

**REGULAR CITY COUNCIL  
MEETING  
July 09, 2024  
7:00 PM  
City Hall**



**CITY OF MILLS**  
EST. 1921

**Mayor:**  
Leah Juarez  
**Council President:**  
Sara McCarthy  
**Council Members:**  
Cherie Butcher  
Brad Neumiller  
Tim Sutherland

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## AGENDA

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### CALL TO ORDER

### ROLL CALL

### PLEDGE OF ALLEGIANCE

### CONSENT AGENDA

#### Minutes

- [1.](#) Council Meeting Minutes 6-25-24

#### City Licenses

- [2.](#) New and Renewal Business and Contractors Licenses

#### Financial Approvals

- [3.](#) Treasurer's Report
- [4.](#) Investment Accounts
- [5.](#) Court Income
- [6.](#) Financial Breakdown
- [7.](#) Transmittal Transactions
- [8.](#) Payroll Regular/Police 6-17-24 to 6-30-24
- [9.](#) Payroll Fire 6-12-24 to 6-23-24
- [10.](#) Voided Checks

### OPEN DISCUSSION

### ORDINANCES AND RESOLUTIONS

**[11.](#) RESOLUTION NO 2024-25 - BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN**

RESOLUTION ADOPTING BLOODBORNE PATHOGEN EXPOSURE PLAN

**[12.](#) RESOLUTION NO 2024-26 - METRO ANIMAL CONTROL CONTRACT**

RESOLUTION APPROVING MEMORANDUM OF UNDERSTANDING WITH THE CITY OF CASPER FOR THE USE OF METRO ANIMAL SHELDER SERVICES

**13. ORDINANCE 816 - FIRST READING**

ORDINANCE REGARDING INTERFERENCE WITH EMERGENCY CALLS OR EMERGENCY REPORTING SYSTEM

**14. ORDINANCE 817 FIRST READING**

ORDINANCE REGARDING CRIMINAL ENTRY

**ADJOURNMENT**

**AGENDA SUBJECT TO CHANGE WITHOUT NOTICE**

**NEXT MEETING** - July 23, 2024 at 7:00pm / August 13, 2024 at 7:00pm

**NEXT WORK SESSION** - July 23, 2024 at 6:00pm / August 12, 2024 at 9:00am

In accordance with the Americans with Disabilities Act, persons who need accommodation in order to attend or participate in this meeting should contact City Hall at 307-234-6679 within 48 hours prior to the meeting in order to request such assistance.

**REGULAR CITY COUNCIL MEETING**

**June 25, 2024**

**7:00 PM**

**City Hall**



**CITY OF MILLS**  
EST. 1921

**Mayor:**  
Leah Juarez  
**Council President:**  
Sara McCarthy  
**Council Members:**  
Cherie Butcher  
Brad Neumiller  
Tim Sutherland

**MINUTES**

**CALL TO ORDER**

Mayor called the meeting to order at 7:02 pm

**ROLL CALL**

Present:

- Mayor Juarez
- President McCarthy
- Council Butcher
- Council Neumiller
- Council Sutherland

**PUBLIC HEARINGS**

Mayor closed the Council Meeting at 7:03pm

Mayor opened the Public Hearing at 7:03pm

1. Highland Auto Sales

Mayor Juarez declared the Public Hearing open for consideration A Special Review application to establish a motor vehicle sales use located on a portion of the West 1/2 Northeast 1/4, Section 7, Township 33 North, Range 79 West, also known as 315 Van Horn Avenue. The hearing will be conducted in accordance with state statute, Mills Council Procedures and other applicable laws. The hearing has been set and advertised in accordance with the statutes. The Mayor asked those individuals who wish to address council on this issue to approach the lectern and state your name and for the record. The Mayor requested a report from staff. The City Planner Megan Nelms came forward. She explained that this is Case Number 24.03 SPC, Highland Auto has applied for a special permit to operate a used car dealership located at 302 Van Horn Avenue, zoned EB Established Business. Megan continued to detail the application including that the original site plan did not provide adequate space for all proposed for sale vehicles on the site. Historical aerial photos show vehicles parked hanging over the property line into the ride of way. Megan detailed the Planning Considerations, 1) Is the site large enough to accommodate the proposed use and meet all the dimensional standards and development regulations of the zoning district in which the project is located? As submitted, the site plan does not provide adequate space for all the proposed “for sale” vehicles on site. The wheel stops shown on the site plan were existing on the property from the previous approved use. Historical aerial photos show parked vehicles hanging over the property line into the right of way, rendering them existing, non-conforming off-street parking spaces. The applicant and Council should consider an alternative site design for the parking of for sale vehicles. 2) Is the use, at the scale or density proposed, compatible with all other uses in the immediate area and with permitted uses that may be established in the area? Yes, a used car dealership is an appropriate use for the area and the Established Business Zoning District. 3) Does the proposed use involve activities, processes, materials, equipment, hours of operation, or any other operational characteristics that would be materially detrimental to any persons, property or the general welfare by reason of excessive production of traffic, noise, smoke fumes, dust glare, orders, hazards or similar impacts? No, the use does not involve activities that may be detrimental to surrounding property owners. 4) Does the proposal include provision for necessary and desired public utilities and facilities such as potable water, fire hydrants, sewer,

electrical power, streets, storm water facilities and sidewalks/pathways? Yes, the project has availability and connection to public utilities and infrastructure. 5) Will the proposed use create excessive additional costs for public facilities and service that would be materially detrimental to the economic welfare of the community? No. There should be no additional costs on public facilities. 6) Will the proposed use result in the destruction, loss or damage of a natural, scenic or historic feature considered to be of significant importance? No. 7) is the proposed use consistent with the applicable provisions of the Mills Comprehensive Plan? Yes. Megan continued by saying The project as proposed does not appear to meet the Special Review criteria #1, regarding adequate space and development standards. The “existing parking space” shown on the proposed site plan are wheel stops for non-conforming off-street parking spaces associated with the previous use. The project as proposed does not appear to meet the Special Review criteria #1, regarding adequate space and development standards. The “existing parking space” shown on the proposed site plan are wheel stops for non-conforming off-street parking spaces associated with the previous use. Council should review the proposed site plan and possibly consider requiring an alternative site design or, if approved as submitted, staff recommends the following considerations be placed on the Special Review permit: 1)The Special Review permit is granted strictly for an Automobile Sales use. 2) Obtain a Business License from the City of Mills Town Clerk. 3) Obtain a Vehicle Dealer’s License from WYDOT. 4) As shown on the site plan, only up to 10 vehicles may be parked for sale on the site at any time. Vehicles shall not be parked where they extend off the property and into the right of way for Van Horn Ave. 5) The Special Review Permit terminates upon transfer of the real property or upon cessation of use for the purposes of the permit. The permit is subject to review and possible revocation for noncompliance with the term of the permit or other violations of the Mills City Code. The Mayor asked if there was anyone in the audience who wishes to speak in favor of this item. Juan (applicant) and his secretary approached the lectern. The Mayor explained to the applicant that there needs to be a special review for any dealerships. She also said that the site plan provided does not match the actual site plan. She proposed changing how the vehicles are staged and the City Clerk provided them an updated site plan. The Mayor informed the applicant that the updated site plan is something the council agreed with. The cars for sale would be staged along the side of the building instead of in front of the building. The applicant and secretary agreed with the updated site plan. The Mayor said there would be 3 stalls in the front of the building and suggested turning the cars horizontal on the side of the building. The Mayor stated the only other option would be to pay for an official survey to map out the boundary lines for their property. She also explained that the right of way needs to be clear and it looks like the access road is shared with the neighbors. The applicant asked if the special review would be approved today. The Mayor responded that if you like that map, we like that map, she also explained that they are doing the public hearing now and will approve the permit later on in the meeting. The Mayor asked if there was anyone in the audience who wishes to speak in favor of this item. Jonathan Odlin, owner of the Wagon Wheel came forward and express that he had no problems with them opening a car dealership across the street. He continued with ‘as long as his customers aren’t blocking the way to my building that is my biggest concern’. The Mayor showed appreciating for his support in the matter. The Mayor asked for a third and final time if there was anyone in the audience that would like to speak in favor of the matter. The Mayor asked three times if anyone wishes to speak in opposition of this item. There being no others to speak for or against this item, The Mayor declared the public hearing closed at 7:15pm.

Mayor opened the Public Hearing at 7:16pm

2. Good Nature's Kitchen Farm Stand

Mayor Juarez declared the Public Hearing open for consideration of a Special Review/Temporary Use Permit application to establish a temporary farm stand market sales use located on a portion of Lots 5 & 6, Block 45, Mountain View Suburb, also known as the Mountain View Plaza in the 4700 block of W Yellowstone Highway. The hearing will be conducted in accordance with state statute, Mills Council Procedures and other applicable laws. The hearing has been set and advertised in accordance with the statutes. The Mayor asked those individuals who wish to address council on this issue to approach the lectern and state your name and for the record. The Mayor requested a report from staff. The City Planner Megan Nelms explained this is Case Number 24.04 SPC a temporary use permit. The applicant is Kristine Neufeld and Lara Taylor. They have applied for a special review/temporary use permit to operate a temporary produce stand in an approximately 5,000 square foot grassy area in front of the Mountain View Plaza, between the parking lot and W Yellowstone Highway. The applicants propose to set a 12’ x 24’ enclosed structure on the grassy area to operate from. Parking for customers will be in



the Mountain View Plaza parking lot. As proposed, the fresh produce stand will be open Tuesday-Friday from 2pm-6pm and on the weekends from 10am to 2 or 4pm, respectively. They anticipate operating June through October. They will be the only vendor and offer fresh produce and canned goods. Issuance of a special review permit is required since a temporary produce stand is a land use not specifically allowed under Title 17 and the proposed application does not comply with Section 17.12.045(e), which limits temporary event structures to seven (7) days or less. Staff recommends the following considerations be placed on the permit. 1) The Special Review permit is granted strictly for a temporary produce stand. 2) Provide a letter from the property owner stating the applicant has permission to set up on the grassy area and utilize the plaza parking lot for customers. 3) The temporary use is approved to begin immediately through October 31, 2024. It is approved to be open to the public each day of the week between 10am and 6pm. 4) the applicant shall be the sole vendor and offer fresh produce to the citizens of the City of Mills. 5) Any tables or awnings set up shall be taken down each day of operation. The site shall be cleaned of debris and litter and the end of the hours of sales each day. 6) The enclosed structure and all associated aspects of the produce stand shall remain within the grassy area and completely out of the WYDOT right of way. 7) All customer parking shall be in the Mountain View Plaza parking lot. 8) Obtain a business license from the City Clerk. 9) Obtain all required building permits from the Building Official. 10) The Special Review Permit terminates on October 31, 2024. 11) The permit is subject to review and possible revocation for noncompliance with the conditions of the permit or other violations of the Mills City Code. Staff recommends approval. The applicants are in the audience to answer any questions. The Mayor asked if there is anyone in the audience that would like to speak in favor of this item. Garrett Neufeld and his wife Kristina Neufeld approached the lectern. The Mayor asked for them to tell us a little about why you chose Mills and the location. Mr. Neufeld explained that he grew up in Mills and they own business here. His mother owns Daylight Donuts and a couple of other things. She has a great relationship with the building owners. They live just off the county line and own a farm there. Mr. Neufeld thinks that people are getting ripped off at the grocery stores. A head of lettuce shouldn't cost \$14. He continued by explaining that they have a hydroponic farm out in the country and they can grow produce year round. They want a temporary use permit to sell their produce to the local folks. The mayor asked if they had any questions about the restrictions. Mr. Neufeld said that everything is good to go and they have already secured insurance and they just want to follow the process. He is excited about the parking lot and the great location for the stand. He had someone from the city come out and triple check to make sure they are not in the right of way to the highway. They moved things around to make sure there was even more clearance than what was needed. President McCarthy asked if they have gotten with Kevin yet to complete the building permits. Mr. Neufeld said they had to do the temporary permit first and speaking to Kevin is their next step. The Mayor asked for a second and third time if anyone in the audience would like to speak in favor of the matter. The Mayor asked if there is anyone in the audience that would like to speak in opposition of this item. Cheryl Parlet, owner of Cherrie's Lingerie has several issues to address. She expresses concerns about traffic from semis, trucks and trailers, and the fire department being across the street. She thinks that putting a produce stand there will be a huge distraction. She also expressed concerns about the signs that Mr. Neufeld will be putting up. She is worried that the traffic coming and going will not be able to see her lingerie store. Six fold assured her that the sign would be small. President McCarthy asked Mr. Neufeld what his signage plans consist of. Mr. Neufeld explained that he does rent a spot in the building. He said that he will not have a sign, he will be using flags that will be taken down daily. The Mayor asked for a second and third time if anyone wishes to speak in opposition of this item. There being no others to speak for or against this item, The Mayor declared the public hearing closed at 7:25pm.

Mayor opened the Public Hearing at 7:25pm

3. FY25 Budget

Mayor Juarez declared the Public Hearing open for consideration for the Fiscal Year Budget 2025. The hearing has been set and advertised in accordance with the statutes. The Mayor asked those individuals who wish to address council on this issue to approach the lectern and state your name and for the record. The Mayor said there was no report from staff. The City Attorney stated that this has been subject to several prior hearings and third reading scheduled tonight. We believe it has been thoroughly worked out at this point. The Mayor asked three times if there was anyone in the audience that wishes to speak in favor of this item. The Mayor asked three times if there was anyone in the audience that wishes to speak in opposition of this item. There being no others to speak for or against this item, The Mayor declared the public hearing closed at 7:27pm.

Mayor opened the Regular Council Meeting at 7:27pm

**CONSENT AGENDA**

**Minutes**

- 4. Council Meeting Minutes 6-11-24

**City Licenses**

- 5. New and Renewal Business/Contractor Licenses

**Financial Approvals**

- 6. Financial Breakdown
- 7. ACH Transactions
- 8. Transmittal Transactions
- 9. Payroll Regular/Police 6-3-24 to 6-16-24
- 10. Payroll Fire 5-31-24 to 6-11-24

Motion made by Council Member Butcher to approve, Seconded by Council Member Sutherland  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**OPEN DISCUSSION**

Scott Clamp 720 Wasatch – wanted to discuss the sixth cent. He discussed the sixth cent and how Mills residents will not get to vote on it. He fills if we pay the sixth cent, our city should benefit from it. The Mayor responded that it has been discussed and that if you shop online and live in the 82604 zip code that you will most likely pay the sixth cent tax. She informed Scott that we are working to create our own zip code for Mills to help distinguish that issue. The City Attorney added that the legislation has amended the statues on sales taxes and it allows municipalities to individually seek to have a sales tax, an additional penny. The process is the municipality has to run it through their city council and then approach the County Commission to have it added to the ballet. The Mayor also added that we utilize Metro Animal Facility which needs a desperate overhaul, so technically we would benefit if that gets approved. Mr. Clamp brought up concerns about the landfill, dump passes, and previous history with Casper.

John Bryson 430 Crescent – Discussed that Big D site and the landscaping. He feels the site should have receive the waiver on the landscaping. He feels that corner should have landscaping. Council agrees and it will be discussed when the resolution comes up.

The Mayor discussed the sixth cent tax and the potential for us to add the sixth cent tax to our ballet. She feels that the Metro project aligns and is the only project that we would utilize. If we don’t find a funding source for this in some fashion, a new building cost would fall on Mills and Mills’ residents at a much higher price. The Mayor asked for comments on adding the sixth cent tax to our ballot. The City Attorney said that the way that the new statue works is you set a dollar amount to be reached or a time period and then once that is reached those amounts are supposed to go away, the tax goes away and the money is applied to the project that is designated and cannot be used for other things. The Mayor added that the current facility is exploding at the seams with cats and dogs. Previously there were upwards of 700 animals being put down yearly. The community is not doing responsible breeding and hoarding cases we have no other place to put animals. A recent hoarding case had 20

animals that they had to hoard in place as it was called. They left the animals at the home and the homeowner was required to do something with them, what they did with the animals is unknown. The animals did not go to Metro. The current facility is deteriorating and costing Casper several hundred thousand dollars every year to put what the Mayor refers to as a band-aid on the facility.

President McCarthy brought up another project that may be able to utilize the sixth cent tax. She discussed the 911 Dispatch Center and their hopes to relocate to the new Police Headquarters. The City Attorney stated that the dispatch center is maintained through a joint use agreement and each municipality is assessed fees on a scheduled basis. City of Casper has relocated most of the infrastructure to the American Bank building. He doesn't feel that Mills has had the opportunity to look at the infrastructure cost. He feels we have a better grasp on the Metro project due to the long participation. The Mayor added that we do know that the dispatch relocation includes updating equipment that is really out of date. We are currently charged a per vehicle rate so no matter how many vehicles show up for an emergency, we are charged for each vehicle. President McCarthy agreed with adding Metro project to the ballot. The Mayor feels it gives a voice to our residents on at least one of the things that is happening in Casper. Council Member Neumiller asked what the cost is that we are looking at raising with the one cent sales tax. The Mayor responded that \$1.25 million or two years, whichever comes first. She informed Member Neumiller that she was informed that our contributions would be at least \$2 million for a new facility. Planner Nelms asked if it does not pass in Casper, could we just hold onto the money until we can build a new facility. The City Attorney responded that if it does not pass in Casper, they would have to fund it in some other fashion. If it does not pass in Casper, but does pass in Mills, the money would still basically be earmarked towards the new facility. The Mayor added that they just spent \$200,000 on two additional out house type buildings to house additional animals because their facility does not have the additional space. The proposal is to keep the additional building for hoarding cases. Member Neumiller asked if this passed in Mills and not in Casper, could the money be used to build a facility in Mills. The City Attorney responded that it is not earmarked for a facility in Mills. He also noted that a resolution could always be amended. Neumiller added that he would hate for Mills to raise the money and we could build our own facility. Scott Clamp understand that if the sixth cent tax gets added and we raise the amount of money we need it will come off. The City Attorney confirmed that this is true. Mr. Clamp added that we heard that about the fifth cent tax. The City Attorney informed Mr. Clamp that the fifth cent is under a different statute. He added that on the sixth cent you get to vote on the project whereas the fifth cent you are voting on the tax. Mr. Clamp asked about remodeling the old Mountain View School for an animal facility. The Mayor explained that the building is rough and restoring it would cost more than the \$2 million.

President McCarthy announced that on August 10<sup>th</sup> Art on the Go will be having a festival in Mills. The festival is called Central Wyoming Artists Market. We are allowing them to rent the park for free because they are bring people to Mills. They have porta-potties donated, over 40 vendors and food trucks. They are closing Freedom for food trucks. There is no cost to us. They are asking to rent our barricades. The Mayor said we would need employees to move the barricades. They would have to pay for our staff and resources, Police and Fire. They could contract an ambulance to be there. She also asked about insurance. President McCarthy confirmed they have insurance. They will come in to talk to council if needed.

President McCarthy also gave an update on MPO. Phase 2 for the beautification project, a meeting will be held tomorrow (June 26<sup>th</sup>) at the airport. Transit is changing their fare. Subsidized will now be charged and they are getting rid of all tokens as of July 31<sup>st</sup>. She also announced that construction projects Poplar and Midwest is all on schedule. Moving early July the traffic on I25 to the other side. Extra bridges across the Platte on Roberston Road behind the coffee shop will soon be constructed. There is a trail going in from Hat Six Road to Edness Kimball. She also told the public that fencing will go around Morad Park, along Wyoming Blvd.

The Mayor announced the passing of previous Mayor Buck King of Edgerton, he stepped down a couple months ago. His Military service is tomorrow at the Oregon Trail Veteran Cemetery at 11am.

**ORDINANCES AND RESOLUTIONS**

**11. RESOLUTION NO 2024-15**

A RESOLUTION ADOPTING THE 2024 NATRONA COUNTY WYOMING EMERGENCY OPERATIONS PLAN

Motion made by Council Member Neumiller to approve, Seconded by Council Member Sutherland  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**12. RESOLUTION NO 2024-16**

A RESOLUTION PROCLAIMING RECOGNITION OF VOLD REMARKABLE AMERICAN DAY FOR 2024

The Mayor read the Proclamation for the dedication for the Bar HB Scholarship Award. The scholarship was awarded to Jaycie Byler. The Mayor announced that Dona Vold Larson was at the meeting tonight and thanked her for attending.

Motion made by Council Member Neumiller to approve, Seconded by Council Member Butcher

President McCarthy asked if we pick a Wyoming resident. The Mayor responded that it is a National, some from Canada, this specific student is from Texas. CFNR is a college rodeo final.

Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**13. RESOLUTION NO 2024-17**

A RESOLUTION FOR SULLIVAN NO. 2, AN ADDITION TO THE CITY OF MILLS, BEING A VACATION AND REPLAT OF LOTS 1-3, BLOCK 19 MOUNTAIN VIEW SUBURB AND TRACT 1, SULLIVAN SIMPLE SUBDIVISION AND A PORTION OF THE NE<sup>1</sup>/<sub>4</sub>SE<sup>1</sup>/<sub>4</sub>, SE<sup>1</sup>/<sub>4</sub>SE<sup>1</sup>/<sub>4</sub>, SECTION 1, TOWNSHIP 33 NORTH, RANGE 80 WEST, CITY OF MILLS, NATRONA COUNTY, WYOMING

Motion made by Council President McCarthy to approve, Seconded by Council Member Neumiller  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**14. RESOLUTION NO 2024-18**

A RESOLUTION APPROVING A SPECIAL REVIEW PERMIT TO ALLOW AUTOMOBILE SALES ON A PORTION OF THE SW<sup>1</sup>/<sub>4</sub>NE<sup>1</sup>/<sub>4</sub>, SECTION 7, T33N, R79W, ALSO KNOWN AS 302 VAN HORN AVENUE, CITY OF MILLS.

Motion made by Council Member Neumiller to approve, Seconded by Council President McCarthy

The Mayor added that we are going to move forward with the updated site plan discussed earlier.

Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**15. RESOLUTION NO 2024-19**

A RESOLUTION APPROVING A SPECIAL REVIEW/TEMPORARY USE PERMIT TO ALLOW A TEMPORARY PRODUCE STAND ON A PORTION OF LOTS 4, 5 & 6, BLOCK 45, MOUNTAIN VIEW SUBURB, CITY OF MILLS.

Motion made by Council President McCarthy to approve, Seconded by Council Member Butcher

The Mayor asked if WYDOT was okay with the proposed site, Planner Nelms respond that they were okay with the proposed site.

Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**16. RESOLUTION NO 2024-20**

A RESOLUTION FOR APPROVAL OF A SITE PLAN FOR A PROPOSED COMMERCIAL SERVICE AND FUELING STATION TO BE KNOWN AS BIG D SERVICE STATION, LOCATED ON LOT 1, 257 BUSINESS PARK, CITY OF MILLS, WYOMING

Motion made by Council Member Neumiller to approve,

The Mayor asked to address the landscaping issues. Council Member Neumiller asked that the landscaping be 50% organic. Planner Nelms will inform them that a revised site plan with updated landscaping will be needed. The City Attorney said we could pass this resolution subject to the criteria that has been noted by planning.

Council Member Neumiller amends his motion to approve under the condition that 50% of the landscaping be organic, Seconded by Council Member Sutherland

Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**17. RESOLUTION NO 2024-21**

A Resolution Fixing the Tax Levy for the city of Mills for FY 25

Motion made by Council President McCarthy to approve, Seconded by Council Member Neumiller

Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**18. RESOLUTION NO 2024-22**

A Resolution of the City of Mills Designating the Banking Institutions to be Used for the Fiscal Year Beginning July 1st, 2024 and Ending June 30th, 2025

Motion made by Council Member Sutherland to approve, Seconded by Council Member Neumiller

Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**19. RESOLUTION NO 2024-23**

A RESOLUTION AUTHIROZING THE SUBMISSION OF AN APPLICATION FOR FEDERAL FUNDING THROUGH THE SAFE STREETS AND ROADS FOR ALL PROGRAM ADMINISTRATED BY THE UNITED STATES DEPARTMENT OF TRANSPOTATION FOR CITY OF MILLS FOR THE PURPOSES OF SAFE STREETS AND ROADS ACTION PLAN FOR A NEWLY CONSTRUCTED CHARTER SCHOOL IN THE CITY OF MILLS.

Motion made by Council Member Neumiller to approve, Seconded by Council Member Butcher  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**20. ORDINANCE NO 813 - THIRD AND FINAL READING TITLE 17**

AN ORDINANCE REPEALING THE EXISTING TITLE 17 OF THE MILLS MUNICIPAL CODE DEALING WITH ZONING AND SUBDIVISIONS AND REPLACING IT, IN ITS ENTIRETY, WITH A NEW CHAPTER 17 DEALING WITH ZONING AND SUBDIVISIONS AND FURTHER REPEALING ORDINANCE 763 AND INCORPORATING ITS PROVISIONS IN THE NEW CHAPTER 17

Motion made by Council President McCarthy to approve, Seconded by Council Member Sutherland  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**21. ORDINANCE NO 814 - AN ORDINANCE THIRD AND FINAL READING TO ADOPT FY25 BUDGET**

AN ORDINANCE APPROPRIATING MONEY FOR THE ANNUAL BUDGET OF THE CITY OF MILLS, WYOMING, FOR THE CONDUCT OF THE MUNICIPAL GOVERNMENT OF THE CITY OF MILLS, WYOMING FOR THE FISCAL YEAR 2025.

Motion made by Council Member Neumiller to approve, Seconded by Council President McCarthy  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**22. ORDINANCE NO 815 - THIRD AND FINAL READING: T-LEE Addition**

AN ORDINANCE APPROVING THE ANNEXATION AND PLAT OF T-LEE, AN ADDITION TO THE CITY OF MILLS, BEING LAND LOCATED IN PORTIONS OF THE SW1/4NE1/4, SE1/4NE1/4, SECTION 7, TOWNSHIP 33 NORTH, RANGE 79 WEST, SIXTH PRINCIPAL MERIDIAN, NATRONA COUNTY, WYOMING

Motion made by Council Member Butcher to approve, Seconded by Council Member Sutherland  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**23. RESOLUTION NO 2024-24 – ADD SIXTH CENT TO BALLOT**

SEEKING TO ADD A SIXTH CENT TO THE BALLOT FOR CONSTRUCTION OF A NEW METRO ANIMAL CONTROL FACILITY

Motion made by Council President McCarthy to approve, Seconded by Council Member Sutherland

The City Attorney, Council Neumiller wanted to amend the resolution to read that we can build a facility in Casper or Mills.

The Mayor asked for a motion to approve the Metro Sixth Cent adding to the Mills Residents ballot, with language if Casper does not pass, that Mills will retain that money for its own Animal Control

Motion made by Council Member Sutherland to approve, Seconded by Council President McCarthy  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**COUNCIL APPROVALS**

- 24. Bayou Liquors Catering Permit 7-6-24
- 25. Bayou Liquors Catering Permit 7-9-24
- 26. Bayou Liquors Catering Permit 7-20-24
- 27. Bayou Liquors Catering Permit 7-27-24
- 28. Bayou Liquors Catering Permit 8-17-24

Motion made by Council Member Neumiller to approve, Seconded by Council President McCarthy  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**ADJOURNMENT**

Council Member Neumiller asked for a motion to adjourn Council Meeting at 8:13pm

Motion made by Council Member Sutherland to adjourn, Seconded by Council Member Butcher  
Voting Yea: Mayor Juarez, Council President McCarthy, Council Member Butcher, and Council Member Neumiller, Council Member Sutherland

**AGENDA SUBJECT TO CHANGE WITHOUT NOTICE**

**NEXT MEETING** - July 9, 2024 at 7:00pm / July 23, 2024 at 7:00pm

**NEXT WORK SESSION** - July 8, 2024 at 9:00am / July 9, 2024 at 6:00pm

In accordance with the Americans with Disabilities Act, persons who need accommodation in order to attend or participate in this meeting should contact City Hall at 307-234-6679 within 48 hours prior to the meeting in order to request such assistance.

\_\_\_\_\_  
Mayor, Leah Juarez

\_\_\_\_\_  
City Clerk, Sarah Osborn

# Council Meeting July 9, 2024

Item # 2.

## NEW CONTRACTOR LICENSES

	<b>BUSINESS NAME</b>	<b>CONTRACTOR ID</b>	<b>INSURANCE</b>	<b>FIRE</b>
1	HC Company	Yes	NA	NA

## RENEWAL CONTRACTOR LICENSES

	<b>BUSINESS NAME</b>	<b>CONTRACTOR ID</b>	<b>INSURANCE</b>	<b>FIRE</b>
1	MC Construction	Yes	NA	NA
2	Toland Construction	Yes	NA	NA
3	Wyoming Insulation, LLC	No	NA	NA





**CITY OF MILLS**  
EST. 1921

**RECEIVED**

JUL 03 2024

**APPLICATION FOR  
Contractor License**

Item # 2.

A Contractor License is required for ANY Contractor doing work within the City of Mills, a Contractor's License Application must be completed. Incomplete applications shall be returned.

License #: 9906

Date: 7-3-2024

New License     Renewal License     Expired License

GENERAL INFORMATION

Name of Business: HC Company

Physical Address: 12650 W. Bridger Street Suite 100      Boise      Idaho      83713  
Street      City      State      Zip

Mailing Address: 12650 W. Bridger Street Suite 100      Boise      Idaho      83713  
Street      City      State      Zip

Business Phone Number: 208-321-4990      Cell Number: 208-866-1454

Email Address: phannaford@hcco-inc.com      Website: www.hcco-inc.com

License Classifications: General Contractor

LICENSE ISSUED BY

City of Mills     City of Casper     Natrona County     State of Wyoming     Other

*A copy of all licenses must be attached to this application*

APPLICANT INFORMATION

Applicant Name: Patrick Hannaford      Phone Number: 208-866-1454

Mailing Address: 12650 W. Bridger Street Suite 100      Boise      Idaho      83713  
Street      City      State      Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature:

There will be a \$35.00 License fee to be paid at the time the license is issued

**PAID**

JUL 03 2024

Return completed form to:  
Mills City Hall  
720 4<sup>th</sup> Street  
307-234-6679

OFFICE USE ONLY  
This license was / was not  
Granted at a meeting of the Mills  
City Council on the \_\_\_\_\_  
Attest \_\_\_\_\_



**CITY OF MILLS**  
EST. 1921

RECEIVED

JUN 25 2024

**APPLICATION FOR  
Contractor License**

Item # 2.

*A Contractor License is required for ANY Contractor doing work within the City of Mills, a Contractor's License Application must be completed. Incomplete applications shall be returned.*

License #: 91000

Date: 6/21/2024

New License     Renewal License     Expired License

GENERAL INFORMATION

Name of Business: ML Construction

Physical Address: 4926 Fitzhugh Rd    Casper    WY    82604  
Street    City    State    Zip

Mailing Address: P.O. Box 1162    Mills    WY    82644  
Street    City    State    Zip

Business Phone Number: 307-262-9193    Cell Number: 307-262-9193

Email Address: mark-klm@yahoo.com    Website: \_\_\_\_\_

License Classifications: General Contractor

LICENSE ISSUED BY

City of Mills     City of Casper     Natrona County     State of Wyoming     Other

*A copy of all licenses must be attached to this application*

APPLICANT INFORMATION

Applicant Name: Mark B. Klein    Phone Number: 307-262-9193

Mailing Address: P.O. Box 1162    Mills    WY    82644  
Street    City    State    Zip

**I certify that the above information is correct and true to the best of my knowledge.**

Applicants Signature: [Signature]

**There will be a \$35.00 License fee to be paid at the time the license is issued**

**PAID**

**JUN 25 2024**

Return completed form to:  
Mills City Hall  
720 4<sup>th</sup> Street  
307-234-6679

**OFFICE USE ONLY**  
*This license was / was not  
Granted at a meeting of the Mills  
City Council on the \_\_\_\_\_*  
Attest \_\_\_\_\_



**CITY OF MILLS**  
EST. 1921

RECEIVED

JUL 03 2024

**APPLICATION FOR  
Contractor License**

Item # 2.

**A Contractor License is required for ANY Contractor doing work within the City of Mills, a Contractor's License Application must be completed. Incomplete applications shall be returned.**

License #: 9691

Date: 7/3/24

New License  Renewal License  Expired License

GENERAL INFORMATION

Name of Business: ~~General Contractor~~ Toland Construction

Physical Address: 2200 W 39th St. Casper WY 82604  
Street City State Zip

Mailing Address: 2200 W 39th St. Casper WY 82604  
Street City State Zip

Business Phone Number: \_\_\_\_\_ Cell Number: 307 315 4727

Email Address: splinterpicker29@yahoo Website: \_\_\_\_\_

License Classifications: Class II GC

LICENSE ISSUED BY

City of Mills  City of Casper  Natrona County  State of Wyoming  Other

*A copy of all licenses must be attached to this application*

APPLICANT INFORMATION

Applicant Name: Michael Toland Phone Number: 307 315 4727

Mailing Address: 2200 W 39th St. Casper WY 82604  
Street City State Zip

**I certify that the above information is correct and true to the best of my knowledge.**

Applicants Signature: [Signature]

There will be a \$35.00 License fee to be paid at the time the license is issued

PAID

JUL 03 2024

Return completed form to:  
Mills City Hall  
704 4th Street  
Po Box 789  
Mills, WY 82644  
307-234-6679

OFFICE USE ONLY  
This license was / was not  
Granted at a meeting of the Mills  
City Council on the \_\_\_\_\_  
Attest \_\_\_\_\_





RECEIVED

JUN 25 2024

APPLICATION FOR Contractor License

Item # 2.

A Contractor License is required for ANY Contractor doing work within the City of Mills, a Contractor's License Application must be completed. Incomplete applications shall be returned.

License #: 9554

Date: 6/26/24

License type options: New License, Renewal License, Expired License (checked)

GENERAL INFORMATION

Name of Business: Wyoming Insulation, LLC

Physical Address: 610 N Warehouse Rd. Casper WY 82601

Mailing Address: 610 N Warehouse Rd. Casper WY 82601

Business Phone Number: 307-333-6700 Cell Number: 307-259-5954

Email Address: info@wyinsulation.com Website:

License Classifications: Insulation

LICENSE ISSUED BY

City of Mills (checked), City of Casper, Natrona County, State of Wyoming, Other

A copy of all licenses must be attached to this application

APPLICANT INFORMATION

Applicant Name: Chris Beard Phone Number: 307-259-5954

Mailing Address: 610 N Warehouse Rd. Casper WY 82601

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Handwritten Signature]

PAID

There will be a \$35.00 License fee to be paid at the time the license is issued

JUN 25 2024

Return completed form to: Mills City Hall, 720 4th Street, 307-234-6679

OFFICE USE ONLY. This license was / was not Granted at a meeting of the Mills City Council on the Attest







RECEIVED

JUN 11 2024

**APPLICATION FOR  
Business License**

Item # 2.

**A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.**

License #: 9898

Date: 5/29/2024

- New Business
- Change of Ownership
- Change of Location
- Renewal
- Expired

GENERAL INFORMATION

Name of Business: Holloman Corporation

Physical Address: 333 N. Sam Houston Pkwy E. Suite 600 Houston, TX 77060 884 JC Rd  
Casper Wy

Street City State Zip

Mailing Address: 333 N. Sam Houston Pkwy E. Suite 600 Houston, TX 77060

Street City State Zip

Business Phone Number: 281-260-1011 WY Tax ID Number: \_\_\_\_\_

Email Address: trinitytate@hollomancorp.com Website: www.hollomancorp.com

Description of Business: Pipeline Construction

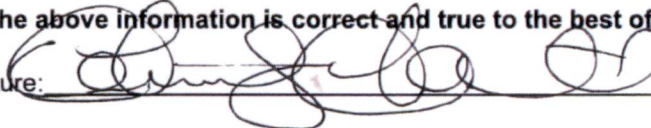
APPLICANT INFORMATION

Applicant Name: Trinity Tate Phone Number: 2816205943

Mailing Address: 333 N. Sam Houston Pkwy E. Suite 600 Houston, TX 77060

Street City State Zip

**I certify that the above information is correct and true to the best of my knowledge.**

Applicants Signature: 

**There will be a fire inspection fee to be paid at the time the License is issued.**

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

PAID

JUN 11 2024

Return completed form to:  
Mills City Hall  
720 4<sup>th</sup> Street  
307-234-6679

**OFFICE USE ONLY**

This license was / was not  
Granted at a meeting of the Mills  
City Council on the \_\_\_\_\_

Attest \_\_\_\_\_



RECEIVED

JUN 24 2024

APPLICATION FOR Business License

Item # 2.

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 9905

Date: 6/17/24

- New Business
- Change of Ownership
- Change of Location
- Renewal
- Expired

GENERAL INFORMATION

Name of Business: Storage Unlimited K & L Storage

Physical Address: 3347 MJB Road Casper WY 82601

Mailing Address: 5005 CY Ave Casper WY 82604

Business Phone Number: 307-265-1291 WY Tax ID Number:

Email Address: billing@kandlstorage.com Website: kandlstorage.com

Description of Business: Storage Facility

APPLICANT INFORMATION

Applicant Name: Napilabloche Ray Phone Number: 307-265-1291

Mailing Address: 5005 CY Ave Casper WY 82604

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

PAID JUN 24 2024

Return completed form to: Mills City Hall 720 4th Street 307-234-6679

OFFICE USE ONLY This license was / was not Granted at a meeting of the Mills City Council on the Attest







RECEIVED

JUN 12 2024



CITY OF MILLS  
EST. 1921

**APPLICATION FOR  
Business License**

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 9838

Date: 6-12-24

- New Business
- Change of Ownership
- Change of Location
- Renewal
- Expired

GENERAL INFORMATION

Name of Business: Brigade Energy Services

Physical Address: 1028 N Robertson Rd Casper WY 82604  
Street City State Zip

Mailing Address: 1028 N. Robertson Rd Casper WY 82604  
Street City State Zip

Business Phone Number: 307-215-3859 WY Tax ID Number: 814763034

Email Address: Kvannon.mano@brigade.energy Website: www.brigadeenergyservices.com

Description of Business: workover rigs. oil & gas well services

APPLICANT INFORMATION

Applicant Name: Kamden Vannorman Phone Number: 307-215-385

Mailing Address: 1028 N Robertson Rd Casper WY 82604  
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	<del>\$125.00</del>
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

PAID

JUN 12 2024

Return completed form to:  
Mills City Hall  
720 4<sup>th</sup> Street  
307-234-6679

OFFICE USE ONLY  
This license was / was not  
Granted at a meeting of the Mills  
City Council on the \_\_\_\_\_  
Attest \_\_\_\_\_

RECEIVED

JUN 25 2024



CITY OF MILLS  
EST. 1921

APPLICATION FOR  
Business License

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 9649

Date: 6/27/24

New Business     Change of Ownership     Change of Location     Renewal     Expired

GENERAL INFORMATION

Name of Business: Casper Gymnastics Center LLC

Physical Address: 3524 Burd Rd. Mills WY. 82604  
Street City State Zip

Mailing Address: 2130 Lakota Trl. Barnum WY. 82601  
Street City State Zip

Business Phone Number: 307-267-5771 WY Tax ID Number: 41-3606738

Email Address: ashlee@caspergymnastics.com Website: www.caspergymnastics.com

Description of Business: Gymnastics For Youth

APPLICANT INFORMATION

Applicant Name: Ashlee Lowndes Phone Number: 307-267-3020

Mailing Address: 2130 Lakota Trl. Barnum WY. 82601  
Street City State Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: Ashlee Lowndes

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

Return completed form to:  
Mills City Hall  
720 4<sup>th</sup> Street  
307-234-6679

PAID  
JUN 27 2024

<p>OFFICE USE ONLY This license was / was not Granted at a meeting of the Mills City Council on the _____ Attest _____</p>
--





CEIVED

MAY 28 2024

APPLICATION FOR Business License

Item # 2.

A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 9442

Date: 5/20/24

☐ New Business ☐ Change of Ownership ☐ Change of Location  Renewal ☐ Expired

GENERAL INFORMATION

Name of Business: Cleary Building Corp.

Physical Address: 190 Padli Street Verona WI 53593

Mailing Address: P.O. Box 930220 Verona WI 53593-0220

Business Phone Number: 608845-9700 WY Tax ID Number: 24-0-06222

Email Address: license@clearybuilding.com Website: clearybuilding.com

Description of Business: Post Frame Construction

APPLICANT INFORMATION

Applicant Name: Karl H. Lemmenes Phone Number: 608845-9700

Mailing Address: Same as above

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

There will be a fire inspection fee to be paid at the time the License is issued.

Businesses that qualify for a Self-Assessment Fire Inspection	\$45.00
Businesses between 1-5,000 Sq. Feet	\$75.00
Businesses between 5,001-10,000 Sq. Feet	\$125.00
Businesses greater than 10,000 Sq. Feet	\$250.00
Businesses with Fire Alarm, Sprinkler System or Hood Suppression	+ \$50.00

PAID MAY 28 2024

Return completed form to: Mills City Hall 720 4th Street 307-234-6679

OFFICE USE ONLY This license was / was not Granted at a meeting of the Mills City Council on the Attest

RECEIVED

JUN 25 2024



CITY OF MILLS  
EST. 1921

APPLICATION FOR  
Contractor License

A Contractor License is required for ANY Contractor doing work within the City of Mills, a Contractor's License Application must be completed. Incomplete applications shall be returned.

License #: 988

Date: June 13 2024

New License     Renewal License     Expired License

GENERAL INFORMATION

Name of Business: Coleman Repair

Physical Address: 4980 Oregon Trail      Mills      WY      82644  
Street      City      State      Zip

Mailing Address: 73 N. 3rd Ave.      Mills      WY      82644  
Street      City      State      Zip

Business Phone Number: 307-262-1280      Cell Number: \_\_\_\_\_

Email Address: rosie.coleman-2006@hotmail.com      Website: \_\_\_\_\_

License Classifications: snow removal, truck + auto repairs on family + self vehicles

LICENSE ISSUED BY

City of Mills     City of Casper     Natrona County     State of Wyoming     Other

A copy of all licenses must be attached to this application

APPLICANT INFORMATION

Applicant Name: Rosie Coleman      Phone Number: 262-1280

Mailing Address: 73 N. 3rd Ave.      Mills      WY      82644  
Street      City      State      Zip

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: Rosie Coleman

PAID

There will be a \$35.00 License fee to be paid at the time the license is issued

JUN 25 2024

Return completed form to:  
Mills City Hall  
720 4<sup>th</sup> Street  
307-234-6679

OFFICE USE ONLY  
This license was / was not  
Granted at a meeting of the Mills  
City Council on the \_\_\_\_\_  
Attest \_\_\_\_\_

RECEIVED

JUN 25 2024

APPLICATION FOR Business License



A Business License is required for ANY business to operate within the City of Mills, a Business License Application must be completed. Incomplete applications shall be returned.

License #: 995

Date: \_\_\_\_\_

- Input boxes for New Business, Change of Ownership, Change of Location, Renewal (checked), Expired

GENERAL INFORMATION

Name of Business: Geotec Industrial Supply

Physical Address: 600 Bear Pen Rd. Mills WY 82644

Mailing Address: P.O. Box 130 Mills WY 82644

Business Phone Number: 307-472-0084 WY Tax ID Number: 01-0-06576

Email Address: sales@geotecsupply.com Website: www.geotecsupply.com

Description of Business: Construction Supply warehouse

APPLICANT INFORMATION

Applicant Name: Kody Pivik Phone Number: 307-472-0084

Mailing Address: P.O. Box 130 Mills WY 82644

I certify that the above information is correct and true to the best of my knowledge.

Applicants Signature: [Signature]

There will be a fire inspection fee to be paid at the time the License is issued.

Table with 2 columns: Business type and Fee amount (\$45.00 to + \$50.00)

PAID JUN 25 2024

Return completed form to: Mills City Hall, 720 4th Street, 307-234-6679

OFFICE USE ONLY This license was / was not Granted at a meeting of the Mills City Council on the \_\_\_\_\_ Attest \_\_\_\_\_



License # 9823

# Application for Business License - City of Mills

DATE 05/04/2024

Incomplete Applications will be returned. Complete all fields in RED



I, Shayna Kaul, the Auhorized Agent of United Rentals (North America), Inc.  
NAME TITLE (i.e. owner, manager, etc.) BUSINESS NAME (as it will appear on the license)

located at 5103 W YELLOWSTONE HWY CASPER, WY 82604-2201  
BUSINESS PHYSICAL STREET ADDRESS CITY, STATE, ZIP

- New
- Renewal
- Expired
- Fire Inspection \$
- Inspection fee due after fire inspection

RECEIVED  
MAY 15 2024

PAID  
MAY 10 2024

**\*\*\*All door to door sales operating hours are limited to 8:00 A.M. to 8:00 P.M.\*\*\***

do hereby apply to the City Council of the City of Mills for a Business License to operate my Equipment Rentals within the City of Mills for a

DESCRIBE THE TYPE OF BUSINESS

period of ONE year, beginning the 1<sup>st</sup> day of June, 2024

Business mailing address: 140 Grand Street, Suite 300  
City White Plains State NY Zip 10601

Business phone number: 307-237-3771 WY Tax ID Number: 25002679

- Do you travel in and out of Mills, WY for your Business?  YES  NO
- Do you have any type of equipment, trucks, cars, trailers, materials, etc. that will be parked at your business location in Mills, WY?  YES  NO If YES, how many? \_\_\_\_\_
- Does your business operate out of a commerical building?  YES  NO
- Does your business operate out of a residential home?  YES  NO
- Is your business mobile (i.e. Taxi, Handyman, Construction, etc.)?  YES  NO

Signed JA. Print Name Julie Ann Cabucos

**Fee is to be PAID before license is approved**

A business license is required for ANY business to operate within the City of Mills. If your main location is not in Mills, but you come into Mills to sell, or to perform a service, a license is required. Please call the Fire Department at 307-439-1246 if you have any questions. To schedule your Fire Inspection call 307.234.8481.

OFFICE USE ONLY  
Fire Inspection Completed Date: 7/5/24

**OFFICE USE ONLY**  
I, \_\_\_\_\_, City Clerk of the City of Mills Wyoming, do hereby certify that the above license was read, examined and was / was not granted at a regular meeting of the City Council held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
Attest \_\_\_\_\_  
City Clerk



### June 2024 Account Balances

Operations Account	\$274,720.33
Water Deposit	\$126,815.95
Municipal Court	\$104,188.31
Court Bond	\$19,918.44
Police	\$31,407.90
Jonah Steel Eagle	\$500.01
WFIG Water Reserve	\$32.28
WGIF Sewer Reserve	\$32.22
WGIF Sanitation Reserve	\$32.28
WGIF General Fund Reserve	\$32.82
WGIF Reserve	\$32.20
WGIF Sewer Tap Reserve	\$32.39
WGIF Police Reserve	\$0.02
WGIF FD Trust Fund	\$0.02
WGIF Radio Read Fund	\$23,047.06
WGIF Buffalo Meadows Asset Account	\$32.47
WGIF Buffalo Meadows Debt Reserve	\$0.01
Wyo Class General Fund Reserve	\$124,952.60
Wyo Class Police Reserve	\$9,045.36
Wyo Class Cooley Trust Reserve	\$385.64
Wyo Class Parks Reserve	\$736.18
Wyo Class Sanitation Reserve	\$124,957.64
Wyo Class Sewer Reserve	\$90,587.11
Wyo Class Sewer Tap Reserve	\$114,524.01
Wyo Class Water Reserve	\$110,464.18
Wyo Class Buffalo Meadows Asset Acct	\$296,221.83
Wyo Class Buffalo Meadows Debt	\$25,023.90
Wyo Class Summerfest	11,457.60
<b>Totals</b>	<b>\$1,487,180.75</b>
<b>Equity Line of Credit Balance - \$188,261.66</b>	

\_\_\_\_\_  
City Treasurer, Alyssa Hartmann

\_\_\_\_\_  
Mayor, Leah Juarez

Account	Beginning Balance	Deposits	Interest / Distributions	Withdrawals	Ending Balance	Interest Earned FYTD
WGIF Water 7198 (99-10230)	\$32.14		\$0.14		\$32.28	\$1.55
Transfer 5% of billing						
WGIF Sewer 7199 (99-10240)	\$32.08		\$0.14		\$32.22	\$1.55
Transfer 7% of billing						
WGIF Sanitation 7200 (99-10250)	\$32.14		\$0.14		\$32.28	\$1.55
Transfer 10% of billing						
WGIF Reserve 7197 (99-10260)	\$32.06		\$0.14		\$32.20	\$1.55
WGIF General Fund 7207 (99-10270)	\$32.68		\$0.14		\$32.82	\$1.56
WGIF Police Fund (99-10310)	\$0.02		\$0.00		\$0.02	\$0.00
WGIF DWSRF #146 Radio Read (99-10300)	\$22,949.43		\$97.63		\$23,047.06	\$1,080.99
WGIF Fire Dept Trust Fund (99-10290)	\$0.02		\$0.00		\$0.02	\$0.00
WGIF Sewer Tap Fund (99-10320)	\$32.25		\$0.14		\$32.39	\$1.56
WGIF Buffalo Meadows Debt Reserve	\$0.01		\$0.00		\$0.01	\$0.00
WGIF Buffalo Meadows Asset Account	\$32.33		\$0.14		\$32.47	\$1.56
Wyo Class General Fund	\$124,413.09		\$539.51		\$124,952.60	\$6,732.87
Wyo Class Police Reserve	\$9,006.31		\$39.05		\$9,045.36	\$431.29
Wyo Class Cooley Trust Reserve	\$383.90		\$1.74		\$385.64	\$263.48
Wyo Class Parks Reserve	\$732.94		\$3.24		\$736.18	\$35.09
Wyo Class Sanitation Reserve	\$124,418.10		\$539.54		\$124,957.64	\$5,776.78
Wyo Class Sewer Reserve	\$90,195.98		\$391.13		\$90,587.11	\$4,188.64
Wyo Class Sewer Tap Reserve	\$114,029.52		\$494.49		\$114,524.01	\$5,462.02
Wyo Class Water Reserve	\$109,987.20		\$476.98		\$110,464.18	\$6,181.91
Wyo Class Buffalo Meadows Asset Account	\$294,942.81		\$1,279.02		\$296,221.83	\$6,697.23

RESERVES REPAY ACCOUNT DETAIL	
Account	Repay Balance
Wyo Class Gen Fund Reserve	\$124,952.60
Wyo Class Water Reserve	\$110,464.18
Wyo Class Sewer Reserve	\$90,587.11
Wyo Class Sanitation Reserve	\$124,957.64
<b>Total Repay Balance</b>	<b>\$450,961.53</b>

TOTAL ACCOUNTS DETAIL	
Account	Balance
Investments Accounts Total	\$931,629.82
City Accounts	\$555,550.93
<b>Total Accounts Balance</b>	<b>\$1,487,180.75</b>



Wyo Class Buffalo Meadows Debt Reserve	\$24,915.85		\$108.05		\$25,023.90	\$731.30
<b>Cannot touch this account</b>						
Wyo Class Summerfest Reserve	\$11,408.15		\$49.45		\$11,457.60	\$134.60
<b>Totals</b>	<b>\$927,609.01</b>	<b>\$0.00</b>	<b>\$4,020.81</b>	<b>\$0.00</b>	<b>\$931,629.82</b>	<b>\$37,727.08</b>

City Accounts					
Account	Ending Balance	Interest	Account	Ending Balance	Interest
Jonah Operations Account	\$274,720.33		Jonah Water Deposit A	\$126,315.95	
Jonah Police Account	\$31,407.90		Jonah Municipal Accou	\$104,188.31	
Jonah Court Bond Account	\$18,918.44				

# COURT INCOME REPORT

Item # 5.

## June 2024

	Date	Cash, Check, Card Payments	Bonds Received	Prior Bonds Applied/Forf.	Victims Comp	Court Cost / Restitution	MCPF (Dare)	Bank Fees	TOTAL
Sales Activity	6/3-6/7	\$8,106.00		\$1,480.00					\$9,586.00
Court Report			\$1,690.00						-\$1,690.00
								<b>Difference</b>	<b>\$11,276.00</b>
	Date	Cash, Check, Card Payments	Bonds Received	Prior Bonds Applied/Forf.	Victims Comp	Court Cost / Restitution	MCPF (Dare)	Bank Fees	TOTAL
Sales Activity	6/10-6/14	\$4,527.00		\$2,190.00					\$6,717.00
Court Report			\$1,150.00						-\$1,150.00
								<b>Difference</b>	<b>\$7,867.00</b>
	Date	Cash, Check, Card Payments	Bonds Received	Prior Bonds Applied/Forf.	Victims Comp	Court Cost / Restitution	MCPF (Dare)	Bank Fees	TOTAL
Sales Activity	6/17-6/21	\$6,701.61		\$410.00					\$7,111.61
Court Report			\$1,290.00						-\$1,290.00
								<b>Difference</b>	<b>\$8,401.61</b>
	Date	Cash, Check, Card Payments	Bonds Received	Prior Bonds Applied/Forf.	Victims Comp	Court Cost / Restitution	MCPF (Dare)	Bank Fees	TOTAL
Sales Activity	6/24-6/28	\$3,806.00							\$3,806.00
Court Report			\$980.00						-\$980.00
								<b>Difference</b>	<b>\$4,786.00</b>
	Date	Cash, Check, Card Payments	Bonds Received	Prior Bonds Applied/Forf.	Victims Comp	Court Cost / Restitution	MCPF (Dare)	Bank Fees	TOTAL
Sales Activity									\$0.00
Court Report									\$0.00
								<b>Difference</b>	<b>\$0.00</b>

Sales Activity Month Total	\$27,220.61
Proceedings Report Month Total	-\$5,110.00
Difference	\$32,330.61
<b>Court Proceedings Check</b>	<b>\$27,220.61</b>

Division of Victim Services Checks

Completed by: \_\_\_\_\_  
City Treasurer

Approved by: \_\_\_\_\_  
Court Clerk

Attested by: \_\_\_\_\_  
City Clerk

Report Criteria:  
 Report type: GL detail  
 Check.Type = {<>} "Adjustment"

Check Issue Date	Check Number	Payee	Invoice Amount	Description	Invoice GL Account	Check Amount
<b>32896</b>						
07/05/2024	32896	ALSCO, Inc	119.07	June 19 Services	10-6500-1040	119.07
Total 32896:						119.07
<b>32897</b>						
07/05/2024	32897	Atlas Office Products, Inc	253.04	Black Ink Cartridge - Evidence Printer/1 box coin envel	10-5400-3510	253.04
07/05/2024	32897	Atlas Office Products, Inc	109.29	Legal size storage boxes	10-5400-3510	109.29
07/05/2024	32897	Atlas Office Products, Inc	159.90	Work Orders	50-4600-3510	159.90
07/05/2024	32897	Atlas Office Products, Inc	159.90	Work Orders	50-4600-3510	159.90
Total 32897:						682.13
<b>32898</b>						
07/05/2024	32898	Belzona Rocky Mountain, Inc	309.00	111 Super Metal (Coat Vactor Tank)	53-8300-4050	309.00
Total 32898:						309.00
<b>32899</b>						
07/05/2024	32899	Big Horn Tire, Inc.	916.36	4 new tires for Unit #8	10-5400-4055	916.36
Total 32899:						916.36
<b>32900</b>						
07/05/2024	32900	Blue to Gold, LLC	990.00	Advanced search & seizure course - Vincent & Wallace	10-5400-1030	990.00
Total 32900:						990.00
<b>32901</b>						
07/05/2024	32901	Bound Tree Medical	358.00	Medcal Supplies	10-5600-3595	358.00
07/05/2024	32901	Bound Tree Medical	295.37	Medcal Supplies	10-5600-3595	295.37
Total 32901:						653.37

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Invoice Amount	Description	Invoice GL Account	Check Amount
<b>32902</b>						
07/05/2024	32902	Brutill Construction	24,079.50	Pay Estimate #1 Riverfront Stabilization	10-4800-6010	24,079.50
Total 32902:						24,079.50
<b>32903</b>						
07/05/2024	32903	Casper Police Department	400.00	Crime Scene Techniques class - Houser & Prach	10-5400-1030	400.00
Total 32903:						400.00
<b>32904</b>						
07/05/2024	32904	Casper Star Tribune Inc	43.61	Public Hearing	10-4600-2530	43.61
07/05/2024	32904	Casper Star Tribune Inc	34.73	Legal Notice	10-4600-2530	34.73
07/05/2024	32904	Casper Star Tribune Inc	38.16	Public Hearing	10-4600-2530	38.16
Total 32904:						116.50
<b>32905</b>						
07/05/2024	32905	Charles Retz	1,857.90	ACLS and PALS for seven EMS personnel	10-5600-1030	1,857.90
Total 32905:						1,857.90
<b>32906</b>						
07/05/2024	32906	City of Casper	44.44	5130 W Yellowstone	54-8400-3050	44.44
07/05/2024	32906	City of Casper	2,487.56	2023 Stormwater Coalition Education & Outreach	10-4600-3005	2,487.56
07/05/2024	32906	City of Casper	9,544.44	May 2024 PSCC Charges	10-5600-3000	9,544.44
07/05/2024	32906	City of Casper	1,614.02	May 2024 Dispatch Fees	10-5600-3000	1,614.02
07/05/2024	32906	City of Casper	755.25	Balefill	54-8400-3050	755.25
07/05/2024	32906	City of Casper	787.50	Balefill	54-8400-3050	787.50
07/05/2024	32906	City of Casper	1,267.50	Balefill	54-8400-3050	1,267.50
07/05/2024	32906	City of Casper	1,051.50	Balefill	54-8400-3050	1,051.50
07/05/2024	32906	City of Casper	861.75	Balefill	54-8400-3050	861.75
07/05/2024	32906	City of Casper	681.75	Balefill	54-8400-3050	681.75
07/05/2024	32906	City of Casper	751.50	Balefill	54-8400-3050	751.50
07/05/2024	32906	City of Casper	1,132.50	Balefill	54-8400-3050	1,132.50
07/05/2024	32906	City of Casper	927.75	Balefill	54-8400-3050	927.75
07/05/2024	32906	City of Casper	852.75	Balefill	54-8400-3050	852.75
07/05/2024	32906	City of Casper	918.75	Balefill	54-8400-3050	918.75

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Invoice Amount	Description	Invoice GL Account	Check Amount
Total 32906:						23,678.96
<b>32907</b>						
07/05/2024	32907	Civil Engineering Professionals, In	1,075.00	Catergorical exclusion coordination with WEST and W	10-4800-6020	1,075.00
07/05/2024	32907	Civil Engineering Professionals, In	465.00	Mills Pathway	10-4800-6020	465.00
Total 32907:						1,540.00
<b>32908</b>						
07/05/2024	32908	Coevta	600.00	Cody Wise Fire Engine Training	10-6500-1030	600.00
Total 32908:						600.00
<b>32909</b>						
07/05/2024	32909	Community Leasing Partners	48,428.36	Sanitation Truck Lease	12-4500-3755	48,428.36
Total 32909:						48,428.36
<b>32910</b>						
07/05/2024	32910	Computer Professionals Unlimited	2,360.00	Unitrends Support Contract Renewal 3 YR	10-5500-3575	2,360.00
Total 32910:						2,360.00
<b>32911</b>						
07/05/2024	32911	CPS Distributors Inc	85.55	Controller	10-7000-3500	85.55
07/05/2024	32911	CPS Distributors Inc	202.86	Solenoid	10-7000-3500	202.86
07/05/2024	32911	CPS Distributors Inc	68.87	Repair Fittings Kilmer Park	10-7000-4050	68.87
07/05/2024	32911	CPS Distributors Inc	10.24	1" Couplers	10-7000-4050	10.24
Total 32911:						367.52
<b>32912</b>						
07/05/2024	32912	CS Consulting	120.00	Training for gas monitors	10-5600-3605	120.00
Total 32912:						120.00
<b>32913</b>						
07/05/2024	32913	Curtis	3,875.87	400' of 1 3/4" low pressure attach hose	10-6000-6550	3,875.87

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Invoice Amount	Description	Invoice GL Account	Check Amount
Total 32913:						3,875.87
<b>32914</b>						
07/05/2024	32914	Dana Kepner Company Inc	5,007.56	16" Solids Sleeves and Pipe	51-8100-3500	5,007.56
Total 32914:						5,007.56
<b>32915</b>						
07/05/2024	32915	Emergency Medical Physicians, P	625.00	May Medical Director Fee	10-5600-2040	625.00
Total 32915:						625.00
<b>32916</b>						
07/05/2024	32916	Ferguson Enterprises LLC #3007	74.17	Nipples (Curbstop)	51-8100-3055	74.17
07/05/2024	32916	Ferguson Enterprises LLC #3007	43.19	2" Couplers & Unions	10-7000-3500	43.19
07/05/2024	32916	Ferguson Enterprises LLC #3007	256.16	2" Fittings	10-7000-3500	256.16
Total 32916:						373.52
<b>32917</b>						
07/05/2024	32917	Ferguson Waterworks #1116	45.04	Hydrant Cap	10-7000-4050	45.04
07/05/2024	32917	Ferguson Waterworks #1116	148.98	Epoxy/Fittings	10-7000-4050	148.98
07/05/2024	32917	Ferguson Waterworks #1116	120.00	Flex Tee	10-7000-4050	120.00
Total 32917:						314.02
<b>32918</b>						
07/05/2024	32918	Grainger, Inc	178.33	Hose Reel Hand Crank (Sewer Jet)	53-8300-3500	178.33
Total 32918:						178.33
<b>32919</b>						
07/05/2024	32919	Hawkins Inc	1,168.65	2,205 lbs. Aluminum Sulfate	52-8200-3500	1,168.65
07/05/2024	32919	Hawkins Inc	1,400.82	600 lbs. Chlorine	52-8200-3500	1,400.82
07/05/2024	32919	Hawkins Inc	3,336.65	2,279 lbs. LPC-4	52-8200-3500	3,336.65
07/05/2024	32919	Hawkins Inc	644.96	110 lbs Potassium Permanganate	52-8200-3500	644.96
07/05/2024	32919	Hawkins Inc	76.00	Freight	52-8200-3500	76.00

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Check Issue Date	Check Number	Payee	Invoice Amount	Description	Invoice GL Account	Check Amount
Total 32919:						6,627.08
<b>32920</b>						
07/05/2024	32920	Hose & Rubber Supply	365.18	Vactor Wand Fittings	53-8300-4050	365.18
07/05/2024	32920	Hose & Rubber Supply	13.95	Crimp	53-8300-4050	13.95
Total 32920:						379.13
<b>32921</b>						
07/05/2024	32921	Imerys Perlite USA, Inc.	8,955.09	Bulk Perlite (Water Filtration)	52-8200-3500	8,955.09
Total 32921:						8,955.09
<b>32922</b>						
07/05/2024	32922	Jake Wallace	150.00	Per Diem for Law Enforcement School-Torrington 6-26-	10-5400-1030	150.00
Total 32922:						150.00
<b>32923</b>						
07/05/2024	32923	John Dierenfeldt	125.96	Uniform purchase for John & Ethan	10-5600-1040	125.96
07/05/2024	32923	John Dierenfeldt	97.13	Safety Glasses	10-5600-1040	97.13
Total 32923:						223.09
<b>32924</b>						
07/05/2024	32924	KRNK-FM	500.00	Lemonade Day 2024 - Backpack Sponsor	10-4600-2530	500.00
Total 32924:						500.00
<b>32925</b>						
07/05/2024	32925	Matt Vincent	150.00	Per Diem for Law Enforcement School - Torrington 6-2	10-5400-1030	150.00
Total 32925:						150.00
<b>32926</b>						
07/05/2024	32926	MES Municipal	3,631.09	5-gas monitor for Engine 92	10-6000-6550	3,631.09
07/05/2024	32926	MES Municipal	1,798.00	200' of 5" Storz supply hose	10-6000-6550	1,798.00

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Invoice Amount	Description	Invoice GL Account	Check Amount
Total 32926:						5,429.09
<b>32927</b>						
07/05/2024	32927	MSC Industrial	164.14	Re-stock bolt bins	10-6500-3500	164.14
Total 32927:						164.14
<b>32928</b>						
07/05/2024	32928	NAPA Auto Parts	8.29	Bar chain oil	10-6500-3500	8.29
07/05/2024	32928	NAPA Auto Parts	33.99	Acetone	10-6100-4050	33.99
07/05/2024	32928	NAPA Auto Parts	52.99	Headlight bulbs Unit #68	10-5400-4050	52.99
07/05/2024	32928	NAPA Auto Parts	157.26	Fuel filter & oil filter for MS48	10-5600-4050	157.26
07/05/2024	32928	NAPA Auto Parts	9.32	Oil filter Unit #11	10-5400-4050	9.32
07/05/2024	32928	NAPA Auto Parts	16.34	Air filter Unit #11	10-5400-4050	16.34
07/05/2024	32928	NAPA Auto Parts	34.97	Air & oil filter Unit #DET 2	10-5400-4050	34.97
07/05/2024	32928	NAPA Auto Parts	25.66	Air & oil filter Unit #12	10-5400-4050	25.66
07/05/2024	32928	NAPA Auto Parts	64.31	DOT lights & fuel bulb for BR92	10-5600-4050	64.31
07/05/2024	32928	NAPA Auto Parts	9.32	oil Filter unit #8	10-5400-4050	9.32
07/05/2024	32928	NAPA Auto Parts	90.41	Filters Sweeper	10-6100-4050	90.41
07/05/2024	32928	NAPA Auto Parts	24.68	Fusee's for fire prevention demonstration	10-5600-3625	24.68
07/05/2024	32928	NAPA Auto Parts	35.14	Heater/AC actuator for Fire 9	10-5600-4050	35.14
07/05/2024	32928	NAPA Auto Parts	9.32	oil spin on fluid filter for Unit #10	10-5400-4050	9.32
07/05/2024	32928	NAPA Auto Parts	37.31	oil Filter & air filter for Fire 9	10-5600-4050	37.31
07/05/2024	32928	NAPA Auto Parts	6.49	Shift Bushings	10-6100-4050	6.49
07/05/2024	32928	NAPA Auto Parts	158.15	Battery unit #10	10-6100-4050	158.15
Total 32928:						773.95
<b>32929</b>						
07/05/2024	32929	National Testing Network	500.00	Testing platform for new hire applications	10-5600-1045	500.00
Total 32929:						500.00
<b>32930</b>						
07/05/2024	32930	Natrona County Sheriffs Office	13,080.06	House Inmates for April 2024	10-5400-3015	13,080.06
07/05/2024	32930	Natrona County Sheriffs Office	5,362.50	House juvenile inmate at JDC 3/7/27 thru 4/29/24	10-5400-3015	5,362.50

M = Manual Check, V = Void Check



Check Issue Date	Check Number	Payee	Invoice Amount	Description	Invoice GL Account	Check Amount
Total 32930:						18,442.56
<b>32931</b>						
07/05/2024	32931	Natrona County Weed & Pest Con	40.00	AG Sprayer Rental	10-7000-3650	40.00
07/05/2024	32931	Natrona County Weed & Pest Con	34.13	Buccanner Plus 2.5	10-7000-3650	34.13
Total 32931:						74.13
<b>32932</b>						
07/05/2024	32932	Oil City Printers	145.70	200 ambulnace transport forms	10-5600-1300	145.70
Total 32932:						145.70
<b>32933</b>						
07/05/2024	32933	One Call of Wyoming	50.25	67-tickets for May 2024	51-8100-3055	50.25
Total 32933:						50.25
<b>32934</b>						
07/05/2024	32934	Peden's Inc.	1,105.13	Public Works Shirts	54-8400-1040	1,105.13
07/05/2024	32934	Peden's Inc.	324.00	Public Works hats	54-8400-1040	324.00
Total 32934:						1,429.13
<b>32935</b>						
07/05/2024	32935	Peterbilt of Wyoming Inc	4,784.59	Repairs Unit #20 Sanitaion Truck	54-8400-4050	4,784.59
Total 32935:						4,784.59
<b>32936</b>						
07/05/2024	32936	Quadient, Inc	848.48	Postage	50-4600-3530	848.48
Total 32936:						848.48
<b>32937</b>						
07/05/2024	32937	Rocky Mountain Drug Testing	500.00	New Hire Drug Testing	10-4600-1045	500.00
07/05/2024	32937	Rocky Mountain Drug Testing	75.00	Random Drug Testing	10-4600-1060	75.00

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Invoice Amount	Description	Invoice GL Account	Check Amount
Total 32937:						575.00
<b>32938</b>						
07/05/2024	32938	Rocky Mountain Electric	90.00	Pump Repair	52-8200-3525	90.00
Total 32938:						90.00
<b>32939</b>						
07/05/2024	32939	Rocky Mountain Power	842.99	240 S Chamberlin Rd Electricity	50-4600-2510	842.99
Total 32939:						842.99
<b>32940</b>						
07/05/2024	32940	Sutherlands	32.34	Quikrete	10-7000-4050	32.34
07/05/2024	32940	Sutherlands	11.99	Grinder Blade	10-7000-4050	11.99
07/05/2024	32940	Sutherlands	34.02	Pipe Fittings	10-7000-4050	34.02
07/05/2024	32940	Sutherlands	8.17	Risser Nipples/Insect Repel	10-7000-4050	8.17
07/05/2024	32940	Sutherlands	16.99	Ratchet Straps	10-7000-3500	16.99
07/05/2024	32940	Sutherlands	72.95	Filters	10-7000-3500	72.95
07/05/2024	32940	Sutherlands	18.99	Trimmer Line	10-7000-3500	18.99
Total 32940:						195.45
<b>32941</b>						
07/05/2024	32941	Time Clock Plus	3,096.55	Time clocks	10-4600-3210	3,096.55
Total 32941:						3,096.55
<b>32942</b>						
07/05/2024	32942	Verizon	1,640.45	City Cell Phones	10-4600-2505	1,640.45
07/05/2024	32942	Verizon	138.66	Fire Department Machine to machine	10-4600-2505	138.66
Total 32942:						1,779.11
<b>32943</b>						
07/05/2024	32943	Winter Equipment Company	2,678.40	Plow Blades	10-6100-3645	2,678.40

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Invoice Amount	Description	Invoice GL Account	Check Amount
Total 32943:						2,678.40
<b>32944</b>						
07/05/2024	32944	WLC Engineering Inc	2,681.50	Finishing Tank	10-4800-6035	2,681.50
07/05/2024	32944	WLC Engineering Inc	6,757.87	FH replacement	12-4500-3745	6,757.87
07/05/2024	32944	WLC Engineering Inc	6,416.25	City Engineer	50-4600-2060	6,416.25
07/05/2024	32944	WLC Engineering Inc	252.00	GIS	50-4600-2080	252.00
07/05/2024	32944	WLC Engineering Inc	560.00	River Front Infrastructure	10-4800-6010	560.00
Total 32944:						16,667.62
<b>32945</b>						
07/05/2024	32945	Wyoming Rents	275.00	Rent light tower (Summerfest)	10-4900-3065	275.00
Total 32945:						275.00
<b>32946</b>						
07/05/2024	32946	WYOMING STATE FORESTRY	3,006.98	Fire hose & drip torch for new brush truck	10-4800-6040	3,006.98
Total 32946:						3,006.98
<b>32947</b>						
07/05/2024	32947	Wyoming Steel & Recycling	37.50	Steep (Park Garbage Cans)	10-7000-4050	37.50
Total 32947:						37.50
<b>32948</b>						
07/05/2024	32948	Y2 Consultants LLC	3,052.00	Title 17 updates	10-5700-9005	3,052.00
07/05/2024	32948	Y2 Consultants LLC	5,870.00	Planning consulting services through 5/17/2024	10-5700-9005	5,870.00
Total 32948:						8,922.00
<b>32949</b>						
07/05/2024	32949	Zoll Data Systems Dept #42374	617.50	Zoll Billing July 2024	10-5600-2045	617.50
07/05/2024	32949	Zoll Data Systems Dept #42374	617.50	Zoll Billing August 2024	10-5600-2045	617.50
Total 32949:						1,235.00

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Invoice Amount	Description	Invoice GL Account	Check Amount
<b>32951</b>						
07/09/2024	32951	Buffalo Development	4,400.00	Lots 15, 16, 24 & 27	50-4600-9005	4,400.00
Total 32951:						4,400.00
<b>32953</b>						
07/09/2024	32953	Fresca LLC	19,500.00	Purchase Property	10-16100	19,500.00
Total 32953:						19,500.00
Grand Totals:						230,520.98

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
10-16100	19,500.00	.00	19,500.00
10-21100	.00	124,337.96-	124,337.96-
10-4600-1045	500.00	.00	500.00
10-4600-1060	75.00	.00	75.00
10-4600-2505	1,779.11	.00	1,779.11
10-4600-2530	616.50	.00	616.50
10-4600-3005	2,487.56	.00	2,487.56
10-4600-3210	3,096.55	.00	3,096.55
10-4800-6010	24,639.50	.00	24,639.50
10-4800-6020	1,540.00	.00	1,540.00
10-4800-6035	2,681.50	.00	2,681.50
10-4800-6040	3,006.98	.00	3,006.98
10-4900-3065	275.00	.00	275.00
10-5400-1030	1,690.00	.00	1,690.00
10-5400-3015	18,442.56	.00	18,442.56
10-5400-3510	362.33	.00	362.33
10-5400-4050	157.92	.00	157.92
10-5400-4055	916.36	.00	916.36
10-5500-3575	2,360.00	.00	2,360.00
10-5600-1030	1,857.90	.00	1,857.90
10-5600-1040	223.09	.00	223.09

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
10-5600-1045	500.00	.00	500.00
10-5600-1300	145.70	.00	145.70
10-5600-2040	625.00	.00	625.00
10-5600-2045	1,235.00	.00	1,235.00
10-5600-3000	11,158.46	.00	11,158.46
10-5600-3595	653.37	.00	653.37
10-5600-3605	120.00	.00	120.00
10-5600-3625	24.68	.00	24.68
10-5600-4050	294.02	.00	294.02
10-5700-9005	8,922.00	.00	8,922.00
10-6000-6550	9,304.96	.00	9,304.96
10-6100-3645	2,678.40	.00	2,678.40
10-6100-4050	289.04	.00	289.04
10-6500-1030	600.00	.00	600.00
10-6500-1040	119.07	.00	119.07
10-6500-3500	172.43	.00	172.43
10-7000-3500	696.69	.00	696.69
10-7000-3650	74.13	.00	74.13
10-7000-4050	517.15	.00	517.15
12-21100	.00	55,186.23-	55,186.23-
12-4500-3745	6,757.87	.00	6,757.87
12-4500-3755	48,428.36	.00	48,428.36
50-21100	.00	13,079.52-	13,079.52-
50-4600-2060	6,416.25	.00	6,416.25
50-4600-2080	252.00	.00	252.00
50-4600-2510	842.99	.00	842.99
50-4600-3510	319.80	.00	319.80
50-4600-3530	848.48	.00	848.48
50-4600-9005	4,400.00	.00	4,400.00
51-21100	.00	5,131.98-	5,131.98-
51-8100-3055	124.42	.00	124.42
51-8100-3500	5,007.56	.00	5,007.56
52-21100	.00	15,672.17-	15,672.17-
52-8200-3500	15,582.17	.00	15,582.17
52-8200-3525	90.00	.00	90.00
53-21100	.00	866.46-	866.46-
53-8300-3500	178.33	.00	178.33
53-8300-4050	688.13	.00	688.13
54-21100	.00	16,246.66-	16,246.66-
54-8400-1040	1,429.13	.00	1,429.13

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
54-8400-3050	10,032.94	.00	10,032.94
54-8400-4050	4,784.59	.00	4,784.59
<b>Grand Totals:</b>	<b>230,520.98</b>	<b>230,520.98-</b>	<b>.00</b>

Dated: \_\_\_\_\_

Mayor: \_\_\_\_\_

City Council: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City Recorder: \_\_\_\_\_

Report Criteria:

Report type: GL detail

Check.Type = {<>} "Adjustment"



**Transmittal Transactions**

**7-9-24**

***Payroll Fire: 6-12-24 to 6-23-24***

<b>Date</b>	<b>Type/Check #</b>	<b>Payor</b>	<b>AMOUNT</b>
9-Jul			
6/23/2024	ACH	IRS	\$ 1,857.42
6/23/2024	32890	Pathfinder FCU	\$ 220.00
7/9/2024	ACH	Wyoming Retirement System	\$ 12,908.05
<b>Total:</b>			<b>\$ 14,985.47</b>

***Payroll Reg/Police: 6-17-24 to 6-30-24***

<b>Date</b>	<b>Type/Check #</b>	<b>Payor</b>	<b>AMOUNT</b>
6/30/2024	ACH	IRS	\$ 27,355.02
6/30/2024	32894	American Funds	\$ 225.00
6/30/2024	32895	Orchard Trust/Great Western Trust	\$ 740.00
7/9/2024	ACH	Wyoming Retirement System	\$ 37,259.10
<b>Total:</b>			<b>\$ 65,579.12</b>

**Total \$ 80,564.59**



# PAYROLL

Meeting Date: July 9, 2024

Payroll Type: Regular/Police

Date Range: 6-17-24 to 6-30-24

Net: \$ 119,466.85

Deductions: \$ 30,648.10

Federal Taxes: \$ 10,168.00

Medicare: \$ 1,668.17

Retirement: \$ 6,017.22

Social Security: \$ 6,925.34

Child Support: \$ 540.32

Insurance: \$ 3,958.85

Supplemental Retirement: \$ 1,176.78

Supplemental Insurance: \$ 193.42

**TOTAL PAYROLL: \$ 88,818.75**

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City Clerk, Sarah Osborn

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Mayor, Leah Juarez





# PAYROLL

Meeting Date: July 9, 2024

Payroll Type: Fire

Date Range: 6-12-24 to 6-23-24

Net:	\$	18,323.61
Deductions:	\$	5,002.13
Federal Taxes:	\$	1,355.00
Medicare:	\$	251.21
Retirement:	\$	2,060.47
Union Dues	\$	220.00
Child Support:	\$	-
Insurance:	\$	1,005.83
Supplemental Retirement:	\$	82.42
Supplemental Insurance:	\$	27.20
<b>TOTAL PAYROLL:</b>	<b>\$</b>	<b>13,321.48</b>

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City Clerk, Sarah Osborn

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Mayor, Leah Juarez



# CITY OF MILLS

EST. 1921

## VOIDED CHECKS

**7-9-24**

CHECK #	DATE	PAYOR	AMOUNT
32891	6/26/2024	Hub International	\$ 69,771.36

**Total: \$ 69,771.36**

**DRAFT SAMPLE WRITTEN**

**BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**

**For Compliance with OSHA Standard**

**Wyoming General Rules and Regulations 1910.1030**

Wyoming Department of Workforce Services OSHA Division  
Consultation Program

### ACKNOWLEDGEMENTS

The staff of the Wyoming OSHA Consultation Program compiled this material.

**Note: This sample plan is provided only as a guide to assist in complying with Wyoming OSHA’s General Rules and Regulations 1910.1030, OSHA's Bloodborne Pathogens standard. It provides general guidance on a particular standard-related topic but should not be considered a definitive interpretation for compliance with OSHA requirements. The reader should consult the OSHA standard in its entirety for specific compliance requirements.**

**It should be noted that this model program does not include provisions for HIV/HBV laboratories and research facilities, which are addressed in section (e) of the standard. Employers operating these laboratories need to include provisions as required by the standard. Employers will need to add information relevant to their particular facility in order to develop an effective, comprehensive exposure control plan. The exposure control plan is required to be reviewed at least on an annual basis and updated when necessary.**

**Upon completion of the Written BBP Exposure Control Plan, all “red” text should be removed or changed to “black” as you edit this program and make it company specific to meet your company’s specific requirements.** All text in red provides information, instructions, references, and examples. It may not apply to your business. A place below is provided for you to be able to document required annual reviews.

This material and Safety and Health Consultation Services are provided free of charge to owners, proprietors, and managers of small businesses, by the Wyoming Department of Workforce Services, OSHA Division, a program funded largely by the Occupational Safety and Health Administration (OSHA), an agency of the U.S. Department of Labor.

The information contained in this document is not considered a substitute for any provision of the standard.

UPDATED: December 2023

Date of review	Interviewer	Changes or comments

# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: \_\_\_\_\_

Date of Preparation: \_\_\_\_\_

In accordance with the OSHA Bloodborne Pathogens Standard, 1910.1030, the following exposure control plan has been developed:

## Purpose.

The purpose of this exposure control plan is to:

- Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
- Comply with the OSHA Bloodborne Pathogens Standard, 1910.1030.

## Definitions

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

**Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Body Substance Isolation** is the isolation of all moist and potentially infectious body substances (blood, feces, urine, sputum, saliva, wound drainage, and other body fluids) from all patients, regardless of their presumed infection status.

**Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps** means 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 wires.

**Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item 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** means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**Handwashing facilities** means a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

**Licensed Healthcare Professional** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

**Needleless systems** means a device that does not use needles for:

- (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (2) The administration of medication or fluids; or
- (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials** means

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

**Program Administration**

- (Name of responsible person or department) is (are) responsible for implementation of the ECP. (Name of responsible person or department) will maintain, review and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: (add in necessary information).
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- (Name of responsible person or department) will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. (Name of responsible person or department) will ensure adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: (add in necessary information).
- (Name of responsible person or department) will be responsible for ensuring all medical actions required by the standard are performed and appropriate employee health and OSHA records are maintained. Contact location/phone number: (add in necessary information).
- (Name of responsible person or department) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and National Institute for Occupational Safety and Health (NIOSH) representatives. Contact location/phone number: (add in necessary information).

**Exposure Determination.**

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The following is a list in which all employees have occupational exposure:

Job Title	Department/Location

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure.

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these employees:

Job Classification	Department/Location	Task/Procedure

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.

### Compliance Methods

#### Universal Precautions

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. **All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.**

- Disposal gloves will be worn when touching blood or other body fluids, mucus membranes or non-intact skin, or when handling items or surfaces soiled with blood or other body fluids. Gloves will be disposed of after a single use.
- If it is anticipated droplets of blood or any body fluids may come in contact with the mucus membranes of an employee's eyes, nose or mouth, he/she will wear protective equipment, i.e., goggles or face shield.
- Hands or other skin surfaces will be washed immediately if contaminated with blood or other body fluids. Hands will also be washed immediately upon glove removal.
- Any items such as razors, knife blades, broken glass or equipment will be disposed of in a puncture and leak proof container labeled for disposal of such items.
- To minimize exposure to body fluids during CPR, non-reflective breathers or other disposable aids will be used.
- If clothing is contaminated, it is to be removed as soon as possible.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the first aid room.

#### Engineering and Work Practices

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering and work practices will be utilized:

(List all relevant controls needed. Some examples are listed below.)

- Use of sharps containers for disposable sha



- Use of containers and appropriate disposal bags for potentially infectious waste.
- Hand-washing facilities, that are readily accessible to the employees who incur exposure to blood and OPIM. Hand-washing facilities are located in the first aid room and restrooms.
- Hand sinks are located in all work areas and are readily accessible to all employees who have the potential for exposure.

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible *accessibility of these alternatives after incurring exposure. (If hand washing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible. Employers who must provide alternatives to readily accessible hand washing facilities should list the location, tasks, and responsibilities to ensure maintenance and accessibility of these alternatives.)*

It is mandatory for all employees to wash their hands and any other potentially contaminated skin areas with soap and water immediately or as soon as possible. In case of contact of such body areas with blood or other potentially infectious materials, employees will wash their hands with soap and water or flush mucous membranes with water immediately or as soon as feasible.

\_\_\_\_\_ *(insert name of position/person, e.g. supervisors)* shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

\_\_\_\_\_ *(insert name of position/person, e.g. supervisors)* shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: *(list schedule such as daily, once/week, etc. as well as list who has the responsibility to review the effectiveness of the individual controls, such as the supervisor for each department, etc. Samples are provided)*

<i>Control</i>	<i>Inspection Schedule</i>	<i>Responsible</i>
<i>Example: Sharps Containers</i>	<i>Daily</i>	<i>Area Supervisor</i>

**Needles.**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. The contaminated sharps will be immediately disposed of into a designated sharps container. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility recapping or removal is only permitted for the following procedures: *(List the procedures and also list the mechanical device to be used or alternately if a one- handed technique will be used.)*

<i>Procedure</i>	<i>Device</i>
<i>Example: Immediate hazard as no sharps container is readily available.</i>	<i>Mechanical self-retracting safety syringe</i>

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**Containers for Contaminated Sharps.**

Containers for sharps disposal should be placed in easily accessible areas to personnel and as close as possible to where sharps are used or expected to be found. The containers should always be kept upright and not allowed to overfill.

Contaminated sharps are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility the sharps containers are closeable, puncture resistant, labeled with a biohazard label and are leak proof. *(Employers should list here where contaminated sharps containers are located as well as who has responsibility for removing sharps from containers and how often the containers will be checked to remove the sharps.)*

When moving containers of contaminated sharps, the containers shall be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
- Shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- When there is the possibility of leakage the container will be placed into a secondary container:
  - The secondary container must be closable, able to contain all contents and prevent leakage during handle, storage, transport, or shipping, and labeled or color coded.

*(An example is provided below)*

Location	Responsibility
<i>Example: Restrooms</i>	<i>Shift Supervisor to check daily, replace as needed per disposal procedures.</i>

**Work Area Restrictions.**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials:

- Eating, drinking, applying cosmetics or lip balm, smoke or handling contact lenses is prohibited.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present.
- *Please ensure to include any work area restrictions that are specific to your company.*

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner, which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods, which will be employed at this facility to accomplish this goal, are: *(List methods, such as covers on centrifuges, usage of dental dams if appropriate, etc. An example is provided below)*

Hazard	Controls
<i>Example: Possibility of splash, spray, or spatter of blood or OPIM</i>	<i>Masks in combination with eye protection or chin length face shields.</i>

**Labeling**

Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material, and other containers used to store, transport, or ship blood or other potentially infectious materials. Labels shall include the following:

- Shall have the biohazard symbol.
- Shall be fluorescent orange or orange-red or predominately so, with lettering and symbols in contrasting color.
- Affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels.

Equipment to be labeled	Label Type
<i>Example: contaminated laundry</i>	<i>Red bag, biohazard label, etc.</i>

\_\_\_\_\_(Name of responsible person or department)\_\_\_\_\_ will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify (insert name, job title, or department) if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

**Specimens.**

Specimens of blood or other potentially infectious materials will be placed in a container, which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard 29 CFR 1910.1030 (g)(1)(i) as described in section 6. Labels and Signs. *(Employers should note that the standard provides for an exemption for specimens from the labeling/color coding requirement of the standard provided that the facility utilizes universal precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility. If the employer chooses to use this exemption then it should be stated here).*

Any specimens, which could puncture a primary container, will be placed within a secondary container, which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

**Contaminated Equipment.**

\_\_\_\_\_ (insert name of position/person) is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Equipment not decontaminated shall be tagged or labeled.

**Personal Protective Equipment**

Employees will be provided with appropriate personal protective equipment (PPE) when there is a

risk of occupational exposure. The selection of PPE will depend on the level of anticipated exposure to blood or other potentially infectious materials (OPIM). It will be determined through a hazard assessment of the workplace. To be considered appropriate, the PPE must effectively prevent blood or OPIM from reaching the employee’s clothing, skin, eyes, mouth, or other mucous membranes under normal use conditions and for the duration of time that the protective equipment will be used.

All personal protective equipment (PPE) required for work at this facility will be provided to employees at no cost, and be readily accessible or issued to employees. The company will clean, launder or dispose any PPE at no cost to the employee.

This equipment includes, but is not limited to those listed below: (List all appropriate protective equipment.)

- ❖ Gloves
- ❖ Gowns
- ❖ Face shields
- ❖ Masks
- ❖ Eye protection
- ❖ Mouthpieces
- ❖ Resuscitation bags
- ❖ Pocket masks or other ventilation devices.

PPE is located (list location) and may be obtained through (Name of responsible person or department).

Department	Procedure	PPE Required

**PPE Use**

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in \_\_\_\_\_ (List appropriate containers for storage, laundering, decontamination, or disposal.)
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows: (put your specific procedures here. For example: how and where to decontaminate face shields, eye protection, resuscitation equipment.

All PPE that needs to be laundered will be done so by the company at no cost to the employee. Laundering will be performed by (Name of responsible person or department) at (time and/or location).

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (list specifics for example: red bags or bags marked with biohazard symbol) for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry: (List appropriate PPE to be worn).

The following contaminated articles will be laundered by this company: (List the articles that will be laundered).

**Additional Protection**

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated (such as autopsies and orthopedic surgery). The following situations require that such protective clothing be utilized:

Department	Procedure	PPE Required

**Housekeeping.**

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. (Employers should add in any information concerning the usage of protective coverings, such as plastic wrap, which they may be using to assist in keeping surfaces free of contamination.)

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

Decontamination will be accomplished by utilizing the following materials: (list the materials which will be utilized, such as bleach solutions or EPA registered germicides)

Example: Solutions of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water will be used to decontaminate all surfaces.

This facility will be cleaned and decontaminated according to the following schedule:

Area	Schedule	Cleaner
<i>Bins, pails, cans, similar receptacles</i>	<i>Weekly or daily dependent on use and Immediately upon visible contamination</i>	<i>Maintenance Department</i>

**Biohazardous Spill Procedures**

In the event of an emergency biohazardous spill the following procedures will be followed after contacting (Name of responsible person or department. to inform them of the event.

The following are clean-up procedures that your company can implement for employees to follow in emergencies when an individual has injured themselves and bled on surfaces. However, it is important to note that emergency first aid response should be performed before any clean-up procedure. If you decide to hire a professional cleaning company, you will need to provide the employee with the company's contact information and the procedures they should follow.

- *Keep others out of the area to prevent spreading spilled material. Post warning signs if needed.)*
- *Contaminated clothing should be removed and placed in a biohazard bag for disinfecting/decontamination.*
- *Wash hands and any exposed skin.*



- *Put on protective clothing (lab coat, gloves, face protection and shoe covers, depending on the amount of spilled material).*
- *Pick up any broken glass with forceps and dispose in a Sharps container.*
- *Cover the spill with paper towels and add 10% bleach.*
- *Allow 20 minutes contact time, discarding used paper towels in biohazard bag for autoclaving. Re-wipe the spill area with disinfectant.*
- *Place all contaminated materials into a biohazard waste container, including gloves.*
- *Wash hands with soap and water.*

## **REGULATED WASTE DISPOSAL**

### **Contaminated Sharps**

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color coded.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.

### **Other Regulated Waste**

Other regulated waste shall be placed in containers, which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

*NOTE: Disposal of all regulated waste shall be in accordance with applicable Unites States, state and local regulations. (The Department of Environmental Quality is the controlling agency in Wyoming. Cheyenne location: 307-777-7937, Casper location: 307-473-3465, Lander location: 307-332-3047)*

*(List the specific procedures your employees will follow, including contact information for third-party companies)*

### **Laundry Procedures.**

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.

- Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (list specifics for example: red bags or bags marked with biohazard symbol) for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry: (List appropriate PPE to be worn).

The following contaminated articles will be laundered by this company: (List the articles that will be laundered).

The contaminated laundry for this facility will be cleaned at: (insert specific information if it is done onsite or through an off-site facility. When using an off-site list company name and contact information)

Please note: If your facility utilized Body Substance Isolation or Universal Precautions in the handling of all soiled laundry (i.e. all laundry is assumed to be contaminated) no labeling or color-coding is necessary if all employees recognize the hazards associated with the handling of this material.

Please note: If your facility ships contaminated laundry off-site to a second facility, which does not utilize Universal Precautions in the handling of all laundry, contaminated laundry must be placed in bags or containers which are labeled or color-coded. One possible solution would be to include a requirement in the contract laundry scope of work requiring the laundry to utilize the equivalent of Universal Precautions.

**Hepatitis B Vaccines and Post-Exposure Evaluation and Follow-Up.**  
**General**

The Hepatitis B vaccine and vaccination series are available to all employees who have occupational exposure and post-exposure follow-up to employees who have had an exposure incident.

-(Name of responsible person or department) shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- Provided according to the recommendations of the U.S. Public Health Service.

An accredited laboratory at no cost to the employee shall conduct all laboratory tests.

**Hepatitis B Vaccination**

(Name of responsible person or department) is in charge of the Hepatitis B vaccination program.  
 (Where appropriate: We contract with Company information who you have a contract with to provide this service.)

Hepatitis B vaccination shall be made available 60 the employee has received the training in

occupational exposure (see information and training) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. Employees will be provided a copy of the 29 CFR 1910.1030 Blood Borne Pathogen Standard.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.

If the U.S. Public Health Service recommends a routine booster dose of Hepatitis B vaccine at a future date, such booster dose shall be made available.

**Post Exposure Evaluation and Follow-up.**

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to (list who has responsibility for investigation of exposure incidents): (Name of responsible person or department)

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law. (Employers may need to modify this provision in accordance with applicable local laws on this subject. Modifications should be listed here:

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Name of responsible person or department shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.

When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained:
- The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood shall be tested for HIV serological status.

- All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by (insert name of clinic, physician, and department Name of responsible person or department)

**Information Provided to the Healthcare Professional**

The Name of responsible person or department \_\_\_ shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- A copy of 1910.1030; (While the standard outlines the confidentiality requirements of the health care professional, it might be helpful for the employer to remind that individual of these requirements.)
- A written description of the exposed employee's duties as they relate to the exposure incident;
- Written documentation of the route of exposure and circumstances under which exposure occurred;
- Results of the source individuals blood testing, if available; and
- All medical records relevant to the appropriate treatment of the employee must including vaccination status.

**Healthcare Professional's Written Opinion**

The (insert name of position/person) Name of responsible person or department shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professionals written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

- A statement that the employee has been informed of the results of the evaluation; and
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

**Information and Training.**

(Name of responsible person or department) \_\_\_\_\_ shall maintain the training program and ensure employee participation.

Training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training.

Training shall be tailored to the education and l \_\_\_\_\_ age level of the employee, and offered during

the normal work shift. The training will be interactive and cover the following:

- A accessible copy of the standard and an explanation of its contents;
- A discussion of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the this Bloodborne Pathogen Exposure Control Plan and a method for obtaining a copy.
- The recognition of tasks that may involve exposure.
- An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs.
- An explanation of the basis of selection of PPEs.
- Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- Information on the evaluation and follow-up required after an employee exposure incident.
- An explanation of the signs, labels, and color-coding systems.
- An opportunity for employees to have interactive questions and answers with the person conducting the training.

The person conducting the training shall be knowledgeable in the subject matter as it relates to the workplace that the training will address.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

**Recordkeeping.**

**Medical Records**

Name of responsible person or department is responsible for maintaining medical records as indicated below. These records will be kept (insert location).

Medical records shall be maintained in accordance with OSHA Standard 1910.20 29 CFR 1910.1020, access to employee exposure and medical records. These records shall be kept confidential, and not disclosed without the employee's express written consent to any person within or outside the workplace except as required by law. and Records must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- The name of the employee.
- A copy of the employee's HBV vaccination status, including the dates of vaccination, and any medical records relative to the employee's ability to receive vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures.
- The employer's copy of the healthcare professional's written opinion.
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

### **Training Records**

Name of responsible person or department is responsible for maintaining the following training records. These records will be kept (insert location).

Training records shall be maintained for three years from the date of training. The following information shall be documented:

- The dates of the training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training;
- The names and job titles of all persons attending the training sessions.

### **Availability**

Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to Wyoming OSHA Program Manager, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, Wyoming OSHA Program Manager, to the Director, and to the Assistant Secretary.

### **Transfer of Records**

Whenever an employer is ceasing to do business, the employer shall transfer all records subject to this section to the successor employer. The successor employer shall receive and maintain these records.

Whenever an employer is ceasing to do business and there is no successor employer to receive and maintain the records subject to this standard, the employer shall notify affected current employees of their rights of access to records at least three (3) months prior to the cessation of the employer's business as required by 1910.1020(h)(2).

### **Sharps injury Log**

A sharps injury log for the recording of percutaneous injuries from contaminated sharps will be maintained. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the individual employee. The sharps injury log shall contain,



at a minimum:

- The type and brand of device involved in the incident.
- The department or work area where the exposure incident occurred, and
- An explanation of how the incident occurred.

### **Evaluation and Review.**

Name of responsible person or department is responsible for annually reviewing this program, and its effectiveness, and for updating this program ~~as needed~~ at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- Document annually consideration and implementation of appropriate commercially available and effect safer medical devices designed to eliminate or minimize occupational exposure.

### **20. Outside Contractors.**

While the written exposure control plan does not have to address information obtained from and provided to outside contractors, you may wish to establish standard operating procedures for these situations and append them to this document. For guidance on your responsibilities regarding bloodborne pathogens, please see OSHA Temporary Worker Initiative: Bloodborne Pathogens (OSHA 3888).

Note: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

# Appendix A

## Vaccination Declination Form

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

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

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Safety Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

# Appendix B

## Blood and Body Fluid Exposure Report Form

The following form was developed to aid healthcare organizations in collecting information on occupational exposures to blood and body fluids. Information on exposure characteristics (e.g., exposure location, type of exposure, device involved, and procedure being performed) can be analyzed for better prevention planning. The first page of this form meets the information requirements for completing an OSHA sharps injury log. It may not be possible to complete all information at the time of the exposure or during the initial consultation with the exposed employee. It is important to add the information after further investigation.

Please note that the CDC has developed the following forms to assist employers in collecting detailed information on exposure that can be used to create prevention plans and conduct incident investigations. They are pulled from the CDC 'Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program. Found here:  
[https://www.cdc.gov/sharpssafety/pdf/sharpsworkbook\\_2008.pdf](https://www.cdc.gov/sharpssafety/pdf/sharpsworkbook_2008.pdf)

While the form may specify healthcare, any organization required to have a blood-borne pathogen program can use it. This document is not an official CDC or WYOSHA document.

SAMPLE Blood and Body Fluid Exposure Report Form

Facility name: \_\_\_\_\_

Name of exposed worker:

Last: \_\_\_\_\_ First: \_\_\_\_\_ ID #: \_\_\_\_\_

Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of exposure: \_\_\_\_\_ AM PM (Circle)

Job title/occupation: \_\_\_\_\_ Department/work unit: \_\_\_\_\_

Location where exposure occurred: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Section I. Type of Exposure (Check all that apply.)

- Percutaneous (Needle or sharp object that was in contact with blood or body fluids)  
(Complete Sections II, III, IV, and V.)
- Mucocutaneous (Check below and complete Sections III, IV, and VI.)  
 Mucous Membrane       Skin
- Bite (Complete Sections III, IV, and VI.)

Section II. Needle/Sharp Device Information

(If exposure was percutaneous, provide the following information about the device involved.)

Type of device: \_\_\_\_\_  Unknown/Unable to determine

Brand/manufacturer: \_\_\_\_\_  Unknown/Unable to determine

Did the device have a sharps injury prevention feature, i.e., a "safety device"?

- Yes                                       No                                       Unknown/Unable to determine

If yes, when did the injury occur?

- Before activation of safety feature was appropriate                       Safety feature failed after activation
- During activation of the safety feature     Safety feature not activated
- Safety feature improperly activated     Other: \_\_\_\_\_

Describe what happened with the safety feature, e.g., why it failed or why it was not activated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Section III. Employee Narrative

Describe how the exposure occurred and how it might have been prevented:

\_\_\_\_\_  
\_\_\_\_\_

## Section IV. Exposure and Source Information

### A. Exposure Details: (Check all that apply.)

#### 1. Type of fluid or material (For body fluid exposures only, check which fluid in adjacent box.)

- Blood/blood products
  - Visibly bloody body fluid\*
  - Non-visibly bloody body fluid\*
  - Visibly bloody solution
- (e.g., water used to clean a blood spill)

*Identify which body fluid		
<input type="checkbox"/> Cerebrospinal	<input type="checkbox"/> Urine	<input type="checkbox"/> Synovial
<input type="checkbox"/> Amniotic	<input type="checkbox"/> Sputum	<input type="checkbox"/> Peritoneal
<input type="checkbox"/> Pericardial	<input type="checkbox"/> Saliva	<input type="checkbox"/> Semen/vaginal
<input type="checkbox"/> Pleural	<input type="checkbox"/> Feces/stool	<input type="checkbox"/> Other/Unknown

#### 2. Body site of exposure. (Check all that apply.)

- Hand/finger
- Eye
- Mouth/nose
- Face
- Arm
- Leg
- Other (Describe: \_\_\_\_\_)

#### 3. If percutaneous exposure:

##### Depth of injury (Check only one.)

- Superficial (e.g., scratch, no or little blood)
- Moderate (e.g., penetrated through skin, wound bled)
- Deep (e.g., intramuscular penetration)
- Unsure/Unknown

Was blood visible on device before exposure?  Yes  No  Unsure/Unknown

#### 4. If mucous membrane or skin exposure: (Check only one.)

##### Approximate volume of material

- Small (e.g., few drops)
- Large (e.g., major blood splash)

If skin exposure, was skin intact?  Yes  No  Unsure/Unknown

### B. Source Information

1. Was the source individual identified?  Yes  No  Unsure/Unknown

#### 2. Provide the serostatus of the source patient for the following pathogens.

	Positive	Negative	Refused	Unknown
HIV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV Antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 3. If known, when was the serostatus of the source determined?

- Known at the time of exposure
- Determined through testing at the time of or soon after the exposure

## Section V. Percutaneous Injury Circumstances

### A. What device or item caused the injury?

#### Hollow-bore needle

- Hypodermic needle
  - Attached to syringe
  - Attached to IV tubing
  - Unattached
- Prefilled cartridge syringe needle
- Winged steel needle (i.e., butterfly<sup>®</sup> type devices)
  - Attached to syringe
  - Attached to IV tubing
  - Unattached
- IV stylet
- Phlebotomy needle
- Spinal or epidural needle
- Bone marrow needle
- Biopsy needle
- Huber needle
- Other type of hollow-bore needle (type: \_\_\_\_\_)
- Hollow-bore needle, type unknown

#### Suture needle

- Suture needle

#### Glass

- Capillary tube
- Pipette (glass)
- Slide
- Specimen/test/vacuum
- Other: \_\_\_\_\_

#### Other sharp objects

- Bone chip/chipped tooth
- Bone cutter
- Bovie electrocautery device
- Bur
- Explorer
- Extraction forceps
- Elevator
- Histology cutting blade
- Lancet
- Pin
- Razor
- Retractor
- Rod (orthopaedic applications)
- Root canal file
- Scaler/curette
- Scalpel blade
- Scissors
- Tenaculum
- Trocar
- Wire
- Other type of sharp object
- Sharp object, type unknown

#### Other device or item

- Other: \_\_\_\_\_

### B. Purpose or procedure for which sharp item was used or intended.

*(Check one procedure type and complete information in corresponding box as applicable.)*

<input type="checkbox"/> Establish intravenous or arterial access (Indicate type of line.)	<p style="text-align: center; margin: 0;"><b>Type of Line</b></p> <p style="margin: 0;"> <input type="checkbox"/> Peripheral                      <input type="checkbox"/> Arterial  <input type="checkbox"/> Central                              <input type="checkbox"/> Other             </p>
<input type="checkbox"/> Access established intravenous or arterial line (Indicate type of line <u>and</u> reason for line access.)	<p style="text-align: center; margin: 0;"><b>Reason for Access</b></p> <p style="margin: 0;"> <input type="checkbox"/> Connect IV infusion/piggyback  <input type="checkbox"/> Flush with heparin/saline  <input type="checkbox"/> Obtain blood specimen  <input type="checkbox"/> Inject medication  <input type="checkbox"/> Other: _____             </p>
<input type="checkbox"/> Other specimen collection	<p style="text-align: center; margin: 0;"><b>Type of Injection</b></p> <p style="margin: 0;"> <input type="checkbox"/> IM injection                      <input type="checkbox"/> Epidural/spinal anesthesia  <input type="checkbox"/> Skin test placement              <input type="checkbox"/> Other injection  <input type="checkbox"/> Other ID/SQ injection             </p>
<input type="checkbox"/> Injection through skin or mucous membrane (Indicate type of injection.)	
<input type="checkbox"/> Obtain blood specimen (through skin) (Indicate method of specimen collection.)	<p style="text-align: center; margin: 0;"><b>Type of Blood Sampling</b></p> <p style="margin: 0;"> <input type="checkbox"/> Venipuncture                      <input type="checkbox"/> Umbilical vessel  <input type="checkbox"/> Arterial puncture                  <input type="checkbox"/> Finger/heelstick  <input type="checkbox"/> Dialysis/AV fistula site          <input type="checkbox"/> Other blood sampling             </p>
<input type="checkbox"/> Suturing <input type="checkbox"/> Cutting <input type="checkbox"/> Other procedure <input type="checkbox"/> Unknown	



**C. When and how did the injury occur? (From the left hand side of page, select the point during or after use that most closely represents when the injury occurred. In the corresponding right hand box, select *one or two* circumstances that reflect how the injury happened.)**

During use of the item

**Select one or two choices:**

- Patient moved and jarred device
- While inserting needle/sharp
- While manipulating needle/sharp
- While withdrawing needle/sharp
- Passing or receiving equipment
- Suturing
- Tying sutures
- Manipulating suture needle in holder
- Incising
- Palpating/Exploring
- Collided with co-worker or other during procedure
- Sharp object dropped during procedure

After use, before disposal of item

**Select one or two choices:**

- Handling equipment on a tray or stand
- Transferring specimen into specimen container
- Processing specimens
- Passing or transferring equipment
- Recapping (missed or pierced cap)
- Cap fell off after recapping
- Disassembling device or equipment
- Decontamination/processing of used equipment
- During clean-up
- In transit to disposal
- Opening/breaking glass containers
- Collided with co-worker/other person
- Sharp object dropped after procedure
- Struck by detached IV line needle

During or after disposal of item

**Select one or two choices:**

- Placing sharp in container:
  - Injured by sharp being disposed
  - Injured by sharp already in container
- While manipulating container
- Over-filled sharps container
- Punctured sharps container
- Sharp protruding from open container
- Sharp in unusual location:
  - In trash
  - In linen/laundry
  - Left on table/tray
  - Left in bed/mattress
  - On floor
  - In pocket/clothing
  - Other unusual location
- Collided with co-worker or other person
- Sharp object dropped
- Struck by detached IV line needle

Other (Describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unknown

## Section VI. Mucous Membrane Exposures Circumstances

### A. What barriers were used by the worker at the time of the exposure?

(Check all that apply.)

- Gloves   
  Goggles   
  Eyeglasses   
  Face Shield   
  Mask   
  Gown

### B. Activity/Event when exposure occurred (Check one.)

- Patient spit/coughed/vomited  
 Airway manipulation (e.g., suctioning airway, inducing sputum)  
 Endoscopic procedure  
 Dental procedure  
 Tube placement/removal/manipulation (e.g., chest, endotracheal, NG, rectal, urine catheter)  
 Phlebotomy  
 IV or arterial line insertion/removal/manipulation  
 Irrigation procedure  
 Vaginal delivery  
 Surgical procedure (e.g., all surgical procedures including C-section)  
 Bleeding vessel  
 Changing dressing/wound care  
 Manipulating blood tube/bottle/specimen container  
 Cleaning/transporting contaminated equipment  
 Other: \_\_\_\_\_  
 Unknown

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**Comments:** \_\_\_\_\_

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## A-7 Sharps Injury Hazard Observation and Report Forms

Healthcare organizations that collect information on sharps injury hazards in the work environment may find the following forms useful. The first form (A-8-1) is for organizations that perform systematic environmental rounds and provides a means for documenting specific sharps injury hazards observed in the course of conducting rounds. The second form (A-8-2) is for use by individual workers who observe a sharps injury hazard in the work environment or is reporting a “near miss” event. The form provides a means for documenting the observation and communicating the problem to administrative personnel. Healthcare organizations may download these resources and adapt them as necessary to meet their organization’s needs.

Workbook Section Link for this Toolkit Product: Operational Processes  
Implement Procedures for Reporting Sharps Injuries and Injury Hazards

\_\_\_\_\_  
(Name of Healthcare Organization)

**A-7-1** SAMPLE Sharps Injury Hazard Observations During Environmental Rounds

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Name of Observer(s):	

**Were any sharps injury hazards identified during the observation?**

- Yes
                         
  No

**If yes, what category of hazard was observed?** (Check all that apply.)

- Improperly discarded sharp object
                         
  Overfilled sharps container  
 Sharp penetrating through container
                         
  Improper handling of a sharp device  
 Other: \_\_\_\_\_

**Describe what was observed. If more than one hazard was identified, number and describe each one separately.**


Reviewed by: \_\_\_\_\_

Committee on: \_\_\_\_\_

\_\_\_\_\_  
(Name of Healthcare Organization)

**A-7-2** SAMPLE Sharps Injury Hazard Observation or "Near Miss" Event Report Form

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location in facility where hazard was observed:			
Building	Department/Unit	Floor	Room #

Description of the hazard or "near miss" event:

Name of person reporting: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you wish to be notified of how this problem is addressed?

- Yes
- No

Send report to: \_\_\_\_\_

*(For Use by Safety Office)*

Date received: \_\_\_\_\_

Method of investigation: \_\_\_\_\_

Phone call to: \_\_\_\_\_

On-site inspection: \_\_\_\_\_

Disposition: \_\_\_\_\_

Was the person who reported this observation notified that it has been addressed?

- Yes
- No

## A-8 Sample Form for Performing a Simple Root Cause Analysis of a Sharps Injury or “Near Miss” Event

This form was developed to assist healthcare organizations determine the factors that may have contributed to a reported sharps injury (A-7) or a situation where a sharps injury could have occurred (“near miss”) (A-8-2). The methods for performing a root cause analysis are discussed in operational process *Implement Procedures for Reporting and Examining Sharps Injuries and Injury Hazards*. Use of this form will assist healthcare organizations identify whether one factor or a combination of factors contributed to the problem. Healthcare organizations may adapt this form as needed.

The key to the RCA process is asking the question “why?” as many times as it takes to get down to the “root” cause(s) of an event.

- What happened?
- How did it happen?
- Why did it happen?
- What can be done to prevent it from happening in the future?

Use of this form and the trigger questions provided will help determine whether and how one or more of the following was a contributing factor: patient action, patient assessment, training or competency, equipment, lack of or misinterpretation of information, communication, availability and use of specific policies or procedures, healthcare personnel issues, and/or supervisory issues.



SAMPLE Form for Performing a Simple Root Cause Analysis of a Sharps Injury or “Near Miss” Event

**Description of Event Under Investigation**

**Event:** Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_ AM PM **Weekday:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Details of how the event occurred:** \_\_\_\_\_

Contributing Factors	If “YES”, what contributed to this factor being an issue?		Is this a root cause of the event?		If YES, is an action plan indicated?	
	YES	NO	YES	NO	YES	NO
Issues related to patient assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues related to staff training or staff competency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment/device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of or misinterpretation of information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate rules/policies/procedures or lack thereof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure of a protective barrier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel or personal issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Root Cause Analysis Action Plan

Risk Reduction Strategies	Measure(s) of Effectiveness	Responsible Person(s)
<b>Action item #1</b>		
<b>Action item #2</b>		
<b>Action item #3</b>		
<b>Action item #4</b>		
<b>Action item #5</b>		

## SAMPLE Trigger Questions for Performing a Root Cause Analysis of a Blood or Body Fluid Exposure

1. Issues related to patient assessment
  - Was the patient agitated before the procedure?
  - Was the patient cooperative before the procedure?
  - Did the patient contribute in any way toward the event?
2. Issues related to staff training or staff competency
  - Did the healthcare worker receive training on injury prevention technique for the procedure performed?
  - Are there training or competency factors that contributed to this event?
  - Approximately how many procedures of this type has the healthcare worker performed in the last month/week?
3. Issues related to the device
  - Did the type of device used contribute in any way to this event?
  - Was a “safety” device used?
  - If not, is it likely that a safety device could have prevented this event?
4. Work environment
  - Did the location, fullness or lack of a sharps container contribute to this event?
  - Did the organization of the work environment (e.g., placement of supplies, position of patient) influence the risk of injury?
  - Was there sufficient lighting?
  - Was crowding a factor?
  - Was there a sense of urgency to complete the procedure?
5. Was a lack of or misinterpretation of information contribute to this event?
  - Did the healthcare worker misinterpret any information about the procedure that could have contributed to the event?
6. Communication
  - Were there any communication barriers (e.g., language) that contributed to this event ?
  - Was communication in any way a contributing factor in this event?
7. Appropriate policies/procedures
  - Are there existing policies or procedures that describe how this event should be prevented?
  - Were the appropriate policies or procedures followed?
  - If they were not followed, why not?
8. Worker issues
  - Did being right or left handed influence the risk?
  - On the day of the exposure, how long had the worker been working before the exposure occurred?
  - At the time of the exposure, could factors such as worker fatigue, hunger, illness, etc. have contributed?
9. Employer issues
  - Did lack of supervision contribute to this event?

EVENT TRACKING NUMBER: \_\_\_\_\_

*Item # 11.*

**RESOLUTION NO. 2024-25**

**RESOLUTION ADOPTING BLOODBORNE PATHOGEN EXPOSURE PLAN**

**WHEREAS**, OSHA’s General Rules and Regulations Sec. 1910.1030 requires adoption of a plan to control exposure to bloodborne pathogens; and

**WHEREAS**, The Governing Body of the City of Mills, in consultation with its staff, has reviewed the draft bloodborne pathogen control plan formulated by Wyoming OSHA; and

**WHEREAS**, The health, safety and welfare of the employees of the City of Mills is a matter of concern for the Governing Body

**NOW, THEREFORE**, The Governing Body of the City of Mills, Wyoming, hereby adopts the Draft Bloodborne Pathogen Control Plan formulated by the Wyoming Department of Occupational Safety and attached hereto as the Bloodborne Pathogen Control Plan for the City of Mills, Wyoming.

PASSED, APPROVED AND ADOPTED THIS \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Mayor, Leah Juarez

\_\_\_\_\_  
Councilman, Sara McCarthy

\_\_\_\_\_  
Councilman, Cherie Butcher

\_\_\_\_\_  
Councilman, Tim Sutherland

\_\_\_\_\_  
Councilman, Brad Neumiller

ATTEST:

\_\_\_\_\_  
City Clerk

CERTIFICATE

I, Sarah Osborn, City Clerk, hereby certify that the foregoing Resolution was adopted by the City of Mills at a public meeting held on July\_\_\_\_\_, 2024, and that the meeting was held accordingly to law; and that said Resolution has been duly entered in the record of the City of Mills.

\_\_\_\_\_  
Sarah Osborn  
City Clerk

**RESOLUTION NO. 2024-26**

**RESOLUTION APPROVING MEMORANDUM OF UNDERSTANDING WITH THE CITY OF CASPER FOR THE USE OF METRO ANIMAL SHELTER SERVICES**

**WHEREAS**, The Governing Body of the City of Mills, has reviewed a Memorandum Of Understanding (MOU) between the City of Casper, Wyoming and the City of Mills, Wyoming regarding the use of Metro Animal Shelter Services; and

**WHEREAS**, The Governing Body generally approves of the MOU with the addition of provisions allowing for more efficient after-hours access

**NOW, THEREFORE**, The Governing Body of the City of Mills, Wyoming, hereby **RESOLVES**, to approve the Memorandum Of Understanding with the City of Casper for the use of Metro Animal Shelter Services, as amended.

PASSED, APPROVED AND ADOPTED THIS \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Mayor, Leah Juarez

\_\_\_\_\_  
Councilman, Sara McCarthy

\_\_\_\_\_  
Councilman, Cherie Butcher

\_\_\_\_\_  
Councilman, Tim Sutherland

\_\_\_\_\_  
Councilman, Brad Neumiller

ATTEST:

\_\_\_\_\_  
City Clerk

CERTIFICATE

I, Sarah Osborn, City Clerk, hereby certify that the foregoing Resolution was adopted by the City of Mills at a public meeting held on July\_\_\_\_\_, 2024, and that the meeting was held accordingly to law; and that said Resolution has been duly entered in the record of the City of Mills.

\_\_\_\_\_  
Sarah Osborn  
City Clerk



**ORDINANCE 816  
ORDINANCE REGARDING INTERFERENCE WITH EMERGENCY  
CALLS OR EMERGENCY REPORTING SYSTEM**

**WHEREAS,** The City of Mills presently lacks an Ordinance regarding interference with emergency calls or emergency reporting systems; and

**WHEREAS,** Protecting the integrity of emergency calls and emergency reporting systems is vital for public safety.

**WHEREAS,** The Governing Body of the City of Mills has reviewed the attached proposed addition to the Municipal Code, Section 6.04.070 and finds that it addresses this topic and should be enacted.

**NOW THEREFORE,** The City Council of the City of Mills, Wyoming adds Section 6.04.070 to the City Code, effective immediately upon its third reading.

PASSED on 1<sup>st</sup> reading the \_\_\_\_ day of \_\_\_\_\_ 2024.

PASSED on 2<sup>nd</sup> reading the \_\_\_\_ day of \_\_\_\_\_, 2024.

PASSED, APPROVED AND ADOPTED on 3<sup>rd</sup> and final reading this \_\_\_\_ day of \_\_\_\_\_, 2024.

**CITY OF MILLS, WYOMING**

\_\_\_\_\_  
Leah Juarez, Mayor

\_\_\_\_\_  
Sara McCarthy, Council

\_\_\_\_\_  
Brad Neumiller, Council

\_\_\_\_\_  
Cherie Butcher, Council

\_\_\_\_\_  
Tim Sutherland, Council

ATTESTED:

\_\_\_\_\_  
Sarah Osborn, City Clerk

**9.04.070 Interference with emergency calls; interference with emergency reporting system.**

(a) A person commits a misdemeanor punishable by imprisonment for not more than six (6) months, a fine of not more than seven hundred fifty dollars (\$750.00), or both, if he knowingly obstructs, prevents, hinders or otherwise interferes with the making or completion of a telephone call to a 911 emergency reporting system or other telephone or radio communication by another person to any law enforcement agency to request protection or other assistance from the law enforcement agency or to report the commission of a crime.

(b) A person commits a misdemeanor if he knowingly calls a 911 emergency reporting system for a purpose other than to report a situation that he reasonably believes requires prompt service in order to preserve or protect human life or health or property.

(c) For purposes of this article "911 emergency reporting system" means as defined by W.S. 16-9-102(a)(iv).

**ORDINANCE 817  
ORDINANCE REGARDING CRIMINAL ENTRY**

**WHEREAS,** The City of Mills presently lacks an Ordinance regarding criminal entry; and

**WHEREAS,** The protection of private property and prevention of theft is a concern of the City

**WHEREAS,** The Governing Body of the City of Mills has reviewed the attached proposed addition to the Municipal Code, Section 9.12.110 and finds that it addresses this topic and should be enacted.

**NOW THEREFORE,** The City Council of the City of Mills, Wyoming adds Section 9.12.112 to the Town Code, effective immediately upon its third reading.

PASSED on 1<sup>st</sup> reading the \_\_\_\_\_ day of \_\_\_\_\_ 2024.

PASSED on 2<sup>nd</sup> reading the \_\_\_\_\_ day of \_\_\_\_\_, 2024.

PASSED, APPROVED AND ADOPTED on 3<sup>rd</sup> and final reading this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

**CITY OF MILLS, WYOMING**

\_\_\_\_\_  
Leah Juarez, Mayor

\_\_\_\_\_  
Sara McCarthy, Council

\_\_\_\_\_  
Brad Neumiller, Council

\_\_\_\_\_  
Cherie Butcher, Council

\_\_\_\_\_  
Tim Sutherland, Council

ATTESTED:

\_\_\_\_\_  
Sarah Osborn, City Clerk

**9.12.110 Criminal entry; penalties; affirmative defenses.**

(a) A person is guilty of criminal entry if, without authority, he knowingly enters a building, occupied structure, vehicle or cargo portion of a truck or trailer, or a separately secured or occupied portion of those enclosures.

(b) It is an affirmative defense to prosecution under this section that:

(i) The entry was made because of a mistake of fact or to preserve life or property in an emergency;

(ii) The enclosure was abandoned;

(iii) The enclosure was at the time open to the public and the person complied with all lawful conditions imposed on access to or remaining in the enclosure; or

(iv) The person reasonably believed that the owner of the enclosure, or other person empowered to license access to the enclosure, would have authorized him to enter.

(c) Criminal entry is a misdemeanor punishable by imprisonment for not more than six (6) months, a fine of not more than seven hundred fifty dollars (\$750.00), or both.