FINANCIAL IMPACT STATEMENT For Council Action Items

(Deliver original to Financial Planning Division. Retain copy.)

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Name of Initiator		2. Tel	lephone No.	3. Bureau/Office/Dept.
Tracy L. Hamer		503-823-5480		BIBS Risk Management
4a. To be filed (date) August 11, 2010	4b. Calendar (Chec Regular Consent □ ☑	k One) 4/5ths □	5. Date Sub	mitted to FPD Budget Analyst:

1) Legislation Title:

*Authorize a collaborative partnership agreement with Oregon Occupational Safety and Health Administration to encourage and promote expanded involvement of City bureaus in the Safety and Health Achievement Recognition Program (Ordinance)

2) Purpose of the Proposed Legislation:

To renew a collaborative partnership agreement with Oregon Occupations Safety and Health Administration to promote expanded involvement of city bureaus in the Safety and Health Achievement Recognition Program

3) Revenue:

Will this legislation generate or reduce current or future revenue coming to the City? If so, by how much? If new revenue is generated please identify the source.

No impact.

4) Expense:

What are the costs to the City as a result of this legislation? What is the source of funding for the expense? (Please include costs in the current fiscal year as well as costs in future years) (If the action is related to a grant or contract please include the local contribution or match required)

No costs involved.

Staffing Requirements:

5) Will any positions be created, eliminated or re-classified in the current year as a result of this legislation? (If new positions are created please include whether they will be part-time, full-time, limited term or permanent positions. If the position is limited term please indicate the end of the term.)

No positions will be created, eliminated or re-classified in the current year as a result of this legislation.

6) Will positions be created or eliminated in future years as a result of this legislation?

No positions will be created, eliminated or re-classified in future years as a result of this legislation.

Complete the following section only if an amendment to the budget is proposed.

7) Change in Appropriations (If the accompanying ordinance amends the budget please reflect the dollar amount to be appropriated by this legislation. Include the appropriate cost elements that are to be loaded by accounting. Indicate "new" in Center Code column if new center needs to be created. Use additional space if needed.)

Fund	Fund Center	Commitment Item	Functional Area	Funded Program	Grant	Amount
N/A						
N/A						
N/A			***************************************		7	
N/A				1 2		

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Kate Wood	tarhlen	Ø	mwood

APPROPRIATION UNIT HEAD (Typed name and signature)

Kate Wood, Manager



CITY OF PORTLAND

OFFICE OF MANAGEMENT AND FINANCE

Risk Management 1120 S.W. Fifth Avenue, Rm. 709 Portland, Oregon 97204-1912 (503) 823-5101 FAX (503) 823-6120 TTY (503) 823-6868

Sam Adams, Mayor Kenneth L. Rust, Chief Administrative Officer Jeffrey B. Baer, Director, Bureau of Internal Business Services

DATE: Wonday, August 2, 2010	FOR MATOR S OFFICE USE ONE				
TO: Mayor Sam Adams	Reviewed by Bureau Liaison				
FROM: Tracy Hamer					
RE: *Authorize a collaborative partnership agreement with Oregon Occupational Safety and Health Administration to encourage and promote expanded involvement of City bureaus in the Safety and Health Achievement Recognition Program (Ordinance)					
1. INTENDED THURSDAY FILING DATE:	8/12/2010				
2. REQUESTED COUNCIL AGENDA DATE:	8/18/2010				
3. CONTACT NAME & NUMBER:	Tracy Hamer, 503-823-5480				
4. PLACE ON: 区 CONSENT REGUI	LAR				
5. BUDGET IMPACT STATEMENT ATTACHE	ED: <u>V</u> YNN/A				
6. (3) ORIGINAL COPIES OF CONTRACTS A	PPROVED AS TO FORM BY CITY ATTORNEY				
ATTACHED:Yes <u>✓</u> No N/A					

7. BACKGROUND/ANALYSIS

This ordinance renews a previously established 2-year partnership agreement with Oregon Occupational Safety and Health Administration to encourage and assist city bureaus in attaining certification in OR OSHA's Safety & Health Achievement Recognition Program.

The partnership will facilitate the following objectives:

- a. Recognition by OR OSHA that the City of Portland values safety and health and works in partnership with compliance authorities to meet and exceed safety and health requirements.
- b. Improve connection to OR OSHA resources including, but not limited to, publications, videos, consultants, technical support and training.
- c. Provide ready access for city bureaus to internal resources to prepare for SHARP Certification. Currently, OR OSHA's SHARP Consulting Team is spread thin; scheduling them to begin the process may take several months or more which could dampen the enthusiasm and energy of a bureau ready to begin the certification process.
- d. Bureaus that might avoid participating in the program because of the nature of working closely with a compliance authority may be motivated to apply for SHARP certification if they can work with internal consultants through the preparatory phase.

Mayor Adams
August 2, 2010
Partnership Agreement
Oregon OSHA, Safety & Health Achievement Recognition Program

e. Risk Management's Loss Prevention Team will be trained by OR OSHA to the same level of expertise and proficiency as OR OSHA's SHARP Consultants.

8. FINANCIAL IMPACT

No financial impact.

9. RECOMMENDATION/ACTION REQUESTED

Approve a collaborative Partnership Agreement for the Safety & Health Achievement Recognition Program with Oregon OSHA.