

MUNICIPALITY OF THE COUNTY OF
ANTIGONISH

TOPIC:	Work Clothing and Safety Equipment Policy
POLICY NUMBER:	11
DATE APPROVED:	
DATE REVISED:	July 13, 2007
	April 17, 2009
	April 20, 2010
	June 10, 2013

1.0 PURPOSE:

The purpose of this policy is to identify those items of work clothing and safety equipment that are provided to those eligible employees of the Municipality of the County of Antigonish involved in the management and operation of water, sewer, landfill, garbage collection, recycling, and road maintenance, where required.

2.0 POLICY:

2.1 The Municipality of the County of Antigonish will provide the following items upon proof of need. Need will be determined by the Director of Public Works and confirmed in writing to the Director of Finance:

- a. Rain Gear (jacket and pants) – one (1) set per year, if required.
- b. Coveralls – one (1) summer weight, one (1) winter weight, if required.
- c. One (1) pair of safety-toe work boots, not to exceed \$150.00 (before taxes) per year, if required.
- d. One (1) pair of rubber safety-toe boots, not to exceed \$65.00 (before taxes), per year, if required.
- e. Two (2) work shirts and two (2) work pants per year.
- f. Any items in addition to the above or in excess of \$350.00 will be the responsibility of the employee.

2.2 All safety equipment, including but not limited to:

- a. Hard hats and liners;
- b. Rubber gloves;
- c. Safety glasses;
- d. Ear protection;
- e. Work gloves (leather and cotton)
- f. Safety vests;
- g. Safety chainsaw pants, as required;

will be provided by the Municipality upon approval by the Department Head.

3.0 POLICY REVIEW:

This Policy is to be reviewed from time to time to ensure it is current.

Outside workers as of March 11, 2015 (which will be updated on a regular basis):

Daryl Myers
John. L. MacDonald
Josh Chisholm
Harold MacGillivray
Kevin McCulloch

Allan Boyle
John P. Chisholm
Andrew Jessens
Tony Giesbrecht
Hughie MacMillan

Dwayne MacDonald
Theresa McCulloch
Jim MacLean
Matthew McKeen
Adam McCoul

Work Clothing and Safety Equipment Policy

Name: _____

Date: _____

Item Returned: _____

Reason for Return: _____

Authorization to purchase new item as per policy: _____

Department Head