ST. LAWRENCE COUNTY SELF-INSURANCE PLAN 48 COURT STREET CANTON, NEW YORK 13617

PHONE: 315-379-2239 FAX: 315-379-2254

Stephen D. Button Plan Administrator Hattie Bice Secretary

Jody C. Wenzel Risk Manager

August 14, 2023

Charles Hooven
Supervisor, Town of Clifton
PO Box 252
Newton Falls, NY 13666

Dear Supervisor Hooven,

I visited your facilities on 8/14/2023. I noted that few of the items I found at last year's inspection had been corrected. Also, I was unable to access the arena that the Clifton shares with the Town of Fine. It is my understanding that Clifton would be responsible for the cost of repairs to that facility. One of your employees did mention to me that they did not think any work had been completed since last year and that it the facility was not being used. If this is incorrect and you'd like me re-inspect, please let me know and I will make an appointment to do so.

One important finding in my reports was the absence of a current Health & Safety Manual for the Town. There are various subjects that OSHA/PESH require written policies and procedures for and I was not able to locate any. I am attaching templates for many of these policies that you can use to develop a manual. I spoke with Kelly at the Highway department and he is expecting these. I would suggest maintaining copies on the manual at all the Town's facilities.

Once complete, it is also required that your employees have annual training on these topics. I have been putting on free training sessions throughout the County over the past couple years. I have another coming up in Gouverneur on August 31st, 2023 at 9 am at the Community Center. If you'd like to send some employees, please just let me now.

I also must point out the electrical issues at the Highway garage. There are some serious safety issues with the wiring and panel boxes that need to be addressed by an electrician as soon as possible. The front of one of the panel boxes is no longer attached and wiring is exposed.

I have attached my audit findings on the enclosed pages. Please note that each item has a location, severity rating, and space to note when the items have been addressed. Please indicate the date each item was corrected and forward a copy of these forms back to me for my files.

Each of these items was discussed at the time of the finding, but if there are any questions, please do not hesitate to reach out to me. My email address is JWenzel@stlawco.org and my direct line is (315) 229-3035. You can also reach me on my cell phone at (315) 244-1363.

It was a pleasure visiting your facilities. Please do not hesitate to contact myself or this office with questions on my findings or any Worker's Compensation, training, or safety issues you may have.

Sincerely,

Jody C. Wenzel

Risk Manager, St. Lawrence County Self-Insurance Plan

Cc: Karen Soltain, Kelly Smith, Nancy Russell

Risk Assessment Rating: 1 = Critical (Immediately) 2 = Major (Within 30 days)		3 = Minor (Within 60 d	ays)	
		2 = Major (Within 30 days)	4 = Observation (Within 90 days)	
Location:		Description	Correction Date	Rating
All locations	Inspect fire extinguish	ers on a monthly basis		3
All locations	Emergency lights were	e not working throughout building		2
All locations	Health & Safety manual should be developed and a copy placed at Town Office			4
All locations	Training on OSHA/PES	H required topics needed		4
Foyer	Exit light not illuminat	ed		3
Boiler Room	Paint cans need to be	properly stored		3
Boiler Room	Hole in floor should be	e covered	ABAG	3
Boiler Room	Recommend inspection	n of old boiler by cert. asbestos inspector		4
Storage/Electrical	Label all electrical brea	akers		4
Storage/Electrical	Missing breaker in par	nel - open hole		3
Storage/Electrical	Large hole in floor sho	ould be covered	L= 1931	3

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Location:		Description	Correction Date	Rating
All locations	Check fire extinguish	ers on a monthly basis		3
All locations	Document when nev	v bottles are installed in eyewash		3
All locations	Label all electrical sh	utoffs		4
All locations	Recommend AED tra	ining for all employees		4
Electrical Room	Open junction box or	ver electrical panels		2
Electrical Room	Electrical breakers no	ot all labeled		3
Electrical Room	Missing breaker in "F	Panel 1"		3
Electrical Room	Debris and material	plocking electrical panels - 36" clearance required		3
Electrical Room	Panels & wiring need	Is to be checked and updated by electrician, if needed		2
Mezzanine	Install chain/barrier	across railing opening	市	2
Truck Bay	Safety clip missing fr	om hook on hoist		3
Truck Bay	Anti-restart device re	equired on bench grinder		3
Truck Bay	Anti-restart device re	equired on drill press		3
Truck Bay	Load rating required	on metal racks		4
Cold Storage	Load rating required	on metal racks		4
Training	No records of require	ed OSHA/PESH Annual training for required topics		4
Administrative	No written Emergency Response plan, per 29 CFR 1910.120		1144 - 1160	4
Administrative	No written certification of PPE Hazard Assessment per 29 CFR 1910.132			4
Administrative	No written Respiratory	Protection Program, medical eval., fit testing per 29 CFR 1910.134		4
Administrative	No Confined Space V	Vorkplace Evaluation, per 29 CFR 1910.146		4
Administrative	No Lock Out / Tag O	ut program per 29 CFR 1910.147		4
Administrative	No Bloodborne Path	ogen written exposure plan, per 29 CFR 1910.1030		4
Administrative		cation Plan, per 29 CFR 1910.1200		4
Administrative	MSDS sheets not cor	overted to Safety Data Sheets per 29 CFR 1910.1200		3
Administrative	No Fall Protection w	ritten plan per 29 CFR 1910.500-503		4
Administrative	No Lyme Disease Pre	vention program per 12 NYCRR Part 800.6		4

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Location:		Description	Correction Date	Rating
All Areas	Emergency lights not v	vorking and/or damaged	Anna Anna	3
All Areas	Exit signs not illuminat	ed or damaged		3
Entrance	Fire extinguisher inspe	ction not up to date		3
Locker Room #2	Open conduit box			3
Locker Room #2	Recommend rewiring	neater with metal-shielded wire		4
Locker Room #1	Fluorescent bulbs not	shielded		3
Bench-side Wall	Missing outlet covers	on multiple electrical boxes		3
Zamboni Room	Electrical panel not lab	eled as "fed from"		4
Zamboni Room	Not all breakers labele	Not all breakers labeled		
Under Bleachers	Open light sockets - install bulbs or cover plates			3
Kitchen	Not all breakers labeled			3
Kitchen	Open slot in panel box			3
Electrical Room	Recommend re-labeling	g all breakers - lists are old and worn		4
Outside Furnace Room	Open conduit on 480v	junction box	STATE OF THE STATE	2
Outside Furnace Room	Wires running through	door opening on panel box		2
Furnace Room	Open conduit boxes al		2	
Furnace Room	Open junction box above entrance			2
Furnace Room	Multiple junction boxes on wall heading towards bleachers			2
Locker #3	Missing grate on heati	ng duct opening		4

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Electrical Room	Panels & wiring nee	ds to be checked and updated by electrician, if needed		2
Mezzanine	Install chain/barrier	across railing opening		2
Truck Bay	Safety clip missing for	om hook on hoist		3
Truck Bay	Anti-restart device r	equired on bench grinder		3
Truck Bay	Anti-restart device r	equired on drill press		3
Truck Bay	Load rating required	on metal racks	(A)	4
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Administrative	No Lock Out / Tag O	ut program per 29 CFR 1910.147		4
Administrative	No Bloodborne Path	ogen written exposure plan, per 29 CFR 1910.1030		4
Administrative	No Hazard Commun	ication Plan, per 29 CFR 1910.1200		4
Administrative		nverted to Safety Data Sheets per 29 CFR 1910.1200		3
Administrative	No Fall Protection w	ritten plan per 29 CFR 1910.500-503	(1-x)	4
Administrative	No Lyme Disease Pr	evention program per 12 NYCRR Part 800.6		4

2022 Clifton Beach Safety Compliance Au 1 = Critical (Immediately)			3 = Minor (Within 60 days)		
Risk Assessment Rating:		2 = Major (Within 30 days)	4 = Observation (Within 90 days		
Location:		Description	Correction Date	Rating	
	N/A				

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