



JACKSON COUNTY FIRE DISTRICT 4

21200 HWY 62 • SHADY COVE, OR • 97539 • (541) 878-2666

JCFD4 Safety Committee Meeting Agenda

21200 OR-62, Shady Cove, OR 97539

Wednesday April 1st, 2026 at 4:00 PM

1. **Roll Call** (*list all attendees*) Chief Crume (Chair) _____, John Burns (Volunteer) _____
Briauna Castle (Secretary) _____, _____, _____,
_____, _____, _____, _____
2. **Approval of Minutes** – March 4th, 2026
3. **Old Business-**
 - a) Exposure Control Plan
4. **New Business-**
 - a) Open Safety Committee to new volunteers.
 - b) **QUARTERLY INSPECTION**
5. **Accident & Injury Reports**
6. **Near Miss Reports**
7. **Safety and Health Issues**
8. **Training Topic:** May- Wildland Interface Prep/ Heat Stress and Hydration.
9. **Good of the Order-**
10. **Next Meeting:** May 6th, 2026 @ 4:00 PM
11. **Adjournment:** _____

Mailing Address • P.O. Box 1400 • Shady Cove, OR • 97539-0394



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JCFD4 Safety Committee Meeting Minutes

21200 OR-62, Shady Cove, OR 97539

Wednesday March 4th, 2026 at 4:00 PM

1. **Roll Call-** Chief Crume led the meeting. In attendance: Briana Castle, Austin Owens, and Eli Buma.
2. **Approval of Minutes-** February 3rd, 2026 minutes were reviewed. Chief Crume proposed a motion to approve the minutes as presented. Briana Castle seconded the motion. A vote was cast and passed unanimously.
3. **Old Business-**
 - a) Exposure Control Plan- tabled.
 - b) Target Solutions- training on safety topics reviewed.
4. **New Business-**
 - a) Opened Safety Committee to Volunteers. No one was interested at this time.
5. **Accident & Injury Reports-** none reported.
6. **Near Miss Reports-** Nick Fitzpatrick and Taylor Wold- no report was submitted at this time. Follow up is required.
7. **Training Topic-**
 - a) **Spring Readiness:** Ladders, Roof Operations and Fall Protection.
8. **Good of the Order-**
9. **Next Meeting:** Wednesday April 1st, 2026 at 4:00 PM
10. **Adjournment:** Chief Crume proposed a motion to adjourn the meeting at 4:29 PM and Eli Buma seconded the motion. A vote was cast and passed unanimously.

Minutes Submitted by: Briana Castle

JCFD#4 Workplace Safety Inspection

LOCATION:

INSPECTED BY:

DATE: _____

QUARTER (circle one): Q1 Q2 Q3 Q4

YES	NO	1. FLOORS AND WALKWAYS
		a. Are walkways and stairways kept clear of obstructions?
		b. Are buckets and mops available to clean up spills?
		c. Are non-slip mats, grates, or slip free coatings used in wet areas to prevent falls?
		d. Do stairways have handrails?
		e. Are carpets and rugs causing potential trip hazards?

YES	NO	2. LADDERS AND FALL PROTECTION
		a. Are the appropriate ladders for the job available and in good condition?
		b. Are ladders inspected before each use?
		c. Do ladders have safety feet?
		d. Are non-metal ladders used when there is a chance of electrical shock?
		e. Has everyone been trained in ladder safety as needed?

YES	NO	3. FIRE SAFETY
		a. Are there atleast two fire exits for the building?
		b. Are fire exits clearly marked and pathways to the exits clear?
		c. Have employees been told what to do in case of a fire emergency?
		d. Are there fire extinguishers of the correct type in or close to each work area?
		e. Are the locations of fire extinguishers clearly marked?
		f. Do fire extinguishers have up-to-date inspection tags, and are they visually inspected each month?
		g. Are fire alarm system and sprinkler system regularly tested?
		h. Are there regular fire drills?

YES	NO	4. ELECTRICAL HAZARDS
		a. Are electrical cords in good condition (no fraying or defects)?
		b. Are power tools and other equipment in good condition?
		c. Are GFI's receptacles and breakers palced appropriately, tested, and checked?
		d. Are there signs of overloading of power panels, power points?
		e. Are cords kept out of areas where someone could trip over them, or where they could be damaged?

YES	NO	5. LIGHTING
		a. Is there adequate lighting throughout the workplace, including outdoors?
		b. Are the areas around all machines well lighted?
		c. Are outside pathways and parking lots adequately lighted at night?

JCFD#4 Workplace Safety Inspection

YES	NO	6. BUILDING AND PROPERTY
		a. Are there any known or visual signs of roof or gutter damage or leaks?
		b. Is there any internal or external damage to buildings?
		c. Are there signs of rodent, insect, bird or other activity?
		d. Are pest control measures or traps properly deployed and maintained?
		g. Are exits clear of obstructions?

YES	NO	7. WALKWAYS, STAIRS AND LADDERS
		a. Are floor areas clean, dry, and free from slip/trip hazards?
		b. Are stairs in good condition, and handrails in place?
		c. Are portable ladders in good conditions?
		d. Are there work areas where fall protection is required?

YES	NO	8. PLUMBING
		a. Are there any leaking fixtures, appliances, or hidden leaks?
		b. Are water heater pressure relief valves working properly?

YES	NO	9. HAZARDOUS COMMUNICATIONS
		a. Is there access to all SDS for all chemical products used?
		b. Is SDS and hazard communication training documentation up to date?
		c. Are chemical containers clearly labeled?
		d. Are flammable substances stored in a small quantities cabinet?
		e. Is there adequate ventilation of the work area?
		f. Are there emergency spill kits available?

YES	NO	10. BIOHAZARDS
		a. Are bio-hazard disposal containers available and in good working condition?
		b. Is the bio-hazard disposal plan/procedure posted clearly?
		c. Is the area clean, sanitized where needed, and appropriately supplied?
		d. Are 'Sharps' shuttles and containers available and in good condition?

YES	NO	11. POSTINGS
		a. Is the OSHA 300 Log posted (Feb 1-April 30)?
		b. Are Safety Committee Meeting Minutes posted and up to date?
		c. Are emergency phone numbers posted?
		d. Are all state and federal postings current?

YES	NO	12. FIRST AID
		a. Is there a first aid kit/cabinet available, accessible, and adequately stocked?
		b. Are first aid-records kept?

YES	NO	13. APPARATUS
		a. Is all lighting operational?
		b. Is interior and exterior clean and in good condition? (Tires 1/8" tread min.)

JCFD#4 Workplace Safety Inspection

YES	NO	14. PERSONAL PROTECTIVE EQUIPMENT
		a. Are turnouts/safety equipment in good condition?
		b. Are safety glasses available and utilized?
		c. Is hearing aid protection available and utilized?
		d. Are respirators in good condition and records properly maintained?

YES	NO	15. STORAGE
		a. Are materials stored so they will not fall?
		b. Are storage racks/cupboards in good condition, not overloaded and free from projections, sharp edges?
		c. Are incompatible hazard substances segregated?

YES	NO	16. WELFARE MATTERS
		a. Are toilets clean?
		b. Are kitchen facilities and lunchroom clean?
		c. Are refridgerators, cooking appliances, utensils, clean, in good condition, and working?
		d. Is drinking water available?
		e. Are there washing facilities?