

ATTACHMENT A

(Date)

TO: DIRECTOR OF HUMAN RESOURCES

FROM:

SUBJECT: REQUEST FOR **INITIAL** TEMPORARY HAZARD PAY DETERMINATION

PART I – SUPERVISOR OR UNION

Name, Title, Phone Number of Person Requesting Study:

Name Title, Phone Number of Supervisor in Immediate Charge of Project:

Starting Date of Project and Exposure to Hazard: March 4, 2020

Ending Date or Project Completion Date: Mayor rescission of emergency proclamation

Location of Project:

[Provide street address, or give name of well-known site such as Sand Island Wastewater Treatment Plant, Keehi Transfer Station, Kapiolani Park, etc.]

Percent Hazard Pay Requested (Circle): 15% or 25%

Description of Work Activity or Project, including Machinery, Equipment and Tools Used:

[Describe purpose of the work activity. Examples: Sandblast machinery parts to remove rust and scale; remove plant overgrowth from drainage channel to improve water flow; lay pipe or conduit in 8- foot deep trench.]

Describe machinery, power tools and hand tools used to carry out the work. Examples: Industrial air compressor and related high pressure hoses and hardware used for sandblasting; cane knives, sickles and chain saws to cut overgrowth; backhoe, picks and shovels to excavate trench and mobile crane to lower pipe sections into position.]

Specific Description of Unusually Hazardous Conditions:

[Examples: Exposure to hazardous dusts, toxic gases, falls from heights, explosive gas, entrapment, and extreme temperature.]

Classes of Employees Actively Exposed to Unusually Hazardous Conditions (Correct class titles must be used. If supervisors and support personnel are included, for example equipment operators, explain how they are directly exposed to the hazards):

[The purpose of this section is to identify those employees directly exposed to the hazards so that unaffected workers will not "piggyback" on the hazard pay award. In particular, exposure of supervisors, truck drivers, equipment operators and others who come and go from the worksite should be explained. By providing this information, conflicting statements by persons involved can be resolved. The correct class title of workers assigned to the project or activity must be given. This will also serve to resolve conflicts in oral testimony. Avoid broad descriptions such as "workers in the repair section." This will help move the process of awarding temporary hazard pay.]

Title and Pay Range:
Number of Employees and Bargaining Unit:
Task(s) Performed:

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Describe Efforts to Minimize, Eliminate or Control Hazards (work procedures, training, use of specialized equipment or personal protective safety equipment, etc.):

[Identify specific hazards and indicate efforts to minimize, eliminate or control each. Examples: Use of Self-Contained Breathing Apparatus (SCBA) for protection from toxic gases; safety lines or lanyards worn to prevent falling from heights; shoring installed to prevent trench collapse. Explain why the hazard cannot be eliminated, minimized or controlled by use of personal protective safety equipment or work procedures. Examples of situations where little control can be exerted over hazards would be work in a rock slide area created by nature and too vast in size to be shored and work in confined space with toxic gas present that could result in severe injury or death from short exposure if SCBA equipment fails.]

Accident History Involving the Described Work Activity (past 5 years):

List any below that you are aware of.

[Information on past accidents may be obtained from accident report files or from crewmembers in oral testimony. The "type of injury" means burn, electric shock, laceration, fracture, abrasion, puncture, etc. "Corrective Action" should be in sufficient detail to determine if the same type of accident can be prevented again. If this is the first time this type of project or activity has been undertaken, or if there have not been any past accidents related to the activity, then so indicate.]

Date of Accident:

Type of Injury:

Describe Accident:

Corrective Action:

Date of Accident:

Type of Injury:

Describe Accident:

Corrective Action:

Date of Accident:

Type of Injury:

Describe Accident:

Corrective Action:

Other Comments:

[Please provide any other comments that may help in making this initial temporary hazard pay determination.]

Signature of Person Originating Request

Date