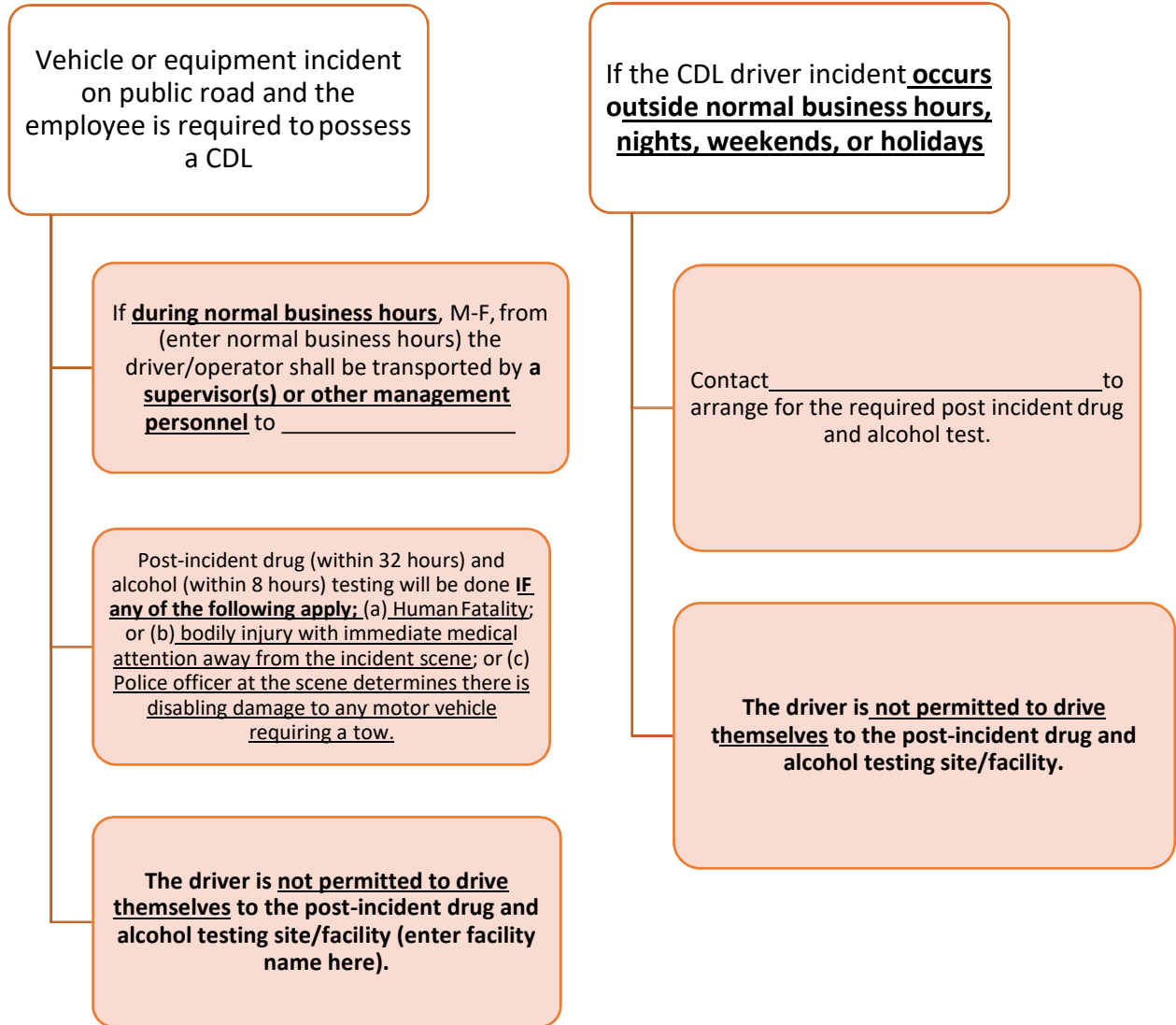
Occupational Incident, Injury & Near Miss Management
Emergency Care, Reporting, Post Incident Testing and Reviews

Procedural Steps

Employee Injury

If an employee sustains an occupational incident or injury, immediately send injured employee for medical treatment or follow the below guidelines:





Follow the below steps ONLY AFTER emergency needs are met, injured employees or members of the public have been transported for medical treatment, incident and/or injury site has been secured, and employees have been transported to (enter facility here) or other identified location for mandated post-incident drug and alcohol testing for CDL licensed drivers/equipment operators.

1. Supervisor or Manager completely fills out Incident/Injury/Near Miss Report as soon as is practicable.
2. **FORWARD** the completed Incident/Injury/Near Miss Report to _____ within 24 hours of occurrence, or as soon as is practicable, **and** send a copy to Department Head and Department Safety Committee Chairperson.



3. Supervisor, Department Head, Safety Coordinator and Human Resources will determine the need for an **Incident Review**, and who will conduct the review, based on a number of factors, including but not limited to; the severity of the incident, any lost time, medical treatment, and/or information obtained from other sources/witnesses, including the police report (vehicle incident).
4. **Incident Investigators** shall follow practices identified in Supervisor Incident Review Training and use the Incident Analysis form to aid in the review process to identify why the incident occurred and what changes to procedures, policies, equipment or training is needed to be implemented to reduce the chance of a recurrence.
5. The results of the incident review, recommendations to prevent recurrence, and actions/controls taken will be reviewed and discussed at Department Safety Committee meeting(s) for follow-up action as necessary.
6. Corrective actions implemented, new work procedures and new PPE, etc. shall be communicated to employees, and appropriate training provided.
7. **(name of entity) Safety Committee** will report on the incident or injury, review findings and corrective measures implemented to the **Executive Safety Committee** at the next scheduled quarterly meeting.
8. As a reminder, all Public Sector employers are required to report as soon as possible to the Maine Department of Labor all work related fatalities or injuries/illnesses when one or more employees are admitted to a medical facility overnight. At a minimum, **all fatalities must be reported within 8 hours, and hospitalizations must be reported within 24 hours.** The Emergency Notification Phone Number is (207) 592-4501, or incident.bls@maine.gov.
9. **Questions?** Contact _____

Sample Return to Work Policy Statement

The Organization of _____ is concerned about the health and well-being of its employees. We are committed to working with our employees and their healthcare providers to find work designed to assist injured workers in transitioning back to the workplace by performing meaningful work within their capabilities.

At any time, the (the organization of) may require written documentation from a licensed physician describing the limitations, progress, and physical abilities of the employee.

Providing there is a reasonable expectation that the employee will be able to resume full duties within/or by (MEMBER DEFINED NUMBER OF DAYS) calendar days subject to available work that will be beneficial to the employer. Work consistent with temporary work restrictions may be assigned to the employee for up to (MEMBER DEFINED NUMBER OF DAYS) calendar days or until the employee is capable of returning to full duty, whichever occurs first. In the event that a modified duty assignment becomes available, the employee is expected to accept the assignment.

The employee is expected to be an active participant in this process by providing M1's Practitioner's Reports following medical appointments and communicating changes in their restrictions. The employee and employer commits to following restrictions as outlined in the M1 Practitioner's Reports or otherwise agreed upon.

Summary

This policy recognizes the Family Medical Leave Act, the Organization of _____ Personnel Policy, along with Standard Operating Procedures (SOPs) that the department may have. It is intended to work in conjunction with them.

Modified work is not intended to be used as permanent reasonable accommodation under the American with Disabilities Act.

NO TEMPORARY WORK ASSIGNMENT DESCRIBED OR COVERED UNDER THIS GUIDELINE IS INTENDED OR OFFERED AS A PERMANENT ASSIGNMENT.

From: [Kristina Egan](#)
To: [Anthony Ward](#)
Subject: Save the date: the GPCOG Annual Summit, May 29
Date: Friday, March 21, 2025 10:10:25 AM

Celebrate our region at the Annual Summit!

Greetings!

I hope to see you at this year's Annual Summit, which will focus on strategies for adapting to a changing climate and feature the popular "What Works" segment, where municipal leaders share brief success stories on effective initiatives!

Date: Thursday, May 29.

Location: Baggot Street Cafe at St. Joseph's College, Standish

General Assembly

2:00 pm

Our named delegates from member communities will gather to vote on the business of the Greater Portland Council of Governments.

Annual Summit

2:30 pm

Our keynote program where we will be a discussion with municipal leaders about climate adaptation, particularly for flooding and coastal erosion. We'll give out awards and talk about "What Works!"

Reception

4:30 pm

Join us and your colleagues as we catch up and compare notes with local beer and live music!

Register for the Annual Summit

Following the summit, attendees are welcome to attend a reception at the nearby Stone Barn with local beer and live music until 6:30 p.m. Please feel free to share this invitation with other community leaders who may be interested.

Best regards,
Kristina



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