

Town of Indian Lake water and wastewater

Report for July 2022

Test were completed daily at all three plants.

DOH and DEC samples were submitted to the lab. We recently switched labs and our new lab picks up the samples here in Indian Lake instead of us taking them to Glens Falls. So far everything is working well.

As I mentioned at the last meeting we had a large water main break in Blue Mt that washed out the beach and a section of concrete sidewalk and gutter. With a lot of help from Buildings and Maintenance the main was repaired, overburden hauled away, beach repaired, seed and hay were spread so the beach could have opened the next day. concrete was poured last week.

The sewer plant was mowed and weedwacked as needed.

A couple box and rods were replaced in both districts.

Both pumps were serviced at the East plant.

Both trucks had their oil changed.

Thank you



Patrick Mahoney/water and wastewater superintendent

Monthly report building maintenance and operations July 2022

This month started out like no other, we moved a large moose from the Blue Mountain Lake Museum to Indian Lake for Brenda Valentine and the Chamber of Commerce. Museum staff helped us get the moose out of the building, we secured it on our landscape trailer and drove 35 miles an hour to get the moose back to Indian Lake. We built a box to hold the moose and he will be displayed during Moose fest.

Beach season has been quite a treat this year we have had numerous calls and complaints with people not following the rules, broken bouys, problems on both beaches, whether it be waterlines leaking, Toilets leaking or bee and pest problems, it is taking up a lot of our time and resources.

We hauled six dump trailer loads of chips to the rafting site to fix washouts that have occurred with heavy rains and dry conditions, the new Side-by-side we purchased help to make quick work of the job we were able to drive down turn around and dump making job much easier than in the past.

Wes and I have worked numerous hours this month at the transfer station trying to help with recycling, the volume of people entering the facility has been overwhelming this year, cardboard is out of control and takes up more time than anything else, we can fill a cardboard trailer in two or three days.

Byron park we set up for fireworks, moved barricades, signage for the event, and cleaned up when the event was over. Split rail fencing was installed on the basketball court and by the horseshoe pits, one was for safety and the other to make the park look better. We trimmed all the brush along the road edge and took down some danger trees. We have pressure washed the building and are preparing to stain. Made repairs to the broken kayak dock in the back of the park. Helped the friends of the library by moving the books from their storage building down to Byron Park for their annual book sale, we cleaned up when the event was over. We stained the back bathrooms at Byron Park put up rain gutters and build a bench next to the basketball court where the building was delaminating. The library plastic book shed was replaced with the shed from Stewart's, we put the shed on our trailer and moved it to town hall, set up a pad, and built shelving inside for books.

I have met with three different inspectors this month going over what the town needs to do for building repairs and to keep us up-to-date with current OSHA standards.

We have mowed all town properties twice this month, including cemeteries and the shooting range.

We have worked on the bogs on Adirondacks lake, and will continue until time and weather shut us down.

Thank you

Bill Laprairie

Building maintenance and operations department



Highway Report Aug 2022

The Highway dept. has been busy with several projects

Ditching was completed on Joe Locke Rd. Some ditching was done on King Rd. Our trucks have worked on several paving project throughout the County. Helping Hamilton County and Town of Long Lake and the Town of Inlet.

We finished our Chip Seals on Parkerville Road and Chain Lakes Rd.

More overhanging trees have been cut. We are now undercutting the intersection on Tower Hill road where we have a ground water issue.

Our next project will be on Abenakee Lake Rd which also has some ground water issues as well as a bad road base.

Materials continue to be hauled. Winter Sand will also start to be hauled

Jamie Roblee
Highway Supt.

Mechanics Monthly

July 2022

- ① Serviced #186
- ② Cut cutting edge for #187
- ③ Trouble shoot trans problem for 5085 tractor
- ④ Change trans hyd fluid + filters on 5085 tractor
- ⑤ Removed broken gearbox + blades from TC45 tractor
- ⑥ Cleaned up shop for inspection
- ⑦ Installed new starter in #185 tandem
- ⑧ Reset ck engine light on 186 seems ok
- ⑨ Full service done to fuel truck 171
- ⑩ clutch + trans sending unit put in for tractor 5085
- ⑪ Switched tires around inspected and also changed head lights on 182 tractor trailer



COPY

TOWN OF INDIAN LAKE

P.O. Box 730 Pelon Road
Indian Lake, Hamilton County
New York 12842

Town of Indian Lake Building Permit Report August 2022

	<u>Residential</u>	<u>Commercial</u>
1. Total # of Permits Issued:	19	2
2. Total dollar amount of projects in #1:	<u>\$848,450</u>	<u>\$2,639,578</u>
3. Number of Permits in #1 which are Hunting Camps:	0	
4. Total dollar amounts of projects in #3:	<u>\$0</u>	
5. Number of single-family permits issued (Camps N/A):	<u>3</u>	
6. Total dollar amount of projects in #5:	<u>\$675,000</u>	
7. Number of Trailers/Double Wide/Modular Homes:	<u>0</u>	
8. Number of Permit renewals:	5	
9. Number of Firework Permits issued:	<u>0</u>	
10. Total dollar amount of permits in #9:	<u>\$0</u>	
11. Fire inspections (Annual) to date	14	

Respectfully Submitted by:

Tyler Monthony



**August 8, 2022, Town of Indian Lake
Board Meeting
Economic Development, Marketing & Events
Report**

Community/Economic Development

Main Street America (MSA) Community Survey & Consultant to Visit – On July 8, together with the Indian Lake Community Development Corporation, we kicked off the Community Survey and have been collecting responses ever since. If you haven't taken the survey yet, please do prior to August 13. https://www.surveymonkey.com/r/IndianLake_Community. We need more folks in the age bracket 25 to 44 to complete the survey. Brenda and I were interviewed about the survey during an Adirondack Listening Tour held at various Stewart's Shops on July 8. On July 16, I attended the Farmers Market and collected community surveys.

Lisa Thompson, the MSA consultant will be joining us August 24-26. A schedule of the activities during her visit is attached.

We should be receiving \$772.51 from the ILCDC to reimburse us for MSA expenses I incurred which was over my budgeted amount for professional development.

Welcome Center: The Welcome Center continues to be a great asset. I believe the two outdoor signs (sandwich board on sidewalk and tall sign) have aided in letting people know we are here and when we are open. Currently, the standard hours of operation for the chamber are Tues.-Sun. from 10 am to 4 pm.

Rafting Put In – On July 14 and ongoing, on Tues, Thurs, Sat., and Sundays, I have been helping at the put in site from 9:15 to 11ish. It has been enlightening. In speaking with the visitors and some company owners, I am learning most visitors truly get back in their cars and go back to their camps and lodges, rather than go into nearby towns for drinks/dinner. I also learned some companies have seen an uptick in international travelers. I am collecting my ideas and hope to present some ideas at the end of the rafting season. Dress Up Day (July 30) on the River was a real hoot and a must see!

Town Employee Appreciation Cookout – is scheduled for Wednesday, August 17, at the Ski Hut at 11:30am to 1:00pm to thank our town employees for all the wonderful (and not so wonderful) jobs they must do to keep the town humming along. Official invites will be in the department head mailboxes for distribution. An RSVP is appreciated by August 14. For more details, please contact me. Town board members and supervisor are invited to attend.

One Call Emergency Alert System – I had more than 40 people sign up for the service after the last Boil Order Alert from a community announcement I inserted in our e-newsletter.

Byron Park Bathroom Plants – Bill built a flowerbed, and I added some perennials. I am getting bids to add some logo to signs to the front of the building. Everyone really loves the additional improvements Bill's team made to the area. I am especially thankful for the outdoor watering spicket.

Events – 2022

Independence Day Celebration & Kids Fishing Derby – The fishing derby, parade, chicken BBQ, and fireworks were well attended. Brenda and I had an info table at Byron Park and talked to folks about the community survey.

Concert w/ the 10th Mountain Division – was very popular with more than 200 in attendance. Special thanks to the American Legion for providing the band members with dinner. Thank you notes to the band (performed for free) and Legion were sent. Kathy Bird collected donations for the recycle center she has proposed to bring back – amount collected is unknown to me.

Concert w/ Stony Creek Band – was not as well attended (65) as I hoped and I think it is because it was on a Friday. I plan on tracking numbers and days to determine best booking dates for the future. \$60 was collected for Community Action's School Supply drive.

At each concert, it is very evident that the playground is a huge hit as parents can listen to the music and watch their children play at the same time. In addition, the split rail fence between playground and horseshoe pit provides a safety mechanism and helps to slow down runaway children as they make their way back to their parents.

On another note, several people have suggested we bring food trucks in for the concerts, and I will be checking into the possibility and what insurance requirements would be needed.

August Concerts – 8/12: Jacksland (folk and pop duo from Saratoga Springs area.) This concert is a re-booking from a prior contract with a booking agent prior to COVID which is finally being fulfilled. 8/26: Spring Street (old and classic rock band with new hits sprinkled in – band from the Tupper Lake area)

Indian Lake Paint Out! scheduled for August 19-21, with artist Robert Stump, is almost full. We only have two spots left. We received a grant for \$1250 from the NYSCA Statewide Regrant Program. The grant will cover the instructor fee and the class fee will help to offset supply costs. I am planning to make this an annual event so some supplies, such as easels, can be utilized in coming years. There will be a small reception on the last day of the Paint Out! to display the work created. The Town Board members and supervisor are invited to attend.

Rustic & Antiques Show Schedule Set – I am marketing both events together using the same branding as the vendors tend to span the entire time starting with rustic, then antiques, and flowing into the moose festival. Advertisements have been placed in premier antique and collectable publications; postcards and posters distributed to participating vendors to spread cross state and regionally; and yard signs distributed in Indian and Blue as well. Four banners will be put up as well; two in Blue Mountain Lake and two in Indian Lake.

Marketing

Social Media: I continue to encourage all to follow the Town on social media sites.

<https://www.facebook.com/townofindianlake>

<https://twitter.com/TownofIndianLa1>

<https://www.instagram.com/townofindianlakenew/>

www.facebook.com/Townsofindianandbluemountainlakeny

<https://www.facebook.com/Townsofindianandbluemountainlakeny>

If you are not receiving the weekly e-newsletter and would like to sign up for it, please let me know.

Email Conversion: I am in the process of connecting with an IT person who maybe able to assist with this conversion.

Grants

Townsend Redevelopment CFA was submitted by LaBella on Thursday, July 28 with a total project cost of \$726,000. I carefully reviewed and suggested several edits prior to submission. Awards will be announced (typically) around Thanksgiving and prior to Christmas.

Possible projects for Restore NY grant have been submitted to Supervisor Wells for review.

Meetings

7/7 – Phone meeting re: grants with Jordyn
7/12 – Listening Tour interview and meeting for the 90-miler
7/13 – RESTORE NY grant webinar
7/20 - Phone meeting re: grants with Jordyn
7/25 - Phone meeting re: grants with Jordyn

Respectfully submitted by Christine Pouch, 8/2/2022

Main Street America Onsite Visit to Indian Lake Schedule

Day One – Thursday, August 25, 2022

Location: Town Hall located at 117 Pelon Road
Indian Lake, NY



8:30AM – Meet with Brenda Valentine & Christine Pouch – Overview of the visit and expectations at

9:00AM – Meet with Steering Committee/Board of Directors – Initial review of the market data and community surveys and suggested initial economic strategies. Opportunity to provide feedback.

10:30AM – Break

10:45AM – Tour the community (Indian Lake, Sabael and Blue Mountain Lake)

12:30PM – Lunch delivered to Town Hall (Pig2 Deli or Mountain View Café)

Stakeholder Sessions (Focus Groups)

1 – 1:45PM – Key Community Leaders and Non-Profit Organizations

2 – 2:45PM – Business and Property Owners (Seasonal and Year-round)

3 – 3:45 – Elected, City, County Officials

4 – 4:45 Dinner Break at Indian Lake Restaurant

5-6:30PM – Public Meeting at the Indian Lake Theater (Main Street) to educate about the MSA Approach and review community findings for economic strategies.

Day Two – Friday, August 26, 2022

Location: Town Hall located at 117 Pelon Road Indian Lake, NY

8:30AM – Task Force/Board Meeting (or combinations with volunteer groups) to review economic strategies and feedback. Board adopting the strategies or customizing them. Overview sheet to see which projects now fit the Transformation Strategies. Setting overall outcomes.

10:00AM – Task Force/Board Reviewing how to set up and operate a local “MSA” program looking for structure, leadership, education on the MSA Approach.

Noon – Wrap Up lunch with Brenda and Christine (and others) in a leadership role to review next steps. Budgets, bylaws, funding, etc.

2PM – Visit adjourns

**THE INDIAN LAKE COMMUNITY
DEVELOPMENT CORPORATION &
TOWN OF INDIAN LAKE
INVITE YOU TO ATTEND...**

**FOCUS GROUP MEETINGS TO SHARE YOUR
THOUGHTS RE: OUR
HAMLETS REVITALIZATION EFFORTS AS A
REPRESENTATIVE IN THE FOLLOWING GROUPS:**

1-1:45PM

KEY COMMUNITY & NONPROFIT LEADERS

2-2:45PM

HOME & BUSINESS OWNERS

3-3:45PM

ELECTED TOWN, COUNTY & STATE OFFICIALS

**THURSDAY, AUGUST 25 AT INDIAN LAKE
TOWN HALL 117 PELON ROAD**

**PLEASE RSVP TO 518-648-5828 OR
INDIANLAKE2021@GMAIL.COM BY 8/21/22.**



Take the survey!





Town of Indian Lake Chamber of Commerce

Representing Blue Mountain Lake, Indian Lake and Sabael

P.O. Box 724 Indian Lake, New York 12842

Phone and Fax (518) 648-5112 website: indian-lake.com

Email indianlakechamber@frontiernet.net

Town of Indian Lake Chamber of Commerce Office Report for July 31, 2022

Submitted by Darrin Harr

2022 Membership Report:

49 renewal notices sent

40 memberships renewed

July 2022 Membership Renewals sent to:

Blue Mountain Rest

Dave Ameden Floor Covering

Kim's Country Corner

McSweeney's Irish Pub

Raquette Lake Navigation Co. - PAID

Revolution Rail Company

New Members

Carpenter & Associates Insuring Agency

Forever Wild Women/Forever Wild Fitness

John Sleckman

Robert Marriott Family

The Painted Chair Store

Memberships renewed in 2022:

Abanakee Studios

Adirondac Rafting Company

Adirondack Experience, The Museum on Blue Mountain Lake

Adirondack Lakes Center for the Arts

Adirondack Trail Motel

Al and Christine Pouch

Allen Van Hoff – Howard Hanna

Barton International

Black Fly Challenge

Blue Mountain Lake Club

Camp Driftwood

Carolyn DeVito

Community Bank, NA

Curry's Cottages

Gadway Realty

Garnet Hill Lodge

Great Camp Sagamore

Helmer's Fuel and Trucking

HFM Prevention Council

Indian Lake/Blue Mountain Fish and Game Association

Indian Lake Community Development Corporation

Indian Lake Marina

Indian Lake Self Storage

Indian Lake Snowwarriors

Jack & Taff Fittererer Book Binding

Kullman Contracting

Long Lake Camp

Nancy Berkowitz

North Country Workforce Partnership, Inc.

O'Connor Automotive Sales & Service, Inc.

Potters Real Estate Management, LLC

Memberships renewed in 2022:

Prospect Point Cottages
Raquette Lake Navigation Co.
Route 30 One Stop
Shawn & Cindy Morrow
Snowy Mountain Inn
Stewarts' Shops
Sue Montgomery Corey
The Hedges
Wide River Antiques

Website/Social Media:

Indian Lake, NY Chamber Facebook: Increased from 3883 followers in July 2021 to 4319 followers in July 2022.

Great Adirondack Moose Festival: Increased from 4702 followers in July 2021 to 5679 followers in July 2022.

Activity Log 2022 vs 2021:

2022	Email	Phone	Walk-in	DEC
January	18	25	52	1
February	29	36	92	5
March	19	20	60	2
April	19	28	96	5
May	39	44	259	27
June	55	63	295	29
July	71	68	583	72
Total	250	284	1437	141

2021	Email	Phone	Walk-in	DEC
January	48	54	76	7
February	20	37	30	3
March	31	38	65	8
April	34	49	93	22
May	37	107	303	45
June	63	125	326	63
July	115	151	564	78
Total	348	561	1457	226

LOCAL LAW NO. 2 OF 2017
A LOCAL LAW ADOPTING
THE TOWN OF INDIAN LAKE FIREWORKS DISPLAY LAW

WHEREAS, the Town of Indian Lake wishes to authorize the private display of fireworks within the Town in accordance with New York State Penal Law Section 405.

NOW, THEREFORE, BE IT ENACTED BY THE INDIAN LAKE TOWN BOARD AS FOLLOWS:

Section 1. Authority – This Local Law is adopted pursuant to New York State Penal Law Section 405.

A. SHORT TITLE AND GENERAL PROVISIONS:

1. This local law shall be known as the "Fireworks Display Law".
2. The Town of Indian Lake wishes to provide residents the ability to celebrate by use of Fireworks provided Fireworks displays are undertaken in a manner that promotes safety consistent with the provisions of New York State Penal Law Section 405. The Town Board wishes to set forth the process for obtaining a Fireworks Display Permit and to establish the minimum requirements that must be met by Applicants.

B. PROHIBITION: No person, firm or entity may discharge Fireworks (as that term is defined in New York State Penal Law Section 207) unless doing so complies with Penal Law Section 405 and the requirements of this Chapter.

PERMIT PROCESS:

1. All Fireworks Display Permits must be submitted to the Town of Indian Lake Code Enforcement Officer.
2. Applicants seeking a Fireworks Permit must submit:
 - a) The name of the entity or person sponsoring the display and the names of the person(s) actually to be in charge of the firing of the display and proof that the latter possesses a valid certificate of competence as a pyrotechnician as required under the general business law and article sixteen of the labor law.
 - b) A verified statement from the applicant identifying the individuals who are authorized to fire the display, including their certificate numbers, and that such individuals possess a valid certificate of competence as a pyrotechnician.
 - c) The date and time of day at which the display is to be held.
 - d) The exact location planned for the display.
 - e) The number and kind of fireworks to be discharged.
 - f) The manner and place of storage of such fireworks prior to the display.
 - g) A diagram of the grounds on which the display is to be held showing the point at which the fireworks are to be discharged, the location of all buildings, highways and other lines of communication, the lines behind which the audience will be restrained and the location of all nearby trees, telegraph or telephone lines or other overhead obstructions.

h) A Bond of no less than \$1,000,000 must be posted, conditioned for the payment of all damages, which may be caused to a person(s) or to property, by reason of the display and arising from any acts of the permittee, his agents, employees, contractors or subcontractors. Such bond shall run to the Town and shall be for the use and benefit of any person(s) or any owner or owners of any property so injured or damaged, and such person(s) or such owner(s) are hereby authorized to maintain an action thereon, which right of action also shall accrue to the heirs, executors, administrators, successors or assigns of such person or persons or such owner or owners. In the alternative, the permittee may submit proof of an indemnity insurance policy with liability coverage and indemnity protection equivalent to the terms and conditions upon which such bond is predicated and for the purposes provided in this section.

i) Certificate of Workers Compensation Insurance Coverage where applicable; and

j) Payment of the Application Fee which shall be established and, from time-to-time modified, by Resolution of the Town Board.

3. All requests for permits must be received a minimum of 14 days prior to the occasion.

4. The Town of Indian Lake Code Enforcement Officer may not approve any Application which does not comply with the requirements set forth herein and may not deny any permit that meets the requirements.

5. The Town of Indian Lake Code Enforcement Officer may not Approve more than three Fireworks Display Permits during a single calendar year for discharge from the same property/site.

C. REQUIREMENTS:

1. The Applicant must comply with all provisions of the New York State Penal Law Section 405 and NFPA 1 123.
2. The Code Enforcement Officer may not grant any permit to conduct a display of fireworks upon any property where the boundary line of such property is less than five hundred yards from the boundary line of any property which is owned, leased or operated by any breeder as defined in subdivision four of section two hundred fifty-one of the racing, pari-mutuel wagering and breeding law.
3. Discharge of Fireworks may not occur less than 200 feet from any building or roads, less than 50 feet from any overhead obstructions, including tree limbs. The point of discharge shall also be no less than 150 feet from the line or lines where the audience will be restrained if the Fireworks are to be viewed from an on-site location.
4. Discharge of Fireworks may not occur less than _____ feet from any shared boundary line with any other owner unless such owner or owners have provided a written authorization for such Fireworks Display.
5. The Code Enforcement Officer, the Fire Chief or person appointed by either may, upon reasonable notice to the property owner, inspect the site either prior to or following issuance of any permit.

6. No Fireworks Display may be held when the wind reaches a velocity of thirty miles per hour and, under this circumstance, the permit will automatically be deemed rescinded whether or not the permittee is advised of wind speeds by the Town Code Enforcement Officer, Fire Chief or anyone else. It is the permittees' obligation to be aware of wind speeds and to cancel the Fireworks Display under this circumstance.
7. At least two 5 pound minimum ABC rated fire extinguishers shall be ready for use at the discharge site.
8. Fire Department attendance during the Display will be at the discretion of the Fire Department and neither the permittee nor owner may refuse to allow entry.

Section 2. Severability - The invalidity of any clause, sentence, paragraph or provision of this Local Law shall not invalidate any other clause, sentence, paragraph or part thereof.

Section 3. Effective Date - This Local Law shall take effect upon filing in the office of the New York State Secretary of State.

I HEREBY CERTIFY that the Local Law annexed hereto, designated Local Law # 2 of 2017 of the Town of Indian Lake was duly adopted by the Town Board of the Town of Indian Lake on, July 10, 2017 in accordance with the applicable provisions of the Law.

IN WITNESS WHEREOF, I have hereunto set my hand and the Seal of the Town of Indian Lake on this 11th day of July, 2017

Town Clerk: Julie A. Clawson
Julie A. Clawson

Town Seal:

Local Law Filing

(Use this form to file a local law with the Secretary of State.)

Text of law should be given as amended. Do not include matter being eliminated and do not use italics or underlining to indicate new matter.

☐ County ☐ City ☒ Town ☐ Village
(Select one:)

of Indian Lake

Local Law No. 2 of the year 20 17

A local law Adopting the Town of Indian Lake
(Insert Title)
Fireworks Display Law

Be it enacted by the Town Board of the
(Name of Legislative Body)

☐ County ☐ City ☒ Town ☐ Village
(Select one:)

of Indian Lake as follows:

Please see Attached -

(If additional space is needed, attach pages the same size as this sheet, and number each.)

STATE OF NEW YORK
DEPARTMENT OF STATE
ONE COMMERCE PLAZA
99 WASHINGTON AVENUE
ALBANY, NY 12231-0001
WWW.DOS.NY.GOV

ANDREW M. CUOMO
GOVERNOR

ROSSANA ROSADO
SECRETARY OF STATE

July 25, 2017

Town Clerk
PO Box 730
Indian Lake NY 12842-0730

RE: Town of Indian Lake, Local Law 2 2017, filed on July 13, 2017

Dear Sir/Madam:

The above referenced material was filed by this office as indicated. Additional local law filing forms can be obtained from our website, www.dos.ny.gov.

Sincerely,
State Records and Law Bureau
(518) 473-2492



Department
of State

**[TOWN OF INDIAN LAKE]
POLICY AGAINST DISCRIMINATION AND HARASSMENT**

SECTION 1: PURPOSE

- A. Scope of Policy
- B. Policy Objectives

SECTION 2: DEFINITIONS

SECTION 3: POLICY

SECTION 4: POLICY ENFORCEMENT

- A. Complaint Procedure for Employees
 - 1. Notification Procedure
 - 2. Making a Complaint
 - 3. Supervisory Responsibilities
- B. Time for Reporting a Complaint
- C. Confidentiality and Privacy
- D. Acknowledgement of Complaint

SECTION 5: INVESTIGATION PROCEDURES

- A. Timing of Investigations
- B. Method of Investigation
- C. Notification to Complaining Party and the Accused Party
- D. Remedial Measures

SECTION 6: PROHIBITION AGAINST RETALIATION AND ABUSE OF THE POLICY

SECTION 7: APPEALS

SECTION 8: RECORD KEEPING

SECTION 9: LEGAL PROTECTIONS AND EXTERNAL REMEDIES

SECTION 10: QUESTIONS

SECTION 11: COMPLIANCE OFFICERS

SECTION 12: EFFECTIVE DATE AND POLICY DISSEMINATION

SECTION 1: PURPOSE

The Town of Indian Lake believes in the dignity of the individual and recognizes the rights of all people to equal employment opportunities in the workplace. In this regard, the Town of Indian Lake, (hereinafter "Municipality"), is committed to a policy of protecting and safeguarding the rights and opportunities of all people to seek, obtain and hold employment without subjugation to harassment or discrimination in the workplace. It is the Municipality's policy to provide an employment environment free from harassment and discrimination based on race, color, gender, religion, religious creed, sex, familial or marital status, age, national origin or ancestry, physical or mental disability, genetic information/predisposition or carrier status, military or veteran status, sexual orientation, self-identified or perceived sex, gender expression, gender identity and the status of being transgender, pregnancy (including childbirth and related medical conditions, and including medical conditions related to lactation) citizenship, domestic violence victim's status or any other characteristics protected by applicable federal, state or local law.

A. Scope of Policy This Policy applies to all Municipality employees and all personnel in a contractual or other business relationship with the Municipality including, for example, applicants, temporary or leased employees, interns (whether paid or unpaid), volunteers, visitors, independent contractors, contractors, subcontractors, vendors, consultants or other persons providing services pursuant to a contract in the workplace, including employees of independent contractors, contractors, subcontractors, vendors, consultants or others providing services pursuant to a contract in the workplace. In the remainder of this Policy, the term "employees" refers to this collective group. This Policy applies with equal force on Municipality property as it does at Municipality-sponsored events, programs, and activities that take place off Municipality premises.

B. Policy Objectives By adopting and publishing this Policy, it is the intention of the Municipality's governing body to:

- (1) Notify employees about the types of conduct that constitute harassment and discrimination prohibited by this Policy;
- (2) Inform employees about the complaint procedures established by the Municipality that enable any employee who believes (s)he is the victim of harassment or discrimination to submit a complaint which will be investigated by the Municipality;
- (3) Clearly advise all supervisory staff, managers, and employees that harassment and discrimination is strictly prohibited, and no such person possesses the authority to harass or discriminate; and
- (4) Notify all employees that the Municipality has appointed Compliance Officers who are specifically designated to receive complaints and ensure compliance with this Policy.

NOTE: The names and office location of each Compliance Officer designated to receive and

investigate complaints are listed below in *Section 11* of this Policy. Any change in the designated Compliance Officers shall be distributed in writing to all current employees and shall be posted.

SECTION 2: DEFINITIONS

“Prohibited Discrimination of Employees”

Prohibited discrimination of employees can take the form of any adverse employment action against an employee, by either a Municipality employee or official or a third party engaged in activities sponsored by the Municipality which is based upon the employee's protected characteristic. Prohibited discrimination of employees also includes harassment based on a protected characteristic even where there is no tangible impact upon the employee's employment opportunities and/or employment benefits. The phrase “prohibited discrimination” as used in this Policy includes all forms of prohibited discrimination and harassment based on a protected characteristic, including “Sexual Harassment” as defined below.

“Harassment”

Harassment is strictly prohibited and includes, but is not limited to, conduct that is unwelcome and has the purpose or effect of unreasonably interfering with a person's work performance, or creating an intimidating, hostile or offensive working environment. Such harassment of employees is prohibited by this Policy if it is based on a protected characteristic or directed at an individual because of a protected characteristic. In this regard, individuals subject to this Policy should be mindful that conduct or behavior that is acceptable, amusing or inoffensive to some individuals may be viewed as unwelcome, abusive or offensive to others.

“Sexual Harassment”

Sexual harassment is strictly prohibited. It is a form of sex discrimination and is unlawful under federal, state, and (where applicable) local law. Sexual harassment includes harassment on the basis of sex, sexual orientation, self-identified or perceived sex, gender expression, gender identity and the status of being transgender.

Sexual harassment includes unwelcome conduct which is either of a sexual nature, or which is directed at an individual because of that individual's sex when:

- (1) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- (2) Submission to, or rejection of, such conduct by an individual is used as the basis for employment decisions affecting such individual (e.g., promotion, transfer, demotion, termination); or
- (3) Such gender-based conduct has the purpose or effect of unreasonably interfering with an individual's work performance, or of creating an

intimidating, hostile or offensive working environment, even if the reporting individual is not the intended target of the sexual harassment.

The foregoing includes offensive comments, jokes, innuendoes or other statements of a sexual or gender-based nature as well as favoritism between a supervisor and subordinate based on an intimate/sexual relationship or desire for the same.

Who can be the target of harassment?

Harassment can occur between any individuals, regardless of their sex, gender or other protected status. New York Law protects employees, paid or unpaid interns, and non-employees, including independent contractors, and those employed by companies contracting to provide services in the workplace. Harassers can be a superior, a subordinate, a coworker or anyone in the workplace including an independent contractor, contract worker, vendor, client, customer or visitor.

Where can harassment occur?

Unlawful harassment is not limited to the physical workplace itself. It can occur while employees are traveling for business or at employer sponsored events or parties. Calls, texts, emails, and social media usage by employees can constitute unlawful workplace harassment, even if they occur away from the workplace premises, on personal devices or during non-work hours.

“Prohibited Behavior and Examples of Harassment, including Sexual Harassment”

Specific forms of behavior the Municipality considers harassment or sexual harassment are set forth below. Every conceivable example cannot be delineated herein, and thus the descriptions below should not be interpreted in any way as being all-inclusive.

- **Verbal:** Abusive verbal language including jokes, comments, teasing or threats related to an employee's protected characteristic, sexual activity and/or body parts whether or not said in that person's presence including, but not limited to: sexual innuendos; slurs; suggestive, derogatory, or insulting comments or sounds; whistling; jokes; propositions; threats; comments on a person's appearance that make the person feel uncomfortable because of his or her protected characteristic; sex stereotyping, continuing to ask someone for dates or to meet after work after the person has made it clear that he or she does not want to go; comments about an employee's anatomy or protected characteristic that are unwelcome, unreasonably interfere with an employee's work performance, or create an intimidating, hostile or offensive work environment; and unwelcome advances or demands based on someone's protected characteristic.
- **Nonverbal:** Abusive written language showing or displaying pornographic or sexually explicit objects or pictures; graphic commentaries based on a protected characteristic; derogatory cartoons or caricatures; luring or obscene gestures in the workplace; staring at a person's body in a sexually suggestive manner; gestures or motions based on a protected characteristic; sending material through the Municipality e-mail system or other electronic communication devices (e.g. voice mail) or using the Municipality's

mail, computers or cell phones to view material that is demeaning or derogatory based on one's protected characteristic.

- **Physical:** Unwelcome physical conduct, including but not limited to: hitting, pushing, shoving, slapping, petting, pinching, grabbing, holding, hugging, kissing, tickling, massaging, displaying private body parts, coerced sexual intercourse, rape or assault or attempts to commit these assaults, persistent brushing up against a person's body, unnecessary touching and flashing or other unwelcome physical conduct.
- **Other:** Hostile actions taken against an individual because of an individual's sex, sexual orientation, gender identity and the status of being transgender or because of any other protected characteristic, such as: interfering with, destroying or damaging a person's workstation, tools, or equipment, or otherwise interfering with the individual's ability to perform the job; sabotaging an individual's work; bullying, yelling, or name-calling.

Any employee who feels discriminated against or harassed should report so that any violation of this Policy can be corrected promptly. Any harassing conduct, even if a single incident, can be addressed under this Policy.

SECTION 3: POLICY

The Municipality prohibits harassment and discrimination based on any characteristic protected by applicable law and will not tolerate any form of unlawful discrimination or harassment. The Municipality will take all steps necessary to prevent and stop the occurrence of unlawful discrimination and/or harassment, including sexual harassment, in the workplace.

All employees, including but not limited to, Municipality officials and supervisory personnel, are responsible for ensuring a work environment free from prohibited harassment and discrimination. All employees will be held responsible and accountable for avoiding or eliminating inappropriate conduct that may give rise to a claim of harassment or discrimination. Employees are encouraged to report violations to a supervisor, manager, or one of the Compliance Officers listed in *Section 11* of this Policy in accordance with the Complaint Procedure set forth in this Policy. Officials, managers and supervisors must take immediate and appropriate corrective action when suspected instances of prohibited harassment and/or discrimination come to their attention to assure compliance with this Policy as well as report the suspected misconduct to the Municipality's designated Compliance Officers. Furthermore, if any employee believes that any member of management has violated this policy or has not properly responded to and/or handled a report or concerns of discrimination or harassment, the employee should immediately contact one of the Municipality's designated Compliance Officers.

Each employee is assured pursuant to *Section 6* of this Policy, that retaliation against an individual who makes a complaint or report under this Policy is absolutely prohibited and constitutes, in and of itself, a violation of this Policy. Employees who engage in retaliation against any employee for making a good faith complaint of harassment or discrimination, for opposing in good faith any practices forbidden by applicable anti-discrimination laws or for filing a good faith complaint with, or otherwise participating in any manner in an internal workplace investigation or an external investigation, proceeding or hearing conducted by any

federal or state agency charged with enforcing employment discrimination laws shall be subject to discipline, up to and including termination of employment. Any employee who believes he/she has been retaliated against in violation of this policy should report violations to one of the Compliance Officers listed in *Section 11* of this Policy in accordance with the Complaint Procedure set forth in this Policy.

Any questions regarding the scope or application of this Policy should be directed to one of the Compliance Officers listed in *Section 11* of this Policy.

SECTION 4: POLICY ENFORCEMENT

A. Complaint Procedure for Employees

1. Notification Procedure

Prompt reporting of complaints or concerns is encouraged so that timely and constructive action can be taken before relationships become strained. Reporting of all perceived incidents of prohibited discrimination and/or harassment is encouraged and essential, regardless of the offender's identity or position. An employee or other individual who feels aggrieved because of harassment or discrimination shall contact his or her supervisor or a Compliance Officer listed in *Section 11* of this Policy, or another administrator. Likewise, anyone who witnesses or becomes aware of instances of harassment or discrimination should report such behavior to his or her supervisor or a Compliance Officer listed in *Section 11* of this Policy, or another administrator.

2. Making a Complaint

Complaints are accepted orally and in writing. All employees are encouraged to use the Municipality's "Complaint of Alleged Discrimination" form. A copy of this form is attached to this Policy. Additional complaint forms can be obtained from a Compliance Officer, with no questions asked, or from the Municipality's website. Because an accurate record of the allegedly objectionable behavior is necessary to resolve a complaint of prohibited discrimination or harassment, the Municipality encourages employees to place complaints in writing, even if originally made orally. If an employee has any questions or difficulty filling out the complaint form, she/he can obtain assistance from any one of the Compliance Officers or the supervisor to which he/she complained. All complaints should include: the name of the complaining party, the name of the alleged offender(s), date(s) of the incident(s), description of the incident(s), names of witnesses to the incident(s) and the signature of the complaining party.

Once the complaining party has completed and dated a complaint, with or without the assistance of one of the Municipality's Compliance Officers or a supervisor, the written complaint, or oral complaint as the case may be,

should be promptly forwarded to one of the Municipality's Compliance Officers.

Complainants are expected to cooperate with the Municipality's investigation procedures by providing all relevant information relating to the complaint, as are other supervisory and non-supervisory employees having relevant or related knowledge or information.

3. **Supervisory Responsibilities**

All supervisors and managers who receive a complaint or information about suspected harassment or discrimination, observe what may be harassing behavior or for any reason to suspect that harassment is occurring, are required to report such suspected harassment or discrimination to one of the Municipality's Compliance Officers.

In addition to being subject to discipline if they engaged in harassing conduct themselves, supervisors and managers will be subject to discipline for failing to report suspected harassment or otherwise knowingly allowing harassment to continue.

Supervisors and managers will also be subjected to discipline for engaging in any retaliation.

B. **Time for Reporting a Complaint**

Prompt reporting of all complaints is strongly encouraged. All employees should be aware that appropriate resolution of complaints and effective remedial action oftentimes is possible only when complaints are promptly filed.

C. **Confidentiality and Privacy**

The Municipality shall keep complaints as confidential as is consistent with a thorough investigation, applicable collective bargaining agreements, and other laws and regulations regarding employees. To the extent complaints made under this Policy implicate criminal conduct, the Municipality may be required by law to contact and cooperate with the appropriate law enforcement authorities.

D. **Acknowledgement of Complaint**

Upon receipt of an oral or written complaint, the Compliance Officer should endeavor to contact promptly the complainant to confirm that the complaint has been received. If the complainant does not receive such confirmation promptly, she/he is encouraged to contact a Compliance Officer or his/her supervisor or the supervisor to whom the complaint was made to ensure its receipt. The purpose of this acknowledgement procedure is to ensure that all complaints are received by authorized individuals, carefully processed and promptly investigated.

SECTION 5: INVESTIGATION PROCEDURES

A. Timing of Investigations

The Municipality will promptly investigate all allegations of discrimination and harassment prohibited by this Policy. The Municipality will also attempt to complete investigations under this Policy promptly. The length of the investigation will depend upon the complexity and particular circumstances of each complaint.

B. Method of Investigation

Investigations will provide all parties due process, and reach reasonable conclusions based on the evidence collected. Investigations will be conducted by Municipality Compliance Officers, Municipality's legal counsel, and/or other impartial persons designated by the Municipality. The primary purposes of all investigations under this Policy will be to determine:

- Did the conduct complained of occur?
- Did the conduct complained of violate this Policy? and
- What remedial measures or preventative steps, if any, shall be taken?

Investigations will necessarily vary from case to case and may typically include the following: fact-finding interviews, including of the accuser and the accused; document request, review and preservation, depositions, observations, or other reasonable methods. Municipality investigators should pursue reasonable steps to investigate each complaint in a thorough and comprehensive manner. Any notes, memoranda, or other records created by Municipal employees or agents conducting an investigation under this Policy shall be deemed confidential and privileged to the extent allowed by law.

Investigators will typically create a written documentation of the investigation (such as a letter, memo or email), which contains the following:

- A list of all documents reviewed, along with a detailed summary of relevant documents;
- A list of names of those interviewed, along with a detailed summary of their statements;
- A timeline of events;
- A summary of prior relevant incidents, reported or unreported; and
- The basis for the decision and final resolution of the complaint, together with any remedial actions.

C. Notification to Complaining Party and the Accused Party

The results of the investigation shall be communicated in writing to both the person filing the complaint and the accused party.

D. Remedial Measures

This Policy is intended to prevent all forms of unlawful discrimination and harassment and put an end to any prohibited discrimination that is found to have occurred. While disciplinary action may be appropriate in certain instances, punitive measures are not the exclusive means for responding to prohibited discrimination or harassment. During the pendency of any investigation being conducted pursuant to this Policy, remedial measures may be taken if appropriate and necessary.

Any individual who is found to have engaged in prohibited discrimination or harassment or conduct which may be prohibited by this Policy, may receive education, training, counseling, warnings, discipline, or other measures designed to prevent future violations of this Policy. Disciplinary action may include: warnings, suspension, or discharge from employment or such disciplinary action as may be permitted by applicable collective bargaining agreements and law. Any third party found to have engaged in discrimination or harassment of an employee may be barred from Municipal property.

SECTION 6: PROHIBITION AGAINST RETALIATION AND ABUSE OF THE POLICY

Unlawful retaliation can be any action that could discourage an employee from coming forward to make a complaint or support a discrimination or harassment claim. Adverse action need not be job-related or occur in the workplace to constitute retaliation (e.g., threats of physical violence outside of work hours).

Retaliation is strictly prohibited by this Policy and by law against anyone for making a good faith complaint of harassment or discrimination, for opposing in good faith any practices forbidden by applicable anti-discrimination laws or for filing a good faith complaint with, or otherwise participating in any manner in an internal workplace investigation or an external investigation, proceeding or hearing conducted by any federal or state agency charged with enforcing employment discrimination laws.

Even if the alleged harassment or discrimination does not turn out to rise to the level of a violation of law, the individual is protected from retaliation if he/she had a good faith belief that the practices were unlawful. However, the retaliation provision is not intended to protect persons making intentionally false charges of harassment or discrimination.

Complaints of retaliation should be brought directly to a Compliance Officer. Such complaints will be promptly investigated. If retaliation is found, the person retaliating will be subject to corrective action up to and including termination from employment, or in the case of a non-employee, an appropriate remedy up to and including termination of the business relationship.

SECTION 7: APPEALS [OPTIONAL]

Any complainant or accused party who wishes to appeal the conclusion which the Municipality reached in investigating a complaint filed under this Policy, may do so within ten (10) calendar days of receipt of the appealing party's notification of the investigation outcome. Untimely submissions shall not receive consideration. Such appeal must be made in writing to the Municipality's governing body. The appealing party shall be entitled to present evidence in writing as to why the conclusion was flawed, improper, or otherwise not supported by the evidence. The Municipality's consideration and review of any such appeal shall be conducted confidentially in executive session. Following a review of that evidence, as well as the information obtained in the investigation process and conclusions derived there from, the Municipality's governing body, or its designee, shall render a decision. That decision shall be final. The appealing party shall be notified of the decision in writing.

Nothing set forth in the Appeal Process above shall be construed to in any way confer upon either the complainant(s) or the person(s) accused of violating this Policy any right to appeal the Municipality's determination as to appropriate disciplinary and/or corrective action to be taken on meritorious complaints. In this regard, the Municipality at all times retains sole discretion to determine the appropriate disciplinary and/or corrective action to be taken with regard to a meritorious complaint.

SECTION 8: RECORD KEEPING

The Municipality shall maintain a written record of all complaints of discrimination and/or harassment for a period of at least three years. The Municipality shall also document the steps taken with regard to investigations, as well as conclusions reached, and remedial action taken, if any. The Municipality shall also maintain these documents for, at a minimum, three years.

The Municipality's records regarding alleged discrimination and harassment shall be maintained separate and apart from personnel records in a secure and confidential location.

SECTION 9: LEGAL PROTECTIONS AND EXTERNAL REMEDIES

Discrimination and harassment based on protected characteristics, including sexual harassment, are not only prohibited by the Municipality but are also prohibited by state, federal, and, where applicable, local law.

Aside from the internal process at the Municipality, employees may also choose to pursue legal remedies with the following governmental entities. While a private attorney is not required to file a complaint with a governmental agency, you may seek the legal advice of an attorney.

In addition to those outlined below, employees in certain industries may have additional legal protections.

State Human Rights Law (HRL)

The Human Rights Law (HRL), codified as N.Y. Executive Law, art. 15, § 290 et seq., applies to all employers in New York State with regard to sexual harassment and harassment based on other protected characteristics set forth in this Policy, and protects employees, paid or unpaid interns and non-employees, regardless of immigration status. A complaint alleging violation of the Human Rights Law may be filed either with the Division of Human Rights (DHR) or in New York State Supreme Court.

Complaints with DHR may be filed any time **within one year** of the harassment. Complaints of sexual harassment that accrue on or after August 12, 2020 may be filed with DHR at any time **within three years** of the alleged sexual harassment. If an individual did not file at DHR, they can sue directly in state court under the HRL, **within three years** of the alleged harassment, including sexual harassment. An individual may not file with DHR if they have already filed a HRL complaint in state court.

New York employees may now call **1-800-427-2773** to receive free legal counseling regarding any complaint of workplace sexual harassment or to submit a complaint regarding such harassment. The hotline will operate during regular business hours and will be staffed by a team of *pro bono* attorneys for the New York State Division of Human Rights ("Division").

Complaining internally to the Municipality does not extend your time to file with DHR or in court. The one year or three years is counted from the date of the most recent incident of harassment.

You do not need an attorney to file a complaint with DHR, and there is no cost to file with DHR.

DHR will investigate your complaint and determine whether there is probable cause to believe that sexual or other illegal harassment has occurred. Probable cause cases are forwarded to a public hearing before an administrative law judge. If sexual or other illegal harassment is found after a hearing, DHR has the power to award relief, which varies but may include requiring your employer to take action to stop the harassment, or redress the damage caused, including paying of monetary damages, attorney's fees (in sex discrimination and sexual harassment cases only) and civil fines.

DHR's main office contact information is: NYS Division of Human Rights, One Fordham Plaza, Fourth Floor, Bronx, New York 10458. You may call (718) 741-8400 or visit: www.dhr.ny.gov.

Contact DHR at (888) 392-3644 or visit dhr.ny.gov/complaint for more information about filing a complaint. The website has a complaint form that can be downloaded, filled out, notarized and mailed to DHR. The website also contains contact information for DHR's regional offices across New York State.

Civil Rights Act of 1964

The United States Equal Employment Opportunity Commission (EEOC) enforces federal anti-discrimination laws, including Title VII of the 1964 federal Civil Rights Act (codified as 42 U.S.C. § 2000e et seq.). An individual can file a complaint with the EEOC anytime within 300 days from the discrimination or harassment. There is no cost to file a complaint with the EEOC. The EEOC will investigate the complaint, and determine whether there is reasonable cause to believe that discrimination has occurred, at which point the EEOC will issue a Right to Sue letter permitting the individual to file a complaint in federal court.

The EEOC does not hold hearings or award relief, but may take other action including pursuing cases in federal court on behalf of complaining parties. Federal courts may award remedies if discrimination is found to have occurred. In general, employers must have at least 15 employees to come within the jurisdiction of the EEOC.

An employee alleging discrimination at work can file a "Charge of Discrimination." The EEOC has district, area, and field offices where complaints can be filed. Contact the EEOC by calling 1-800-669-4000 (TTY: 1-800-669-6820), visiting their website at www.eeoc.gov or via email at info@eeoc.gov.

If an individual filed an administrative complaint with DHR, DHR will file the complaint with the EEOC to preserve the right to proceed in federal court.

Local Protections

Many localities enforce laws protecting individuals from sexual harassment and discrimination. An individual should contact the Town Clerk of the Town of Indian Lake, #117 Pelon Rd, PO Box 730, Indian Lake, NY 12842. (518)648-5211 Ext. 2.

Local Police Department

If the harassment involves unwanted physical touching, coerced physical confinement or coerced sex acts, the conduct may constitute a crime. Contact the local police department.

SECTION 10: QUESTIONS

Any questions by employees of the Municipality about this Policy or potential harassment or discrimination should be brought to the attention of one of the Municipality's Compliance Officers. The names, addresses, and telephone numbers of the Municipality's Compliance Officers are listed in *Section 11* of this Policy.

SECTION 11: COMPLIANCE OFFICERS

Julie A. Clawson - Town Clerk

518-648-5211 Ext. 2

117 Pelon Rd.

**PO Box 730, Indian Lake, NY
12842**

SECTION 12: EFFECTIVE DATE AND POLICY DISSEMINATION

The effective date of this Policy shall be _____. The Town of Indian Lake Town Clerk shall ensure that this Policy is adequately disseminated and made available to all employees of the Town of Indian Lake. This Policy shall be distributed at the beginning of each year with or as part of the Town of Indian Lake' Sexual Harassment Policy and Workplace Violence Policy. In addition, copies of this Policy and Complaint Form shall be maintained in the office of the Town Clerk as well as the Municipality's Policy Book that is available in the Town Clerk's Office.

Upon the effective date of this Policy, the provisions of this Policy shall be included with the current Sexual Harassment and Workplace Violence Policy.

**ACKNOWLEDGEMENT OF RECEIPT OF THE TOWN OF INDIAN LAKE'S POLICY
AGAINST DISCRIMINATION AND HARASSMENT**

From:
To:
Subject:

The Town of Indian Lake is committed to a policy of protecting and safeguarding the rights and opportunities of all people to seek, obtain and hold employment without being subjected to harassment or discrimination in the workplace. It is the Municipality's policy to provide a workplace environment free from harassment and discriminatory practices.

The Town of Indian Lake has adopted and disseminated a revised Policy Against Discrimination and Harassment. Please sign the attached acknowledgement that you have received a copy of the revised Policy, have reviewed it, and have been afforded an opportunity to ask the Compliance Officer any questions you may have regarding the Policy. Return the signed acknowledgement to **Julie A. Clawson/Town Clerk/Compliance Officer**

Thank you for your assistance in this matter. If you have any further questions regarding this Policy, feel free to contact **Julie A. Clawson/Compliance Officer**.

**ACKNOWLEDGEMENT OF RECEIPT OF MUNICIPALITY'S POLICY AGAINST
DISCRIMINATION AND HARASSMENT**

I, _____, have received the Municipality's Policy Against Discrimination and Harassment adopted effective _____, 2022. I have reviewed this Policy, and I have had the opportunity to ask questions regarding the Policy.

Signature of Employee

Date



Division of Human Rights

Employment Discrimination Complaint Form

(Includes Licensing, Contract Work, Internships, Volunteer Position, Discrimination by a Union)

Instructions

1) Please fill out the complaint form, answering all of the questions. If you are filling out the form on a computer, please print it immediately when you are finished. **You may not be able to save the completed form.** If possible, please type. If you are filling out the form by hand, please print. ***Please do not write in the margins or on the back of this form.***

Please note: A delay could occur in the filing and the investigation of your complaint if the form is not filled out properly or if the information you provide is not legible.

2) Notarization is no longer a requirement for this form. For those not wanting to use a notary, you can complete the declaration section after you fill out the form. The declaration option does not require notarization; you need only fill in the blanks with the date and your location (city, state), and sign the declaration. The oath section is still available, but if you use this option you will need to sign in front of a notary.

3) Attach copies of any documents that you think will help the Division investigate your case (pay stubs, letter of termination, performance evaluations, disciplinary notices, etc.).

4) Return the complaint form to the office closest to you. See below for the list of office locations. You may return the complaint by postal mail or personal delivery. You may also email your complaint to complaints@dhr.ny.gov or fax it to (718) 741-8322.

5) Keep a copy of your complaint, and copies of any documents that you attach, for your own records.

6) The completed complaint must be returned to the Division promptly. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are charging with discrimination.

Time Limit for Filing

Please note: You must file your complaint within **one year** of the most recent act of alleged discrimination. If you were terminated, you must file within one year of the date you were first informed you would be terminated. If you are alleging sexual harassment in the workplace that occurred after 8/12/2020, you may file within three years from the most recent incident.

If you need further assistance or require an accommodation for a disability, please call one of our offices, make an appointment for a personal meeting or visit our website at www.dhr.ny.gov/complaint. Interpreter services are also available at no cost upon request.

NYS Division of Human Rights Offices

Albany

Agency Building 1, 2nd Floor
Empire State Plaza
Albany, New York 12220
Telephone No. (518) 474-2705

Binghamton

44 Hawley Street, Room 603
Binghamton, New York 13901
Telephone No. (607) 721-8467

Bronx Central Office

One Fordham Plaza, 4th Floor
Bronx, NY 10458
Telephone No. (718) 741-8400

Brooklyn

55 Hanson Place, Room 304
Brooklyn, New York 11217
Telephone No. (718) 722-2385

Buffalo

Main Place Tower
350 Main Street, 10th Floor, Suite 1000B
Buffalo, New York 14202
Telephone No. (716) 847-7632

Long Island (Nassau)

50 Clinton Street, Suite 301
Hempstead, New York 11550
Telephone No. (516) 539-6848

Long Island (Suffolk)

250 Veterans Memorial Highway,
Suite 2B-49
Hauppauge, New York 11788
Telephone No. (631) 952-6434

Manhattan

Adam Clayton Powell Jr. State Off. Bldg.
163 West 125th Street, 4th Floor
New York, New York 10027
Telephone No. (212) 961-8650

Office of Sexual Harassment Issues/Queens

55 Hanson Place, Room 900
Brooklyn, New York 11217
Telephone No. (718) 722-2060

Rochester

One Monroe Square
259 Monroe Avenue, Suite 308
Rochester, New York 14607
Telephone No. (585) 238-8250

Syracuse

John J. Hughes State Office Building
333 E. Washington Street, Room 543
Syracuse, New York 13202
Telephone No. (315) 428-4633

White Plains

7-11 South Broadway, Suite 314
White Plains, New York 10601
Telephone No. (914) 989-3120

What is Covered by the Human Rights Law?

The Division of Human Rights investigates complaints of employment discrimination based on:
Age (if you are at least 18 years of age; those under 18 are protected for all other characteristics listed below)
Arrest Record (that was resolved in your favor or adjourned in contemplation of dismissal or youthful offender record or sealed conviction record)
Conviction Record (only for private employers; against public employers, you must file directly in state court)
Creed / Religion (religious membership, belief, practice, or observance, including sabbath or holy day observance, or wearing of attire, clothing or facial hair in accordance with your religion; or discrimination because you do not have a religious belief)
Disability (a physical or mental condition; includes denial of reasonable accommodation)
Victim of Domestic Violence (you or your child was a victim of domestic violence; including reasonable accommodation in the form of leave time needed because of the domestic violence including medical, psychological, legal or other services, or for safety)
Familial Status (if you are pregnant, have a child, or are in the process of obtaining custody of a child, or have a child or children under age 18 in your household)
Gender Identity or Expression (actual or perceived gender-related identity, appearance, behavior, expression, or other gender-related characteristic regardless of the sex assigned to that person at birth, including, but not limited to, the status of being transgender; complaints involving the need for accommodation of gender dysphoria or other related medical condition can also be filed under disability)
Marital Status (single, married, separated, divorced, widowed)
Military Status (including military reserves or being a veteran)
National Origin (the country where you or your ancestors were born)
Predisposing Genetic Characteristics (information from a genetic test)
Pregnancy-Related Condition (a medical condition related to pregnancy or childbirth, including lactation, or denial of reasonable accommodation of such condition)
Race/Color (because you are Asian, Black, White, etc.; includes ethnicity; includes traits historically associated with race such as hair texture or hairstyle)
Retaliation (if you filed a discrimination case before, were a witness or helped someone else with a discrimination case, or opposed or reported discrimination due to category listed on this page)
Sex (because of your gender, includes sexual stereotyping, sexual harassment, pregnancy)
Sexual Orientation (heterosexual, homosexual, bisexual, asexual, whether actual or perceived)
Use of Guide Dog, Hearing Dog, or Service Dog (use of a professionally trained dog for a disability)
Relationship or Association (with a member or members of a protected category(ies) listed above)
The Division investigates complaints only if the discrimination is based on one or more of the above reasons. The Division cannot investigate unfair treatment that does not involve one of these reasons. If you do not see anything in this list that applies to your situation, please contact the Division of Human Rights to speak to a staff member.

New York State Division of Human Rights Employment Complaint Form

Although workers, interns and volunteers of all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the minor's interests must file on behalf of a person under the age of 18.

1. Your contact information:

First Name		Middle Initial/Name	
Last Name			
Street Address/ PO Box		Apt or Floor #:	
City		State	Zip Code
If you are filing on behalf of another, provide the name of that person:		Date of birth:	Relationship:

2. Regulated Areas: Check the area where the discrimination occurred:

(If you wish to file against multiple entities, for example employer and temp agency, please file a separate complaint against each.)

- | | |
|---|---|
| <input type="checkbox"/> Employment (including paid internship) | <input type="checkbox"/> by a Labor Organization |
| <input type="checkbox"/> Internship (unpaid) | <input type="checkbox"/> Apprentice Training |
| <input type="checkbox"/> Contract Work (independent contractor, or work for a contractor) | <input type="checkbox"/> by a Temp or Employment Agency |
| <input type="checkbox"/> Volunteer Position | <input type="checkbox"/> Licensing |

3. You are filing a complaint against:

Employer, Worksite, Agency or Union Name

Street Address/ PO Box

City	State	Zip Code
------	-------	----------

Telephone Number:

In what county or borough did the violation take place?

Individual people who discriminated against you:

Name: _____	Title: _____
Name: _____	Title: _____

If you need more space, please list them on a separate piece of paper.

4. Date of alleged discrimination (must be within one year of filing):

The most recent act of discrimination happened on:

_____ month _____ day _____ year

5. For employment and internships, how many employees does this company have?

- ☐ 1-14
 ☐ 15-19
 ☐ 20 or more
 ☐ Don't know

Additional Information, Page 1: *This page is for the Division's records and will not be sent to the company or person(s) whom you are filing against.*

1. Contact information

My primary telephone number: _____

My secondary telephone number: _____

My date of birth: _____

(Required) My email address: _____

The Division uses email, whenever possible, to communicate with the parties to complaints. This avoids delays and lost mail, and increases the efficiency of Division case processing. Therefore, you are required to provide an email address, if you have one, and to keep us advised of any change of your email address. The Division will not use your email address for any non-case related matters.

Contact person (Someone who does not live with you but will know how to contact you if we cannot reach you)

Contact person's name: _____

Contact person's telephone number: _____

Contact person's address _____

Contact person's email address: _____

Contact person's relationship to me: _____

2. Special needs: I am in need of:

- ☐ Interpretation (if so what language?): _____
- ☐ Accommodations for a disability: _____
- ☐ Privacy. Keep my contact information confidential as I am a victim of domestic violence
- ☐ Other: _____

3. Settlement / Conciliation: To settle this complaint, I would accept:

(Explain what you want to happen as a result of this complaint. Do you want a letter of apology, job offer, return to the job, an end to the harassment, compensation, etc.?)

4. Witnesses (information about witnesses may be shared with the parties as necessary for the investigation) The following people saw or heard the discrimination and can act as witnesses:

Name: _____
Telephone Number: _____
What did this person witness? _____

Title: _____
Relationship to me: _____

Name: _____
Telephone Number: _____
What did this person witness? _____

Title: _____
Relationship to me: _____

6. Are you currently working for this company?☐ Yes. Date of hire:

____ month ____ day ____ year

What is your position?

☐ No. Last day of work:

____ month ____ day ____ year

What was your position?

☐ I was never hired.

Date of application:

____ month ____ day ____ year

What position did you apply for?

7. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

☐ **Age:**

Date of Birth: _____

☐ **Familial Status:**☐ **Arrest Record**☐ **Military Status:**☐ Active Duty ☐ Reserves ☐ Veteran☐ **Conviction Record**☐ **Marital Status**☐ Single ☐ Married ☐ Separated
☐ Divorced ☐ Widowed☐ **Creed/ Religion:**

Please specify: _____

☐ **National Origin:**

Please specify: _____

☐ **Disability:**

Please specify: _____

☐ **Predisposing Genetic Characteristic:**☐ **Domestic Violence Victim Status**☐ **Pregnancy-Related Condition:**

Please specify: _____

☐ **Gender Identity or Expression, Including the Status of Being Transgender**☐ **Sexual Orientation:**

Please specify: _____

☐ **Race/Color or Ethnicity:**

Please specify: _____

☐ **Sex:**

Please specify: _____

☐ Trait historically associated with race such as hair texture or hairstyle

Specify if the discrimination involved:

☐ Pregnancy ☐ Sexual Harassment☐ **Use of Guide Dog, Hearing Dog, or Service Dog**

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

☐ **Retaliation:** How did you oppose discrimination: _____

If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category(ies) above, and check below.

☐ **Relationship or association**

Additional Information, Page Two

5. Did you report or complain about the discrimination to someone else? ☐ Yes ☐ No

If yes, how exactly did you complain about the discrimination? *(To whom did you complain?)*

Date you reported or complained about discrimination: _____
month day year

What happened after you complained?

If you did not report the discrimination, please explain why:

6. Were other people treated the same as you? How?

(For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.

7. Were other people treated better than you? How?

(For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.

8. Acts of alleged discrimination: *What did the person/company you are complaining against do? Check all that apply*

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input type="checkbox"/> Denied my request for an accommodation for my disability, or pregnancy-related condition	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for domestic violence	<input type="checkbox"/> Harassed or intimidated me on any basis indicated above
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Did not call back after lay-off	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Denied services or treated differently by a temp or employment agency
<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Denied a license by a licensing agency
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Discriminatory advertisement or inquiry or job application	<input type="checkbox"/> Other:

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

*If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. **DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.***

Signature (Declaration or Oath)

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice. (If you have another action pending and still wish to file, please contact our office to discuss.)

PLEASE INITIAL _____

Human Rights Law § 297.1 requires that a complaint filed with the Division of Human Rights must be "under oath or by declaration." **You must complete either the "declaration" or "oath" sections below.** The declaration requires only your signature and does not need to be notarized. The oath requires that you sign it before a notary.

DECLARATION

I affirm this ____ day of _____ (month), _____ (year) at _____ (city), _____ (state), under penalties of perjury, that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and know the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believe the same to be true.

[Complainant name]

OATH

STATE OF NEW YORK)
COUNTY OF) SS:

_____, being duly sworn, deposes and says: that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and knows the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believe the same to be true.

Complainant signature

Subscribed and sworn to
before me this day
of , 20

Signature of Notary Public

Please note: Once this form is completed and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.

Town of Indian Lake Blood Pathogens Exposure Control Plan

Sections

- 1.0 PURPOSE**
- 2.0 SCOPE**
- 3.0 RESPONSIBILITIES**
- 4.0 EXPOSURE DETERMINATION**
- 5.0 EXPOSURE CONTROL PROCEDURES**
- 6.0 HEPATITIS VACCINATION PROGRAM**
- 7.0 EMPLOYEE COMMUNICATION AND TRAINING**
- 8.0 EXPOSURE INCIDENT EVALUATIONS**
- 9.0 SHARPS INJURY LOG**

Appendices

- APPENDIX A: HEPATITIS B IMMUNIZATION & HEPATITIS B IMMUNIZATION RECORD**
- APPENDIX B: DECLINATION STATEMENT**
- APPENDIX C: EXPOSURE INCIDENT FORM**
- APPENDIX D: SHARPS INJURY LOG**
- APPENDIX E: PROCEDURE FOR BLOOD CONTAMINATION CLEAN-UP**

Adopted: _____

1.0 PURPOSE

The purpose of this written program is to ensure that all employees with potential exposure to bloodborne pathogens and other body fluids understand the hazards associated with their exposure and the corrective actions necessary to protect them from injury and illness in accordance with 29 CFR 1910.1030.

This document serves as a policy for the development, implementation, and maintenance of programs for BBP (bloodborne pathogens), First Aid / CPR, and AED requirements for the Town of Indian Lake.

There are no jobs with responsibilities that present inherent exposure to bloodborne pathogens in the Town of Indian Lake. The jobs we've identified in this plan have collateral duties that may expose Town employees to potentially infectious materials. This procedure pertains to all employees that have the potential for exposure to BBP's in work-related situations.

The purpose of this Exposure Control Plan (ECP) is to outline the protective measures we will take to eliminate or minimize Town of Indian Lake employee exposure incidents.

2.0 SCOPE

This program applies to all Town of Indian Lake employees, who through our exposure determination may incur occupational exposure to blood or other potentially infectious materials.

The extent of employee exposure shall be limited through the use of engineering controls and personal protective equipment. This document is designed to provide a formal procedure for identifying and controlling all potential BBP exposures.

Violation of established BBP procedures is a serious offense and failure to comply with this plan shall result in appropriate disciplinary action. Any violation of this procedure shall be reported immediately to the Safety Officer.

This ECP has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

3.0 RESPONSIBILITIES

3.1 Plan Administrator: The Department Head has overall responsibility for maintaining the ECP. Any questions concerning the plan should be addressed to the Safety Officer. They are responsible for the following:

3.1.1 Evaluating new tasks or procedures that may require the use of new safer medical devices.

3.1.2 Evaluating new safer medical devices available on the market.

3.1.3 Soliciting input from employees on the selection and use of safer medical devices.

3.1.4 Reviewing this plan on an ongoing basis, and/or at least annually.

3.2 Only trained and authorized employees shall be allowed to respond to situations that pose an occupational risk of exposure.

4.0 EXPOSURE DETERMINATION

The Town of Indian Lake has conducted an exposure determination for all job classifications that may incur occupational exposure to blood or other potentially infectious materials. 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).

4.1 It has been determined by The Town of Indian Lake that persons working in the following job classifications may have occupational exposure to hazards of bloodborne pathogens or other potentially infectious materials (OPIM):

JOB CLASSIFICATION	TASKS WITH POTENTIAL RISK
Water and Sewer Department	Sewage/Water chemicals
Lifeguards	CPR/First Aid response Changing and dressing open wounds
Transfer Station	Picking up and disposing of trash
Highway	
Parks and Rec.	Changing trash can liners Picking up and disposing of trash Cleaning bathrooms

These job classifications define the jobs which some of the employees have been assigned certain tasks where there is occupational exposure. Those employees in these job classifications not assigned and trained to perform these tasks safely to our ECP, shall not perform those tasks listed.

4.2 Employees who are covered by the Bloodborne Pathogen Standard will receive an explanation of the ECP during their initial training session. It shall also be reviewed in their annual refresher training. All employees have the opportunity to review this plan at any time during their work shifts by contacting the Safety Officer.

Note: Good Samaritan acts which result in exposure to blood or other potentially infectious materials as a result of assisting fellow employees such as giving CPR or first aid are not included in the Bloodborne Pathogen Standard. However, employees should be encouraged to offer post-exposure medical evaluation and follow-up.

5.0 EXPOSURE CONTROL PROCEDURES

5.1 Universal Precautions

In all circumstances, Universal Precautions, as recommended or defined by the Centers for Disease Control (CDC) and/or the Occupational Safety and Health Administration (OSHA), will be observed in order to prevent contact with blood and other potentially infectious materials, unless they interfere with the proper delivery of healthcare or would create a significant risk to the personal safety of the worker.

All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. These precautions and practices include the following four areas:

- 5.1.1 Personal hygiene,
- 5.1.2 Engineering and work practice controls,
- 5.1.3 Personal protective equipment (PPE),
- 5.1.4 Equipment cleaning and disinfecting.

While the concept of "Universal Precaution" is generally accepted as prudent and effective, a more complete worker protection program is required to ensure maximum protection. The approach for the safe handling of infectious agents involves the use of a combination of strategies.

5.2 Engineering Controls

Wherever possible, engineering controls will be utilized to reduce potential exposure. The Safety Officer will be responsible for inspection and maintenance of these controls. Records will be maintained for frequency of inspection and repairs.

5.2.1 Sharps Containers: Sharps containers shall be used to make sure contaminated "sharps" (needles, blades, etc.) cannot injure other workers.

5.2.2 Labels: The Safety Officer shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange red. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction. Engineering and work practice controls will be used to eliminate and/or minimize potential exposure. When potential exposure remains, PPE shall be used;

5.2.3 Machine Guarding: The elimination of sharp, edges, pinch points, run-in points, and other standard practices to minimize worker injury is an ongoing and active process. Through the elimination of items that can cause physical injury, workers will be protected from unnecessary exposure to bloodborne pathogens.

5.2.4 Hand-washing Facilities: Hand-washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. These facilities are readily accessible after incurring exposure. Hand-washing facilities are located throughout the facility.

5.2.5 For handling other regulated waste: The Town of Indian Lake will provide containers sufficient to contain regulated wastes, other than those regulated by the Bloodborne Pathogens rule, capable of resisting punctures and labeled as a biohazard (as appropriate). These are located in the Safety Officer's office. The 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 United States, state and local regulations.

5.3 Work Practices Controls

5.3.1 Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.

5.3.3 All PPE must be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

5.3.3 Used needles and other sharps may not be sheared, bent, broken, re-capped, or re-sheathed by hand. Used needles may not be removed from disposable syringes. Recapping is permitted only if no other alternative is feasible and must be done using an approved mechanical device or one-handed technique.

5.3.4 Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a potential for occupational exposure.

5.3.5 Food and drink shall not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are stored or in areas of possible contamination.

5.3.6 All procedures involving blood or other potentially infectious materials will be done in a manner which minimized splashing, spraying, and aerosolization of these substances.

5.3.7 Mouth pipetting/suctioning is prohibited.

5.3.8 If conditions are such that hand washing facilities are not available, antiseptic hand cleaners are to be used. Because this is an interim measure, employees are to wash hands at the first available opportunity.

5.3.9 Exposed employees wash hands and exposed skin as soon as possible after exposure; and contaminated materials are properly disposed of as Red Bag Waste or medical waste or bio-hazard waste.

5.3.10 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.

5.3.11 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.

5.3.12 Decontamination will be accomplished by following the procedure for blood contamination clean-up flowchart in appendix E. This process describes the cleanup activities to follow when any blood is found on the processing line blood detected in the production line or on the product. Only trained employees shall be allowed to undertake decontamination activities.

5.4 Personal Protective Equipment

5.4.1 All PPE used at this facility will be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

5.4.2 The Safety Officer shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

5.4.3 The Safety Officer shall ensure that all PPE will be cleaned, laundered, and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to employees.

5.4.4 The Supervisor shall ensure that all garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

5.4.5 Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

5.4.6 Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

5.4.7 Additional PPE selections, such as use of hairnets, smocks, foot covering, and aprons, may be necessary to ensure employee safety in regards to bloodborne pathogens in certain workplace situations.

5.4.8 Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked – "biohazard" –, labeled, or color-coded red bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

6.0 HEPATITIS VACCINATION PROGRAM

The Town of Indian Lake shall make available the Hepatitis B vaccine (HBV) and vaccination series to all employees who have occupational exposure, and post exposure follow up to employees who have had an exposure incident.

6.1 The Safety Officer shall ensure that all medical evaluations and procedures including the HBV and vaccination series and post exposure follow up, including prophylaxis are:

6.1.1 Made available at no cost to the employee.

6.1.2 Made available to the employee at a reasonable time and place.

6.1.3 Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

6.1.4 Provided according to the recommendations of the U.S. Public Health Service.

6.2 HBV shall be made available after 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 HBV series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicate for medical reasons.

6.3 Participation in a pre-screening program shall not be a prerequisite for receiving HBV.

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

6.5 All employees who decline the HBV offered shall sign the OSHA required waiver indicating their refusal. This waiver is good for one calendar year and must be re-signed by employees who choose to decline the vaccination at each refresher training.

6.6 If a routine booster dose of HBV is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

6.7 The Safety Officer shall ensure that the healthcare professional responsible for the employee's HBV is provided with the following:

6.7.1 29 CFR 1910.1030;

6.7.2 A written description of the exposed employee's duties as they relate to the exposure incident;

6.7.3 All medical records relevant to the appropriate treatment of the employee including vaccination status.

6.8 The Safety Officer 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.

6.9 The healthcare professional's 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.

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

6.10.1 A statement that the employee has been informed of the results of the evaluation; and

6.10.2 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.

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

7.0 EMPLOYEE COMMUNICATION AND TRAINING:

The Town of Indian Lake shall assure that all employees with the potential for exposure to blood or other infectious materials understand the associated hazards and are trained to minimize their exposure.

7.1 To accomplish these requirements The Town of Indian Lake shall ensure that a competent person, who shall include but is not limited to the following, conducts training:

7.1.1 Ensure that signs and labels conform to 1910.1030;

7.1.2 Provide training at no cost to the employee;

7.1.3 Conduct training prior to any potential exposure;

7.1.4 Conduct training at least annually or as conditions change;

7.1.5 Conduct training in English and other languages as required;

7.1.6 Provide warning signs and labels; and

7.1.7 Utilize current training aids.

7.2 Training Program: Employee training shall include:

- 7.2.1 A review of 1910.1030;
- 7.2.2 Discussions of bloodborne diseases;
- 7.2.3 Modes of transmission;
- 7.2.4 Review of the exposure control plan;
- 7.2.5 Recognition of tasks that may involve exposure;
- 7.2.6 Procedures for handling contaminated waste;
- 7.2.7 Right to have the HEP B vaccination;
- 7.2.8 Procedure for recording an incident;
- 7.2.9 Post exposure evaluation; and
- 7.2.10 First Aid / CPR and AED

8.0 EXPOSURE INCIDENT EVALUATIONS

An exposure incident is specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties. Should an employee be exposed to a potentially infectious material (via needle stick, splash, etc.) post-exposure evaluations will be provided.

8.1 Employees should immediately report exposure incidents or suspected exposure incidents to the Safety Officer. The exposed employee must be immediately directed to a licensed health care professional for testing and medical evaluation. This allows for timely medical evaluation and follow-up by a licensed health care professional as well as for timely testing of the source individual's blood for HIV and HBV.

8.2 All exposure incidents shall be investigated and documented. The findings of the documented investigation must be sent with the exposed employee to the treating health care professional. The Safety Officer shall investigate and document the incident using the form in appendix C. When evaluating an exposure incident, thorough assessment and confidentiality are critical issues. All reports must be treated with strict confidence.

8.2.1 The written documentation shall include: the route of exposure and circumstances under which exposure occurred, HBV and HIV antibody status of the source patient(s) (if known), the employees involved, and consent to test the blood of all involved in the incident.

8.2.2 If the source patient can be determined, permission is obtained and, where it is not prohibited by law, collection and testing of the source patient's blood to determine the presence of HIV or HBV infection shall be done as soon as possible after the exposure incident.

8.2.3 If consent is not obtained The Town of Indian Lake must show that legally required consent could not be obtained.

8.2.4 If the source is known to be infectious for HBV or HIV, testing need not be repeated to determine the known infectivity.

8.2.5 All samples will be preserved for at least 90 days.

8.3 Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow up. The attending physician or licensed health care professional will be provided the following information:

8.3.1 A copy of the OSHA regulation "Bloodborne Pathogens" and its appendices.

8.3.2 A description of the affected employee's duties as they relate to the employee's occupational exposure.

8.3.3 Results of the source individual's blood testing, if available.

8.3.4 All employee medical records, including vaccination records, relevant to the treatment of the employee.

8.4 The attending physician will provide a written opinion to The town of Indian Lake concerning the following:

8.4.1 Specific findings or diagnoses which are related to the employee's ability to receive the HBV vaccination.

8.4.2 A statement that the employee has been informed of the results of the medical evaluation and 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.

8.4.3 Any other findings and diagnoses shall remain confidential.

8.4.4 For each evaluation under this section, the company will obtain and provide the employee with a copy of the attending physician's written opinion within 15 days of the completion of the evaluation.

9.0 SHARPS INJURY LOG

A sharps injury log will be maintained in each Department to record all percutaneous injuries from contaminated sharps. All entries on the sharps injury log will be recorded in a manner that maintains the confidentiality of the injured employee.

Note: This requirement applies only to employers required to maintain a log of occupational injuries and illnesses under 29 CFR 1904. Maintenance of this sharps injury log is covered in 29 CFR 1904.6.

APPENDIX A

HEPATITIS B IMMUNIZATION

OSHA requires that those persons who may encounter blood or other potentially infectious materials be protected against Hepatitis B. As Town of Indian Lake employee's, you become "those persons who may come in contact with bloodborne pathogens."

At the option of the individual employee, The Town of Indian Lake will provide Hepatitis B immunization for employees in these categories.

The immunization program is a series of three (3) vaccine injections, (one at a time) 0, 1 month and 6 months. Protection is excellent and side effects are minimal. Immunization is thought to last lifelong.

HEPATITIS B IMMUNIZATION RECORD

Initial:

_____ I have reviewed and understand the policy and procedure regarding occupational exposure to Hepatitis B.

_____ I have reviewed and understand the medical literature on Hepatitis B vaccine.

I have / have not received a Hepatitis B. vaccine in the past. (Circle one)

If so: Date received _____
Record on file _____

I do / do not opt to receive the (3) series Hepatitis B vaccine. (Circle one)

Signature

<u>Time</u>	<u>Date Vaccinated:</u>	<u>Site of Injection:</u>	<u>Manufacturer and Lot Number:</u>
(0)	_____	_____	_____
1 mo.	_____	_____	_____
6 mo.	_____	_____	_____

Follow Up Notation: _____

Antibody test results (optional): Pre-vaccine _____
Post-Vaccine _____

APPENDIX B

DECLINATION STATEMENT

I understand that due to my potential 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 infectious materials, I can receive the vaccination series at no charge to me. This declination statement is good until one year from the date below, and employees will re-sign this document each year during refresher training.

Employee Name: _____ Date: _____

Signature: _____

Received by: Indian Lake Town Clerk on: _____

Signature: _____

Town Clerk

DATE: _____

TIME: _____

LOCATION: _____

TAKEN BY: _____

POTENTIALLY INFECTIOUS MATERIALS TYPE:

SOURCE:

DESCRIPTION OF INCIDENT:

EMPLOYEES INVOLVED:

PPE UTILIZED:

CORRECTIVE/CLEANUP ACTIONS:

COMMENTS & RECOMMENDATIONS:

APPENDIX D

SHARPS INJURY LOG

FACILITY NAME: _____

CALENDAR YEAR: _____

LOG ADMINISTRATOR: _____

DATE*	INCIDENT LOCATION (e.g. Department)	WORK AREA	INCIDENT DESCRIPTION (e.g. How incident occurred)	TYPE/BRAND DEVICE INVOLVED

*Optional Entry

APPENDIX E

PROCEDURE FOR BLOOD CONTAMINATION CLEAN-UP

Purpose: This process describes the clean-up activities to follow when any blood is found on the processing line Blood Detected on the lone or in the product

