

FIRE CHIEF  
RICHARD GRIGGS



Phone:(901) 476-2578

# CITY OF COVINGTON

OFFICE OF THE FIRE CHIEF

P.O. Box 768

COVINGTON, TENNESSEE 38019

MAYOR  
JAN WADE HENSLEY



Fax: (901) 476-9800

Covington Fire Department

Report for January 23,2024

1. Tennessee Fire Chiefs Fall quarterly meeting will be in Jackson Tn. Jan. 31<sup>st</sup> -Feb 2<sup>nd</sup>.
2. Volunteer Hours: 139 hours worked by Volunteers in 2023.
3. Annual Run Report for January 1,2023-December 31,2023
4. County coverage area collections 2023: \$80,925.00-
5. Station Update: Station repairs
6. 2023 Inservice documents were filed for reimbursement. All CFD members were eligible to receive the 2023 education incentive. 2024 in-service schedule.
7. Training and education: Matt Jacome, Cody Peeler obtained Firefighter-2 certification. Zack Cook, Matthew Gardiner, and Andrew Owen Obtained Aerial Apparatus Driver Operator certifications all from the Tennessee Firefighting Commission.
8. (Free Smoke Alarms) call (901)-476-2578 to schedule.
9. Fire Inspection Report: Updated OSHA program.
10. Staff Update: Mark Heaston retired 1-19-2024, One out on leave, and one inactive until the 2<sup>nd</sup> week of February. Retirement reception for Mark Heaston January 26<sup>th</sup> at the Covington Fire Department from 3-5pm.



# Tennessee Fire Chiefs Association Fall Quarter Meeting January 31 - February 2, 2024

## Double Tree Hotel, Jackson, TN

(Room Rate \$107/night, room rate code TFC if booked by January 10<sup>th</sup>, Call 731-664-6900)

### Wednesday, January 31, 2024

TN Pipeline Emergency Response Initiative (TPERI) Board Meeting	0900 – 1100
Lunch (on your own)	1130 – 1300
EMS Committee	1300 – 1345
Safety, Health, & Wellness Committee Meeting	1345 – 1430
TN Fire Chiefs Chaplain Committee Meeting	1430 – 1500
<b>Medical CEU Training Presented by Guardian Group</b>	<b>1500 – 1700</b>
<b>NETWORK ROOM</b> Sponsored by <b>MES!</b>	<b>1900 – 2300</b>

### Thursday, February 1, 2024

Legislative Committee Meeting	0830 – 0945
Mutual Aid	0945 – 1030
Accreditation Consortium Committee Meeting	1030 – 1115
Volunteer Committee	1115 – 1200
<b>LUNCH Sponsored by Siddons Martin Emergency Group!</b>	<b>1200 – 1300</b>
TN Length of Service Award Program (LOSAP) / TN Consolidated Retirement System (TCRS) Presented by TN Retire Ready Reps James Armistead and Tim Joyce	
ISO Presentation	1300 – 1400
<b>Presented by Michael Morash – ISO Community Hazard Mitigation Manager</b>	
Community Risk Reduction Committee Meeting	1400 – 1430
TN Fire Chiefs Leadership Academy	1430 – 1700
<b>Hosted by Gary West, Chief West Strategies, Inc.</b>	
<b>NETWORK ROOM</b> Sponsored by <b>MES!</b>	<b>1900 – 2300</b>

**Friday, February 2, 2024**

Professional Development Committee Meeting

0830 – 0900

TFCA Board/Business Meeting

0900 – 1100

**SAVE THE DATE!!**

***TFCA Spring 2024 Quarterly Meeting***

***May 14 - 16, 2024***

***Park Vista Hotel, Gatlinburg, TN***

***Room Rate \$107/night if booked by April 10, 2024 or until room block is full***

***Reservation Code: TFC***

***Hilton Reservations call 1-800-421-7275 or online at***

***<https://www.hilton.com/en/book/reservation/deeplink/?ctyhocn=GKTPVDT&groupCode=CDTTC&arrivaldate=2024-05-13&departuredate=2024-05-17&cid=OM,WW,HILTONLINK,EN,DirectLink&fromId=HILTONLINKDIRECT>***

***[www.tnfirechiefs.com](http://www.tnfirechiefs.com)***

NAME	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	TOTAL HOURS WORKED
DUVALE DEAN	0	9	10	9	5	4	0	16	4	5	10	5	77
CODY FAULK	0	12	0	3	0	6	3	6	0	12	3	6	51
BAKER MCCOOL	0	0	0	0	0	0	0	0	0	0	0	0	0
CODY PEELER	0	16	27	3	0	11	0	0	0	0	0	0	57
<b>TOTAL</b>	<b>0</b>	<b>21</b>	<b>10</b>	<b>12</b>	<b>5</b>	<b>21</b>	<b>3</b>	<b>22</b>	<b>4</b>	<b>17</b>	<b>13</b>	<b>11</b>	<b>139</b>

**CODY PEELER WENT TO F/T 6-21-2023**

# Covington Fire Department

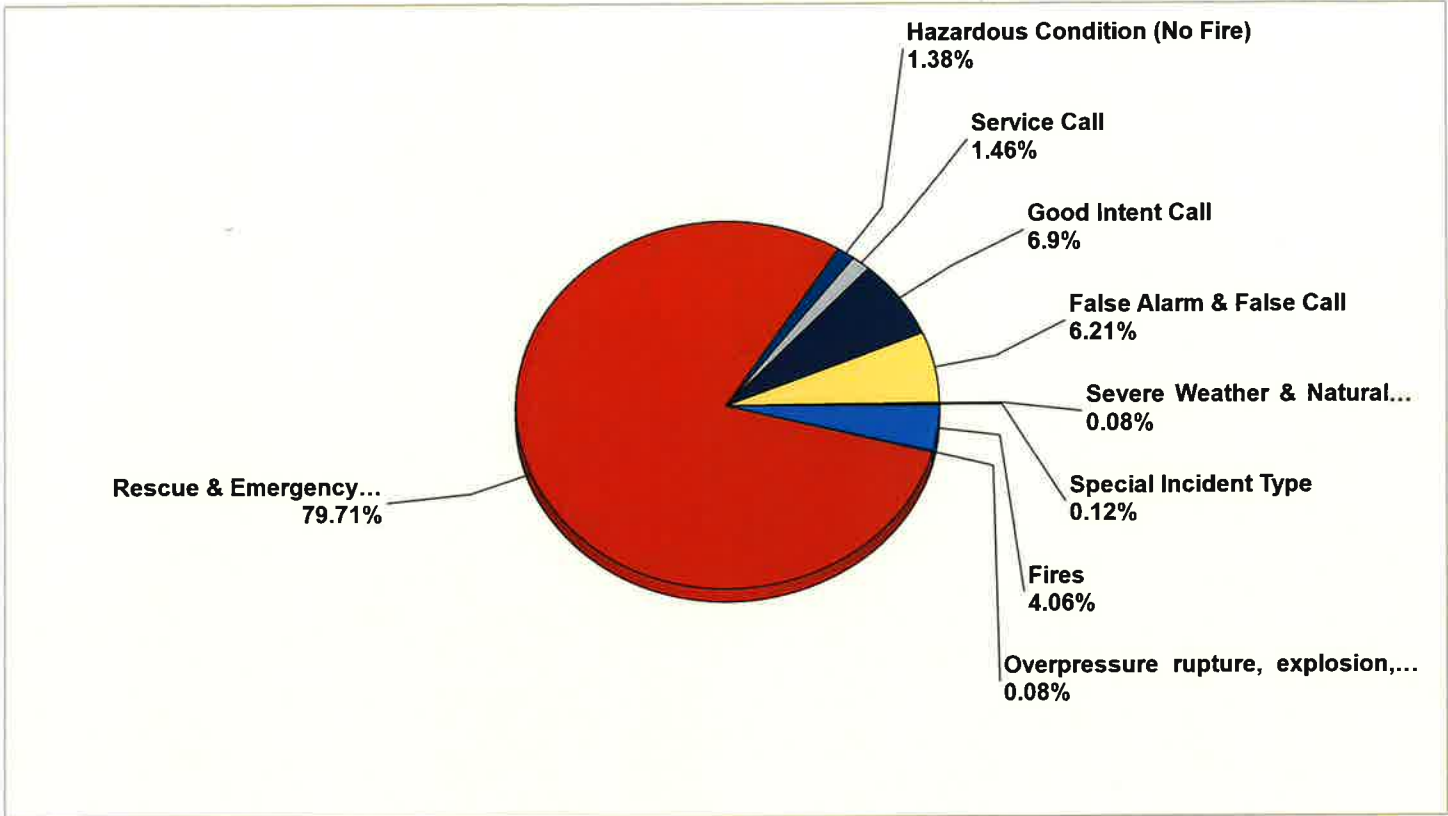
Covington, TN

This report was generated on 1/16/2024 11:57:01 AM



## Breakdown by Major Incident Types for Date Range

Zone(s): All Zones | Start Date: 01/01/2023 | End Date: 12/31/2023



MAJOR INCIDENT TYPE	# INCIDENTS	% of TOTAL
Fires	100	4.06%
Overpressure rupture, explosion, overheating - no fire	2	0.08%
Rescue & Emergency Medical Service	1964	79.71%
Hazardous Condition (No Fire)	34	1.38%
Service Call	36	1.46%
Good Intent Call	170	6.9%
False Alarm & False Call	153	6.21%
Severe Weather & Natural Disaster	2	0.08%
Special Incident Type	3	0.12%
<b>TOTAL</b>	<b>2464</b>	<b>100%</b>

Only REVIEWED and/or LOCKED IMPORTED incidents are included. Summary results for a major incident type are not displayed if the count is zero.



emergencyreporting.com

Doc Id: 553

Page # 1 of 3

### Detailed Breakdown by Incident Type

INCIDENT TYPE	# INCIDENTS	% of TOTAL
111 - Building fire	36	1.46%
113 - Cooking fire, confined to container	1	0.04%
114 - Chimney or flue fire, confined to chimney or flue	1	0.04%
118 - Trash or rubbish fire, contained	3	0.12%
121 - Fire in mobile home used as fixed residence	1	0.04%
131 - Passenger vehicle fire	21	0.85%
132 - Road freight or transport vehicle fire	2	0.08%
137 - Camper or recreational vehicle (RV) fire	1	0.04%
138 - Off-road vehicle or heavy equipment fire	4	0.16%
141 - Forest, woods or wildland fire	1	0.04%
142 - Brush or brush-and-grass mixture fire	5	0.2%
143 - Grass fire	19	0.77%
151 - Outside rubbish, trash or waste fire	1	0.04%
161 - Outside storage fire	1	0.04%
170 - Cultivated vegetation, crop fire, other	1	0.04%
171 - Cultivated grain or crop fire	2	0.08%
221 - Overpressure rupture of air or gas pipe/pipeline	1	0.04%
223 - Air or gas rupture of pressure or process vessel	1	0.04%
311 - Medical assist, assist EMS crew	174	7.06%
321 - EMS call, excluding vehicle accident with injury	1654	67.13%
322 - Motor vehicle accident with injuries	92	3.73%
323 - Motor vehicle/pedestrian accident (MV Ped)	2	0.08%
324 - Motor vehicle accident with no injuries.	27	1.1%
331 - Lock-in (if lock out , use 511 )	6	0.24%
341 - Search for person on land	1	0.04%
342 - Search for person in water	1	0.04%
352 - Extrication of victim(s) from vehicle	2	0.08%
363 - Swift water rescue	2	0.08%
365 - Watercraft rescue	1	0.04%
381 - Rescue or EMS standby	2	0.08%
400 - Hazardous condition, other	1	0.04%
411 - Gasoline or other flammable liquid spill	2	0.08%
412 - Gas leak (natural gas or LPG)	17	0.69%
413 - Oil or other combustible liquid spill	2	0.08%
424 - Carbon monoxide incident	3	0.12%
440 - Electrical wiring/equipment problem, other	1	0.04%
441 - Heat from short circuit (wiring), defective/worn	1	0.04%
444 - Power line down	3	0.12%
445 - Arcing, shorted electrical equipment	3	0.12%
460 - Accident, potential accident, other	1	0.04%
500 - Service Call, other	6	0.24%
510 - Person in distress, other	13	0.53%
511 - Lock-out	5	0.2%
520 - Water problem, other	1	0.04%
522 - Water or steam leak	1	0.04%
531 - Smoke or odor removal	1	0.04%
541 - Animal problem	1	0.04%
551 - Assist police or other governmental agency	2	0.08%
554 - Assist invalid	1	0.04%
561 - Unauthorized burning	5	0.2%
600 - Good intent call, other	6	0.24%
611 - Dispatched & cancelled en route	126	5.11%
621 - Wrong location	1	0.04%
622 - No incident found on arrival at dispatch address	10	0.41%
631 - Authorized controlled burning	7	0.28%

Only REVIEWED and/or LOCKED IMPORTED incidents are included. Summary results for a major incident type are not displayed if the count is zero.



**Detailed Breakdown by Incident Type**

<b>INCIDENT TYPE</b>	<b># INCIDENTS</b>	<b>% of TOTAL</b>
632 - Prescribed fire	1	0.04%
651 - Smoke scare, odor of smoke	15	0.61%
652 - Steam, vapor, fog or dust thought to be smoke	3	0.12%
661 - EMS call, party transported by non-fire agency	1	0.04%
700 - False alarm or false call, other	17	0.69%
711 - Municipal alarm system, malicious false alarm	1	0.04%
721 - Bomb scare - no bomb	1	0.04%
735 - Alarm system sounded due to malfunction	2	0.08%
743 - Smoke detector activation, no fire - unintentional	2	0.08%
744 - Detector activation, no fire - unintentional	1	0.04%
745 - Alarm system activation, no fire - unintentional	128	5.19%
746 - Carbon monoxide detector activation, no CO	1	0.04%
800 - Severe weather or natural disaster, other	1	0.04%
813 - Wind storm, tornado/hurricane assessment	1	0.04%
900 - Special type of incident, other	1	0.04%
911 - Citizen complaint	2	0.08%
<b>TOTAL INCIDENTS:</b>	<b>2464</b>	<b>100%</b>

Only REVIEWED and/or LOCKED IMPORTED incidents are included. Summary results for a major incident type are not displayed if the count is zero.



# Covington Fire Department

Covington, TN

This report was generated on 1/16/2024 11:51:22 AM



## Fire Losses per Incident Types for Date Range

Start Date: 01/01/2023 | End Date: 12/31/2023

INCIDENT TYPE	TOTAL LOSSES (Sum of Property and Content Loss)
111 - Building fire	\$895,300.00
118 - Trash or rubbish fire, contained	\$20.00
121 - Fire in mobile home used as fixed residence	\$4,000.00
131 - Passenger vehicle fire	\$265,800.00
137 - Camper or recreational vehicle (RV) fire	\$10,000.00
138 - Off-road vehicle or heavy equipment fire	\$101,500.00
143 - Grass fire	\$1,000.00
161 - Outside storage fire	\$6,000.00
170 - Cultivated vegetation, crop fire, other	\$2,300.00

1,285,920.00

Only REVIEWED incidents included





# Covington Fire Department

Covington, TN

This report was generated on 1/16/2024 11:53:59 AM



## Fire Service Casualties per Incident for Date Range

Start Date: 01/01/2023 | End Date: 12/31/2023

INCIDENT #	DATE	INJURIES	CASUALTIES
------------	------	----------	------------

Only REVIEWED incidents included.  
Injury is measured for all value selection except [Death]. Casualty is measured for value [Death] only.



# Covington Fire Department

Covington, TN

This report was generated on 1/16/2024 12:08:15 PM



## Total Acres Burned for Date Range

Start Date: 01/01/2023 | End Date: 12/31/2023

TOTAL ACRES BURNED
62

Is the summation of the values entered in to the TOTAL ACRES BURNED field from the Wildland Fire 3 screen of a wildland fire incident (incident types 140-143). Only REVIEWED incidents included.



# Yearly Totals

Year	Total
2008	\$55,600.00
2009	\$53,950.00
2010	\$52,550.00
2011	\$53,900.00
2012	\$54,300.00
2013	\$55,400.00
2014	\$55,550.00
2015	\$57,400.00
2016	\$84,100.00
2017	\$80,295.00
2018	\$79,625.00
2019	\$60,320.00
2020	\$79,870.00
2021	\$82,840.00
2022	\$82,255.00
2023	\$80,925.00
2024	\$33,600.00

**Total: \$1,122,480.00**



**DEPARTMENT OF COMMERCE AND INSURANCE**  
**COMMISSION ON FIRE FIGHTING PERSONNEL STANDARDS AND EDUCATION**  
 2161 Unionville Deason Road  
 Bell Buckle, TN 37020  
 931-294-4140

**ATTESTATION OF CITY/COUNTY ADMINISTRATIVE OFFICIAL**

Request for payment of fire personnel Educational Incentive Pay is hereby made. I have examined the attached reporting form and find it complete and correct to the best of my knowledge. This fire department is part of the unit of government of which I am the Administrative Officer.

Request for payment is made with the understanding that payments disbursed by the State of Tennessee are subject to the deduction of applicable taxes by the local unit of government before disbursement to eligible full-time personnel.

I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

*San W. Hensley*  
 Signature of Administrative Official  
San W. Hensley  
 Printed Name of Administrative Official

Mayor  
 Title of Administrative Official  
1-9-2024  
 Date

**ATTESTATION OF FIRE CHIEF**

I certify that I have carefully reviewed the In-Service Report Form(s) submitted to the Tennessee Commission on Fire Fighting Personnel Standards and Education for my Department for the 2023 training year. I further attest to the accuracy and completeness of the form(s) by affixing my signature to this document.

Finally, I acknowledge that submitting false or misleading documentation to the Commission may result in the revocation or suspension of my certification and criminal prosecution. If I discover an error in forms previously submitted, I will notify the Commission of the error immediately, submit corrected records, and return any funds paid in error.

I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Covington Fire Department  
 Department Name  
*Richard Griggs*      Richard Griggs  
 Signature of Fire Chief      Printed Name of Fire Chief







COMMERCE & INSURANCE  
 TENNESSEE COMMISSION ON FIRE FIGHTING  
 2161 Unionville Deason Road  
 Bell Buckle, TENNESSEE 37020  
 931-294-4140

FOR COMMISSION USE ONLY	
Rec'd	_____
App'd	_____
Hours Credit	_____
NOTES	_____

**APPLICATION FOR IN-SERVICE TRAINING SUBSTITUTION**

This form is to be completed by applicants electing to substitute the Commission's Certification, College/University or Specialized Training in lieu of the 40 Hour In-Service Training Program. A separate form must be submitted for each substitution requested.

Please complete all sections applicable. **PLEASE PRINT OR TYPE THIS FORM.**

SECTION A

REQUEST FOR: (check one)

- TN FIRE COMMISSION CERTIFICATION SUBSTITUTION FOR 40 HOUR IN-SERVICE  
(complete section A, B, C and F)
- COLLEGE/UNIVERSITY SUBSTITUTION FOR 40 HOUR IN-SERVICE  
(complete section A, B, E and F)
- SPECIALIZED TRAINING SUBSTITUTION Must at least 2 hours except for approved On-line Courses can be 1 hour or more.  
(complete section A, B, D and F)

SECTION B

<u>Griggs</u>	<u>Richard</u>	<u>L</u>	<u>Covington Fire Department</u>
<small>Last Name,</small>	<small>First Name</small>	<small>MI</small>	<small>Fire Department Name</small>
<u>Fire Chief</u>			<u>5975</u>
<small>Rank/Position</small>			<small>ACADIS PSID Number</small>
<u>4154 Mt. Lebanon Rd.</u>	<u>Covington</u>	<u>TN</u>	<u>38019</u>
<small>Home Address</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
	Completed 4 hours of Firefighter Safety Training on	<u>BloodBorne Pathogens</u>	<u>2/14/23</u>
		<small>Date</small>	
	Completed the CPR Certification requirement on	<u>AHA CPR</u>	<u>1/24/23</u>
		<small>Date</small>	

SECTION C  
 COMMISSION CERTIFICATION

I have completed a minimum of 40 hours of preparatory training toward the following named TN Fire Commission certification.

<u>Incident Safety Officer</u>	<u>ISO703-3506696</u>
<small>Title of TN Fire Commission Certification</small>	<small>TN Fire Commission Certification Number</small>
<u>7/19/2023</u>	<b>*Copy of Certification Must Be Attached*</b>
<small>Date Issued</small>	

**SECTION D  
SPECIALIZED TRAINING SUBSTITUTION**

Must at least 2 hours except for approved On-line Courses can be 1 hour or more

Course Title \_\_\_\_\_ # of Hours of Course \_\_\_\_\_ Test Score \_\_\_\_\_

Sponsoring Agency \_\_\_\_\_ Institution \_\_\_\_\_ Department \_\_\_\_\_

Location \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_ # of hours requested \_\_\_\_\_

A course outline and sign in roster or certificate of completion must be attached

\* If no test is administered, the attending fire personnel must submit a detailed evaluation of course to the training officer for his/her approval and both applicant's evaluation and the Training Officer's approval are to be attached. **NOTE: IF THIS IS NOT DONE, NO CREDIT WILL BE GIVEN.**

**A Correlation Sheet must be attached outlining the NFPA Standard(s) this training addressed.**

**SECTION E  
COLLEGE/UNIVERSITY**

TITLE OF COURSE \_\_\_\_\_ COLLEGE OR UNIVERSITY \_\_\_\_\_

LENGTH (HOURS) OF COURSE \_\_\_\_\_ EXPECTED DATE OF COMPLETION \_\_\_\_\_

Attach College/University catalog description or syllabus of course.

A copy of the transcript showing the grade earned for this course must be attached in order for credit to be given. This course must be completed within the calendar year in which training is requested.

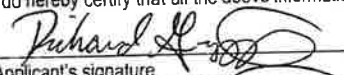
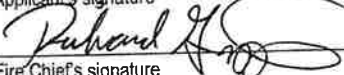
This course is being taken for the following reason(s):


- Agency Requirement       Professional/Personal Enrichment  
 Degree Requirement       Associate       Bachelor       Master  
 Other \_\_\_\_\_

**A Correlation Sheet must be attached outlining the NFPA Standard(s) this training addressed.**

**SECTION F**

I do hereby certify that all the above information on this form is complete and accurate to the best of my knowledge.

  
Applicant's signature  
  
Fire Chief's signature

  
Training Officer's signature  
You may use a digital signature if you have one or you can leave blank, print and sign.



ISO703-3506696  
TN-I-PSAC#

*Tennessee Commission On Fire Fighting*

*This certifies that*

Richard L. Griggs

*has successfully completed all of the requirements as prescribed in the Commissions rules and regulations for:*

ISO - Incident Safety Officer

*and is hereby awarded this certificate in recognition*

*thereof on* 07/19/2023

  
Chairman  
Brian Biggs



  
Director  
Shane Clark



COMMERCE & INSURANCE  
 TENNESSEE COMMISSION ON FIRE FIGHTING  
 2161 Unionville Deason Road  
 Bell Buckle, TENNESSEE 37020  
 931-294-4140

FOR COMMISSION USE ONLY	
Rec'd	_____
App'd	_____
Hours Credit	_____
NOTES	_____

**APPLICATION FOR IN-SERVICE TRAINING SUBSTITUTION**

This form is to be completed by applicants electing to substitute the Commission's Certification, College/University or Specialized Training in lieu of the 40 Hour In-Service Training Program. A separate form must be submitted for each substitution requested.

Please complete all sections applicable. **PLEASE PRINT OR TYPE THIS FORM.**

**SECTION A**

REQUEST FOR: (check one)

- TN FIRE COMMISSION CERTIFICATION SUBSTITUTION FOR 40 HOUR IN-SERVICE  
(complete section A, B, C and F)
- COLLEGE/UNIVERSITY SUBSTITUTION FOR 40 HOUR IN-SERVICE  
(complete section A, B, E and F)
- SPECIALIZED TRAINING SUBSTITUTION Must at least 2 hours except for approved On-line Courses can be 1 hour or more.  
(complete section A, B, D and F)

**SECTION B**

<u>Peeler</u> Last Name,	<u>Cody</u> First Name	<u>L.</u> MI	<u>Covington Fire Department</u> Fire Department Name
<u>Firefighter</u> Rank/Position	<u>1242-0895</u> ACADIS PSID Number		
<u>1333 Garland Dr.</u> Home Address	<u>Covington</u> City	<u>TN</u> State	<u>38019</u> Zip
	Completed 4 hours of Firefighter Safety Training on <u>BloodBorne Pathogens</u> Date		<u>2/15/23</u>
	Completed the CPR Certification requirement on <u>AHA CPR</u> Date		<u>1/25/23</u>

**SECTION C  
 COMMISSION CERTIFICATION**

I have completed a minimum of 40 hours of preparatory training toward the following named TN Fire Commission certification.

<u>Firefighter I</u> Title of TN Fire Commission Certification	<u>FFI 3623-3548051</u> TN Fire Commission Certification Number
<u>10/24/2023</u> Date Issued	<b><u>*Copy of Certification Must Be Attached*</u></b>

**SECTION D  
SPECIALIZED TRAINING SUBSTITUTION**

Must at least 2 hours except for approved On-line Courses can be 1 hour or more

Course Title _____	# of Hours of Course _____	Test Score _____
Sponsoring Agency _____	Institution _____	Department _____
Location _____		
Date: From _____ To _____	# of hours requested _____	

A course outline and sign in roster or certificate of completion must be attached

\* If no test is administered, the attending fire personnel must submit a detailed evaluation of course to the training officer for his/her approval and both applicant's evaluation and the Training Officer's approval are to be attached. **NOTE: IF THIS IS NOT DONE, NO CREDIT WILL BE GIVEN.**

**A Correlation Sheet must be attached outlining the NFPA Standard(s) this training addressed.**

**SECTION E  
COLLEGE/UNIVERSITY**

TITLE OF COURSE _____	COLLEGE OR UNIVERSITY _____
LENGTH (HOURS) OF COURSE _____	EXPECTED DATE OF COMPLETION _____

Attach College/University catalog description or syllabus of course.

A copy of the transcript showing the grade earned for this course must be attached in order for credit to be given. This course must be completed within the calendar year in which training is requested.


This course is being taken for the following reason(s):

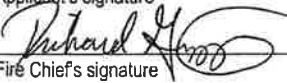
<input type="checkbox"/> Agency Requirement	<input type="checkbox"/> Professional/Personal Enrichment
<input type="checkbox"/> Degree Requirement	<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master
<input type="checkbox"/> Other _____	

**A Correlation Sheet must be attached outlining the NFPA Standard(s) this training addressed.**

**SECTION F**

I do hereby certify that all the above information on this form is complete and accurate to the best of my knowledge.

  
\_\_\_\_\_  
Applicant's signature

  
\_\_\_\_\_  
Fire Chief's signature

  
\_\_\_\_\_  
Training Officer's signature

You may use a digital signature if you have one or you can leave blank, print and sign.

*Tennessee Commission On Fire Fighting*

*This certifies that*

Cody L. Peeler


*has successfully completed all of the requirements as prescribed in the Commissions rules and regulations for:*

FFI - FireFighter I

*and is hereby awarded this certificate in recognition thereof on* 10/24/2023

  
Chairman  
Brian Biggs



  
Director  
Shane Clark



COMMERCE & INSURANCE  
 TENNESSEE COMMISSION ON FIRE FIGHTING  
 2161 Unionville Deason Road  
 Bell Buckle, TENNESSEE 37020  
 931-294-4140

FOR COMMISSION USE ONLY	
Rec'd	_____
App'd	_____
Hours Credit	_____
NOTES	_____

**APPLICATION FOR IN-SERVICE TRAINING SUBSTITUTION**

This form is to be completed by applicants electing to substitute the Commission's Certification, College/University or Specialized Training in lieu of the 40 Hour In-Service Training Program. A separate form must be submitted for each substitution requested.

Please complete all sections applicable. **PLEASE PRINT OR TYPE THIS FORM.**

**SECTION A**

REQUEST FOR: (check one)

- TN FIRE COMMISSION CERTIFICATION SUBSTITUTION FOR 40 HOUR IN-SERVICE  
(complete section A, B, C and F)
- COLLEGE/UNIVERSITY SUBSTITUTION FOR 40 HOUR IN-SERVICE  
(complete section A, B, E and F)
- SPECIALIZED TRAINING SUBSTITUTION Must at least 2 hours except for approved On-line Courses can be 1 hour or more.  
(complete section A, B, D and F)

**SECTION B**

Jacome Matthew R Covington Fire Department  
 Last Name, First Name MI Fire Department Name

Firefighter 5122-6794  
 Rank/Position ACADIS PSID Number

6905 Hwy 59 W. Burlison TN 38015  
 Home Address City State Zip

Completed 4 hours of Firefighter Safety Training on BloodBorne Pathogens 2/22/23  
 Date

Completed the CPR Certification requirement on AHA CPR 1/25/23  
 Date

**SECTION C  
 COMMISSION CERTIFICATION**

I have completed a minimum of 40 hours of preparatory training toward the following named TN Fire Commission certification.

Firefighter I FFI 3612-3548040  
 Title of TN Fire Commission Certification TN Fire Commission Certification Number

10/24/2023  
 Date Issued

**\*Copy of Certification Must Be Attached\***

**SECTION D  
SPECIALIZED TRAINING SUBSTITUTION**

Must at least 2 hours except for approved On-line Courses can be 1 hour or more

Course Title \_\_\_\_\_ # of Hours of Course \_\_\_\_\_ Test Score \_\_\_\_\_

Sponsoring Agency \_\_\_\_\_ Institution \_\_\_\_\_ Department \_\_\_\_\_

Location \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_ # of hours requested \_\_\_\_\_

A course outline and sign in roster or certificate of completion must be attached

\* If no test is administered, the attending fire personnel must submit a detailed evaluation of course to the training officer for his/her approval and both applicant's evaluation and the Training Officer's approval are to be attached. **NOTE: IF THIS IS NOT DONE, NO CREDIT WILL BE GIVEN.**

**A Correlation Sheet must be attached outlining the NFPA Standard(s) this training addressed.**

**SECTION E  
COLLEGE/UNIVERSITY**

TITLE OF COURSE \_\_\_\_\_ COLLEGE OR UNIVERSITY \_\_\_\_\_

LENGTH (HOURS) OF COURSE \_\_\_\_\_ EXPECTED DATE OF COMPLETION \_\_\_\_\_

Attach College/University catalog description or syllabus of course.

A copy of the transcript showing the grade earned for this course must be attached in order for credit to be given. This course must be completed within the calendar year in which training is requested.

This course is being taken for the following reason(s):


- Agency Requirement       Professional/Personal Enrichment  
 Degree Requirement       Associate       Bachelor       Master  
 Other \_\_\_\_\_

**A Correlation Sheet must be attached outlining the NFPA Standard(s) this training addressed.**

**SECTION F**

I do hereby certify that all the above information on this form is complete and accurate to the best of my knowledge.

  
Applicant's signature \_\_\_\_\_

  
Training Officer's signature \_\_\_\_\_

  
Fire Chief's signature \_\_\_\_\_

You may use a digital signature if you have one or you can leave blank, print and sign.

FFI13612-3548040  
TN-IFSAC#

# Tennessee Commission On Fire Fighting

*This certifies that*

Matthew R Jacome

*has successfully completed all of the requirements as prescribed in the Commissions rules and regulations for:*

FFI - FireFighter I

*and is hereby awarded this certificate in recognition*

*thereof on* 10/24/2023



Chairman  
Brian Biggs



Director  
Shane Clark



# COVINGTON FIRE DEPARTMENT

## 2024 Inservice

Participation in the Tennessee Commission on Firefighting Educational Incentive Program is **voluntary**. Attendance of forty (40) hours of approved commission courses must be counted for educational incentive compensation. No overtime will be afforded for approved courses. Online courses are to be completed on-duty. All classroom courses will be held in the training room at Station 1.

**Sudden Infant Death Syndrome (SIDS)      TN Fire Training Online      3 hours**

1/1/2024 -1/31/2024

**Chimney Fires      TN Fire Training Online      4 hours**

1/1/2024 -1/31/2024

**Traffic Incident Management      TDOT      4 hours**

1/8/2024 C Shift

1/9/2024 B Shift

1/10/2024 A Shift

**FD Operations at Sprinklered Buildings      TFACA      4 hours**

1/23/2024 A Shift

1/24/2024 C Shift

1/25/2024 B Shift

**FF Mental Wellness: The Elephant in the Room      TFACA      4 hours**

1/23/2024 A Shift

1/24/2024 C Shift

1/25/2024 B Shift



**PreHospital Trauma Life Support (PHTLS)    Hospital Wing    16 hours**

2/12/2024 & 2/14/2024

**Vinyl Chloride Monomers and other things - Hazmat    Bill Burke    8 hours**

3/4/2024    A Shift

3/5/2024    C Shift

3/6/2024    B Shift

**Bloodborne Pathogens                    TN Fire Training Online                    4 hours**

4/1/2024 – 4/30/2024

**Initial Fire Scene Investigation and Evidence Preservation                    TN Fire Training Online                    4 hours**

5/1/2024 – 5/31/2024

**Above Grade Fire Skills                    TFACA                    8 hours**

9/23/2024    B Shift

9/24/2024    A Shift

9/25/2024    C Shift

## CHAPTER 4

OCCUPATIONAL SAFETY AND HEALTH PROGRAM<sup>1</sup>

## SECTION

- 4-401. Title.
- 4-402. Purpose.
- 4-403. Coverage.
- 4-404. Standards authorized.
- 4-405. Variances from standards authorized.
- 4-406. Administration.
- 4-407. Funding the program.

4-401. **Title.** This chapter shall provide authority for establishing and administering the Occupational Safety and Health Program for the employees of the City of Covington. (Ord. #1522, Oct. 2003)

4-402. **Purpose.** The City of Covington, in electing to update their established program plan will maintain an effective occupational safety and health program for its employees and shall:

(1) Provide a safe and healthful place and condition of employment that includes:

- (a) Top management commitment and employee involvement;
- (b) Continually analyze the worksite to identify all hazards and potential hazards;
- (c) Develop and maintain methods for preventing or controlling existing or potential hazards; and
- (d) Train managers, supervisors, and employees to understand and deal with worksite hazards.

(2) Acquire, maintain and require the use of safety equipment, personal protective equipment and devices reasonably necessary to protect employees.

(3) Make, keep, preserve, and make available to the Commissioner of Labor and Workforce Development of the State of Tennessee, his/her designated representatives, or persons within the Tennessee Department of Labor and Workforce Development to whom such responsibilities have been delegated, adequate records of all occupational accidents and illnesses and personal injuries for proper evaluation and necessary corrective action as required.

(4) Consult with the State Commissioner of Labor and Workforce Development with regard to the adequacy of the form and content of records.

---

<sup>1</sup>The Occupational Safety and Health Program for the City of Covington, including all appendices is included in this municipal code as Appendix A.

(5) Consult with the State Commissioner of Labor and Workforce Development, as appropriate, regarding safety and health problems which are considered to be unusual or peculiar and are such that they cannot be achieved under a standard promulgated by the state.

(6) Provide reasonable opportunity for the participation of employees in the effectuation of the objectives of this program, including the opportunity to make anonymous complaints concerning conditions or practices injurious to employee safety and health.

(7) Provide for education and training of personnel for the fair and efficient administration of occupational safety and health standards, and provide for education and notification of all employees of the existence of this program. (Ord. #1522, Oct. 2003)

**4-403. Coverage.** The provisions of the Occupational Safety and Health Program Plan for the employees of the City of Covington shall apply to all employees of each administrative department, commission, board, division, or other agency of the City of Covington whether part-time or full-time, seasonal or permanent. (Ord. #1522, Oct. 2003)

**4-404. Standards authorized.** The occupational safety and health standards adopted by the City of Covington are the same as, but not limited to, the State of Tennessee Occupational Safety and Health Standards promulgated, or which may be promulgated, in accordance with section 6 of the Tennessee Occupational Safety and Health Act of 1972.<sup>1</sup> (Ord. #1522, Oct. 2003)

**4-405. Variances from standards authorized.** The City of Covington may, upon written application to the Commissioner of Labor and Workforce Development of the State of Tennessee, request an order granting a temporary variance from any approved standards. Applications for variances shall be in accordance with Rules of Tennessee Department of Labor and Workforce Development, Occupational Safety, Chapter 0800-1-2, as authorized by Tennessee Code Annotated, title 50. Prior to requesting such temporary variance, the City of Covington shall notify or serve notice to employees, their designated representatives, or interested parties and present them with an opportunity for a hearing. The posting of notice on the main bulletin board as designated by the City of Covington shall be deemed sufficient notice to employees. (Ord. #1522, Oct. 2003)

**4-406. Administration.** For the purposes of this chapter, the fire safety director is designated as the director of occupational safety and health to

---

<sup>1</sup>State law reference

Tennessee Code Annotated, title 50, chapter 3.

perform duties and to exercise powers assigned so as to plan, develop, and administer the City of Covington Occupational Safety and Health Program. The director shall develop a plan of operation for the program and said plan shall become a part of this chapter when it satisfies all applicable sections of the Tennessee Occupational Safety and Health Act of 1972 and part IV of the Tennessee Occupational Safety and Health Plan. (Ord. #1522, Oct. 2003, modified)

4-407. **Funding the program.** Sufficient funds for administering and staffing the program pursuant to this chapter shall be made available as authorized by the City of Covington. (Ord. #1522, Oct. 2003)

**ORDINANCE 1734**

ORDINANCE TO ESTABLISH AN UPDATED OCCUPATIONAL SAFETY AND HEALTH PROGRAM PLAN, DEVISE RULES AND REGULATIONS, AND TO PROVIDE FOR A SAFETY DIRECTOR AND THE IMPLEMENTATION OF SUCH PROGRAM PLAN

WHEREAS, in compliance with Public Chapter 561 of the General Assembly of the State of Tennessee for the year 1972, the City of Covington hereby updates the Occupational Safety and Health Program Plan for our employees.

WHEREAS, due to various changes in subsequent years, it has become necessary to amend the program plan to comply with more recent state requirements.

NOW, THEREFORE, BE IT ORDAINED BY the City of Covington, Tennessee that there be and is hereby amended as follows:

**SECTION 1.**

TITLE: This section shall be known as "The Occupational Safety and Health Program Plan" for the employees of the City of Covington.

**PURPOSE:**

The City of Covington in electing to update the established Program Plan will maintain an effective and comprehensive Occupational Safety and Health Program Plan for its employees and shall:

- 1) Provide a safe and healthy place and condition of employment that includes:
  - a) Top Management Commitment and Employee Involvement;
  - b) Continually analyze the worksite to identify all hazards and potential hazards;
  - c) Develop and maintain methods for preventing or controlling the existing or potential hazards; and
  - d) Train managers, supervisors, and employees to understand and deal with worksite hazards.
- 2) Acquire, maintain and require the use of safety equipment, personal protective equipment and devices reasonably necessary to protect employees.
- 3) Record, keep, preserve, and make available to the Commissioner of Labor and Workforce Development, or persons within the Department of Labor and Workforce Development to whom such responsibilities have been delegated, adequate records of all occupational accidents and illnesses and personal injuries for proper evaluation and necessary corrective action as required.
- 4) Consult with the Commissioner of Labor and Workforce Development with regard to the adequacy of the form and content of records.
- 5) Consult with the Commissioner of Labor and Workforce Development, as appropriate, regarding safety and health problems which are considered to be unusual or peculiar and are such that they cannot be achieved under a standard promulgated by the State.
- 6) Provide reasonable opportunity for the participation of employees in the effectuation of the objectives of this Program Plan, including the opportunity to make anonymous complaints concerning conditions or practices injurious to employee safety and health.

7) Provide for education and training of personnel for the fair and efficient administration of occupational safety and health standards, and provide for education and notification of all employees of the existence of this Program Plan.

**COVERAGE:**

The provisions of the Occupational Safety and Health Program Plan for the employees of the City of Covington shall apply to all employees of each administrative department, commission, board, division, or other agency whether part-time or full-time, seasonal or permanent.

**STANDARDS AUTHORIZED:**

The Occupational Safety and Health standards adopted by the the City of Covington are the same as, but not limited to, the State of Tennessee Occupational Safety and Health Standards promulgated, or which may be promulgated, in accordance with Section 6 of the Tennessee Occupational Safety and Health Act of 1972 (T.C.A. Title 50, Chapter 3).

**VARIANCES FROM STANDARDS AUTHORIZED:**

Upon written application to the Commissioner of Labor and Workforce Development of the State of Tennessee, we may request an order granting a temporary variance from any approved standards. Applications for variances shall be in accordance with Rules of Tennessee Department of Labor and Workforce Development Occupational Safety and Health, VARIANCES FROM OCCUPATIONAL SAFETY AND HEALTH STANDARDS, CHAPTER 0800-01-02, as authorized by T.C.A., Title 50. Prior to requesting such temporary variance, we will notify or serve notice to our employees, their designated representatives, or interested parties and present them with an opportunity for a hearing. The posting of notice on the main bulletin board shall be deemed sufficient notice to employees.

**ADMINISTRATION:**

For the purposes of this ordinance, Jason L. Jenkins Inspector for the City of Covington is designated as the Safety Director of Occupational Safety and Health to perform duties and to exercise powers assigned to plan, develop, and administer this Program Plan. The Safety Director shall develop a plan of operation for the Program Plan in accordance with Rules of Tennessee Department of Labor and Workforce Development Occupational Safety and Health, SAFETY AND HEALTH PROVISIONS FOR THE PUBLIC SECTOR, CHAPTER 0800-01-05, as authorized by T.C.A., Title 50.

**FUNDING THE PROGRAM PLAN:**


Sufficient funds for administering and staffing the Program Plan pursuant to this ordinance shall be made available as authorized by the the City of Covington.

**SEVERABILITY:**

SECTION 2. BE IT FURTHER ORDAINED that if any section, sub-section, sentence, clause, phrase, or portion of this ordinance is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed separate, distinct, and independent provision, and such holding shall not affect the validity of the remaining portions hereof.

AMENDMENTS, ETC:

SECTION 3. BE IT FURTHER ORDAINED that this ordinance shall take effect from and after the date it shall have been passed by the Board of Mayor & Alderman, properly signed, certified, and has met all other legal requirements of the Ordinance, and as otherwise provided by law, the general welfare of the City of Covington requiring it.

  
\_\_\_\_\_  
Mayor

10/29/20  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Recorder/Treasurer

10/29/20  
\_\_\_\_\_  
Date

9-8-20

Passed First Reading

9-22-20

Passed Second Reading

10-13-20

Passed Third Reading

# Signature Page

Adopted By the Board of Mayor & Alderman of the City of Covington TN

This 13<sup>th</sup> day of October, 2020

  
\_\_\_\_\_  
Jason L. Jenkins, Safety Director

Date 10-29-2020

  
\_\_\_\_\_  
Justin Hanson, Mayor

Date 10-29-2020

  
\_\_\_\_\_  
Tina Dunn, Recorder/Treasurer

Date 10-29-20

Note: A copy of the Occupational Safety and Health Program for the employees of the City of Covington is available for inspection by any employee at City Hall or the Office of the Safety Director during regular business hours



PLAN OF OPERATION FOR THE OCCUPATIONAL SAFETY AND HEALTH  
PROGRAM PLAN FOR THE EMPLOYEES OF The City of Covington

SECTION	PAGE
I. PURPOSE AND COVERAGE .....	4
II. DEFINITIONS.....	4
III. EMPLOYER'S RIGHTS AND DUTIES.....	5
IV. EMPLOYEE'S RIGHTS AND DUTIES.....	6
V. ADMINISTRATION.....	7
VI. STANDARDS AUTHORIZED .....	8
VII. VARIANCE PROCEDURE.....	8
VIII. RECORDKEEPING AND REPORTING.....	9
IX. EMPLOYEE COMPLAINT PROCEDURE .....	9
X. EDUCATION AND TRAINING.....	10
XI. GENERAL INSPECTION PROCEDURES.....	11
XII. IMMINENT DANGER PROCEDURES.....	12
XIII. ABATEMENT ORDERS AND HEARINGS.....	13
XIV. PENALTIES.....	13
XV. CONFIDENTIALITY OF PRIVILEGED INFORMATION .....	13
XVI. DISCRIMINATION INVESTIGATIONS AND SANCTIONS.....	14
XVII. COMPLIANCE WITH OTHER LAWS NOT EXCUSED.....	15
 APPENDICES	
I. WORK LOACATIONS .....	16 -17
II. NOTICE TO ALL EMPLOYEES .....	18
III. PROGRAM PLAN BUDGET .....	19
IV. ACCIDENT REPORTING PROCEDURES .....	20-21
V. ORGANIZATIONAL CHARTS.....	22 – 38
VI. SIGNATURE SHEET.....	39

## 1. PURPOSE AND COVERAGE

The purpose of this plan is to provide guidelines and procedures for implementing the Occupational Safety and Health Program Plan for the employees of The City of Covington.

This plan is applicable to all employees, part-time or full-time, seasonal or permanent.

The City of Covington in electing to update and maintain an effective Occupational Safety and Health Program Plan for its employees

- a. Provide a safe and healthful place and condition of employment.
- b. Require the use of safety equipment, personal protective equipment, and other devices where reasonably necessary to protect employees.
- c. Make, keep, preserve, and make available to the Commissioner of Labor and Workforce Development, his designated representatives, or persons within the Department of Labor and Workforce Development to whom such responsibilities have been delegated, including the Safety Director of the Division of Occupational Safety and Health, adequate records of all occupational accidents and illnesses and personal injuries for proper evaluation and necessary corrective action as required.
- d. Consult with the Commissioner of Labor and Workforce Development or his designated representative with regard to the adequacy of the form and content of such records.
- e. Consult with the Commissioner of Labor and Workforce Development regarding safety and health problems which are considered to be unusual or peculiar and are such that they cannot be resolved under an occupational safety and health standard promulgated by the State.
- f. Assist the Commissioner of Labor and Workforce Development or his monitoring activities to determine Program Plan effectiveness and compliance with the occupational safety and health standards.
- g. Make a report to the Commissioner of Labor and Workforce Development annually, or as may otherwise be required, including information on occupational accidents, injuries, and illnesses and accomplishments and progress made toward achieving the goals of the Occupational Safety and Health Program Plan.
- h. Provide reasonable opportunity for and encourage the participation of employees in the effectuation of the objectives of this Program Plan, including the opportunity to make anonymous complaints concerning conditions or practices which may be injurious to employees' safety and health.

## II. DEFINITIONS

For the purposes of this Program Plan, the following definitions apply:

- a. COMMISSIONER OF LABOR and Workforce Development means the chief executive officer of the Tennessee Department of Labor and Workforce Development. This includes any person appointed, designated, or deputized to perform the duties or to exercise the powers assigned to the Commissioner of Labor and Workforce Development.
- b. EMPLOYER means the City of Covington and includes each administrative department, board, commission, division, or other agency of the City of Covington.
- c. SAFETY DIRECTOR OF OCCUPATIONAL SAFETY AND HEALTH or SAFETY DIRECTOR means the person designated by the establishing ordinance, or executive order to perform duties or to exercise powers assigned so as to plan, develop, and administer the Occupational Safety and Health Program Plan for the employees of the City of Covington.
- d. INSPECTOR(S) means the individual(s) appointed or designated by the Safety Director of Occupational Safety and Health to conduct inspections provided for herein. If no such compliance inspector(s) is appointed, inspections shall be conducted by the Safety Director of Occupational Safety and Health.
- e. APPOINTING AUTHORITY means any official or group of officials of the employer having legally designated powers

of appointment, employment, or removal there from for a specific department, board, commission, division, or other agency of this employer.

- f. EMPLOYEE means any person performing services for this employer and listed on the payroll of this employer, either as part-time, full-time, seasonal, or permanent. It also includes any persons normally classified as "volunteers" provided such persons received remuneration of any kind for their services. This definition shall not include independent contractors, their agents, servants, and employees.
- g. PERSON means one or more individuals, partnerships, associations, corporations, business trusts, or legal representatives of any organized group of persons.
- h. STANDARD means an occupational safety and health standard promulgated by the Commissioner of Labor and Workforce Development in accordance with Section VI (6) of the Tennessee Occupational Safety and Health Act of 1972 which requires conditions or the adoption or the use of one or more practices, means, methods, operations, or processes or the use of equipment or personal protective equipment necessary or appropriate to provide safe and healthful conditions and places of employment.
- i. IMMINENT DANGER means any conditions or practices in any place of employment which are such that a hazard exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such hazard can be eliminated through normal compliance enforcement procedures.
- j. ESTABLISHMENT or WORKSITE means a single physical location under the control of this employer where business is conducted, services are rendered, or industrial type operations are performed.
- k. SERIOUS INJURY or HARM means that type of harm that would cause permanent or prolonged impairment of the body in that:
  - 1. A part of the body would be permanently removed (e.g., amputation of an arm, leg, finger(s); loss of an eye) or rendered functionally useless or substantially reduced in efficiency on or off the job (e.g., leg shattered so severely that mobility would be permanently reduced), or
  - 2. A part of an internal body system would be inhibited in its normal performance or function to such a degree as to shorten life or cause reduction in physical or mental efficiency (e.g., lung impairment causing shortness of breath).

On the other hand, simple fractures, cuts, bruises, concussions, or similar injuries would not fit either of these categories and would not constitute serious physical harm.

- l. ACT or TOSH Act shall mean the Tennessee Occupational Safety and Health Act of 1972.
- m. GOVERNING BODY means the County Quarterly Court, Board of Aldermen, Board of Commissioners, City or Town Council, Board of Governors, etc., whichever may be applicable to the local government, government agency, or utility to which this plan applies.
- n. CHIEF EXECUTIVE OFFICER means the chief administrative official, County Judge, County Chairman, County Mayor, Mayor, City Manager, General Manager, etc., as may be applicable.

### III. EMPLOYERS RIGHTS AND DUTIES

Rights and duties of the employer shall include, but are not limited to, the following provisions:

- a. Employer shall furnish to each employee conditions of employment and a place of employment free from recognized hazards that are causing or are likely to cause death or serious injury or harm to employees.
- b. Employer shall comply with occupational safety and health standards and regulations promulgated pursuant to Section VI (6) of the Tennessee Occupational Safety and Health Act of 1972.
- c. Employer shall refrain from and unreasonable restraint on the right of the Commissioner of Labor and Workforce Development to inspect the employers place(s) of business. Employer shall assist the Commissioner of Labor and Workforce Development in the performance of their monitoring duties by supplying or by making available information, personnel, or aids reasonably necessary to the effective conduct of the monitoring activity.
- d. Employer is entitled to participate in the development of standards by submission of comments on proposed

standards, participation in hearing on proposed standards, or by requesting the development of standards on a given issue under Section 6 of the Tennessee Occupational Safety and Health Act of 1972.

- e. Employer is entitled to request an order granting a variance from an occupational safety and health standard.
- f. Employer is entitled to protection of its legally privileged communication.
- g. Employer shall inspect all worksites to insure the provisions of this Program Plan are complied with and carried out.
- h. Employer shall notify and inform any employee who has been or is being exposed in a biologically significant manner to harmful agents or material in excess of the applicable standard and of corrective action being taken.
- i. Employer shall notify all employees of their rights and duties under this Program Plan.

#### IV EMPLOYEES RIGHTS AND DUTIES

Rights and duties of employees shall include, but are not limited to, the following provisions:

- a. Each employee shall comply with occupational safety and health act standards and all rules, regulations, and orders issued pursuant to this Program Plan and the Tennessee Occupational Safety and Health Act of 1972 which are applicable to his or her own actions and conduct.
- b. Each employee shall be notified by the placing of a notice upon bulletin boards, or other places of common passage, of any application for a permanent or temporary order granting the employer a variance from any provision of the TOSH Act or any standard or regulation promulgated under the Act.
- c. Each employee shall be given the opportunity to participate in any hearing which concerns an application by the employer for a variance from a standard or regulation promulgated under the Act.
- d. Any employee who may be adversely affected by a standard or variance issued pursuant to the Act or this Program Plan may file a petition with the Commissioner of Labor and Workforce Development or whoever is responsible for the promulgation of the standard or the granting of the variance.
- e. Any employee who has been exposed or is being exposed to toxic materials or harmful physical agents in concentrations or at levels in excess of that provided for by any applicable standard shall be provided by the employer with information on any significant hazards to which they are or have been exposed, relevant symptoms, and proper conditions for safe use or exposure. Employees shall also be informed of corrective action being taken.
- f. Subject to regulations issued pursuant to this Program Plan, any employee or authorized representative of employees shall be given the right to request an inspection and to consult with the Safety Director or Inspector at the time of the physical inspection of the worksite.
- g. Any employee may bring to the attention of the Safety Director any violation or suspected violations of the standards or any other health or safety hazards.
- h. No employee shall be discharged or discriminated against because such employee has filed any complaint or instituted or caused to be instituted any proceeding or inspection under or relating to this Program Plan.
- i. Any employee who believes that he or she has been discriminated against or discharged in violation of subsection (h) of this section may file a complaint alleging such discrimination with the Safety Director. Such employee may also, within thirty (30) days after such violation occurs, file a complaint with the Commissioner of Labor and Workforce Development alleging such discrimination.
- j. Nothing in this or any other provisions of this Program Plan shall be deemed to authorize or require any employee to undergo medical examination, immunization, or treatment for those who object thereto on religious grounds, except where such is necessary for the protection of the health or safety of others or when a medical examination may be reasonably required for performance of a specific job.
- k. Employees shall report any accident, injury, or illness resulting from their job, however minor it may seem to be, to their supervisor or the Safety Director within twenty-four (24) hours after the occurrence.

#### V. ADMINISTRATION

2. The Safety Director of Occupational Safety and Health is designated to perform duties or to exercise powers assigned so as to administer this Occupational Safety and Health Program Plan.
  1. The Safety Director may designate person or persons as he deems necessary to carry out his powers, duties, and responsibilities under this Program Plan.
  2. The Safety Director may delegate the power to make inspections, provided procedures employed are as effective as those employed by the Safety Director.
  3. The Safety Director shall employ measures to coordinate, to the extent possible, activities of all departments to promote efficiency and to minimize any inconveniences under this Program Plan.
  4. The Safety Director may request qualified technical personnel from any department or section of government to assist him in making compliance inspections, accident investigations, or as he may otherwise deem necessary and appropriate in order to carry out his duties under this Program Plan.
  5. The Safety Director shall prepare the report to the Commissioner of Labor and Workforce Development required by subsection (g) of Section 1 of this plan.
  6. The Safety Director shall make or cause to be made periodic and follow-up inspections of all facilities and worksites where employees of this employer are employed. He shall make recommendations to correct any hazards or exposures observed. He shall make or cause to be made any inspections required by complaints submitted by employees or inspections requested by employees.
  7. The Safety Director shall assist any officials of the employer in the investigation of occupational accidents or illnesses.
  8. The Safety Director shall maintain or cause to be maintained records required under Section VIII of this plan.
  9. **The Safety Director shall, in the eventuality that there is a fatality or an accident resulting in the hospitalization of three or more employees, insure that the Commissioner of Labor and Workforce Development receives notification of the occurrence within eight (8) hours. All work-related inpatient hospitalizations, amputations, and loss of an eye must be reported to TOSHA within 24 hours.**
- b. The administrative or operational head of each department, division, board, or other agency of this employer shall be responsible for the implementation of this Occupational Safety and Health Program Plan within their respective areas.
  1. The administrative or operational head shall follow the directions of the Safety Director on all issues involving occupational safety and health of employees as set forth in this plan.
  2. The administrative or operational head shall comply with all abatement orders issued in accordance with the provisions of this plan or request a review of the order with the Safety Director within the abatement period.
  3. The administrative or operational head should make periodic safety surveys of the establishment under his jurisdiction to become aware of hazards or standards violations that may exist and make an attempt to immediately correct such hazards or violations.
  4. The administrative or operational head shall investigate all occupational accidents, injuries, or illnesses reported to him. He shall report such accidents, injuries, or illnesses to the Safety Director along with his findings and/or recommendations in accordance with APPENDIX IV of this plan.

## VI. STANDARDS AUTHORIZED

The standards adopted under this Program Plan are the applicable standards developed and promulgated under Section VI (6) of the Tennessee Occupational Safety and Health Act of 1972. Additional standards may be promulgated by the governing body of this employer as that body may deem necessary for the safety and health of employees. Note: 29 CFR 1910 General Industry Regulations; 29 CFR 1926 Construction Industry Regulations; and the Rules of Tennessee Department of Labor and Workforce Development Occupational Safety and Health, CHAPTER 0800-01-1 through CHAPTER 0800-01-11 are the standards and rules invoked.

## VII. VARIANCE PROCEDURE

The Safety Director may apply for a variance as a result of a complaint from an employee or of his knowledge of certain hazards or exposures. The Safety Director should definitely believe that a variance is needed before the application for a variance is submitted to the Commissioner of Labor and Workforce Development.

The procedure for applying for a variance to the adopted safety and health standards is as follows:

3. The application for a variance shall be prepared in writing and shall contain:
  1. A specification of the standard or portion thereof from which the variance is sought.
  2. A detailed statement of the reason(s) why the employer is unable to comply with the standard supported by representations by qualified personnel having first-hand knowledge of the facts represented.
  3. A statement of the steps employer has taken and will take (with specific date) to protect employees against the hazard covered by the standard.
  4. A statement of when the employer expects to comply and what steps have or will be taken (with dates specified) to come into compliance with the standard.
  5. A certification that the employer has informed employees, their authorized representative(s), and/or interested parties by giving them a copy of the request, posting a statement summarizing the application (to include the location of a copy available for examination) at the places where employee notices are normally posted and by other appropriate means. The certification shall contain a description of the means actually used to inform employees and that employees have been informed of their right to petition the Commissioner of Labor and Workforce Development for a hearing.
- b. The application for a variance should be sent to the Commissioner of Labor and Workforce Development by registered or certified mail.
- c. The Commissioner of Labor and Workforce Development will review the application for a variance and may deny the request or issue an order granting the variance. An order granting a variance shall be issued only if it has been established that:
  1. The employer:
    - i. is unable to comply with the standard by the effective date because of unavailability of professional or technical personnel or materials and equipment required or necessary construction or alteration of facilities or technology.
    - ii. Has taken all available steps to safeguard employees against the hazard(s) covered by the standard.
    - iii. Has as effective Program Plan for coming into compliance with the standard as quickly as possible.
  2. The employee is engaged in an experimental Program Plan as described in subsection (b), section 13 of the Act.
- d. A variance may be granted for a period of no longer than is required to achieve compliance or one (1) year, whichever is shorter.
- e. Upon receipt of an application for an order granting a variance, the Commissioner to whom such application is addressed may issue an interim order granting such a variance for the purpose of permitting time for an orderly consideration of such application. No such interim order may be effective for longer than one hundred eighty (180) days.
- f. The order or interim order granting a variance shall be posted at the worksite and employees notified of such order by the same means used to inform them of the application for said variance (see subsection (a)(5) of this section).

## VIII. RECORDKEEPING AND REPORTING

Recording and reporting of all occupational accident, injuries, and illnesses shall be in accordance with instructions and on forms prescribed in the booklet. You can get a copy of the Forms for Recordkeeping from the internet. Go to [www.osha.gov](http://www.osha.gov) and click on Recordkeeping Forms located on the home page.

The position responsible for recordkeeping is shown on the SAFETY AND HEALTH ORGANIZATIONAL CHART, Appendix IV to this plan.

Details of how reports of occupational accidents, injuries, and illnesses will reach the recordkeeper are specified by ACCIDENT REPORTING PROCEDURES, Appendix IV to this plan. The Rule of Tennessee Department of Labor and Workforce Development Occupational Safety and Health, OCCUPATIONAL SAFETY AND HEALTH RECORD-KEEPING AND REPORTING, CHAPTER 0800-01-03, as authorized by T.C.A., Title 50.

## IX. EMPLOYEE COMPLAINT PROCEDURE

If any employee feels that he is assigned to work in conditions which might affect his health, safety, or general welfare at the present time or at any time in the future, he should report the condition to the Safety Director of Occupational Safety and Health.

- a. The complaint should be in the form of a letter and give details on the condition(s) and how the employee believes it affects or will affect his health, safety, or general welfare. The employee should sign the letter but need not do so if he wishes to remain anonymous (see subsection (h) of Section 1 of this plan).
- b. Upon receipt of the complaint letter, the Safety Director will evaluate the condition(s) and institute any corrective action, if warranted. Within ten (10) working days following the receipt of the complaint, the Safety Director will answer the complaint in writing stating whether or not the complaint is deemed to be valid and if no, why not, what action has been or will be taken to correct or abate the condition(s), and giving a designated time period for correction or abatement. Answers to anonymous complaints will be posted upon bulletin boards or other places of common passage where the anonymous complaint may be reasonably expected to be seen by the complainant for a period of three (3) working days.
- c. If the complainant finds the reply not satisfactory because it was held to be invalid, the corrective action is felt to be insufficient, or the time period for correction is felt to be too long, he may forward a letter to the Chief Executive Officer or to the governing body explaining the condition(s) cited in his original complaint and why he believes the answer to be inappropriate or insufficient.
- d. The Chief Executive Officer or a representative of the governing body will evaluate the complaint and will begin to take action to correct or abate the condition(s) through arbitration or administrative sanctions or may find the complaint to be invalid. An answer will be sent to the complainant within ten (10) working days following receipt of the complaint or the next regularly scheduled meeting of the governing body following receipt of the complaint explaining decisions made and action taken or to be taken.
- e. After the above steps have been followed and the complainant is still not satisfied with the results, he may then file a complaint with the Commissioner of Labor and Workforce Development. Any complaint filed with the Commissioner of Labor and Workforce Development in such cases shall include copies of all related correspondence with the Safety Director and the Chief Executive Officer or the representative of the governing body.
- f. Copies of all complaint and answers thereto will be filed by the Safety Director who shall make them available to the Commissioner of Labor and Workforce Development or his designated representative upon request.

## X. EDUCATION AND TRAINING

4. Safety Director and/or Compliance Inspector(s).

1. Arrangements will be made for the Safety Director and/or Compliance Inspector(s) to attend training seminars, workshops, etc., conducted by the State of Tennessee or other agencies. A list of Seminars can be obtained.

5. Access will be made to reference materials such as 29 CFR 1910 General Industry Regulations; 29 CFR 1926 Construction Industry Regulations; The Rules of Tennessee Department of Labor and Workforce Development Occupational Safety and Health, and other equipment/supplies, deemed necessary for use in conducting compliance inspections, conducting local training, wiring technical reports, and informing officials, supervisors, and employees of the existence of safety and health hazards will be furnished.

b. All Employees (including supervisory personnel):

A suitable safety and health training program for employees will be established. This program will, as a minimum:

1. Instruct each employee in the recognition and avoidance of hazards or unsafe conditions and of standards and regulations applicable to the employees work environment to control or eliminate any hazards, unsafe conditions, or other exposures to occupational illness or injury.
  2. Instruct employees who are required to handle or use poisons, acids, caustics, toxicants, flammable liquids, or gases including explosives, and other harmful substances in the proper handling procedures and use of such items and make them aware of the personal protective measures, person hygiene, etc., which may be required.
  3. Instruct employees who may be exposed to environments where harmful plants or animals are present, of the hazards of the environment, how to best avoid injury or exposure, and the first aid procedures to be followed in the event of injury or exposure.
  4. Instruct all employees of the common deadly hazards and how to avoid them, such as Falls; Equipment Turnover; Electrocution; Struck by/Caught In; Trench Cave In; Heat Stress and Drowning.
  5. Instruct employees on hazards and dangers of confined or enclosed spaces.
6. Confined or enclosed space means space having a limited means of egress and which is subject to the accumulation of toxic or flammable contaminants or has an oxygen deficient atmosphere. Confined or enclosed spaces include, but are not limited to, storage tanks, boilers, ventilation or exhaust ducts, sewers, underground utility accesses, tunnels, pipelines, and open top spaces more than four feet (4) in depth such as pits, tubs, vaults, and vessels.
- ii. Employees will be given general instruction on hazards involved, precautions to be taken, and on use of personal protective and emergency equipment required. They shall also be instructed on all specific standards or regulations that apply to work in dangerous or potentially dangerous areas.
  - iii. The immediate supervisor of any employee who must perform work in a confined or enclosed space shall be responsible for instructing employees on danger of hazards which may be present, precautions to be taken, and use of personal protective and emergency equipment, immediately prior to their entry into such an area and shall require use of appropriate personal protective equipment.

## XI. GENERAL INSPECTION PROCEDURES

It is the intention of the governing body and responsible officials to have an Occupational Safety and Health Program Plan that will insure the welfare of employees. In order to be aware of hazards, periodic inspections must be performed. These inspections will enable the finding of hazards or unsafe conditions or operations that will need correction in order to maintain safe and healthful worksites. Inspections made on a pre-designated basis may not yield the desired results. Inspections will be conducted, therefore, on a random basis at intervals not to exceed thirty (30) calendar days.

- a. In order to carry out the purposes of this Ordinance, the Safety Director and/or Compliance Inspector(s), if appointed,



is authorized:

1. To enter at any reasonable time, any establishment, facility, or worksite where work is being performed by an employee when such establishment, facility, or worksite is under the jurisdiction of the employer and;
  2. To inspect and investigate during regular working hours and at other reasonable times, within reasonable limits, and in a reasonable manner, any such place of employment and all pertinent conditions, processes, structures, machines, apparatus, devices, equipment, and materials therein, and to question privately any supervisor, operator, agent, or employee working therein.
- b. If an imminent danger situation is found, alleged, or otherwise brought to the attention of the Safety Director or Inspector during a routine inspection, he shall immediately inspect the imminent danger situation in accordance with Section XII of this plan before inspecting the remaining portions of the establishment, facility, or worksite.
- c. An administrative representative of the employer and a representative authorized by the employees shall be given an opportunity to consult with and/or to accompany the Safety Director or Inspector during the physical inspection of any worksite for the purpose of aiding such inspection.
- d. The right of accompaniment may be denied any person whose conduct interferes with a full and orderly inspection.
- e. The conduct of the inspection shall be such as to preclude unreasonable disruptions of the operation(s) of the workplace.
- f. Interviews of employees during the course of the inspection may be made when such interviews are considered essential to investigative techniques.
- g. Advance Notice of Inspections.
1. Generally, advance notice of inspections will not be given as this precludes the opportunity to make minor or temporary adjustments in an attempt to create misleading impression of conditions in an establishment.
  2. There may be occasions when advance notice of inspections will be necessary in order to conduct an effective inspection or investigation. When advance notice of inspection is given, employees or their authorized representative(s) will also be given notice of the inspection.
- h. The Safety Director need not personally make an inspection of each and every worksite once every thirty (30) days. He may delegate the responsibility for such inspections to supervisors or other personnel provided:
1. Inspections conducted by supervisors or other personnel are at least as effective as those made by the Safety Director.
  2. Records are made of the inspections, any discrepancies found and corrective actions taken. This information is forwarded to the Safety Director.
7. The Safety Director shall maintain records of inspections to include identification of worksite inspected, date of inspection, description of violations of standards or other unsafe conditions or practices found, and corrective action taken toward abatement. Those inspection records shall be subject to review by the Commissioner of Labor and Workforce Development or his authorized representative.

## XII. IMMINENT DANGER PROCEDURES

8. Any discovery, any allegation, or any report of imminent danger shall be handled in accordance with the following procedures:

1. The Safety Director shall immediately be informed of the alleged imminent danger situation and he shall immediately ascertain whether there is a reasonable basis for the allegation.
  2. If the alleged imminent danger situation is determined to have merit by the Safety Director, he shall make or cause to be made an immediate inspection of the alleged imminent danger location.
  3. As soon as it is concluded from such inspection that conditions or practices exist which constitutes an imminent danger, the Safety Director or Compliance Inspector shall attempt to have the danger corrected. All employees at the location shall be informed of the danger and the supervisor or person in charge of the worksite shall be requested to remove employees from the area, if deemed necessary.
  4. The administrative or operational head of the workplace in which the imminent danger exists, or his authorized representative, shall be responsible for determining the manner in which the imminent danger situation will be abated. This shall be done in cooperation with the Safety Director or Compliance Inspector and to the mutual satisfaction of all parties involved.
  5. The imminent danger shall be deemed abated if:
    - i. The imminence of the danger has been eliminated by removal of employees from the area of danger.
    - ii. Conditions or practices which resulted in the imminent danger have been eliminated or corrected to the point where an unsafe condition or practice no longer exists.
  6. A written report shall be made by or to the Safety Director describing in detail the imminent danger and its abatement. This report will be maintained by the Safety Director in accordance with subsection (i) of Section XI of this plan.
- b. Refusal to Abate.
1. Any refusal to abate an imminent danger situation shall be reported to the Safety Director and Chief Executive Officer immediately.
  2. The Safety Director and/or Chief Executive Officer shall take whatever action may be necessary to achieve abatement.

### XIII. ABATEMENT ORDERS AND HEARINGS

9. Whenever, as a result of an inspection or investigation, the Safety Director or Compliance Inspector(s) finds that a worksite is not in compliance with the standards, rules or regulations pursuant to this plan and is unable to negotiate abatement with the administrative or operational head of the worksite within a reasonable period of time, the Safety Director shall:
    1. Issue an abatement order to the head of the worksite.
    2. Post or cause to be posted, a copy of the abatement order at or near each location referred to in the abatement order.
- b. Abatement orders shall contain the following information:
1. The standard, rule, or regulation which was found to violated.
  2. A description of the nature and location of the violation.
  3. A description of what is required to abate or correct the violation.
  4. A reasonable period of time during which the violation must be abated or corrected.
- c. At any time within ten (10) days after receipt of an abatement order, anyone affected by the order may advise the

Safety Director in writing of any objections to the terms and conditions of the order. Upon receipt of such objections, the Safety Director shall act promptly to hold a hearing with all interested and/or responsible parties in an effort to resolve any objections. Following such hearing, the Safety Director shall, within three (3) working days, issue an abatement order and such subsequent order shall be binding on all parties and shall be final.

#### XIV. PENALTIES

- a. No civil or criminal penalties shall be issued against any official, employee, or any other person for failure to comply with safety and health standards or any rules or regulations issued pursuant to this Program Plan.
- b. Any employee, regardless of status, who willfully and/or repeatedly violates, or causes to be violated, any safety and health standard, rule, or regulation or any abatement order shall be subject to disciplinary action by the appointing authority. It shall be the duty of the appointing authority to administer discipline by taking action in one of the following ways as appropriate and warranted:
  1. Oral reprimand.
  2. Written reprimand.
  3. Suspension for three (3) or more working days.
  4. Termination of employment.

#### XV. CONFIDENTIALITY OF PRIVILEGED INFORMATION

All information obtained by or reported to the Safety Director pursuant to this plan of operation or the legislation (ordinance, or executive order) enabling this Occupational Safety and Health Program Plan which contains or might reveal information which is otherwise privileged shall be considered confidential. Such information may be disclosed to other officials or employees concerned with carrying out this Program Plan or when relevant in any proceeding under this Program Plan. Such information may also be disclosed to the Commissioner of Labor and Workforce Development or their authorized representatives in carrying out their duties under the Tennessee Occupational Safety and Health Act of 1972.

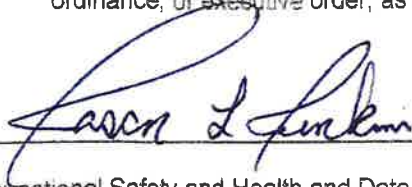
#### XVI. DISCRIMINATION INVESTIGATIONS AND SANCTIONS

The Rule of Tennessee Department of Labor and Workforce Development Occupational Safety and Health, DISCRIMINATION AGAINST EMPLOYEES EXERCISING RIGHTS UNDER THE OCCUPATIONAL SAFETY AND HEALTH ACT OF 1972 0800-01-08, as authorized by T.C.A., Title 50. The agency agrees that any employee who believes they have been discriminated against or discharged in violation of Tenn. Code Ann § 50-3-409 can file a complaint with their agency/safety Safety Director within 30 days, after the alleged discrimination occurred. Also, the agency agrees the employee has a right to file their complaint with the Commissioner of Labor and Workforce Development within the same 30 day period. The Commissioner of Labor and Workforce Development may investigate such complaints, make recommendations, and/or issue a written notification of a violation.

#### XVII. COMPLIANCE WITH OTHER LAWS NOT EXCUSED

- a. Compliance with any other law, statute, ordinance, or executive order, which regulates safety and health in employment and places of employment, shall not excuse the employer, the employee, or any other person from compliance with the provisions of this Program Plan.
- b. Compliance with any provisions of this Program Plan or any standard, rule, regulation, or order issued pursuant to this

Program Plan shall not excuse the employer, the employee, or any other person from compliance with the law, statute, ordinance, or executive order, as applicable, regulating and promoting safety and health unless such law, statute, ordinance, or executive order, as applicable, is specifically repealed.



10-29-2020

Signature.  
Safety Director,

Occupational Safety and Health and Date

**APPENDIX – I WORK LOCATIONS  
(ORGANIZATIONAL CHART) .**

Airport - 3 employees

169 Airport PKWY Dr.

Covington, TN 38019

901-476-1392

City Hall - 8 employees

200 W. Washington Ave.

Covington, TN 38019

901-476-9613

Codes Compliance - 5 employees

200 W. Washington Ave.

Covington, TN 38019

901-476-7191 ext. 146

Covington Electric System- 18 employees

1469 S. Main St.

Covington, TN 38019

901-476-7104

Fire Department- 26 full time employees 3 part time

101 Tennessee Ave.

Covington, TN 38019

901-476-2578

Police Department - 41 employees

211 S. Main ST.

Covington, TN 38019

901-476-5282

Public Works - 19 employees

300 S. College St.

Covington, TN 38019

901-476-0583

Utility Billing - 2 employees

200 W. Washington Ave

Covington, TN 38019

901-476-9613

Street / Sanitations - 27 employees

410 E. Ripley St.

Covington, TN 38019

901-476-6793

Maintenance Shop - 3 employees

410 E. Ripley St.

Covington, TN 38019

901-476-6793

Water Plant - 4 employees

298 Witherington Dr.

Covington, TN 38019

901-476-

Park & Recreation - 6 full time employees 17 part time

790 Burt Johnston Ave.

Covington, TN 38019

901-476-3734

Tipton Museum - 3 employees

751 Burt Johnston Ave.

Covington, TN 38019

901-476-0242

TOTAL NUMBER OF Full time EMPLOYEES: 168 & Part time Employees 21

APPENDIX – II NOTICE TO ALL EMPLOYEES

NOTICE TO ALL EMPLOYEES OF THE CITY OF COVINGTON.

The Tennessee Occupational Safety and Health Act of 1972 provide job safety and health protection for Tennessee workers through the promotion of safe and healthful working conditions. Under a plan reviewed by the Tennessee Department of Labor and Workforce Development, this government, as an employer, is responsible for administering the Act to its employees. Safety and health standards are the same as State standards and jobsite inspections will be conducted to insure compliance with the Act.

Employees shall be furnished conditions of employment and a place of employment free from recognized hazards that are causing or are likely to cause death or serious injury or harm to employees.

Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Program Plan which are applicable to his or her own actions and conduct.

Each employee shall be notified by the placing upon bulletin boards or other places of common passage of any application for a temporary variance from any standard or regulation.

Each employee shall be given the opportunity to participate in any hearing which concerns an application for a variance from a standard.

Any employee who may be adversely affected by a standard or variance issued pursuant to this Program Plan may file a petition with the Safety Director or the PERSONNEL DIRECTOR.

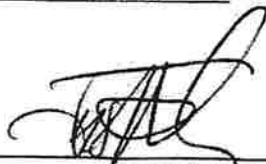
Any employee who has been exposed or is being exposed to toxic materials or harmful physical agents in concentrations or at levels in excess of that provided for by an applicable standard shall be notified by the employer and informed of such exposure and corrective action being taken.

Subject to regulations issued pursuant to this Program Plan, any employee or authorized representative(s) of employees shall be given the right to request an inspection.

No employee shall be discharged or discriminated against because such employee has filed any complaint or instituted or caused to be instituted any proceedings or inspection under, or relating to, this Program Plan.

Any employee who believes he or she has been discriminated against or discharged in violation of these sections may, within thirty (30) days after such violation occurs, have an opportunity to appear in a hearing before the Personnel Director for assistance in obtaining relief or to file a complaint with the Commissioner of Labor and Workforce Development alleging such discrimination.

A copy of the Occupational Safety and Health Program Plan for the Employees of COVINGTON is available for inspection by any employee at City Hall and the Safety Directors office during regular office hours.

  
Signature: MAYOR AND DATE 1/8/2021

### APPENDIX – III PROGRAM PLAN BUDGET

(Either answer questions 1-11 or fill in the statement below)

1. Prorated portion of wages, salaries, etc., for program administration and support.
2. Office space and office supplies.
3. Safety and health educational materials and support for education and training.
4. Safety devices for personnel safety and health.
5. Equipment modifications.
6. Equipment additions (facilities)
7. Protective clothing and equipment (personnel)
8. Safety and health instruments
9. Funding for projects to correct hazardous conditions.
10. Reserve fund for the Program Plan.
11. Contingencies and miscellaneous,

TOTAL ESTIMATED PROGRAM PLAN FUNDING,  
ESTIMATE OF TOTAL BUDGET FOR:

#### **OR Use This Statement:**

#### STATEMENT OF FINANCIAL RESOURCE AVAILABILITY

Be assured that the City of Covington has sufficient financial resources available or will make sufficient financial resources available as may be required in order to administer and staff its Occupational Safety and Health Program Plan and to comply with standards.



## APPENDIX – IV ACCIDENT REPORTING PROCEDURES

(1-15) Employees shall report all accidents, injuries, or illnesses directly to the Safety Director as soon as possible, but not later than twenty-four (24) hours after the occurrence. Such reports may be verbal or in writing. All fatalities or accidents involving the hospitalization of three (3) or more employees shall be reported to the Safety Director and/or record keeper immediately, either by telephone or verbally, and will be followed by a written report within four (4) hours after their occurrence. The Safety Director will insure completion of required reports and records in accordance with Section VIII of the basic plan.

(16-50) Employees shall report all accidents, injuries, or illnesses to their supervisor as soon as possible, but not later than two (2) hours after the occurrence. All fatalities or accidents involving the hospitalization of three (3) or more employees shall be reported to the Safety Director and/or record keeper immediately, either by telephone or verbally, and will be followed by a written report within four (4) hours after their occurrence. The supervisor will investigate the accident or illness, complete an accident report, and forward the accident report to the Safety Director and/or record keeper within twenty-four (24) hours of the time the accident or injury occurred or the time of the first report of the illness.

(51-250) Employees shall report all accidents, injuries, or illnesses to their supervisors as soon as possible, but not later than two (2) hours after the occurrence. The supervisor will provide the Safety Director and/or record keeper with the name of the injured or ill employee and a brief description of the accident or illness by telephone as soon as possible, but not later than four (4) hours, after the accident or injury occurred or the time of the first report of the illness. All fatalities or accidents involving the hospitalization of three (3) or more employees shall be reported to the Safety Director and/or record keeper immediately, either by telephone or verbally, and will be followed by a written report within four (4) hours after their occurrence. The supervisor will then make a thorough investigation of the accident or illness (with the assistance of the Safety Director or Compliance Inspector, if necessary) and will complete a written report on the accident or illness and forward it to the Safety Director within seventy-two (72) hours after the accident, injury, or first report of illness and will provide one (1) copy of the written report to the recordkeeper.

(251-Plus) Employees shall report all accidents, injuries, or illnesses to their supervisors as soon as possible, but not later than two (2) hours after their occurrence. The supervisor will provide the administrative head of the department with a verbal or telephone report of the accident as soon as possible, but not later than four (4) hours, after the accident. If the accident involves loss of consciousness, a fatality, broken bones, severed body member, or third degree burns, the Safety Director will be notified by telephone immediately and will be given the name of the injured, a description of the injury, and a brief description of how the accident occurred. The supervisor will then make a thorough investigation of the accident or illness (with the assistance of the Safety Director or Compliance Inspector, if necessary) and will complete a written report on the accident or illness and forward it to the Safety Director within seventy-two (72) hours after the accident, injury, or first report of illness and will provide one (1) copy of the written report to the record keeper.

Since Workers Compensation Form 6A or OSHA NO. 301 Form must be completed; all reports submitted in writing to the person responsible for recordkeeping shall include the following information as a minimum:

10. Accident location, if different from employer's mailing address and state whether accident occurred on premises owned or operated by employer.
11. Name, social security number, home address, age, sex, and occupation (regular job title) of injured or ill employee.
12. Title of the department or division in which the injured or ill employee is normally employed.
13. Specific description of what the employee was doing when injured.

14. Specific description of how the accident occurred.
15. A description of the injury or illness in detail and the part of the body affected.
16. Name of the object or substance which directly injured the employee.
17. Date and time of injury or diagnosis of illness.
18. Name and address of physician, if applicable.
10. If employee was hospitalized, name and address of hospital.
11. Date of report.

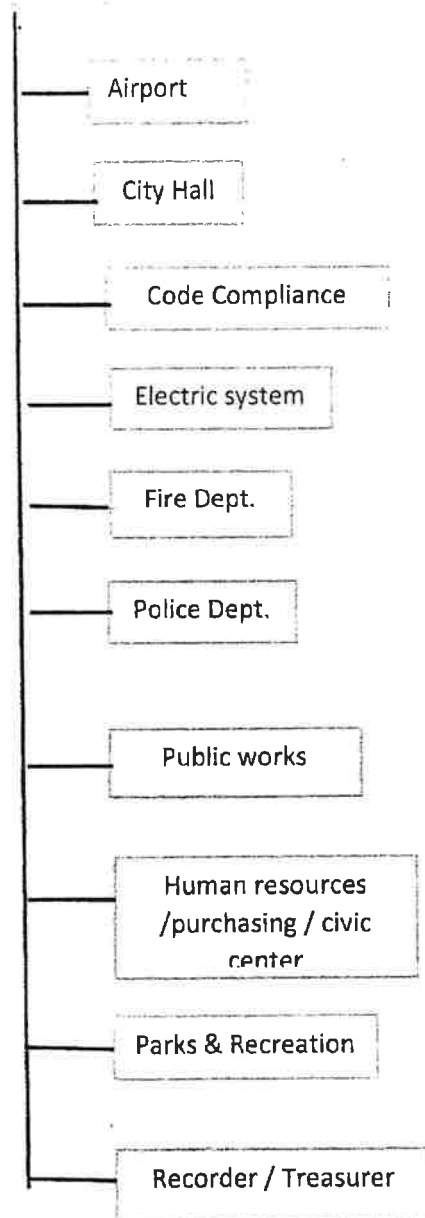
**NOTE: A procedure such as one of those listed above or similar information is necessary to satisfy Item Number 4 listed under PROGRAM PLAN in Section V. ADMINISTRATION, Part b of the Tennessee Occupational Safety and Health Plan.** This information may be submitted in flow chart form instead of in narrative form if desired. These procedures may be modified in any way to fit local situations as they have been prepared as a guide only.

The four (4) procedures listed above are based upon the size of the work force and relative complexity of the organization. The approximate size of the organization for which each procedure is suggested is indicated in parenthesis in the left hand margin at the beginning, i.e., (1-15), (16-50), (51-250), and (251 Plus), and the figures relate to the total number of employees including the Chief Executive Officer but excluding the governing body (County Court, City Council, Board of Directors, etc.).

Generally, the more simple an accident reporting procedure is, the more effective it is. Please select the one procedure listed above, or prepare a similar procedure or flow chart, which most nearly fits what will be the most effective for your local situation. Note also that the specific information listed for written reports applies to all three of the procedures listed for those organizations with sixteen (16) or more employees.

# City of Covington Organizational Chart

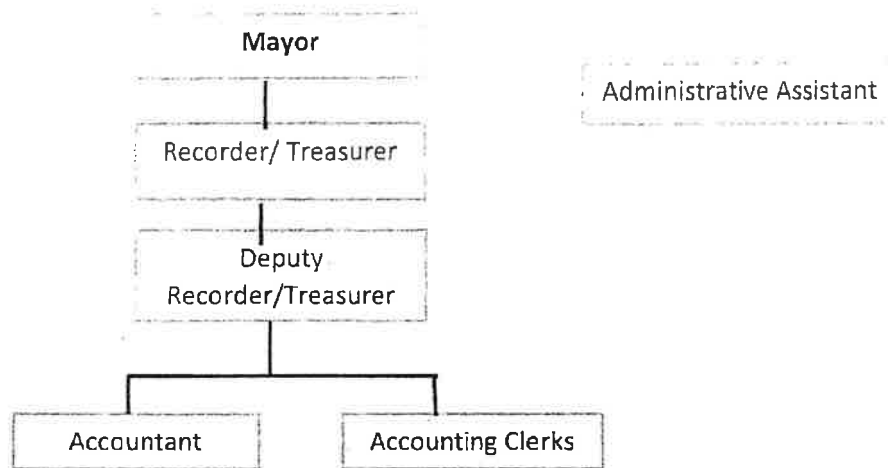
Mayor



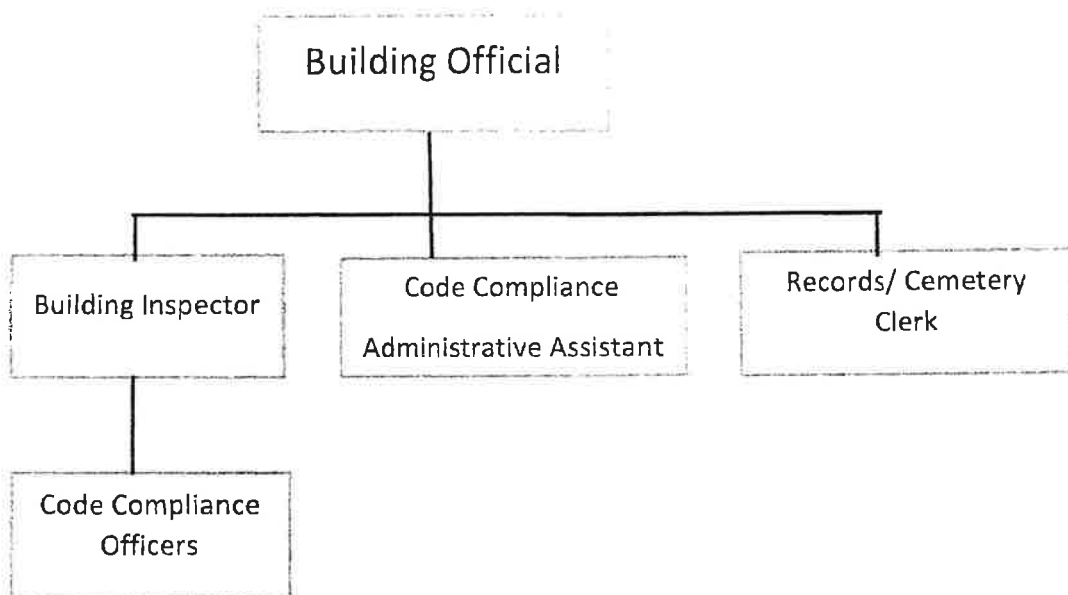
# Covington Municipal Airport



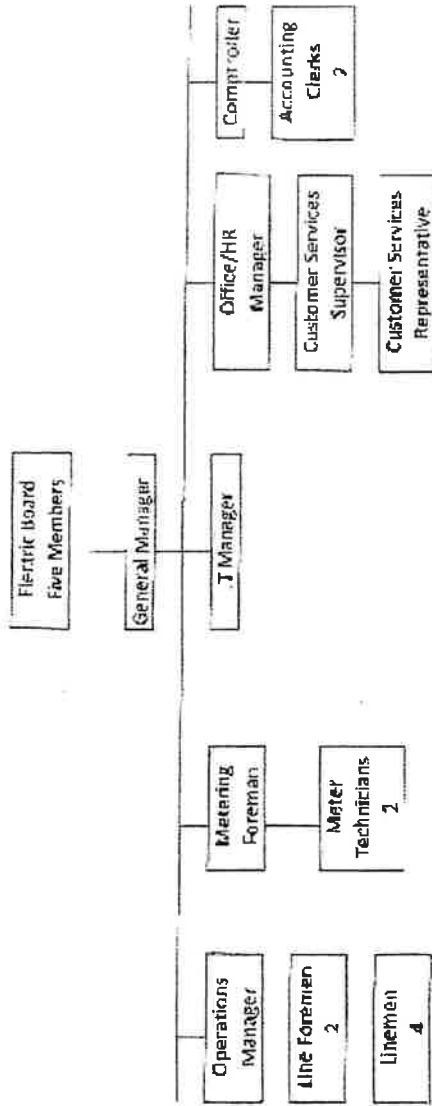
# Covington City Hall



# Code Compliance Department

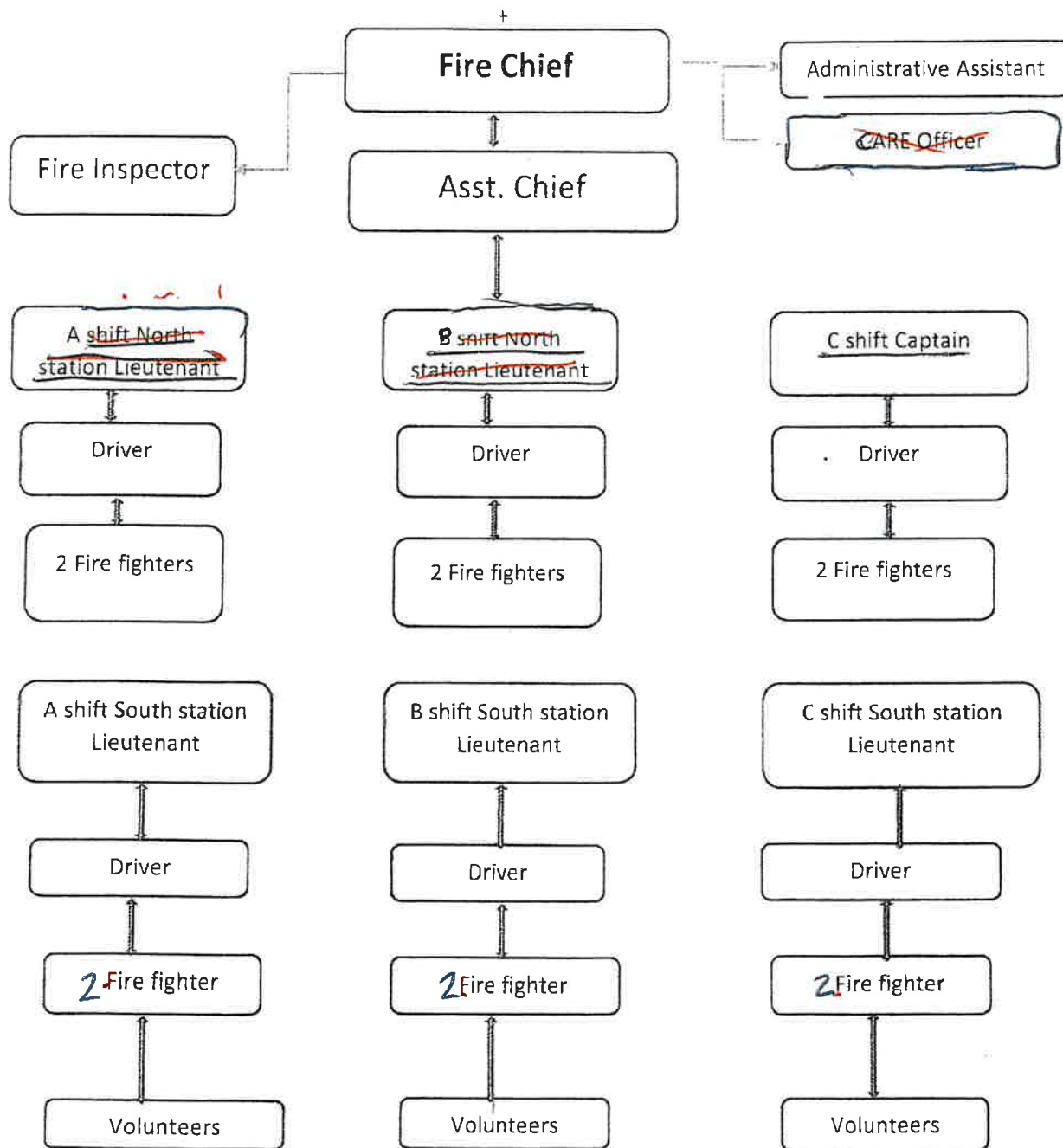


# Covington Electric



18 employees total

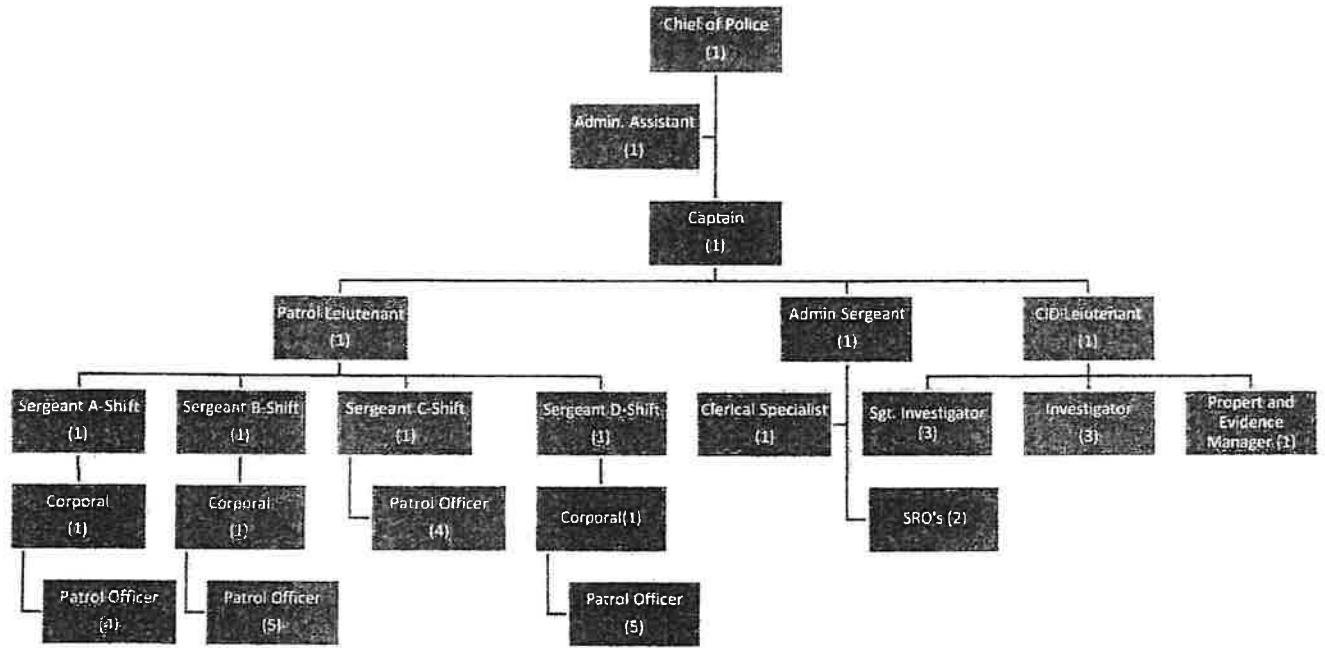
# Covington Fire Department



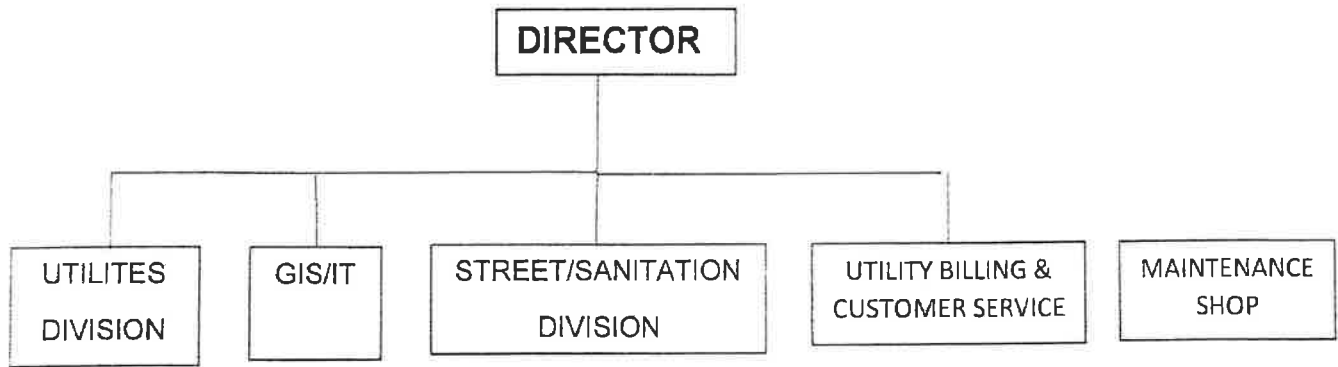


# COVINGTON POLICE DEPARTMENT

## Flow Chart



# COVINGTON PUBLIC WORKS



# UTILITIES DIVISION

UTILITY MANAGER

WWTP  
SUPERVISOR

UTILITIES  
SUPERVISOR

ADMINISTRATIV  
E  
ASSISTANT

WATER PLANT  
SUPERVISOR

UTILITY  
SERVICE  
TECHNICIANS  
(2)

WWTP  
OPERATOR  
S

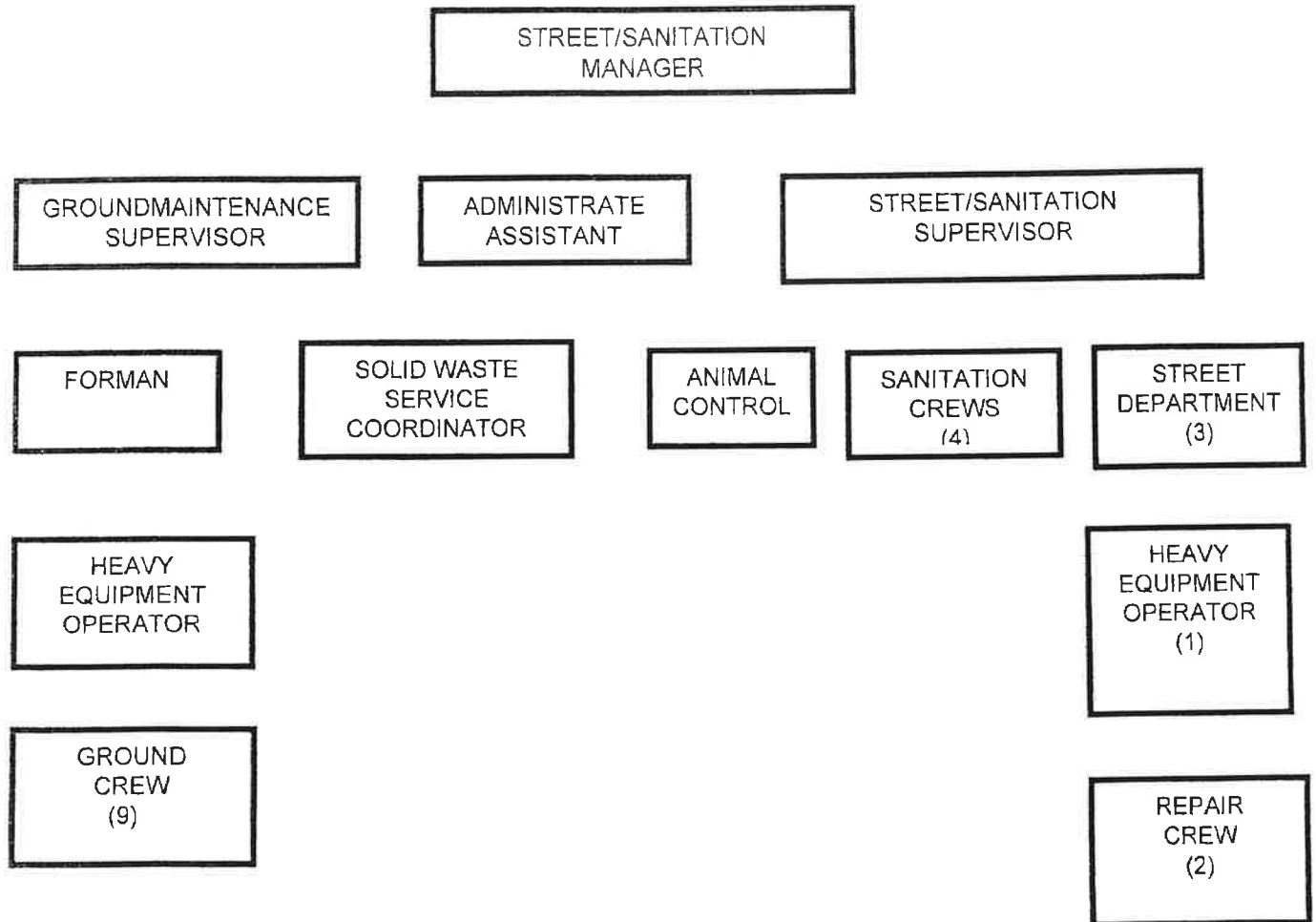
UTILITY  
REPAIRMAN  
(10)

WATER  
PLANT  
OPERATOR  
(1)

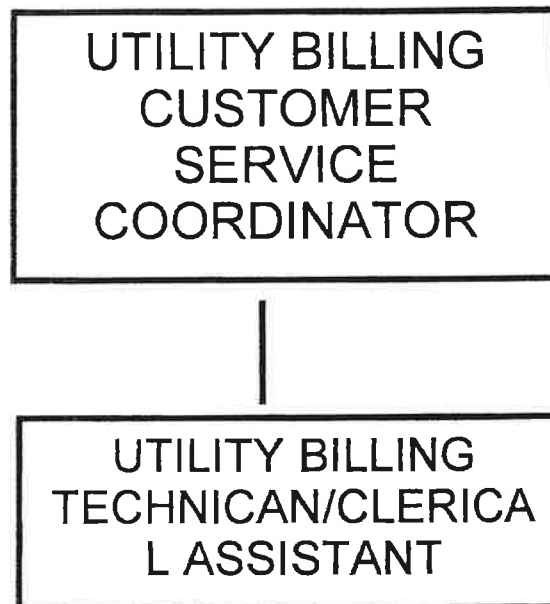
METER  
READER  
(2)

TRAINEE  
(1)

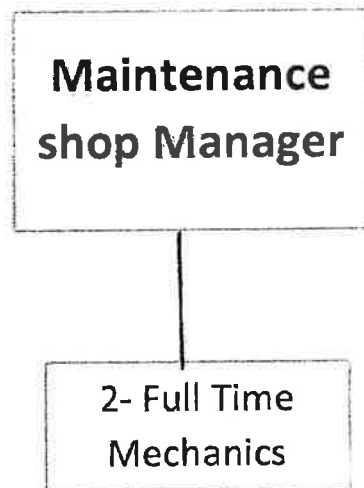
# STREETS & SANITATION



## UTILITY BILLING/CUSTOMER SERVICE DIVISION

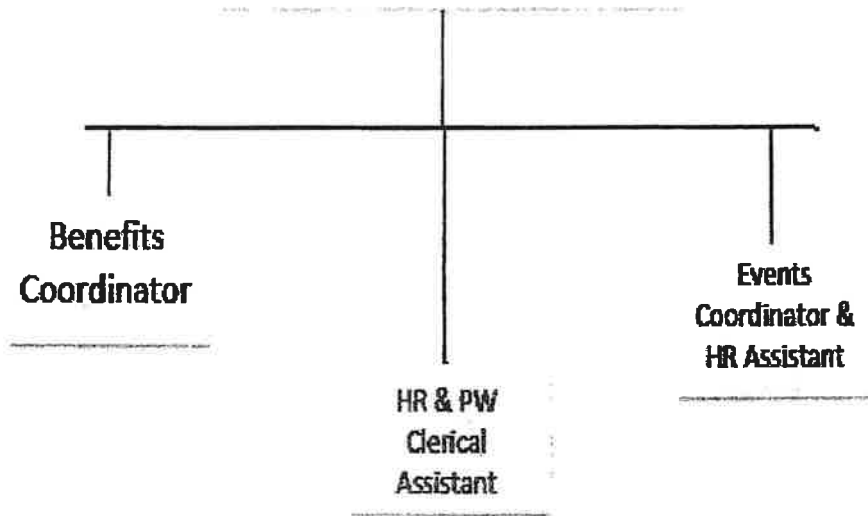


# Maintenance Division



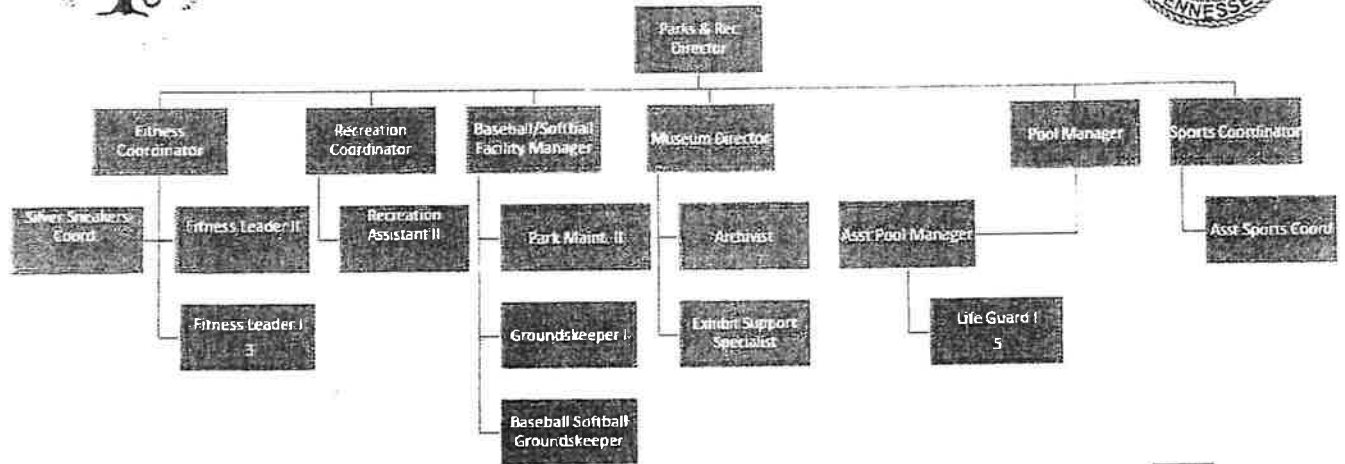
Human Resource  
and  
Purchasing Department

Director





# City of Covington Parks & Recreation Department Organizational Chart





<b>Work Location - Name</b>	<b>Address</b>	<b>Contact Person</b>	<b>Phone #</b>	<b># Employees</b>
<b>Covington Airport</b>	169 Airport Pkwy Dr.	Robbin Anderson	901-476-1392	3
<b>City Hall</b>	200 W. Washington Ave.	Justin Hanson	901-476-9613	8
<b>Code Compliance</b>	200 W. Washington Ave.	Lessie Fisher	901-476-7191 Ext 146	5
<b>Covington Electric Systems</b>	1469 S. Main ST.	Tim Sallee	901-476-7104	18
<b>Covington Fire Department</b>	101 Tennessee Ave	Richard Griggs	901-476-2578	29
<b>Covington Police Department</b>	211 S Main St.	Larry Lindsey	901-476-5282	41
<b>Public Works</b>	300 S College	David Gray	901-476-9613	23
<b>Utility Billing</b>	200 W. Washington Ave.	Calvin Johnson	901-476-9613	2
<b>Street / Sanitations</b>	410 E. Ripley St.	James Dowell	901-476-6793	27
<b>Maintenance Shop</b>	410 E. Ripley St.	Brad Kenny	9001-476-6973	3

<b>Covington Civic Center</b>	<b>100 W. Washington Ave</b>	<b>Tiny Rose</b>	<b>901-475-7139</b>	<b>4</b>
<b>Covington Sportsplex</b>	790 Bert Johnston	Joseph Mack	901-476-3734	26
<b>TOTAL</b>				<b>189</b>

	Full Time	Part Time
Airport	3	0
City Hall	8	0
Code Compliance	5	0
Electric System	18	0
Fire Dept.	26	3
Police Dept.	41	0
Public Works	55	0
Human Resources/ Purchasing / Civic Center	3	1
<u>Park &amp; Receptions</u>	9	17
<u>Total</u>	<u>168</u>	<u>21</u>

<b>Work Location - Name</b>	<b>Address</b>	<b>Contact Person</b>	<b>Phone #</b>	<b># Employees</b>
<b>Covington Airport</b>	169 Airport Pkwy Dr.	Robbin Anderson	901-476-1392	3
<b>City Hall</b>	200 W. Washington Ave.	Justin Hanson	901-476-9613	8
<b>Code Compliance</b>	200 W. Washington Ave.	Lessie Fisher	901-476-7191 Ext 146	5
<b>Covington Electric Systems</b>	1469 S. Main ST.	Tim Sallee	901-476-7104	18
<b>Covington Fire Department</b>	101 Tennessee Ave	Richard Griggs	901-476-2578	29
<b>Covington Police Department</b>	211 S Main St.	Larry Lindsey	901-476-5282	41
<b>Public Works</b>	300 S College	David Gray	901-476-9613	23
<b>Utility Billing</b>	200 W. Washington Ave.	Calvin Johnson	901-476-9613	2
<b>Street / Sanitations</b>	410 E. Ripley St.	James Dowell	901-476-6793	27
<b>Maintenance Shop</b>	410 E. Ripley St.	Brad Kenny	9001-476-6973	3

<b>Covington Civic Center</b>	<b>100 W. Washington Ave</b>	<b>Tiny Rose</b>	<b>901-475-7139</b>	<b>4</b>
<b>Covington Sportsplex</b>	790 Bert Johnston	Joseph Mack	901-476-3734	26
<b>TOTAL</b>				<b>189</b>

	Full Time	Part Time
Airport	3	0
City Hall	8	0
Code Compliance	5	0
Electric System	18	0
Fire Dept.	26	3
Police Dept.	41	0
Public Works	55	0
Human Resources/ Purchasing / Civic Center	3	1
<u>Park &amp; Receptions</u>	9	17
<u>Total</u>	<u>168</u>	<u>21</u>



Donna Turner  
Chief of Police

# Covington Police Department

211 South Main Street Covington, TN 38019

Telephone (901) 475-1261

(c) 901- 444-1047

Fax (901) 313-9359

dturner@covingtontn.com

23 January 2024

## Public Safety Committee Meeting Law Enforcement Agenda

December 2023

- **Personnel**
- **Training**
- **Monthly Activity**
- **December Press Releases**
- **December Major Expenses**
- **Total Calls for Service**
- **Traffic Stops Totals**
- **K9 Statistics**
- **December 2023 Statistics**

### Personnel

The CPD currently has ten (10) vacant positions. December – January 2024 staffing changes:

Uniform Patrol Division: **Officer Gary Gill** (certified)

Officer Kevin Frazier (withdrew for personal reasons)

Criminal Investigations Division: **Demario Avery – Lieutenant** (certified)

**Cory Norwood – Detective** (certified)

**Lt Rodney McCurry** has been transferred to the Community Policing Division which includes the School Resource Officers, Community Outreach and Policing, Evidence Room, and Grants.

**Sgt Scott Templeton** has been rotated into the Administration Division as the Departmental Training Officer.

We are currently conducting background investigations on **five 5 candidates** for consideration.

*“Serving – Protecting- Caring”*

## **Training**

December 6 – December 8: Chief Turner attended the Quarterly TACP Meeting in Franklin. The mandatory training classes for the year were completed and submitted.

December 7 – December 8: Sgt. Jermale Taylor, Officer Brooke Moore, and Officer Brett Taylor attended American Air Operations 107 drone training.

December 8: Human Trafficking Training at TCSO SRO Robertson, SRO Woodard, Analyst Hayes, Analyst Ferrell, Detective Isbell, and Officer Preyer attended.

## **Monthly Activity**

12/01 - Chief Turner met at City Hall for an Emergency Services Facility discussion.

12/01 - Chief Turner held a VCIF grant meeting with all involved parties.

12/04 - Chief Turner attended a General Sessions Meeting with new General Sessions Judge Mo Eckel, III

12/05 – Chief Turner and Command Staff attended an AT and T update meeting.

12/05 – Lt McCurry, Lt Dillingham and Analyst Hayes attended the quarterly meeting for THSO in Jackson for grant updates and campaigns for the new year.

12/08 - Chief Turner attended the SBA EIDL Workshop at the Covington Civic Center.

12/10 – CPD staff had a recruitment event at the National Guard Touch-A-Tank Event at the National Guard Armory.

12/11 – Chief Turner and staff led the Annual Christmas Parade for Covington.

12/12 - Lt. McCurry and Analyst Ferrell attended the veteran's recognition at the Tipton County Museum.

12/13 - Covington Police Department held a physical agility test for new candidate at the Sportsplex.

12/13 – Lt Dillingham and Lt McCurry attended the presentation of the new Firearm Shooter Simulator at the Atoka PD.

12/14 - Chief Turner, Lt. Dillingham and Lt. McCurry attended a Tow List Policy meeting at Atoka Police Department.

12/14 – Chief Turner and staff escorted the “Drive by Santa” CFD Parade for Covington.

12/15 – CPD Staff attended the City Christmas Luncheon at the Civic Center.

12/15 – CPD staff held make up firearm qualifications for POST at the CPD firing range.

12/18 - Covington Police Department held a Christmas Party for officers.

12/19 - Lt. Dillingham attended CIT Advanced zoom meeting.

12/19 - Officer Norton held a Taser Presentation for Chief Turner.



12/19 – Chief Turner and Analyst Hayes met with Director Dunn on the VCIF Grant.  
12/21 - Covington Police Department attended Drug Free Tipton Christmas breakfast at Brighton Middle School.  
12/21 – CPD Staff conducted an agility test for new candidates at the Sportsplex.  
12/21 – Chief Turner and Mayor Hensley met with owners of Naifeh’s Cashesaver and received a donation for police equipment.  
12/24 – 25 – CPD staff assisted with security at Walmart due to store closing for Christmas.  
12/27 - Covington Police Department welcomed **Lt. DeMario Avery and Officer Gary Gill.**  
12/30 – 31 – CPD staff conducted a THSO Operation for traffic enforcement in Covington.

### **Monthly Press Releases:**

**12/07** - CPD cites a juvenile regarding a school bomb threat at Covington High School  
**12/21** - CPD makes an arrest in an overnight shooting on Wooten Avenue, Covington,  
**12/21** – Chief Turner and Chief of Staff Jason Fleming met with Congressman David Kustoff of current events and programs to support our efforts in Covington and Nationally.

### **December 2023 Major Expenses:**

Acct: 110-42100-245 | Telephone/Telegraph - \$5,134.10  
Purchase of new cell phones/First Net bill.

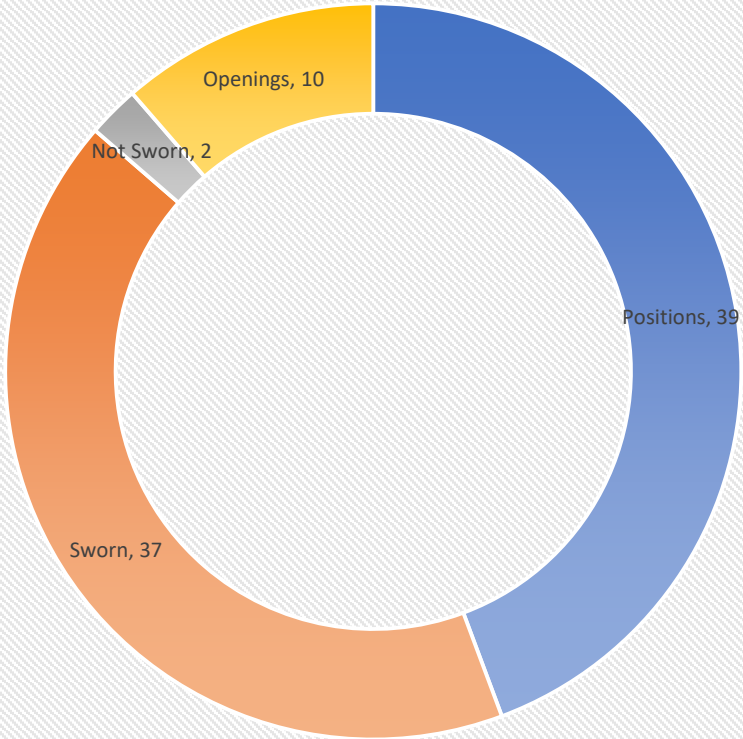
### **December Statistical Graphs and Totals:**

- **December 2023 / Total calls for service – 1399**
- **December 2023 / Traffic stops – 92**
- **December 2023 / Statistics Patrol including and CID**
- **December 2023 – Social Media Outreach - 127,285**



*“Serving – Protecting- Caring”*

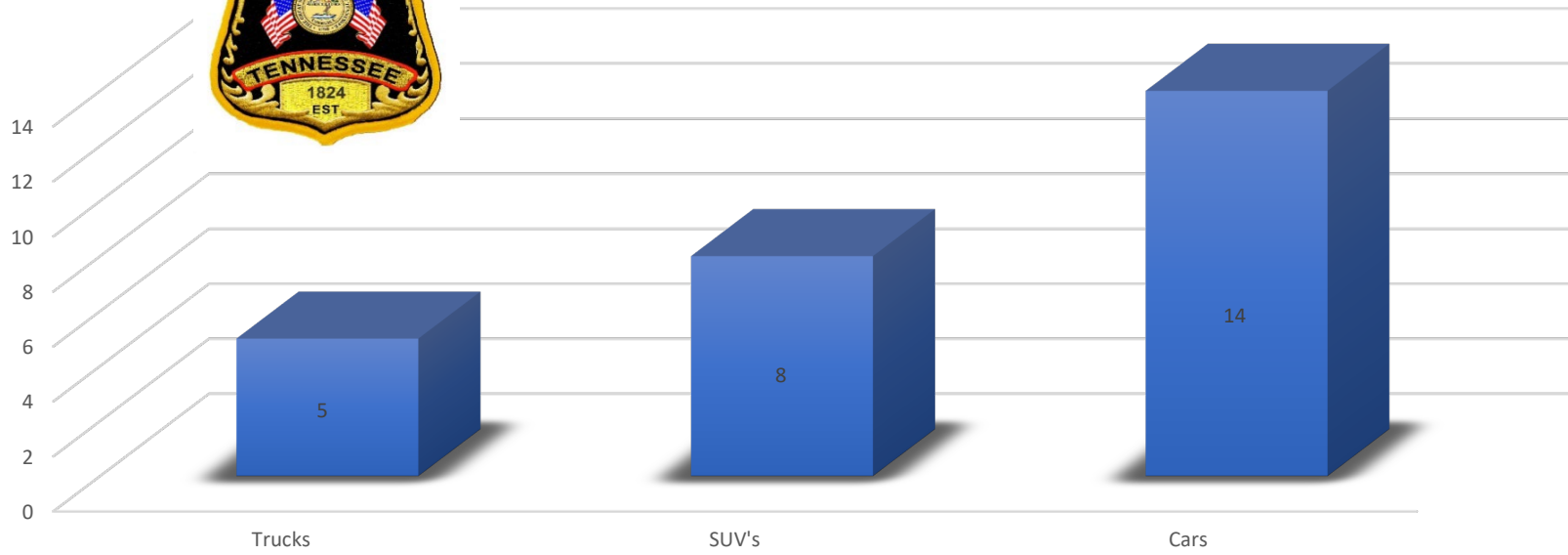
# Personnel



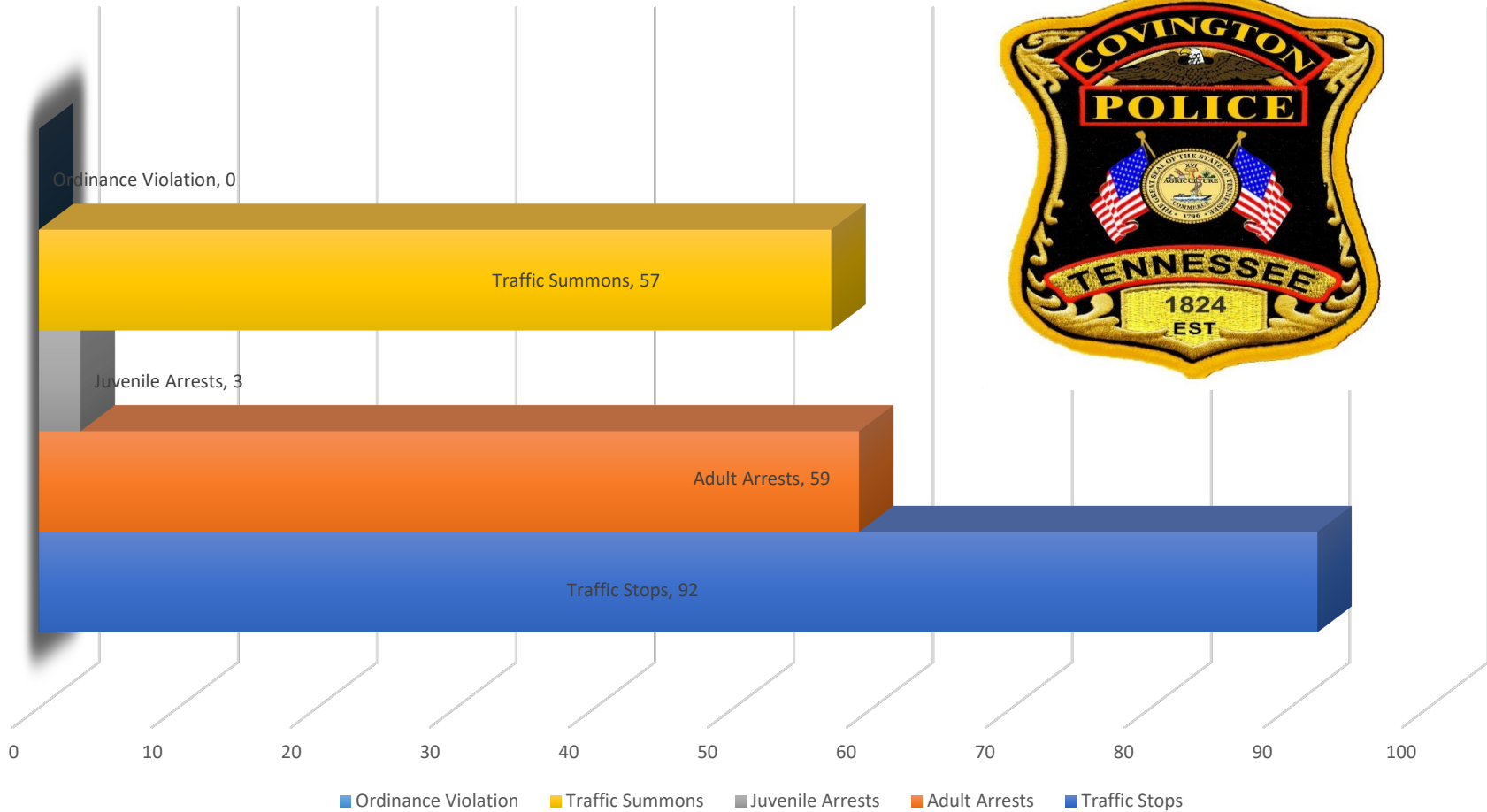
- Positions
- Sworn
- Not Sworn
- Openings



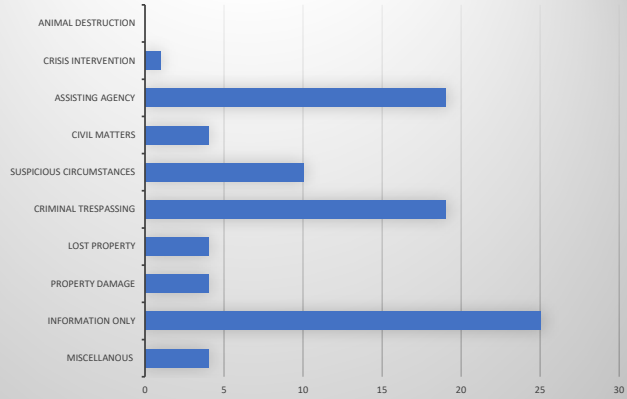
## Fleet



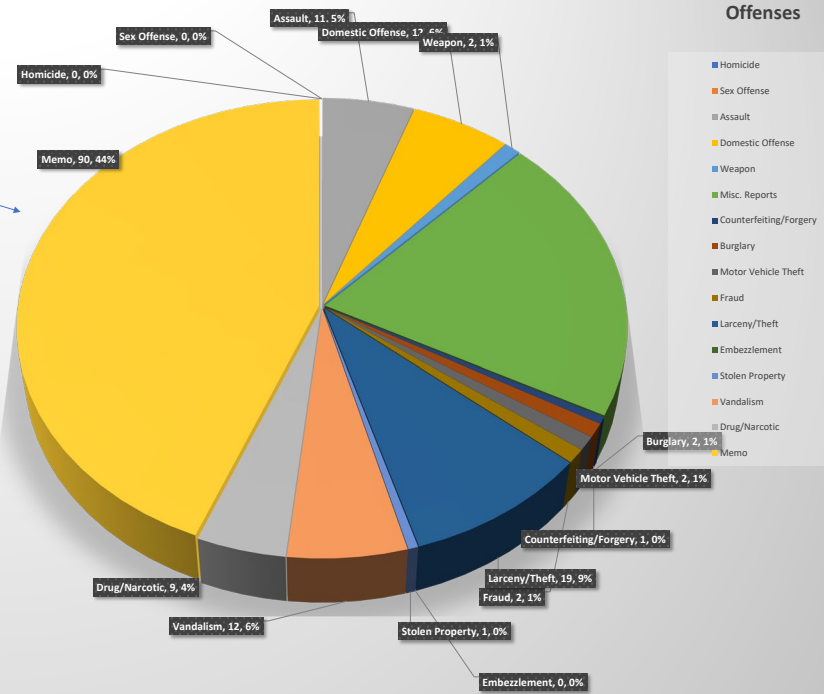
## Statistics



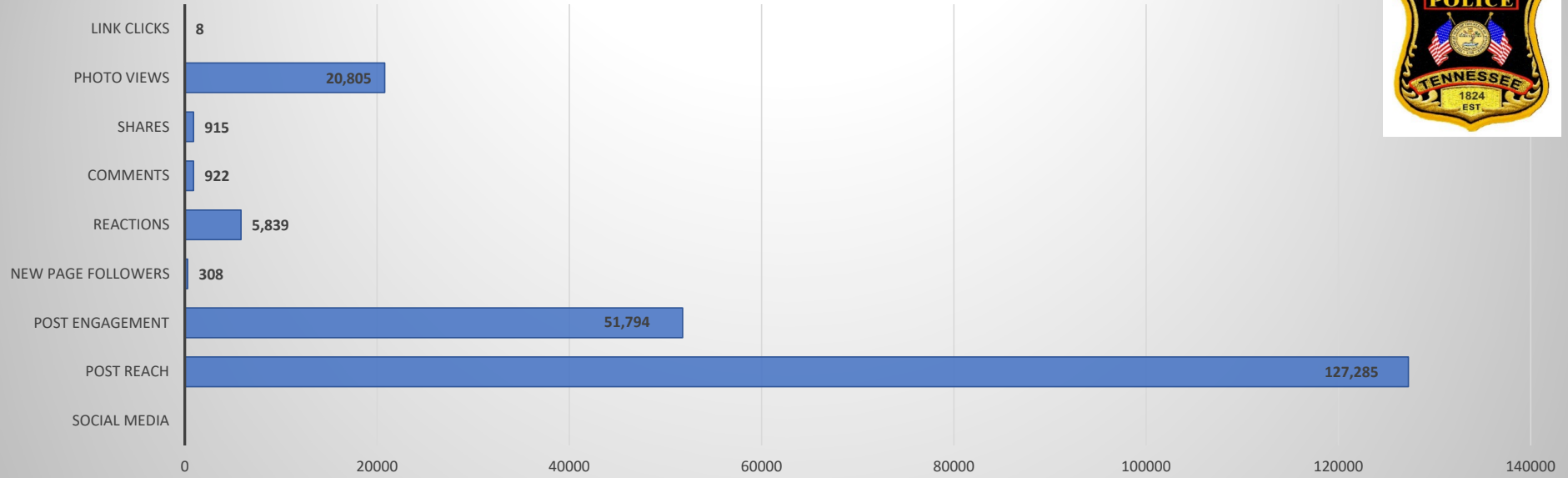
### Memos



### Offenses



# CPD Social Media Engagements



Personnel	Positions	Sworn	Not Sworn	Openings	
		39	37	2	10
Fleet	Total	Trucks	SUV's	Cars	
		27	5	8	14
CPD Service	Total Calls	Traffic Stops	Adult Arrests	Juvenile Arrests	Traffic Summons
		1399	92	59	3 57
Offenses	Homicide	Sex Offense	Assault	Domestic Offense	Weapon
		0	0	11	12 2
Memos	Miscellaneous	Information or Property Dama	Lost Property		Criminal Trespassin
		4	25	4	4 19
Social Media	Post Reach	Post Engagem	New Page follo	Reactions	Comments
		127,285	51,794	308	5,839 922

,



Ordinance Violation

0

Misc. Reports

42

Counterfeiting/Forgery

1

Burglary

2

Motor Vehicle Theft

2

Fraud

2

Larceny/Theft

19

Suspicious Circumstances Civil Matters

10

Assisting / Crisis Intervention

4

19

Animal Destruction

1

0

Shares

915

Photo Views

20,805

Link Clicks

8

Embezzlement	Stolen Property	Vandalism	Drug/Narcotic	Memo
0		1	12	9
Found Property	0			90

### Covington Police Department Patrol Division - Monthly Statistics



Dec-23	Agg. Assault	Animal Cruelty	Arson	Assault	Burglary	Child Abuse/Neglect	Contributing to Del.	Criminal Impers.	Disorderly Conduct	Domestic Assaults	Drug Arrests	DUI	False Report	Fraud/False pretenses	Harassment	Intimidation	Leaving the Scene	Littering	Minor in Poss.	Poss. Firearm	Public Indecency	Public Intox.	Rape	Reckless Driving	Reckless Endangerment	Resist Arrest	Rev/Sus/Can	Robbery	Sexual Battery	Shoplifting	Theft	Trespassing	Unruly Juvenile	Vandalism	Warrant Arrest	Reports Filed	Total Arrests	Traffic Citation	Parking Tickets	Traffic Warning	Days Worked	Details	Extra Patrol	Training Hrs.	Volunteer Hrs.																							
<b>ALPHA 6am- 6pm</b>																																																																				
Templeton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	22	0	3	0	0																							
Guarian	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	3	2	15	2	3	59	3	29	0	14	0	0																									
Norton	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3	2	4	2	0	0	35	7	4	5	1	17	0	1	0	0																									
Westbook	1	0	0	1	0	0	0	0	0	4	0	0	0	0	0	0	0	0	1	0	0	0	0	0	7	0	0	1	4	1	0	1	1	48	15	12	5	17	15	0	10	0	0																									
Hunt	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	4	1	0	0	0	9	0	0	0	0																									
Preyer	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	1	0	0	0	1	21	8	8	0	3	17	0	0	0	0																										
<b>BRAVO 6pm-6am</b>																																																																				
J.Taylor	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	3	0	0	0	0	5	3	5	2	2	18	0	2	0	0																									
Bohnert	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0	1	0	0	1	14	5	3	0	4	21	0	5	0	0																									
B.Taylor	1	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	3	0	0	1	15	6	0	0	0	15	0	3	0	0																										
Hutcheson	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	9	4	1	1	0	18	1	3	0	0																										
Moore	2	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	1	1	0	0	16	6	5	0	7	20	0	2	0	0																										
Muex	2	0	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	13	2	10	0	4	18	0	0	0	0																									
<b>K-9 3pm-1am</b>																																																																				
VanVleet	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1	0	0	0	6	0	0	0	0																										
<b>Totals</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>7</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>12</b>	<b>13</b>	<b>3</b>	<b>9</b>	<b>6</b>	<b>204</b>	<b>59</b>	<b>51</b>	<b>72</b>	<b>41</b>	<b>219</b>	<b>1</b>	<b>43</b>	<b>0</b>	<b>0</b>																								

# Covington Police Department

## Criminal Investigations Division

Monthly Statistics																					Total																				
	Acc. After Fact	Accidental/ overdose	Threat of Mass Destruction	Agg. Assault	Burglary	Child Abuse	Child Sex Abuse	Credit Card Fraud	Death	DOA/Suicide	Drug/Narc.	Elder Abuse	Embezzlement	Fraud/Counterfeit	Homicide	Missing Person	Murder/Attempt	MVT/Pass. Vehicle	Natural	Other Investigations		Rape	Robbery	Shoplifting	Simple Assault	Forcible Fondling	Rape	Stolen Property	Suicide	Theft	Theft From Vehicle	Vandalism	Vehicle theft	Warrants PU'd	Total Warrants	Total Arrests	Callouts	Training Hours	Days Worked	Indictments	
Dec-23																					<b>Total</b>																				
<b>Lt. McCurry</b>																					Lt. McCurry																				
Assigned				1					1				1				1	1									1		5						11	2	1	2	0	13	0
Active																				1															0						
Closed				1					1					1						1								1		5				10							
Solved				1					1					1																				3							
<b>Det. Doss</b>																					Det. Doss																				
Assigned			1		3				1									2	1				1											9	0	1	1	0	19	0	
Active					2																													2							
Closed			1		1				1									2	1				1											7							
Solved			1						1									1																3							
<b>Det. Isbell</b>																					Det. Isbell																				
Assigned		1		1	3				3					2				1			1	1							5	1			19	3	2	2	0	15	0		
Active					1													1											2				4								
Closed		1		1	2				3					2				1			1	1							3	1			16								
Solved		1		1																	1								3				6								
<b>INTEL Ferrell</b>																																									
Evidence Processed																																		25							
Lab Trips																																		3							
Court Hours																																		12							
Grant Hours																																		0							
Days Worked																																		19							
Training Hours																																		0							

Covington Police Department School Resource Officer - Monthly Statistics



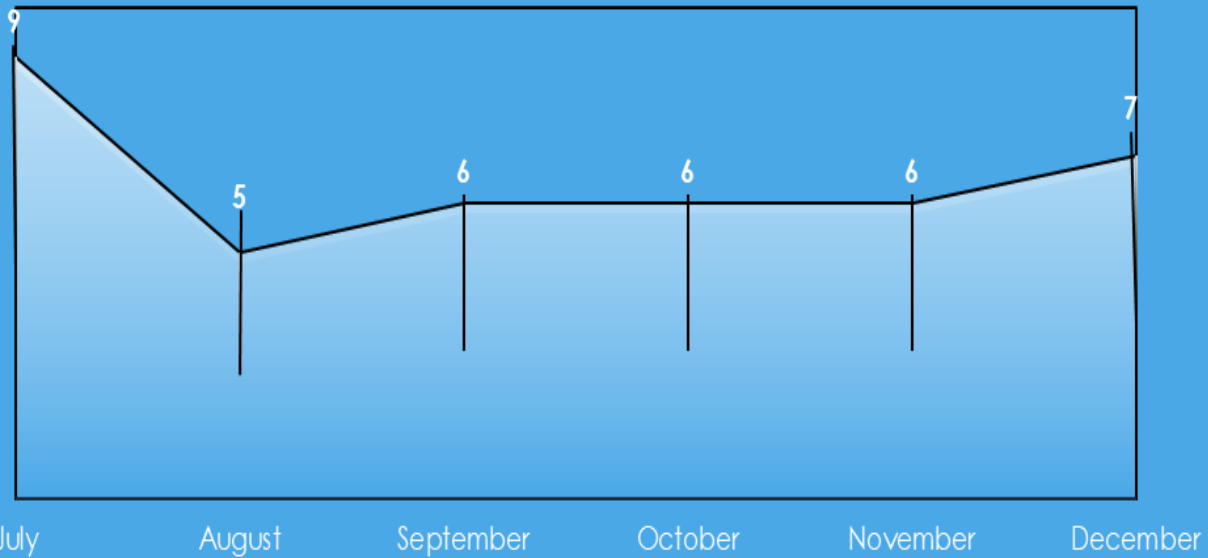
Dec-23	Community Events	Programs Assisted	Incident Reports	Juvenile Arrests	Adult Arrests	Searches Conducted	Weapons Recovered	Drug/ Alcohol/ Tobacco Viol.	Bus Drop-off/ pick up	Safety Drills	Student Transports	Traffic Duties	Presentations	After School Events	K-9 Searches/ Assists	Fighting/ Bullying Incidents	Theft Incidents	Administrative Meetings	Threats of Mass Violence	Medical Emergency	Property Damage	Fraud	Insert	Insert	Insert	Insert	Insert	Insert	Insert	Insert	Insert	Insert	Insert	Insert	Insert	Insert	Days Worked	Details	Extra Patrol	Training Hrs.	Volunteer Hrs.
<b>SRO</b>																																									
Cpl Robertson	0	0	3	0	0	0	0	3	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23	0	2	0	0
Smith	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27	0	18	0	0
C Taylor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17	0	3	0	0
Woodard	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27	0	12	0	0	
Perry	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sgt Nelson	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17	0	2	0	0	
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>111</b>	<b>0</b>	<b>37</b>	<b>0</b>	<b>0</b>

# K9 Activity Log

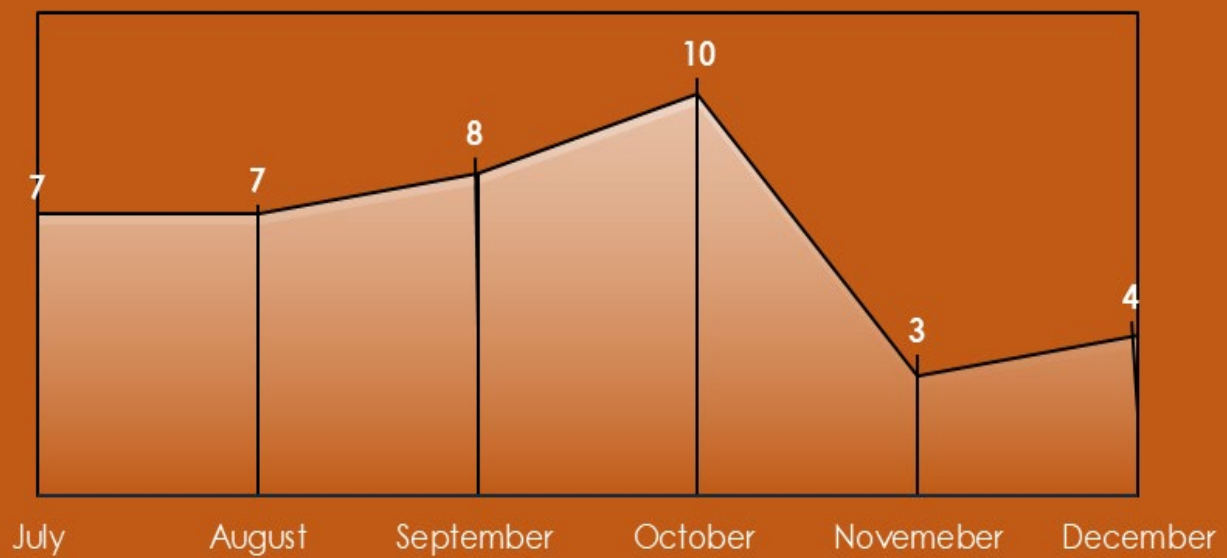


	Training	Sniffs	Alerts	Finds	Apprehensions	Bites	Building Search	Assist other Agency	Total Deployments	Reports Filed	Total Arrests	Drug Arrests	Weapon recovered	Seizure	Traffic Citation	Parking Tickets	Traffic Warning					
12/1/23-12/31/23																			Days Worked	Details	Extra Patrol	Training Hrs.
<b>ALPHA 6am- 6pm</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>BRAVO 6pm-6am</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CHARLIE 6am-6pm</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DELTA 6pm-6am</b>	7	0	0	0	0	0	0	0	0	3	1	0	0	0	1	0	1	7	7		1	7
<b>INTERDICTION</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Totals</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>7</b>

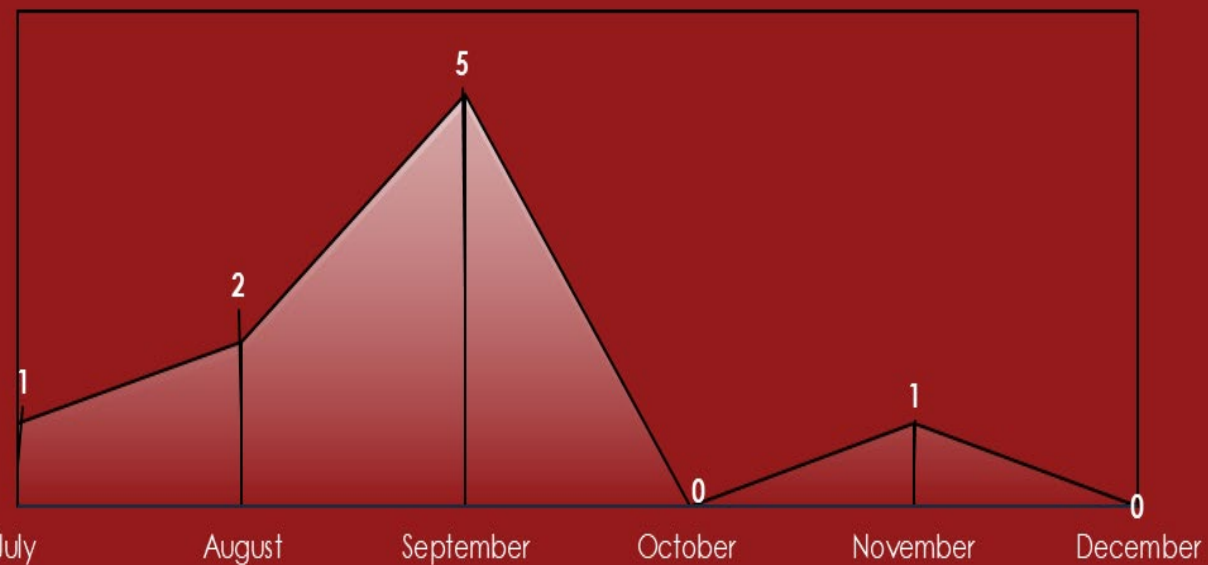
## AGG ASSAULT



## ASSAULT



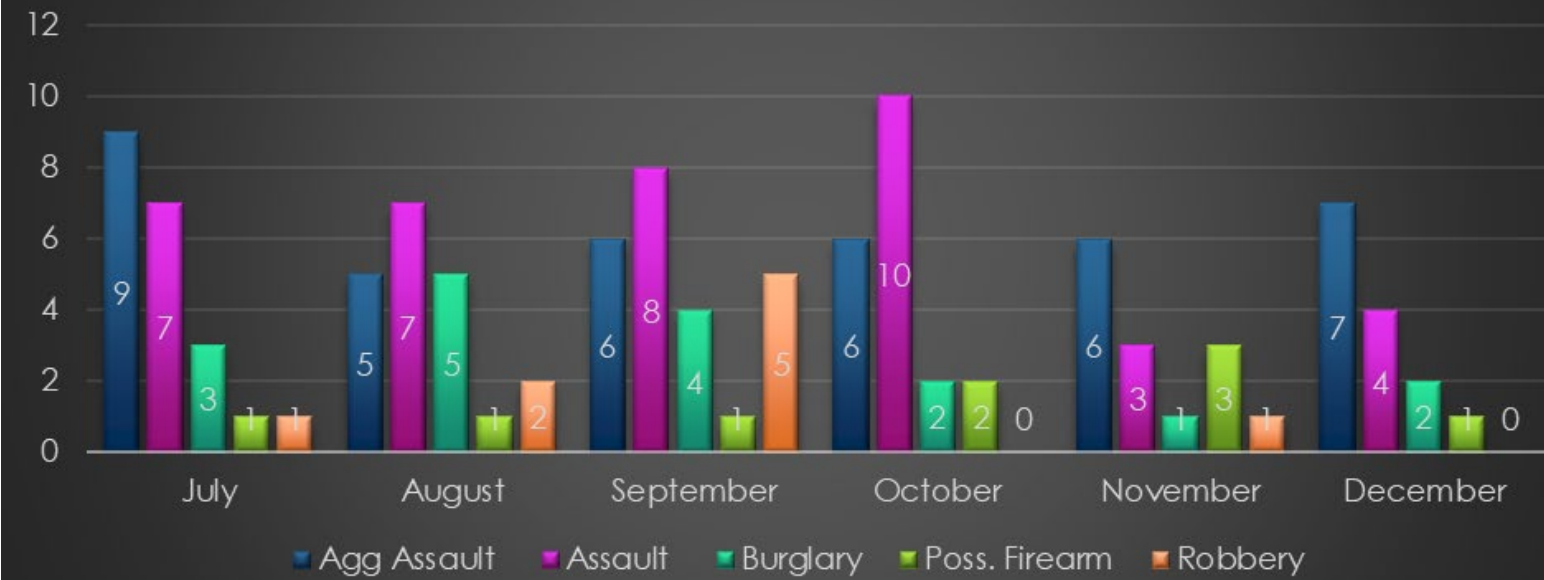
## ROBBERY



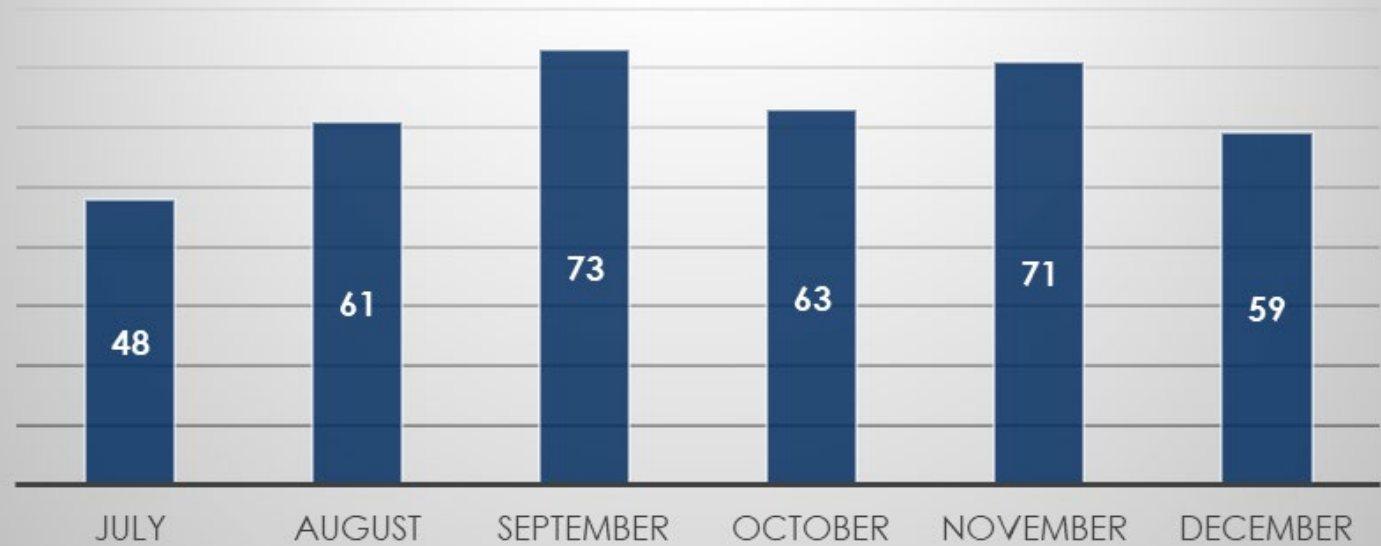
## BURGLARY



## Trend By Type

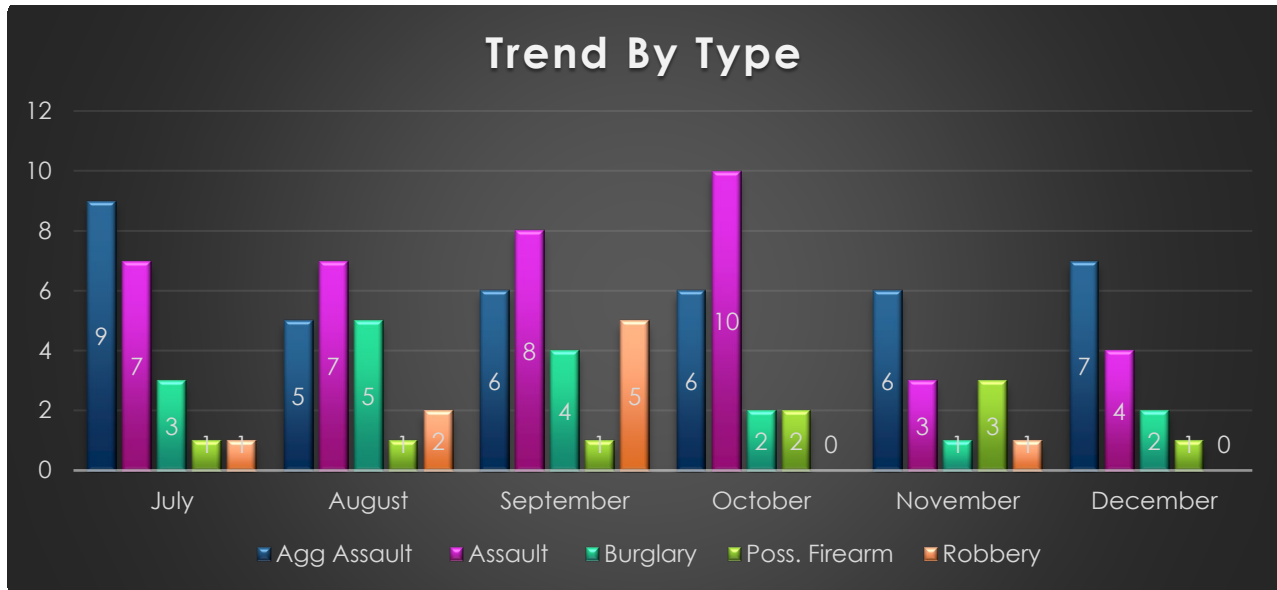


## Total Arrests Made

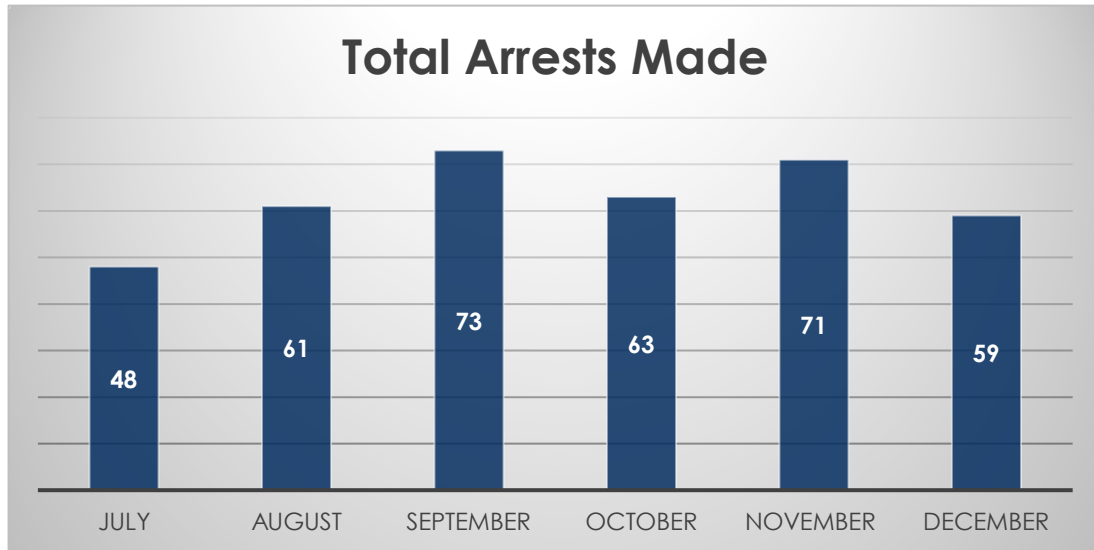




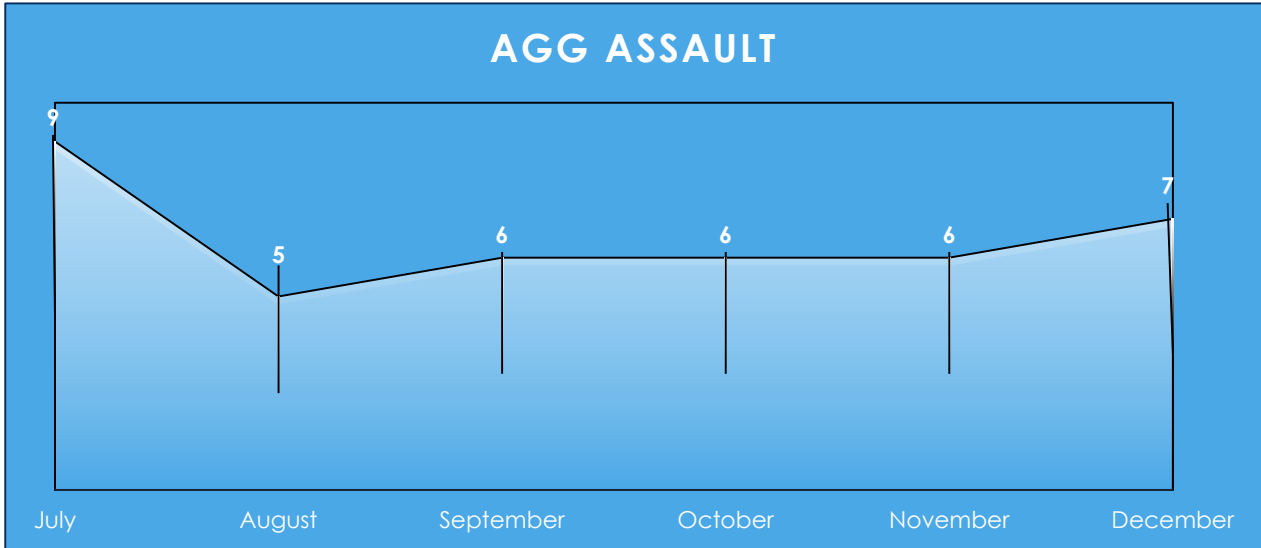
Month	Agg Assault	Assault	Burglary	Poss. Firearm	Robbery	
July		9	7	3	1	1
August		5	7	5	1	2
September		6	8	4	1	5
October		6	10	2	2	0
November		6	3	1	3	1
December		7	4	2	1	0



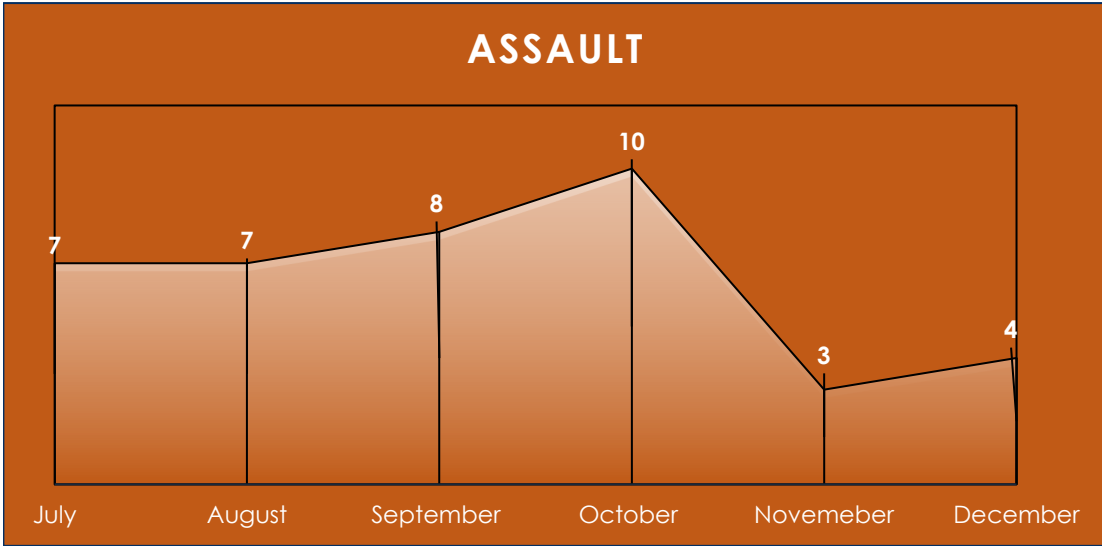
Month	Total arrests
July	48
August	61
September	73
October	63
November	71
December	59



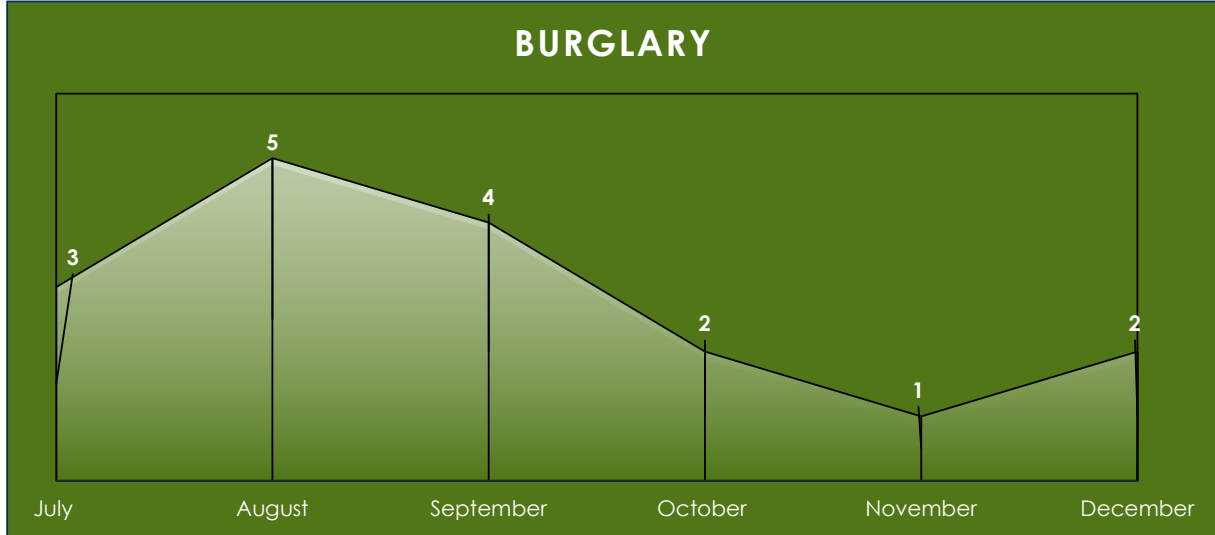
Month	Agg Assault
July	9
August	5
September	6
October	6
November	6
December	7



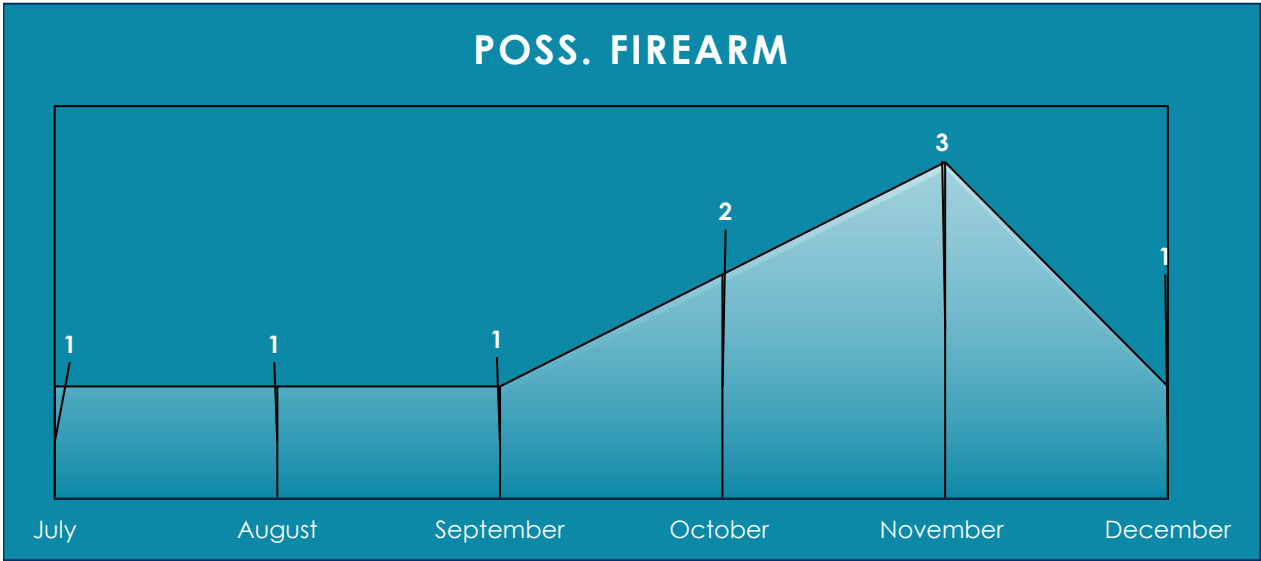
Month	Assault
July	7
August	7
September	8
October	10
Novemeber	3
December	4



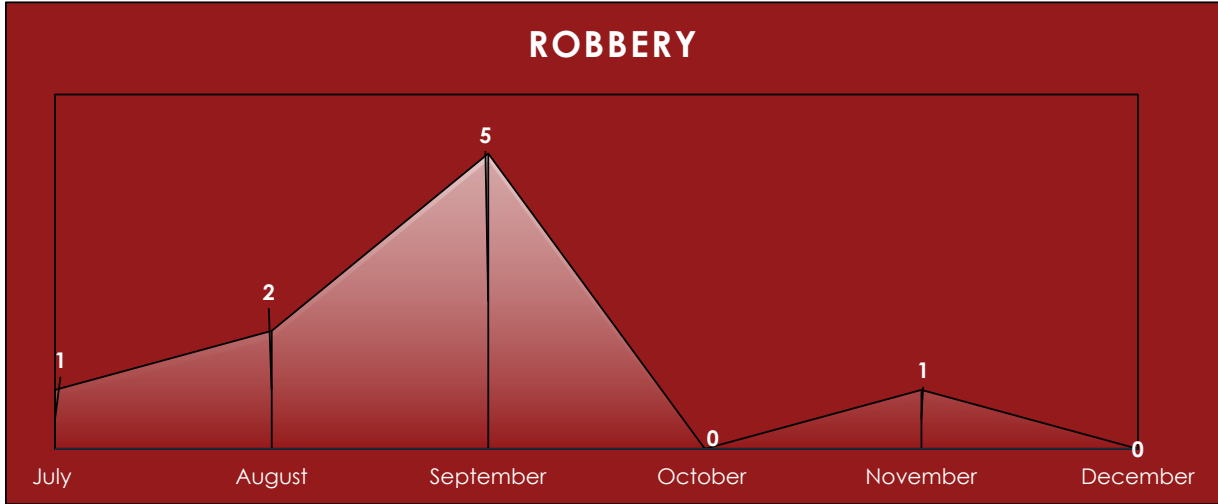
Month	Burglary
July	3
August	5
September	4
October	2
November	1
December	2



Month	Poss. Firearm
July	1
August	1
September	1
October	2
November	3
December	1



Month	Robbery
July	1
August	2
September	5
October	0
November	1
December	0



## Crashes by Hour and Day of Week

?

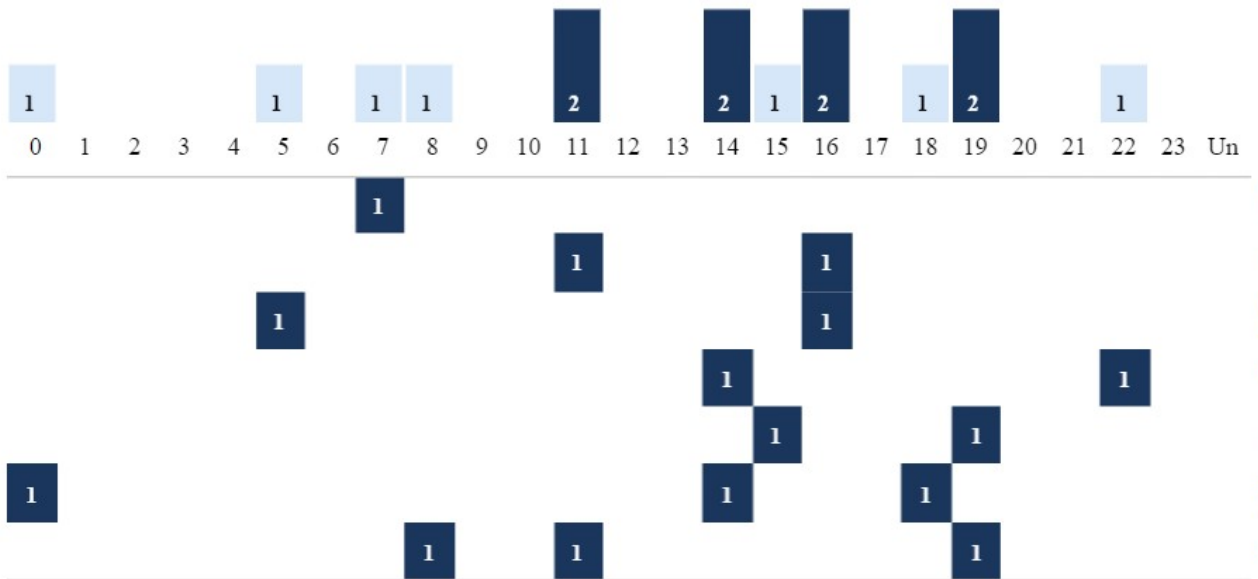
## Special Stats

?

Background Color

# of Crashes

% of Fatality



MON	1
TUE	2
WED	2
THU	2
FRI	2
SAT	3
SUN	3

Distracted Driver	1
Drowsy Driver	
Drinking Driver	3
Driver has used Drugs	
Speeding Driver	1
Unbelted Occupant	7
Teen Driver (13-19)	1
Senior Driver (65-99)	2
Pedestrian Involved	1
Pedalcyclist Involved	
Other Non-Motorist Involved	
Large Truck Involved	1
Motorcyclist Involved	1
ATV Involved	
School Bus - Directly Involved	
School Bus - Indirectly Involved	

## Summarized Table

Work Zone

?

Work Zone

	# of Crashes	% of Fatality
Unknown Not Work Zone	15	0.0%



Month December ▼

### Hour and Day of Week

?

### Special Stats

- Background Color
- # of Crashes
  - % of Fatality

5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 Un

- MON
- TUE
- WED
- THU
- FRI
- SAT **1**
- SUN

- Distracted
- Drowsy
- Drinking
- Driver has used
- Speeding
- Unbelted O
- Teen Driver
- Senior Driver
- Pedestrian In
- Pedalcyclist In
- Other Non-Motorist In
- Large Truck In
- Motorcyclist In
- ATV In
- School Bus - Directly
- School Bus - Indirectly

### able

Work Zone ▼

?

	# of Crashes	% of Fatality
one	1	0.0%



Donna Turner  
Chief of Police

# Covington Police Department

211 South Main Street Covington, TN 38019

Telephone (901) 475-1261

(c) 901- 444-1047

Fax (901) 313-9359

dturner@covingtontn.com

## **PRESS RELEASE**

21 December 2023

### **\*For Immediate Release\***

#### **The Covington Police Department makes an arrest in a December shooting on Wooten Avenue in Covington, TN.**

On 11 December 2023 at approximately 9:30 pm, Covington Police Department (CPD) officers responded to a shots fired call in the 1900 block of Wooten Ave, Covington, TN. Officers made the scene and canvassed the area for potential victims, evidence, and any suspects involved. There were no reported injuries or damage within the area at this time. Officers were able to ensure the safety of the individuals who were in the area during the time of the shooting. CPD detectives were notified and began processing the scene. Upon their arrival, the detectives were notified that the victim left the scene but was located at a residence in the 400 block of Peete Street in Covington, TN.

During this time, the victim advised that the situation originally occurred as he was leaving his job. He stated that as he exited his job, the suspect bumped into him, and a verbal altercation ensued. Both parties left and as the victim approached the Wooten Ave area to drop off a friend, he noticed a vehicle circling the area. The vehicle matched the description of the one that the suspect entered at his job. As the victim passed by, shots were fired towards the area to which the victim was headed and the suspect fled the scene on foot. The victim was able to escape the area without injuries but noticed a bullet hole in his truck. Detectives were able to return to the specific area now identified and located multiple shell casings and a residence that had been struck on Wooten Avenue.

CPD detectives were able to locate witnesses and upon completing the interview process, it was revealed that once the suspect left the parking lot, he allegedly instructed the driver of the vehicle to transport him to an abandoned house. At that location, the suspect obtained an assault style rifle from another male. Detectives have not determined the identity of the second male.

During the course of the investigation, the shooting suspect was identified as Deangelo Yarbrough, 18, of Covington, Tn. Later that night, TCSO deputies were in the area of Sunset Ave where they observed a vehicle traveling without headlights. Upon approaching the vehicle,

*“Serving – Protecting- Caring”*

the deputies witnessed suspicious activity and a male subject exiting the vehicle with a weapon. The deputies intercepted the male subject who was identified as Deangelo Yarbrough. The deputies searched the area and located an assault style rifle behind a residence on Sunset Ave. Yarbrough was arrested and charged with Resist Stop Frisk Halt and Aggravated Assault. CPD detectives were notified and began working jointly with the TCSO to determine if the shell casings that were recovered matched the assault rifle that was located. The shell casings were sent for further processing. Detectives formally charged Yarbrough with Aggravated Assault, Reckless Endangerment, and two (2) counts of Vandalism. He has a \$5,000 bond and he is slated to appear at the Tipton County General Sessions Court on 12 January 2024.

“This is another example of our partnership with the Tipton County Sheriff’s Office to reduce violence in the city of Covington,” said Chief Donna Turner. “The detectives worked quickly to obtain forensics to connect the weapon used in the shooting and the rifle recovered in the traffic stop. It is always a positive result when law enforcement can get unauthorized weapons out of the hands of criminals committing these cowardly acts of violence.”

If anyone has any information on similar incidents, please contact the Criminal Investigation Division at 901-475-1261. Tips can also be sent to the Covington Police Department Facebook Messenger.



*“Serving – Protecting- Caring”*



Donna Turner  
Chief of Police

# Covington Police Department

211 South Main Street Covington, TN 38019

Telephone (901) 475-1261

(c) 901- 444-1047

Fax (901) 313-9359

dturner@covingtontn.com

## **PRESS RELEASE**

07 December 2023

### **\*For Immediate Release\***

#### **The Covington Police Department cites a juvenile regarding a bomb threat at Covington High School.**

On 07 December 2023 at approximately 7:30 am, Covington Police Department's School Resource Officers, who are assigned to Covington High School (CHS), were notified by Tipton County School officials of a possible bomb threat. CPD Officers and detectives arrived on scene and began assisting the school in a soft lockdown. The TN Department of Safety and Homeland Security was notified and made scene to assist in the investigation.

The threat originated on a social media platform post on "Snapchat" threatening to shoot and blow up the Covington High School due to the snack cart being revoked. The Criminal Investigation Division and Tennessee Homeland Security began their investigation by searching social media to identify the suspect who created the post. During this time, CPD officers increased their presence at each school in the City of Covington to ensure the safety of students and staff. After CID Crime Analysts and Special Agents began searching social media, the student was identified. The student was not on campus during the threat due to being in the Alternative Learning Center's (ALC) home studies program. He was located at his grandparents address located in the 1400 block of Murphy Ave in Covington, TN.

Detectives arrived at the residence where the 9th grader admitted to creating the post. Detectives and Agents confirmed that the threat was indeed false and at no time was any threat to the school. The 14-year-old juvenile and his parent were transported to the CID building for further questioning. After the completion of speaking with the juvenile's parent, the juvenile was charged with Threats of Mass Violence on School Property or at a School-Related Activity. He was petitioned into the Tipton County Juvenile Court. Youth Service Officer Clayton Pattat released the student to the custody of his parent and initiated evaluations until his appearance in Court in January 2024 before Judge M.O. Eckel.

"I appreciate the teamwork which quickly identified the student who was responsible for posting the cowardly false claim," said Chief Donna Turner. "During the investigation, we collaborated with Tipton County School officials at the Board of Education, the Covington High School, and the TN Department of Safety and Homeland Security to combine all of our

*"Serving – Protecting- Caring"*

resources to keep our schools safe. We will continue to aggressively prosecute anyone responsible for making threats to our schools, staff, and students and working with our parents to prevent these types of disruptions in our schools.”

If anyone has information on similar incidents, please contact the Criminal Investigation Division at 901-475-1261. Tips can also be sent to the Covington Police Department Facebook Messenger.



*“Serving – Protecting- Caring”*