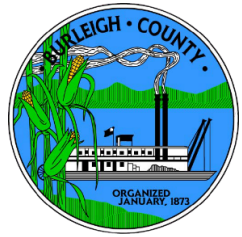




Lincoln, Fort Rice, Riverview, Florence Lake, Burnt Creek, Canfield, Lyman, & Phoenix
Unorganized Townships



Burleigh County Commission Meeting Agenda

Tom Baker Meeting Room, City/County Office Building, 221 N 5th St, Bismarck

Attend in Person | Watch live on Government Access Channels 2 or 602 | Listen to Radio Access 102.5 FM |
Stream on [freetv.org](https://www.freetv.org) or [Dakota Media Access Facebook Live](https://www.facebook.com/DakotaMediaAccess) | Replay later from [freetv.org](https://www.freetv.org)

September 4, 2024

5:00 PM

Invocation and Pledge of Allegiance presented by Chaplain.

COUNTY COMMISSION

1. Meeting called to order by the Chairman of the Board.
2. Roll call of members.
3. Approval of Agenda.
4. Consideration of the August 19, 2024, meeting minutes and bills.
5. Consent Agenda:
 - a. Abatements.
 - b. Applications for licenses, raffles, and special events permits.
 - c. Check replacement.
6. Burleigh County School Reorganization Committee applications.
7. County engineer Hall:
 - a. Petition to vacate roadway right of way.
 - b. 2nd approach permits request.
 - c. Developer Waiver request.
8. HR Director Binder:
 - a. Risk Management Policy and 2025 Benefits Open Enrollment.
9. County Recorder Hanson:
 - a. Salary variance request.
10. Comm. Munson:
 - a. Bismarck Burleigh Public Health Services JPA.
11. Comm. Schwab:
 - a. Update on and discussion on the Co 2 pipeline.

12. County Planner Flanagan:

- a. Present the Findings of the August 29, 2024 Planning Commission Meeting:
Amendments to Article 8 Section 28.

13. Other business.

14. Adjourn.

The next regularly scheduled Commission meeting will be on September 16, 2024.

Mark Splonskowski

Burleigh County Auditor/Treasurer

**BURLEIGH COUNTY COMMISSION
MEETING**

AUGUST 19TH, 2024

5:08 PM

Chairman Bitner called the regular meeting of the Burleigh County Commission to order.

Roll call of the members: Commissioners Woodcox, Munson, Schwab, Bakken, and Chairman Bitner were present.

Motion by Comm. Bakken, 2nd by Comm. Woodcox to approve the meeting agenda. All members present voted "AYE". Motion carried.

Motion by Comm. Woodcox, 2nd by Comm. Bakken to approve the August 5th, 2024 meeting minutes and bills. All members present voted, "AYE". Motion carried.

The following abatements were presented for the Board's consideration; a complete copy of which are on file and available for inspection in the office of the Burleigh County Auditor/Treasurer.

Owner	Tax Year	Legal Description	Credit Type	Current MV	Reduced MV
Charles & Tina Erling	2023	Lot 21, Block 13, Eagle Crest 6th Addition	Error in property description	\$611,300	\$486,800
Charles & Tina Erling	2024	Lot 21, Block 13, Eagle Crest 6th Addition	Error in property description	\$588,600	\$464,100
Bismarck Parks and Recreation District	2024	Lot 32, Block 1, Promontory Point VII	Property exempt from taxation	\$27,100	\$15,800
Jacqueline K Haag	2024	Block 7, North Hills 1st, Auditors Lot 3116 & undivided interest in common area	Error in property description	\$312,900	\$295,500
David & Sandra Fix	2023	Lot 6, Block 2, Rolling Hills 1st	50% Homestead Credit	\$358,400	\$258,400
Eric Remyense	2024	Lot 7, Block 8, Dakota Breeze	Basement only studs as finish	\$327,100	\$299,200
Joseph & Bonnie Newman	2023	Block 19, Wachter's 3rd, Lot 5 Southwood Condo Unit II	50% Homestead Credit	\$154,800	\$77,400
Eugene & Joyce Baldwin	2023	Lots 3-4, Block 18, Fisher	100% Homestead Credit	\$227,200	\$27,200

Motion by Comm. Bakken, 2nd by Comm. Woodcox to approve the Charles & Tina Erling (2), Bismarck Parks and Recreation District, Jacqueline K Haag, David & Sandra Fix, Eric Remyense, Joseph & Bonnie Newman, and Eugene & Joyce Baldwin abatements plus the remainder of the consent agenda in its entirety. All members present voted "AYE". Motion carried.

Bismarck City Planning Manager Daniel Nairn came forward to the Commission to give an update on the Bismarck Renaissance Zone program. Mr. Nairn explained that per a previous recommendation by the city of Bismarck, some changes were to be made to some of the program guidelines in order for the project to work a little smoother and clearer. These changes include appointing a county commissioner for a year to the Renaissance Authority; the appointment of members to the Renaissance Authority by local authorities (including the school board, the park board, and the county commission); that any changes to the plan would need to be brought to the local authorities; and that the base value of the property before the exemption is approved would remain the same rather than only the lot value being taxed as before. Mr. Nairn presented a request for both the Commission's support of continuing the program for 5 years and an approval of the development plan. Motion by Comm. Munson, 2nd by Comm. Woodcox to support the continuation of the Bismarck Renaissance Zone program for 5 years and approval of the

development plan. Comm. Munson, Bakken, and Woodcox voted "AYE"; Comm. Schwab and Bitner voted "NAY". Motion carried.

County Planner Flanagan presented a clarification of a special use permit appeal by Stall Farms and Balwin Greenhouse and Nursery for a corn maze near Baldwin. Because there is no ordinance yet in place to allow for the corn maze to operate as intended, no further action was required.

County Engineer Hall came and presented a pavement waiver request by a proposed subdivision in Sterling Township, and recommended approval of the proposal. Motion by Comm. Bakken, 2nd by Comm. Munson to approve the meeting agenda. All members present voted "AYE". Motion carried. Hall then presented another pavement waiver request by a proposed subdivision in Riverview Township, and also recommended approval of the proposal. Motion by Comm. Munson, 2nd by Comm. Woodcox to approve the meeting agenda. All members present voted "AYE". Motion carried. Hall then asked for clarification on the 2025 Highway budget, as the Commission voted to have the Highway Department have the same budget amount as their 2024 budget but keep the same mill levy, then later voted to have the dollar figure remain the same. This contradiction by the Commission would leave the Highway Department short on cash needed for their budget because of the difference between the same mill levy versus the same dollar amount. Motion by Comm. Woodcox, 2nd by Comm. Bakken to reduce the proposed mills to keep the dollars levied the same as 2024 and then transfer cash from the general reserve account, per Hall's recommendation. Comm. Bakken, Munson, Woodcox, and Schwab voted "AYE"; Comm. Bitner voted "NAY". Motion carried.

Sheriff Leben gave the Commission another update regarding the Burleigh East remodeling efforts, saying that because the project is larger than anticipated the county will need to open bids in accordance with North Dakota century code. First motion by Comm. Munson, 2nd by Comm. Woodcox to allow the Sheriff's Department to begin contact architects to get the process started, with second motion by Comm. Woodcox, 2nd by Comm. Bakken to prevent Comm. Bitner from voting in the first motion. All members excluding Bitner present voted "AYE" for both motions. Motions carry.

Finance Director Jacobs gave another sales tax bond update, stating that the county executed its contract with the bidding agent.

Chairman Bitner then requested to hold an executive session regarding negotiation/negotiation strategy. Motion by Comm. Woodcox, 2nd by Comm. Bakken to move into executive session. All members present voted "AYE". Motion carried.

Meeting Adjourned.

Mark Splonskowski, County Auditor/Treasurer

Brian Bitner, Chairman

The following list of abatements and settlement of taxes is forwarded for action to the Burleigh County Commission:

Abate #	Owner	Tax Year	Legal Description	Credit Type	Current MV	Reduced MV
			East Hills Addn Rplt, Block 1, Lot 2 Rolling			
24-659	Bede & Rose Marie Frank	2023	Hills Condos II Unit 104	50% Homestead Credit	\$312,500	\$212,500
				True and full value		
24-660	Bob Gilbertson	2023	1986 Vista North 16 x 76, #3644V	exceeds market value	\$23,426	\$11,713
				True and full value		
24-661	Bob Gilbertson	2024	1986 Vista North 16 x 76, #3644V	exceeds market value	\$23,426	\$11,713

BURLEIGH COUNTY CHECK REPLACEMENT
(4-17)

Carefully read the AFFIDAVIT AND AGREEMENT; then sign it before a Notary Public.

When we receive the signed and notarized Affidavit and Agreement a duplicate payment will be issued and forwarded to you. In the event you recover possession of the original check, DO NOT CASH IT, please advise the Burleigh County Auditor/Treasurer immediately. Our telephone number is (701) 222-6718.

MAIL THE SIGNED AND NOTARIZED AFFIDAVIT AND AGREEMENT TO:
Burleigh County Auditor/Treasurer, P.O. Box 5518, Bismarck, ND 58506-5518.

NAME AND ADDRESS OF PAYEE:

MARY MAGSTADT
1800 TELLURIDE LN
BISMARCK, ND 58504

Check Date: 07/15/2024
Original Check #: 130121
Check Amount: \$1,499.16

AFFIDAVIT AND AGREEMENT

I execute this AFFIDAVIT AND AGREEMENT for the purpose of obtaining a duplicate payment from the County of Burleigh, North Dakota.

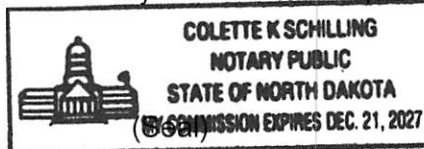
I hereby state under oath that the above-described check has never been presented to me for payment, nor transferred to any other person or persons, and the same is believed to have been lost or destroyed, and that I hereby request the County of Burleigh to issue a duplicate payment for said check.

I agree to indemnify, compensate, or make restitution to the County of Burleigh for any and all loss, damage and expense as a result of this issue of said new duplicate payment. If said original check alleged to have been lost or destroyed shall come into my possession, or under my control, I shall immediately return same to the Burleigh County Auditor, PO Box 5518, Bismarck, ND 58506-5518, for cancellation. If the aforesaid check shall at any time be cashed or presented to the Burleigh County Auditor/Treasurer by me or transferred to another person by me and result in a loss to the County of Burleigh, I shall promptly reimburse the Burleigh County Auditor/Treasurer for any such loss.

Subscribed and sworn to before me:

Mary Magstadt
Signature of Payee
Date 8-19-24

Colette K Schilling
Notary Public - County of Burleigh
My Commission Expires 12/21/27



Application approved by the Burleigh County Commission on _____, 20__.

Duplicate warrant # _____ issued this _____ day of _____, 20__

Burleigh County Auditor/Treasurer

Date

ITEM

6

BURLEIGH COUNTY
AUXILIARY BOARD
APPLICATION FORM

Name: Brian Duchscherer

Address: 5824 Heritage Ridge Road

Home Phone: None Work: [REDACTED] Cell: [REDACTED]

Email: [REDACTED]

Board or Commission on which you prefer to serve:
School Reorganization Committee

List below the skills or qualifications you could bring to this Board or Commission:

Former School Superintendent
Former member of the State Board of Education

If you have any special interest or reason for serving on this Board or Commission, please explain below.

Was asked if I would be interested in being on this committee.

Principal Occupation/Source of Income (check one)

- | | | | |
|-------------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> Farmer | <input type="checkbox"/> Military | <input type="checkbox"/> Investor/Retired | <input type="checkbox"/> Clerical & Sales |
| <input type="checkbox"/> Laborer | <input type="checkbox"/> Craftsman | <input type="checkbox"/> Business Owner | <input checked="" type="checkbox"/> Professional |
| <input type="checkbox"/> Government | <input type="checkbox"/> Student | <input type="checkbox"/> Other | |

List the name of each business or trust that is NOT the principal source of income, in which you have a financial interest: Dakota Leadership Solutions.

List below the associations or institutions with which you are closely associated, or serve as a director or officer: None

Signature: [Signature] Date: 8-23-24

Please return application to: Burleigh County Auditor/Treasurer - PO Box 5518 - Bismarck ND 58506

OFFICE USE ONLY

Date Appointed by Commission _____

Term Start Date _____

Term End Date _____

Oath Returned _____

BURLEIGH COUNTY
AUXILIARY BOARD
APPLICATION FORM

Name: Brenda L. Blazer

Address: 200 North 3rd Street, Suite 201, Bismarck, ND 58501

Home Phone: _____ Work: Cell:

Email:

Board or Commission on which you prefer to serve:

School Reorganization Committee

List below the skills or qualifications you could bring to this Board or Commission:

Attorney

Interest in the committee

If you have any special interest or reason for serving on this Board or Commission, please explain below.

I would like to continue to serve on this committee.

Principal Occupation/Source of Income (check one)

Farmer

Military

Investor/Retired

Clerical & Sales

Laborer

Craftsman

Business Owner

Professional

Government

Student

Other

List the name of each business or trust that is NOT the principal source of income, in which you have a financial interest:

List below the associations or institutions with which you are closely associated, or serve as a director or officer:

Board of Directors, Missouri Slope Area United Way

Signature: Brenda Blazer Date: 2/31/2024

Please return application to: Burleigh County Auditor/Treasurer - PO Box 5518 - Bismarck ND 58506

OFFICE USE ONLY

Date Appointed by Commission _____

Term Start Date _____

Term End Date _____

Oath Returned _____

BURLEIGH COUNTY
AUXILIARY BOARD
APPLICATION FORM

Name: Linda Buchmann

Address: 5951 162nd AVE NE Baldwin ND 58521

Home Phone: [REDACTED] Work: [REDACTED] Cell: [REDACTED]

Email: [REDACTED]

Board or Commission on which you prefer to serve:

School Reorganization Committee

List below the skills or qualifications you could bring to this Board or Commission:

I have a very high interest in rural education

If you have any special interest or reason for serving on this Board or Commission, please explain below.

I have lived in Naughton Township for 43 years and am very active on

Principal Occupation/Source of Income (check one) School board & township board,

- | | | | |
|-------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Farmer | <input type="checkbox"/> Military | <input type="checkbox"/> Investor/Retired | <input type="checkbox"/> Clerical & Sales |
| <input type="checkbox"/> Laborer | <input type="checkbox"/> Craftsman | <input type="checkbox"/> Business Owner | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Government | <input type="checkbox"/> Student | <input checked="" type="checkbox"/> Other | |

List the name of each business or trust that is NOT the principal source of income, in which you have a financial interest:

List below the associations or institutions with which you are closely associated, or serve as a director or officer: Burleigh County Sp Ed Board, Naughton School Board

Signature: Linda Buchmann Date: 7-10-2024

Please return application to: Burleigh County Auditor/Treasurer - PO Box 5518 - Bismarck ND 58506

OFFICE USE ONLY
Date Appointed by Commission _____
Term Start Date _____
Term End Date _____
Oath Returned _____

ITEM

7



BURLEIGH COUNTY HIGHWAY DEPARTMENT

8100 43RD AVENUE NE
BISMARCK, ND 58503
701-204-7748
FAX 701-204-7749
www.burleighco.com

Request for County Board Action

DATE: September 4, 2024

TO: Mark Splonskowski
County Auditor

FROM: Marcus J. Hall
County Engineer

RE: Petition to Vacate Roadway Right of Way

Please place the following item on the next Burleigh County Board agenda.

ACTION REQUESTED:

Accept petition to vacate roadway and set time and date for Public Hearing.

BACKGROUND:

Ronnie and Kathy Biegler in Sterling Townsite would like to have a portion the excess Right of Way along County Highway 10 vacated. The property is located in the SE $\frac{1}{4}$ of Section 29, Township 139N, Range 76W, Sterling Township - Burleigh County (See attached map). They have filed a petition (see attached letter) with the County Engineer (Under NDCC 24-07) to vacate the excess Right of Way. In order to vacate this Right of Way, the County/Township must conduct a Public Hearing and ascertain any damages that are caused by eliminating this Right of Way.

RECOMMENDATION:

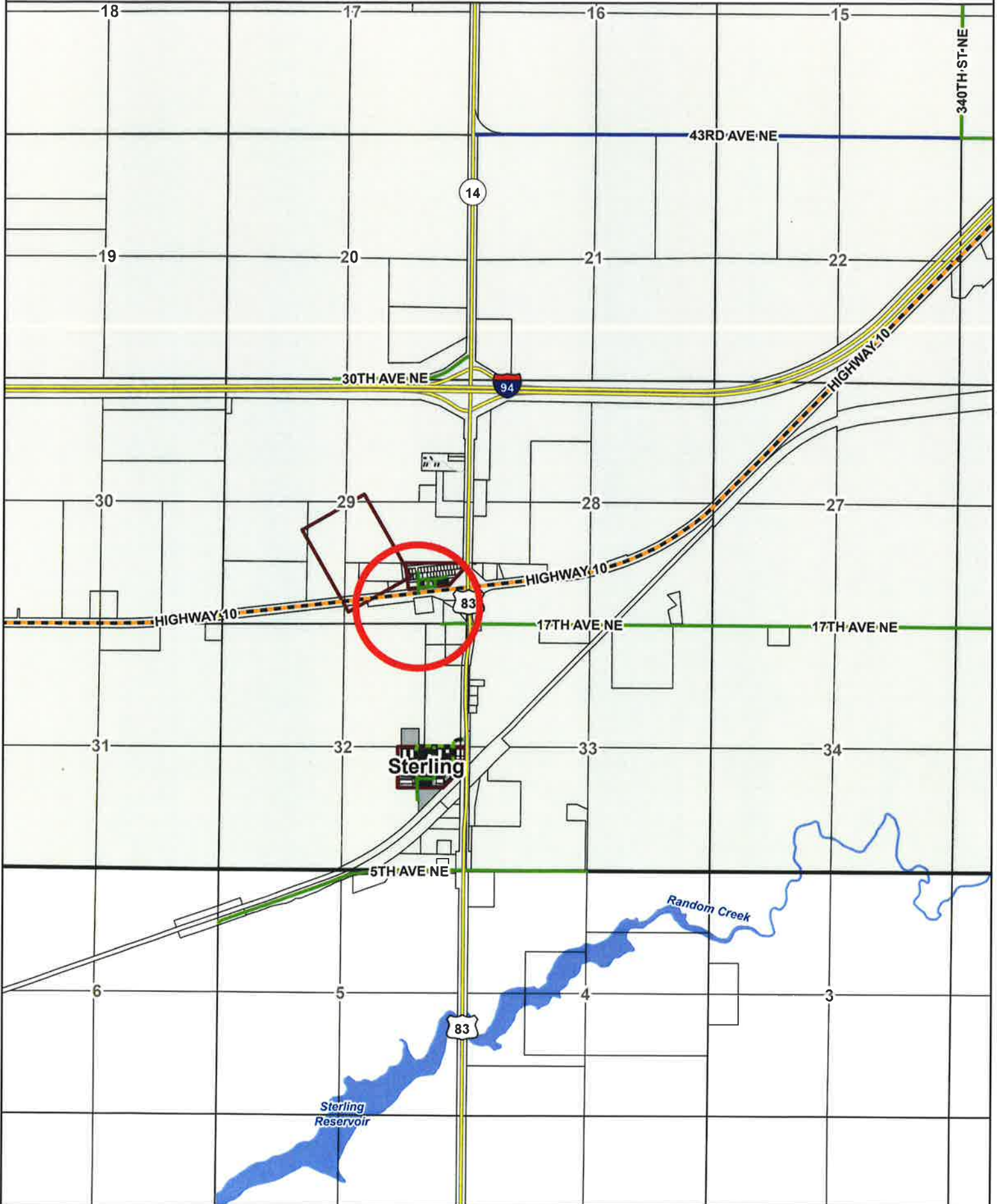
It is recommended that the Board adopt the attached proposed resolution.

PROPOSED RESOLUTION:

THEREFORE, BE IT RESOLVED: That Burleigh County hereby accepts the petition to vacate said Right of Way, and sets October 7, 2024 at 5:00 p.m. as the time and date for a Public Hearing to review the proposed vacation and ascertain any damages that are caused by this action.

BURLEIGH COUNTY, NORTH DAKOTA LOCATION MAP

8/22/2024

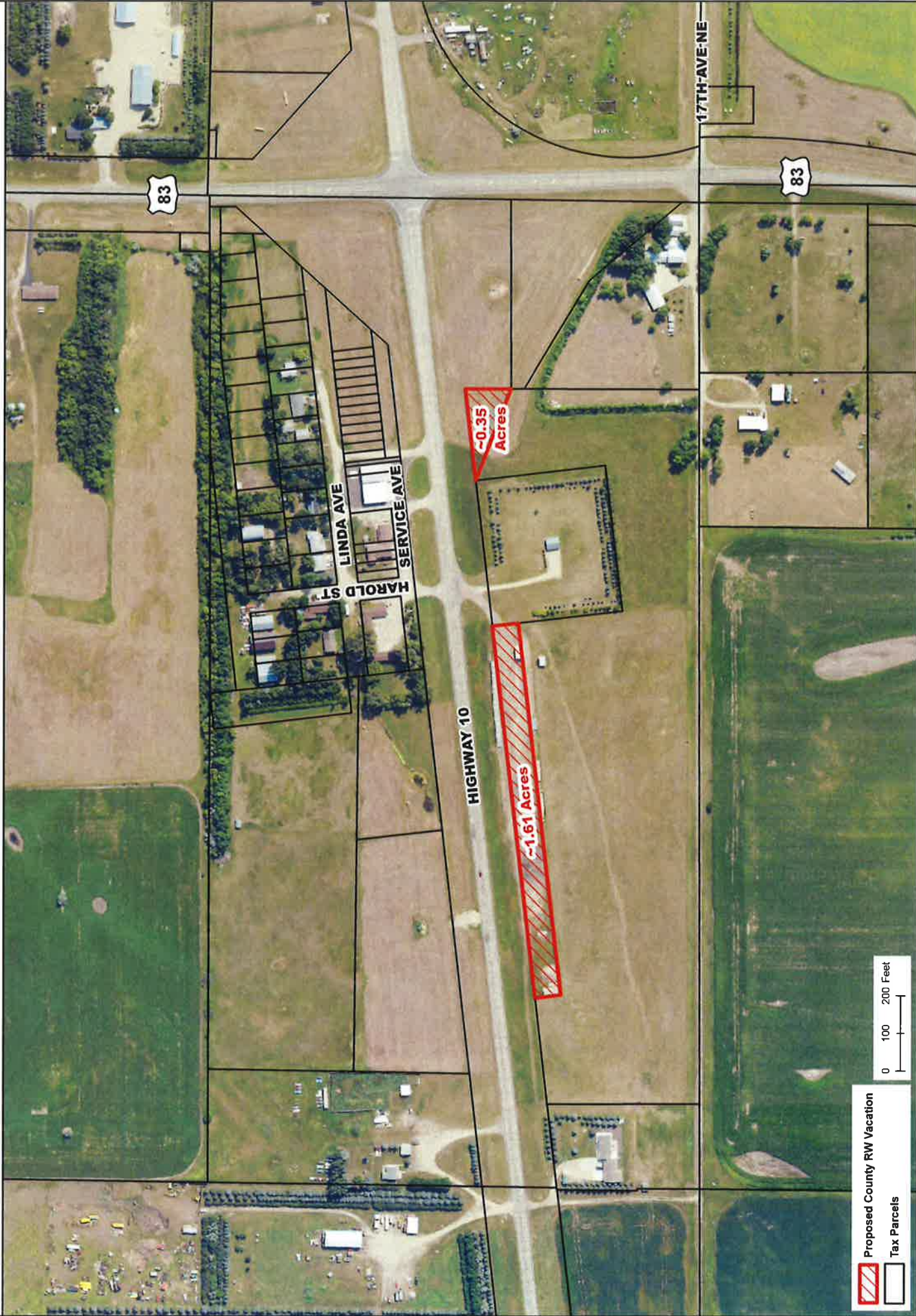





BURLEIGH COUNTY, NORTH DAKOTA

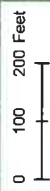
PROPOSED COUNTY RIGHT-OF-WAY VACATION HIGHWAY 10 AND US 83

08/21/2024



 Proposed County RW Vacation

 Tax Parcels



Map produced by Burleigh County GIS. This map is for representation use only and does not represent a survey. No liability is assumed as to the accuracy of the data delineated hereon.

Email to: mahall@nd.gov



**BURLEIGH COUNTY
UNIFIED DEVELOPMENT APPLICATION**

Application submitted for (check all that apply):

- Preliminary Plat
- Road Vacation
- Lot Modification
- Final Plat
- Zoning Change
- Minor Plat Modification
- Development Permit
- Plat Vacation
- Special Use Permit

PROPERTY INFORMATION:			
Name of plat: <i>Biegler Subdivision</i>			
Legal description of property (lot, block, addition):			
Street address of property:			
Existing Zoning:		Proposed zoning:	
Acreage: <i>1.66 acres and 0.35 acres</i>		Number of lots:	
Description of development proposal, including reason(s) for the request:			
APPLICANT/DEVELOPER:			
Name: <i>Ronnie and Kathy Biegler</i>		Mailing address: <i>31302 5th Ave NE</i>	
Daytime telephone number:	FAX number:	E-mail address:	
		<i>ronnie@biegler.com</i>	
PROPERTY OWNER (IF DIFFERENT THAN APPLICANT/DEVELOPER):			
Name:		Mailing address:	
Daytime telephone number:	FAX number:	E-mail address:	
CONTACT PERSON/AGENT:			
Name/Firm: <i>Mark</i>		Mailing address: <i>4215 Old Red Trail - Mandan ND 58554</i>	
Daytime telephone number:	FAX number:	E-mail address:	

NOTE: APPLICATIONS ARE NOT COMPLETE UNTIL ALL REQUIRED SUBMITTALS HAVE BEEN RECEIVED

The following checklist must be completed and submitted with the application form.

COUNTY SUBMISSION CHECKLIST					
Applying for:			Submitted	N/A	
<input type="checkbox"/>	Preliminary Plat	Required pre-application meeting	Date:		
		6 prints of plat, including all items listed in preliminary plat checklist			
		Preliminary plat checklist, completed by applicant			
		Fee of \$200-\$900 determined by number of lots			
		8½" x 11" reduction of plat			
		Digital copy of plat			
		Road master plan & adjacent owner's consent (if required)			
		For subdivisions proposed in areas not under the zoning jurisdiction of Burleigh County, documentation that the subdivision complies with the zoning requirements of the township			
		Written request for amendment to Fringe Area Road Master Plan (if applicable)			
		<input type="checkbox"/>	Final Plat	6 prints of plat, including all items listed in final plat checklist	
Final plat checklist, completed by applicant					
8½" x 11" reduction of plat					
Digital copy of plat, if requested					
Attorney's opinion of ownership, including all easement owners					
Stormwater management plan					
<input type="checkbox"/>	Minor Plat Modifications Modifications 3 lots or less	Map of property to be modified			
		Fee of \$200.00			
		4 prints of modification			
		Fee of \$300.00			
<input checked="" type="checkbox"/>	Road Vacation	Legal description of property to be vacated			
		Map of property to be vacated			
		Fee of \$250.00			
		Legal description of property to be vacated			
		Letters of consent from utilities (street/alley vacation & easement release)			
<input type="checkbox"/>	Zoning Change	Fee of \$500.00 (zoning change)			
		Description of zoning change by legal description if multiple districts requested			
		Architectural/Engineered drawings (PUD only)			
		One (1) print of site plan, at 1"=100' scale (PUD only)			
		8½" x 11" reduction of site plan (PUD only)			
		Written statement (PUD only)			
<input type="checkbox"/>	Special Use	Fee of \$300.00			
		3 prints of site plan, at 1"=20' or larger scale			
		8½" x 11" reduction of site plan			
		Photograph of building (moving building only)			
		Adjacent property owner petition (required for moving of a building, trap or skeet shooting range, vehicular racetrack, rodeo or rodeo event and solid waste disposal facility only)			
<input type="checkbox"/>	Development Permit	Fee of \$200.00			
		Site plan, drawn to scale (no larger than 11" x 17"), with dimensions			
		Completed Development Application			

Lot Modification	Fee of \$200.00		
	Sketch of survey, showing how the lot is proposed to be modified		
	Legal description of lot(s), both existing & proposed with square footage/acreage		

COUNTY SUBMISSION CHECKLIST				
Applying for:			Submitted	N/A



BURLEIGH COUNTY HIGHWAY DEPARTMENT

8100 43RD AVENUE NE
BISMARCK, ND 58503
701-204-7748
FAX 701-204-7749
www.burleighco.com

Request for County Board Action

DATE: September 4, 2024

TO: Mark Splonskowski
County Auditor

FROM: Marcus J. Hall
County Engineer

RE: 2nd Approach Permits

Please place the following item on the next Burleigh County Board agenda.

ACTION REQUESTED:

Review and Direct the County Highway Department on how to proceed with Andrew Hetland request.

BACKGROUND:

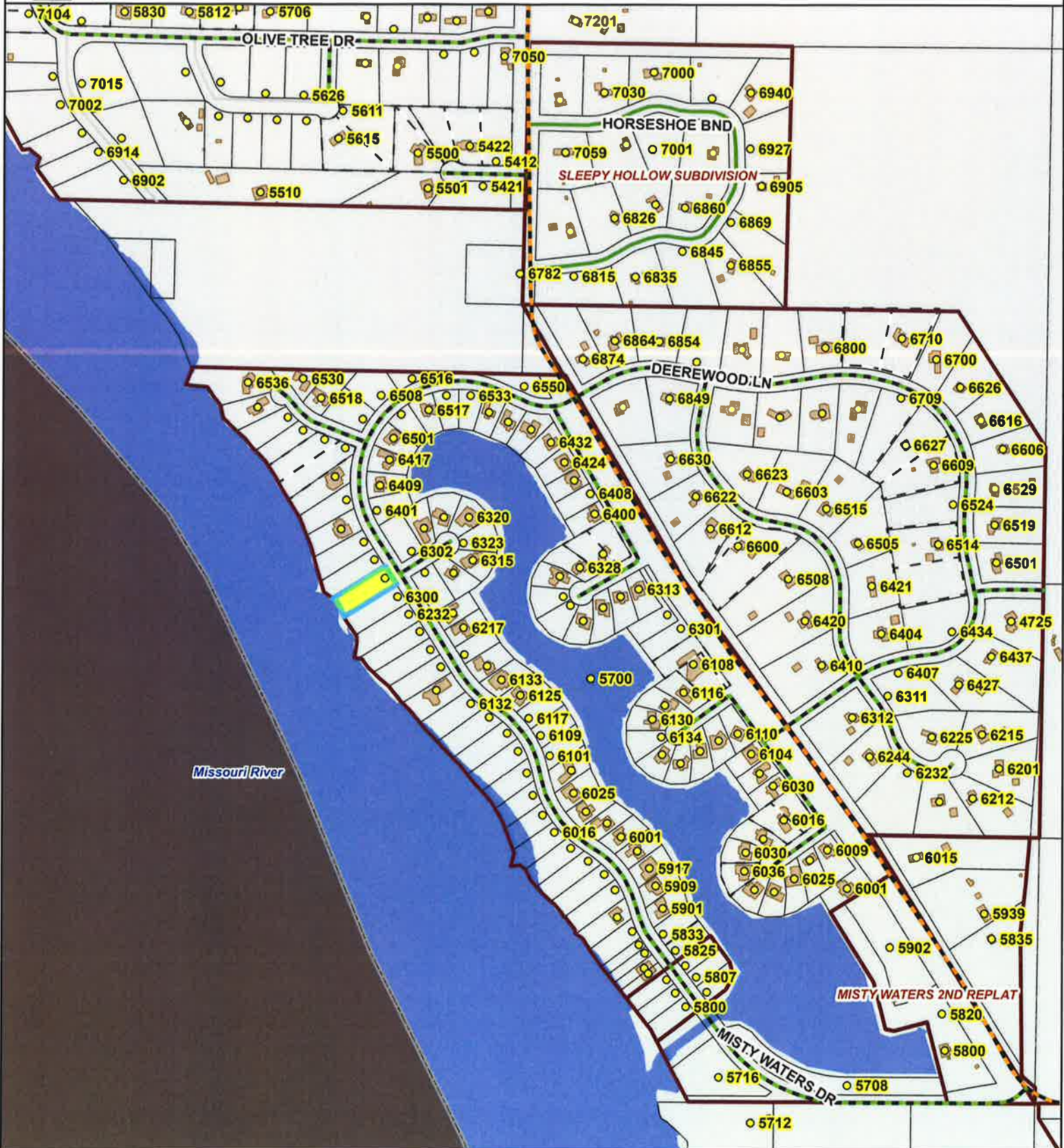
Andrew Hetland has requested a second approach permit to a property described as Block 03, Lot 17, of Misty Waters Subdivision (6308 Misty Waters Drive). Both the first and second approaches will enter the property from Misty Waters Drive. The second approach was rejected because it is too close to the first approach (around 50 feet).

Andrew Hetland has requested an appeal of the Highway Department's denial to the County Board.

RECOMMENDATION:

It is recommended that the Burleigh County Board discuss the above item and direct the County Highway Department on how to proceed.

BURLEIGH COUNTY, NORTH DAKOTA LOCATION MAP



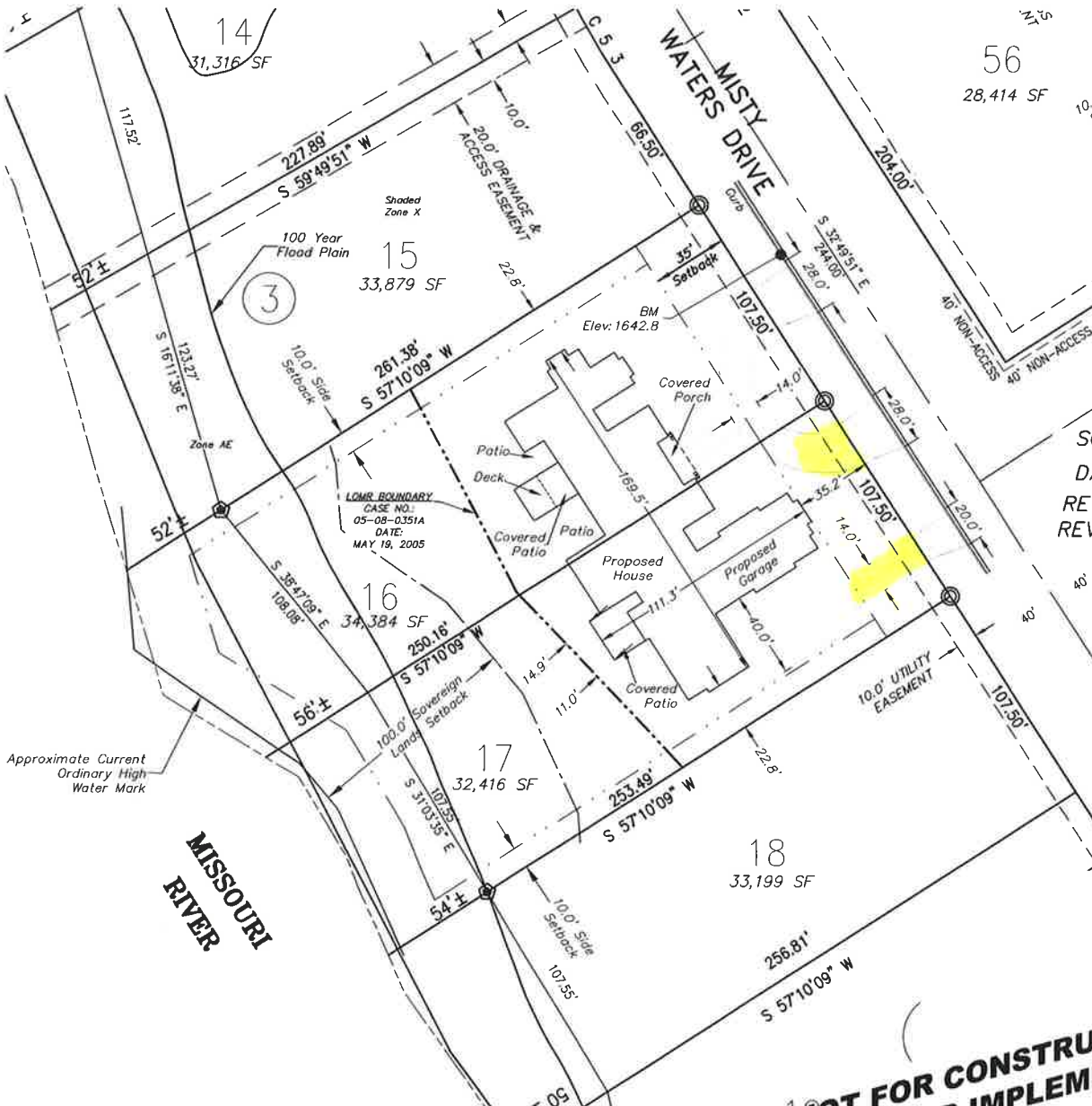
PARCEL ID: 31-139-81-60-03-170 OWNER: HETLAND, ANDREW ACRES: 0.74
SITE ADDRESS: 6308 MISTY WATERS DR
MAIL ADDRESS: 2934 CARRIAGE CIR, BISMARCK, ND 58503
LEGAL: MISTY WATERS Block 03 LOT 17 644375 646307



PARCEL ID: 31-139-81-60-03-170 OWNER: HETLAND, ANDREW ACRES: 0.74
SITE ADDRESS: 6308 MISTY WATERS DR
MAIL ADDRESS: 2934 CARRIAGE CIR, BISMARCK, ND 58503
LEGAL: MISTY WATERS Block 03 LOT 17 644375 646307

LOT SURVEY EXHIBIT

LOTS 16 & 17 BLOCK 3
 SUBDIVISION Misty Waters
 ADDRESS 6316 Misty Waters Drive
 BUILDER Mark Fleck Construction



SCALE: 1" = 80'
 DATE: 4/22/24
 REVISED: 6/4/24
 REVISED: 8/13/24

Datum:
 NAVD 88

Base Flood
 Elev: 1640.9
 FIRM PANEL:
 38015C0760E
 JUNE 6, 2024

PRELIMINARY-NOT FOR CONSTRUCTION,
 RECORDING PURPOSES OR IMPLEMENTATION

- ⊙ FOUND MONUMENT
- SET MONUMENT
- BUILDING SETBACK OR NON-ACCESS STAKE
- ⊕ FOUND WITNESS MONUMENT ON PROPERTY LINE

NOTES

THE BUILDING SETBACK LINES SHOWN ARE TYPICAL, THERE MAY BE OTHER BUILDING RESTRICTIONS, COVENANTS OR INTERPRETATIONS THAT AFFECT THIS PROPERTY. THE BUILDER IS RESPONSIBLE FOR VERIFYING THE BUILDING DIMENSIONS AND VERIFYING THE BUILDING SETBACKS WITH THE APPROPRIATE APPROVING AUTHORITIES. DIMENSIONS ARE FROM PLAT. BUILDING AS SHOWN HAS NOT BEEN FIELD SURVEYED.



SWENSON, HAGEN & COMPANY P.C.

909 Basin Avenue
 Bismarck, North Dakota 58504
 shong@swensonhagen.com
 Phone (701) 223 - 2600
 Fax (701) 223 - 2606

Surveying
 Hydrology
 Land Planning
 Civil Engineering
 Landscape & Site Design
 Construction Management

FAXED OR EMAILED TO:
 BUILDER OR OWNER

DATED:



BURLEIGH COUNTY HIGHWAY DEPARTMENT

8100 43RD AVENUE NE
BISMARCK, ND 58503
701-204-7748
FAX 701-204-7749
www.burleighco.com

Request for County Board Action

DATE: September 4, 2024

TO: Mark Splonskowski
County Auditor

FROM: Marcus J. Hall
County Engineer

RE: Developer Waiver Request

Please include this item on the next Burleigh County Board agenda.

ACTION REQUESTED:

Review and Direct the County Highway Department on how to proceed with the Developer's request.

BACKGROUND:

Under the current Pavement Policy, developers (owners of property that is being platted) are required to: "Proposed platted subdivisions will include the construction and paving of all internal roadways and adjacent section line roads, and the construction and paving of at least one roadway that connects into the existing paved highway system."

Kenneth and Lucinda Makedonski, in the NW ¼ of Section 9, Sterling (see attached map), is proposing a four (4) lot subdivision (Makedonski Subdivision), and is requesting a waiver of the Pavement Policy. Under the Pavement Policy, the platting of this property would require them to re-construct and pave 0.25 miles of County/Township roadways along the north edge of the subdivision from SH 14 to the east edge of the subdivision.

Waiving the Pavement Policy allows the County Board to approve the proposed plat without the developer re-constructing and paving the required roadways at this time. It does not preclude the County/Township from requiring the property owner from sharing in the cost to construct and pave these roadways (that benefit this property) in the future.

RECOMMENDATION:

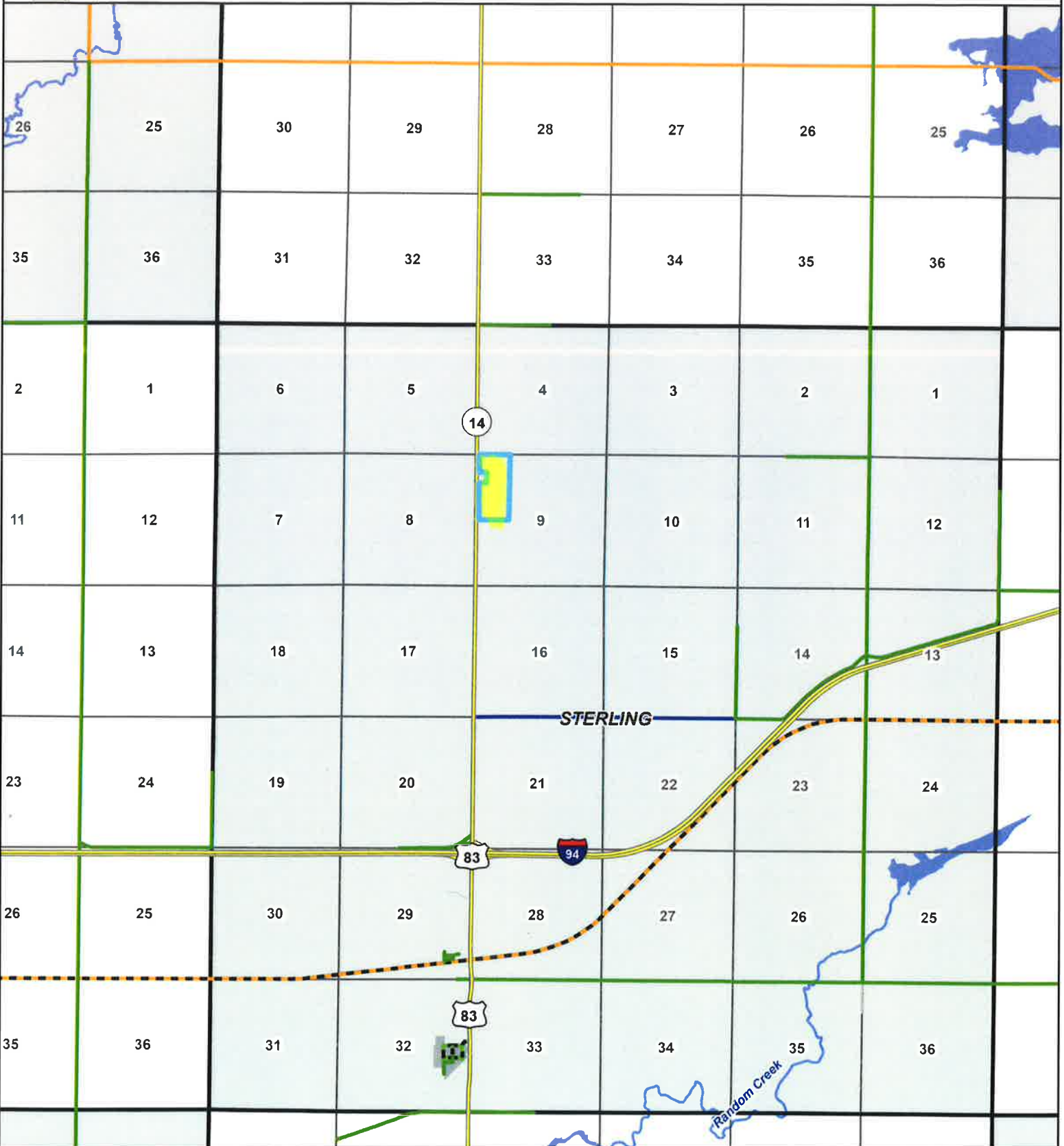
It is recommended that the County Board adopt the attached proposed resolution.

PROPOSED RESOLUTION:

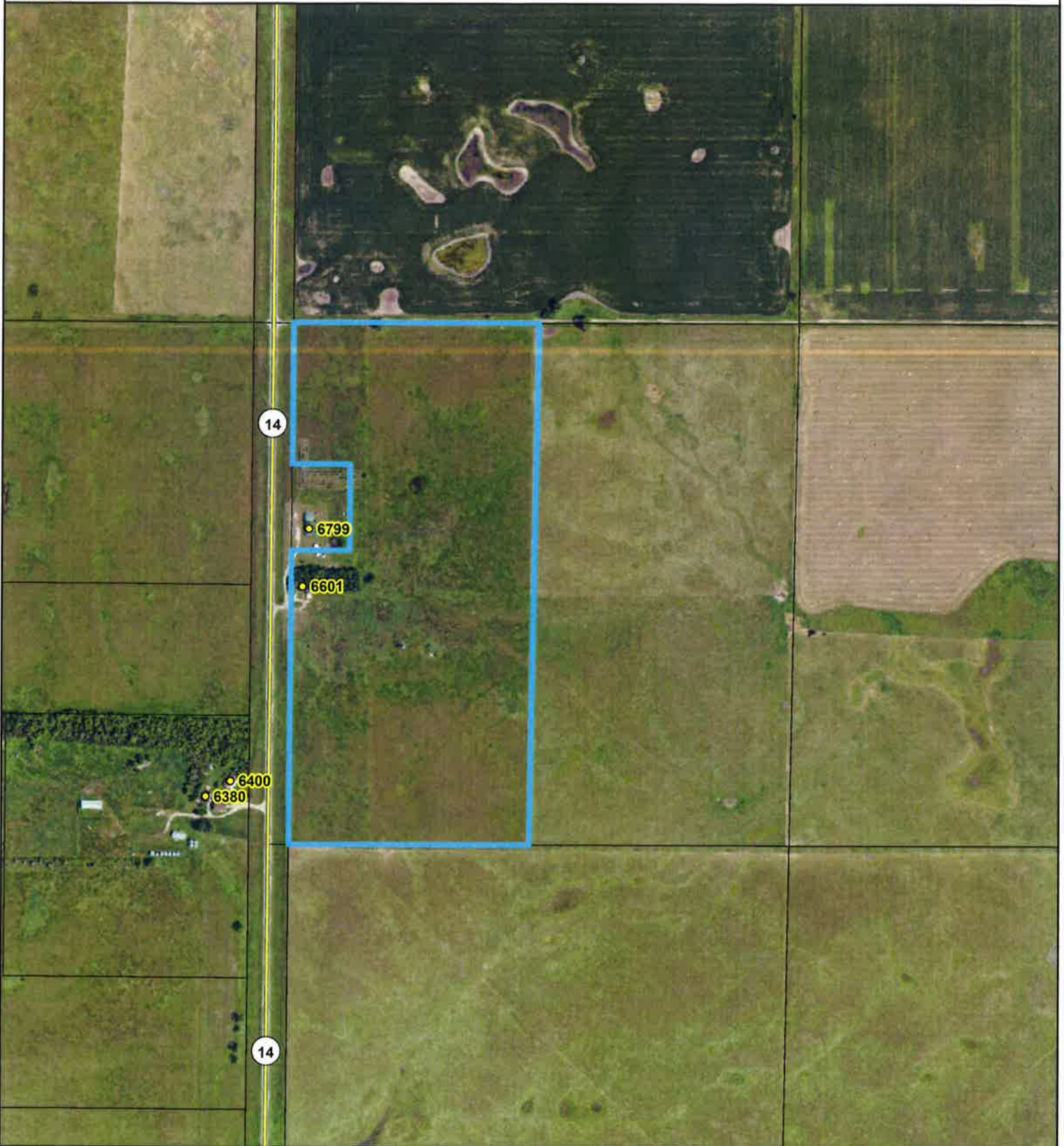
THEREFORE, BE IT RESOLVED: That the County Board of Commissioners do hereby recognize that the waiving of the Pavement Policy at this time is only to allow the proposed plat to be approved and does not preclude the County/Township from requiring the property owner from sharing in the cost to construct and pave these roadways (that benefit this property) in the future, and

THEREFORE, BE IT FURTHER RESOLVED: That the County Board of Commissioners do hereby grant the Makedonski's request to waive the construction and paving requirements "adjacent section line roads" listed in the Pavement Policy, in conjunction with the approval of the Makedonski Subdivision.

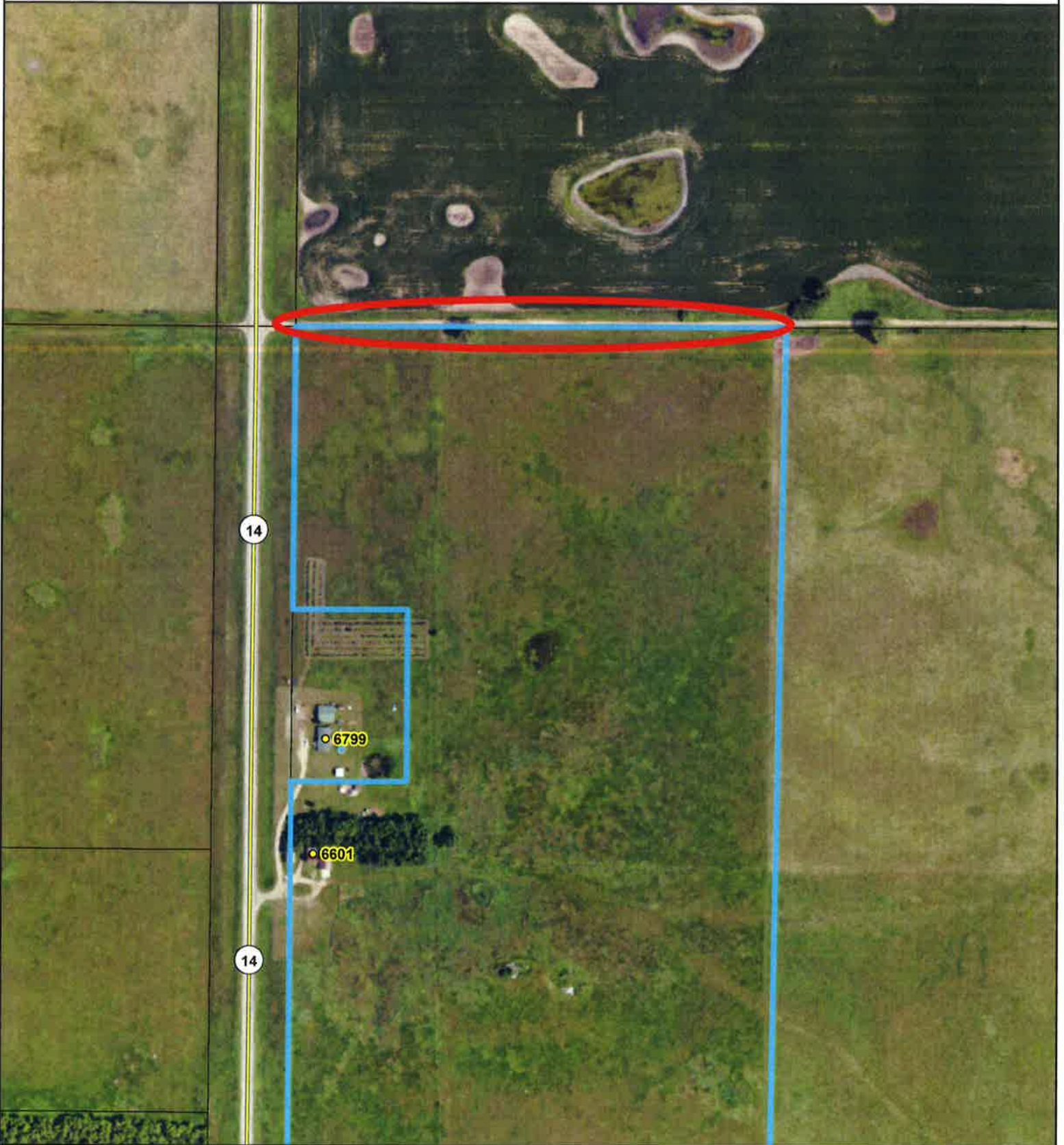
BURLEIGH COUNTY, NORTH DAKOTA LOCATION MAP



PARCEL ID: 35-139-76-00-09-400 OWNER: MAKEDONSKI, LUCINDA J & MAKEDONSKI, KENNETH ACRES: 73
SITE ADDRESS:
MAIL ADDRESS: 6601 HWY 14, STERLING, ND 58572-9712
LEGAL: STERLING TOWNSHIP Section 09 W1/2NW1/4 LESS 3AC-401 & R/W 690113 09-139-76



PARCEL ID: 35-139-76-00-09-400 OWNER: MAKEDONSKI, LUCINDA J & MAKEDONSKI, KENNETH ACRES: 73
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PRELIMINARY PLAT MAKEDONSKI SUBDIVISION PART OF THE WEST HALF OF THE NORTHWEST QUARTER SECTION 9, T139N, R76W BURLEIGH COUNTY, NORTH DAKOTA

LAND DESCRIPTION

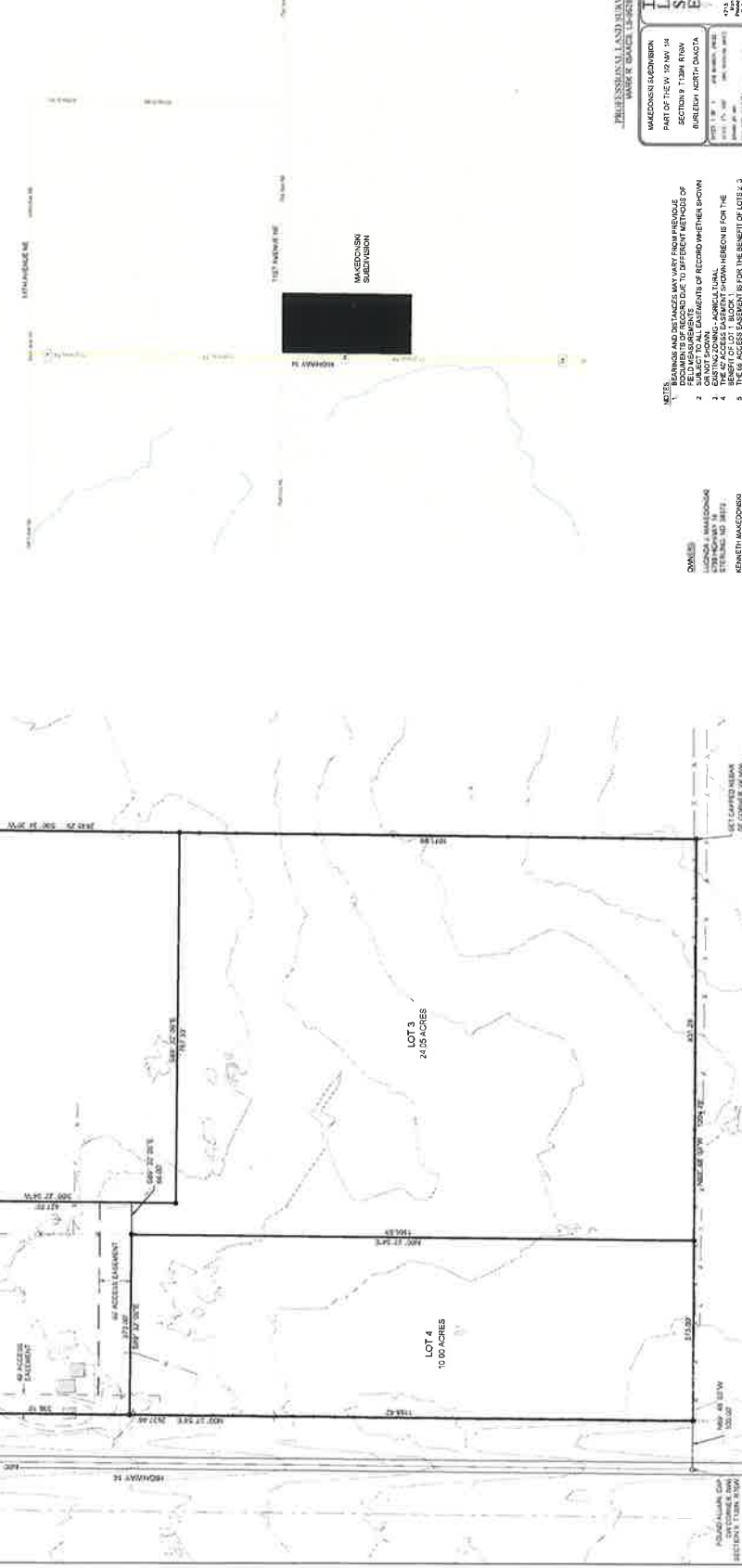
THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 9, TOWNSHIP 139 NORTH, RANGE 76 WEST OF THE 5TH PRINCIPAL MERIDIAN, BURLEIGH COUNTY, NORTH DAKOTA, BEING MORE OR LESS THE ENTIRE UNDIVIDED INTEREST OF THE NORTHWEST QUARTER OF SAID SECTION 9, THENCE NORTH 65 DEGREES EAST ON THE EAST LINE OF SAID QUARTER A DISTANCE OF 1000 FEET TO THE POINT OF BEGINNING, THENCE SOUTH 89 DEGREES WEST ON THE WEST LINE OF SAID QUARTER A DISTANCE OF 1000 FEET TO THE POINT OF BEGINNING, THENCE SOUTH 89 DEGREES WEST ON THE WEST LINE OF SAID QUARTER A DISTANCE OF 1000 FEET TO THE POINT OF BEGINNING, THENCE NORTH 65 DEGREES EAST ON THE EAST LINE OF SAID QUARTER A DISTANCE OF 1000 FEET TO THE POINT OF BEGINNING, THENCE SOUTH 89 DEGREES WEST ON THE WEST LINE OF SAID QUARTER A DISTANCE OF 1000 FEET TO THE POINT OF BEGINNING, THENCE NORTH 65 DEGREES EAST ON THE EAST LINE OF SAID QUARTER A DISTANCE OF 1000 FEET TO THE POINT OF BEGINNING, SAID TRACT OF LAND CONTAINING 23.18 ACRES MORE OR LESS AND SUBJECT TO ALL LEGAL RIGHTS OF WAY AND EASEMENTS.



DATE: APRIL 2ND 2024
VERTICAL DATUM: NAD 83
BASED ON NORTH DAKOTA SOUTH ZONE 2011 INTERNATIONAL FEET BY NTA FROM THE NAD 83 DATUM AND ADJUSTED AS SHOWN IN THIS PLAT

LEGEND

FOUND SURVEY MONUMENT	SET CORNER BEARING - CORNER
EXISTING BUILDING	EXISTING TRAIL
EXISTING GRAVEL	EXISTING FENCE
EXISTING ERECTION PERMITS	EXISTING OVERHEAD ELECTRIC
EXISTING UNDERGROUND ELECTRIC	EXISTING WATER LINES
EXISTING POWER POLE	EXISTING FENCE
EXISTING FENCE	VALUED LOT LINES AND SECTION LINE EASEMENT
VALUED LOT LINES AND SECTION LINE EASEMENT	PUBLIC ACCESS EASEMENT



- ### NOTES
- BEARING AND DISTANCE DATA FROM PERIODS OF 1800 TO 1900 ARE BASED ON THE ASSUMPTION OF A TRUE MERIDIAN.
 - BEARING AND DISTANCE DATA FROM PERIODS OF 1900 TO 1950 ARE BASED ON THE ASSUMPTION OF A TRUE MERIDIAN.
 - BEARING AND DISTANCE DATA FROM PERIODS OF 1950 TO 2000 ARE BASED ON THE ASSUMPTION OF A TRUE MERIDIAN.
 - BEARING AND DISTANCE DATA FROM PERIODS OF 2000 TO 2024 ARE BASED ON THE ASSUMPTION OF A TRUE MERIDIAN.
 - THE 67' ACCESS EASEMENT SHOWN HEREON IS FOR THE BENEFIT OF LOTS 2, 3 & 4 BLOCK 1.

OWNERS:
LUCAS J. MAKEDONSKI
ETHEL R. MAKEDONSKI
KENNETH MAKEDONSKI
BROOKLYN, WISCONSIN

PROFESSIONAL LAND SURVEYOR
STATE OF NORTH DAKOTA

Lucas J. Makedonski
Surveyor & Engineer
No. 1397
1115 5th Ave. SW
Fargo, ND 58103
Phone: 701.785.1111
Fax: 701.785.1112
www.lmksurveyor.com

MAKEDONSKI SUBDIVISION
PART OF THE WEST HALF OF THE NORTHWEST QUARTER
SECTION 9, T139N, R76W
BURLEIGH COUNTY, NORTH DAKOTA

ITEM

8

BURLEIGH COUNTY

HUMAN RESOURCES DEPARTMENT

PAM BINDER, SPHR, SHRM-SCP
DIRECTOR

HUMAN RESOURCE ASSISTANTS:
MEGAN MARTIN
DESIREE HILBORN

Memorandum

To: Chairman Brian Bitner
Commissioner Steve Bakken
Commissioner Wayne Munson
Commissioner Steve Schwab
Commissioner Jerry Woodcox

From: Pam Binder, SPHR, SHRM-SCP
HR Director/Risk Manager

Date: August 28, 2024

Re: HR Agenda Items

Subject: Risk Management Policy

Background:

This policy contains the following risk management policies:

- Safety Policy
- Safety Training (LMS Courses)
- Annual Inspections
- WSI – Worker’s Compensation
- Designated Medical Provider
- Return to work and Light Duty Assignments
- Exposure Control Policy
 - Blood Bourne Pathogens & Bodily Fluids
 - Hazardous Chemicals & Materials
- Ergonomics
- Accidents involving County Property

The Risk Management Policy has been updated for changes made by the North Dakota Association of Counties (NDACo), County Employer Group (CEG) Program.

The Return to Work and Light Duty Assignment Policy has been placed within this Risk Management Policy.

BURLEIGH COUNTY

HUMAN RESOURCES DEPARTMENT

PAM BINDER, SPHR, SHRM-SCP
DIRECTOR

HUMAN RESOURCE ASSISTANTS:
MEGAN MARTIN
DESIREE HILBORN

Recommendation:

The recommendation would be to approve the revised Risk Management Policy as presented.

Subject: Burleigh County Benefits Open Enrollment for 2025

Background:

Annually, Burleigh County offers an open enrollment period where employees can add, change, or remove their Health Insurance, Dental Insurance, Vision Insurance, Life Insurance and Flexible Spending accounts coverage to be effective January 1st of the following year.

This year the Open Enrollment period is from Monday, October 7, 2024 through Friday, November 1, 2024.

The Human Resources department will email/mail the Open Enrollment materials out to all employees sometime in the month of September.

Recommendation:

For your Information only. No recommendation needed.

	Risk Management Policy	BCHR - 02 Policy Revised: 08/25/2024 Board Approved:
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Statement of Philosophy:

Burleigh County has established a proactive Risk Management program to assist in providing a safe and healthful work environment for employees, customers, and visitors. This program includes risk reporting, risk mitigation and safety training. It is the responsibility of all Burleigh County employees to identify, respond, monitor, and communicate risks associated with any activity, function, or process in which they engage. The Human Resource Director is the designated Risk Manager for Burleigh County.

Purpose:

To identify potential problems before they occur, provide a process for reporting safety risks and a resolution to the safety risks, and provide a safe and productive work environment.

Safety Policy

Each employee is expected to obey safety rules and to exercise caution in all work activities. All employees must follow the safety guidelines including wearing appropriate personal protective equipment (PPE) as required.

All employees are responsible for cooperation in all aspects of safety and health. They shall comply with rules and regulations for their own safety, for the safety of their fellow workers, and for the safety of the general public. Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report or (where appropriate) remedy such situations, may be subject to disciplinary action, up to and including termination of employment.

Training

Burleigh County provides information to employees about workplace safety and health issues through regular internal communication channels such as supervisor-employee meetings, bulletin board postings, written communications, and Risk Management training sessions.

Employees and supervisors receive periodic workplace safety training. The training covers safety and health hazards along with safe work practices and procedures to eliminate or minimize hazards. All permanent full-time employees are expected to complete a Learning Management System (LMS) safety training course on a quarterly basis.

Annual Inspections

Work area safety inspections will be conducted annually in all departments of Burleigh County to be in compliance with the Risk Management Program.

Workforce Safety – WSI

Workforce Safety and Insurance (N.D.C.C. §65-01) is a no-fault mandatory insurance plan to provide benefits to employees for job related injury or disease, or in the case of death, to a beneficiary. Burleigh County employees are protected by North Dakota Workforce Safety and Insurance against accidental injury in the performance of their official duties.

- **Incident/Near Misses and First Report of Injury forms must be submitted to the Human Resource Department within 24 hours or as soon as possible the next business day.**

Near Miss/Incident/Accident Report:

1. A Near Miss/Incident/Accident Report form must be completed anytime an employee is involved in an incident or accident that *could have* or *did* cause injury and the employee is not seeking medical attention. This form may also be used to report any potentially unsafe conditions so these conditions may be remedied immediately. Forms should contain the required information, with the employee filling out the Employee Section and the supervisor completing the Supervisor Investigation Report and listing any witnesses.
2. Whenever County property has been damaged, (vehicles, buildings, etc.) an incident report must be completed stating as much information as possible.
 - a) If the damaged property is a result of a motor vehicle accident, it must be investigated, and a copy of the police report must be included with the incident report.
 - b) Whenever an employee is involved in a motor vehicle accident while driving a county owned vehicle, or driving their personal vehicle for county business, they will be required to complete an alcohol and/or drug test.
3. For accidents and injuries involving County visitors, employees shall first find proper assistance to meet the visitor's needs. The employee should then complete the Incident Report and submit it to the Human Resource Department.
4. Employees are responsible for notifying their Supervisor or Department Head of any incident or accident as soon as possible after the incident or accident occurs. If an incident or accident results in an employee seeking medical treatment, a First Report of Injury (FROI) form is required.

First Report of Injury (FROI):

Injured employees that seek medical attention must complete a FROI, with the employee filling out sections 1, 2 and signing where indicated in section 3. The Human Resource Department will complete section 4 on behalf of Burleigh County and submit the FROI to WSI and assist the injured employee with any questions.

Time Loss Benefits

If an employee is injured in such a way that they will be absent from work for more than five (5) days, the employee may be eligible for time loss wages from WSI. Determination of time loss wages is provided by WSI only after receiving all mandatory claim forms and Doctor's report of injury with recommendations and restrictions clearly defined.

An injured employee may elect to use accumulated sick or annual leave while receiving WSI benefits, however, the combination of benefits *shall not* exceed the employee's base salary. The

use of sick or annual leave in conjunction with the benefits provided by WSI will provide the employee with his/her regular pay.

1. An employee who elects to use leave while receiving WSI benefits will be paid an amount equal to the difference between the employee's regular base salary and the amount of benefits the employee receives from WSI while on leave.
 - a) The employee's leave shall be deducted with the number of hours that corresponds to the difference between WSI benefits and regular base salary.
 - b) The employee must provide a copy of the benefit check from WSI to their supervisor so proper leave time may be deducted and differential pay may be calculated appropriately.
2. An employee who has utilized all leave benefits, or who has elected not to use accrued leave benefits, must be placed on leave without pay status for the remainder of the recovery period on the basis of State and Federal laws.
 - a) Once accrued leave is no longer available or the employee elects not to utilize accrued leave, he/she will no longer be required to furnish the supervisor with a copy of the benefit check.
 - b) An employee may remain in a leave without pay status for a period not to exceed two (2) years.

Employees receiving benefits from WSI are not eligible for leave donations.

Designated Medical Provider (DMP)

To provide a safer workplace and effectively handle work-related injuries, Burleigh County participates in the Designated Medical Provider (DMP) program. An employee that is injured at work can go to any Medical Provider that participates in the DMP program.

Designated Medical Provider Form:

An injured employee may be seen by their personal Primary Care Physician as long as the injured employee's Physician works for one of the designated medical organizations. A care provider that is not part of the DMP network must be listed on the injured employee's DMP form *before* the injury occurs. Information on which medical organizations are in the DMP network is available from the Burleigh County Human Resource Office.

DMP forms are reviewed annually as a part of Risk Management Training, and changes can be made at any time throughout the year.

DMP forms are available from the Burleigh County Human Resource Office.

Return to work – Light & Restricted Duty Assignments

Light-duty assignments under this policy are specially created temporary job assignments for employees injured or otherwise incapacitated. Such light-duty assignments are temporary assignments only, are not vacant or permanent positions within Burleigh County, and are not available to employees on a permanent basis under *any* circumstances. The availability of such light-duty assignments depends on the employee's restrictions and the business needs of the county. The existence of this light duty policy does not in any way guarantee that light duty will be available at any given time, or for any employee who requests it.

If a light duty assignment is available, an employee will be permitted to work in a light duty assignment only after the county receives a written statement from employee's treating health care provider approving the assignment for the injured employee. In general, the county will review the status of the temporary light duty assignment with the affected employee every 30 days, considering the county's business needs and the employee's condition, to determine if continuation of the assignment is appropriate.

If a light-duty assignment is offered by the county and approved by the employee's physician, an employee's refusal to accept the offer of light-duty may affect the employee's right to workers' compensation benefits under applicable law. However, if the employee's injury or illness qualifies as a serious health condition for purposes of the Family and Medical Leave Act, such refusal to accept light duty will not impact the employee's rights under the Act.

If at any point an employee is medically determined to have sustained permanent restrictions, the creation or continuation of a temporary light duty assignment will *not* be considered. In that event, the county will review the employee's situation separately, to determine the appropriate steps to be taken, if any, under the Americans with Disabilities Act, other applicable law, and other relevant county policies.

General Provisions:

Temporary light-duty assignments are limited in number and variety.

1. Employees injured or otherwise disabled in the line of duty (WSI Claims) shall be given preference in initial assignments to light duty over employees injured or disabled while off duty.
2. Employees who are injured while not on duty, or have medical conditions requiring less strenuous duties than their normal duties while rehabilitating their condition/injury, are eligible to apply for light duty assignments.
3. Assignments may be changed at any time, upon the approval of the treating physician, if deemed in the best interest of the employee or the county.
4. Employees working light duty must notify their supervisor of alterations in their light duty assignments to ensure that it is covered under their physician's restrictions.

Light-duty assignments are strictly temporary and normally should not exceed 12 weeks in duration. After 12 weeks or if anticipated to go beyond this timeframe, personnel on temporary light-duty who are not capable of returning to their original duty assignment shall present a request for extension of temporary light duty, with supporting documentation to their supervisor.

- **Light-duty assignments shall not be made for disciplinary reasons.**

Requests for and Assignment to Temporary Light-Duty:

1. Employees shall notify their supervisor in writing on a Light-duty request form that they intend to request a light-duty assignment within the department. This form will need to be forwarded for approval by the Department Head and the Human Resource Director. Upon notification the supervisor will provide the employee with their job description and physical requirements to be taken to their attending physician. The physician will determine what duties the officer can perform. Employees will be placed on eligible leave status until a light-duty assignment is approved.
2. The physician is expected to provide the employee with a detailed note, utilizing the "Return to work certification form", which identifies the work restrictions and expected

duration of the light-duty status. The form must include a prognosis for recovery, nature of work restrictions, and the fact that the employee can assume the duties involved. The form shall be signed by the attending physician. This will then be turned into your supervisor and attached to the Light-duty request form. If there are any questions on the physician's orders, the supervisor, department head, or human resources will contact the physician for clarification. Employees will need to provide monthly updates from the physician as to their work restrictions and any changes appropriate.

3. Once an employee is cleared for light-duty, a determination will be made on what light-duty is available within their department. Once light-duty has been found the supervisor will notify the employee of the availability or non-availability of a light-duty assignment. The supervisor will set in writing the hours of light-duty work, schedule, duration, and work permitted under the physician's restrictions. Every effort should be made to assign employees to positions consistent with their pay classification. However, where deemed appropriate, personnel may be assigned to positions designated for personnel of lower classification.

Supervisor Responsibilities:

- a) Monitoring compliance with the physician's restrictions and acting if violations occur.
 - b) Ensure the employee's time record is complete and accurate.
 - c) Perform evaluation documentation upon request of the employee's regular supervisor.
 - d) Notify the department head of any alteration of assignment of the light-duty employee to ensure it is covered under the physician's restrictions.
4. Employees on temporary light-duty are prohibited from engaging in outside employment or extra duty assignments in which they may be reasonably expected to perform similar job functions for which they may have been determined physically or mentally unable to perform on behalf of their department that from the basis of their temporary light-duty assignment.
 5. Employees on temporary light-duty must refrain from any off-duty or recreational activities that do not comply with their physician's light duty restrictions. Employees who abuse the light-duty program are subject to disciplinary action, up to and including termination.

Employment during pregnancy:

1. Employees that have confirmed they are pregnant shall notify their supervisor in writing. This correspondence shall include the expected delivery date and the name of the attending physician.
2. The supervisor will notify the department head keeping in mind the importance of confidentiality.
3. Employees may, with written approval of their physician, continue to perform their regularly assigned duties.
4. When the employee's physician determines the employee can no longer perform their work assignment, she may apply for temporary light-duty.

Return to Regular Duty:

A physician's clearance must be provided to the employee's supervisor in order to return to full/regular duty status with no restrictions.

Exposure Control Policy

Burleigh County is committed to providing a safe and healthful working environment to all employees. To minimize the risk to employees of an occupational exposure to bloodborne pathogens, bodily fluids and/or hazardous chemicals Burleigh County requires that personal protective equipment (PPE) be used, and all safety procedures be followed.

Bloodborne Pathogens & Bodily Fluids:

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this policy.

1. Burleigh County will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required. No employee shall knowingly risk exposure to blood or other potentially infectious materials by failing to use the PPE provided.
2. Gloves must be worn when coming in contact with blood or other potentially infectious materials.
3. Protective masks and goggles must be worn when there is a possibility of a splash of blood or other potentially infectious materials.
4. Hands must be washed immediately following any contact with blood or other potentially infectious materials even if gloves have been used.

If an employee is exposed to blood or other potentially infectious materials the following steps should be followed.

1. The employee must notify their supervisor of the exposure.
 - a. The exposed employee should seek *immediate* medical attention.
During regular business hours the employee should be seen at St. Alexius Occupational Health and Wellness.
After regular business hours the employee should be seen at the St. Alexius Emergency Room.
2. The supervisor should assist the employee with completing the First Report of Injury (FROI) form, refer to the Workforce Safety – WSI, First Report of Injury form. The Human Resource Department should receive the FROI within 24 hours or the next business day. The Department Head should also be notified.
3. The need for follow-up care will be determined by WSI. If the employee requires follow-up testing the employee will need to schedule an appointment with St. Alexius per the schedule provided by WSI.
4. In cases of exposure to blood, bodily fluids or other infectious disease, source individuals should be tested in accordance with North Dakota Century Code, 23-07.5.
 - **Failure to adhere to the follow-up appointments recommended by WSI could result in the loss of coverage for the exposure.**

Hazardous Chemicals & Materials:

To ensure that information about the dangers of all hazardous chemicals and materials used by Burleigh County is known by all affected employees, the following hazardous information

program has been established. Under this program, you will be informed of the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

1. All containers must be clearly labeled as to their contents, note the appropriate hazard warning, and list the manufacturer's name and address.
2. Material Safety Data Sheets (MSDSs) must be available to employees in all locations where hazardous chemicals are used.
3. Each department is responsible for updating and storing MSDSs.
4. All employees working with hazardous materials must use recommended PPE.

If an employee is accidentally exposed to hazardous materials the following steps should be followed.

1. The employee must notify their supervisor of the exposure.
 - a. The exposed employee should seek *immediate* medical attention at the closest emergency room.
2. The supervisor should assist the employee with completing the First Report of Injury (FROI) form, refer to the Workforce Safety – WSI, First Report of Injury form. The Human Resource Department should receive the FROI within 24 hours or the next business day. The Department Head should also be notified.

Any mishaps, such as spills must be reported as a Near Miss/Incident/Accident Report to the HR office within twenty-four (24) hours. See Near Miss/Incident/Accident Report section within this policy.

Ergonomics

Burleigh County, in association with the North Dakota Association of Counties (NDACo), has developed and continues to maintain an ergonomics program which educates and informs all employees about the basic principles of ergonomics. The aim of the program is to eliminate or reduce the incidents of cumulative trauma or repetitive motion injuries (RMI).

When a cumulative trauma injury or other RMI has been reported at Burleigh County that results from a job, process, or operation, a worksite evaluation will be conducted. The evaluation identifies potential exposures that may have caused the injury and determines the methods Burleigh County will use to control or minimize them. Affected employees will be informed of the potential exposures and trained in the control measures

Worksite evaluations:

An employee may request an ergonomic evaluation by contacting the Human Resource office. The evaluation identifies potential exposures to cumulative trauma or RMI and determines the methods Burleigh County will use to control or minimize them.

Every reasonable effort will be made to correct the exposure in a timely manner. If the exposure cannot be corrected, efforts will be made to minimize it.

1. Burleigh County will consider reasonable, cost-effective engineering or administrative controls to correct or minimize exposures.

Employee training:

The ergonomics program also focuses on educating employees on their personal responsibility to ensure good work habits (such as posture and body mechanics) and adequate fitness for work.

1. Cumulative trauma or repetitive motion injuries such as carpal tunnel syndrome and back injury.
2. Proper body mechanics, posture, manual lifting techniques, workstation design, etc.
3. Other work-related stressors such as vibration, heat and cold, poor lighting and static positioning.

Controlling Cumulative Trauma or RMI:

Early symptoms of ergonomically related injuries. Employees must report symptoms to their supervisors. This information should be documented on a Near Miss/Incident/Accident report, or a FROI if the employee is seen by a physician. For questions on reporting see WSI section.

1. Any injury resulting in a Workforce Safety & Insurance (Workers Compensation) claim must have the appropriate paperwork completed by the employee and physician at that time of diagnosis.

Reporting procedures

Workers NOT seeking medical attention:

1. Complete an Initial Near Miss/Incident/Accident Report. This report MUST be turned into the Human Resources Office within 24 hours or by the next business day.
2. Supervisors or Department Heads should be informed as soon as possible when an incident occurs. The involved employee or someone designated by them should take all necessary actions to inform their Supervisor. If a Supervisor cannot be contacted, call the Human Resources Office at 701-222-6669.

Workers requiring medical attention:

1. If necessary, seek medical attention as soon as possible.

All severe or life-threatening injuries should go to the nearest emergency room or call 911.

For non-emergency injuries during regular business hours call first and go to:

Sanford Occupational Medicine Clinic – 701-323-5222
2603 E Broadway
Bismarck, ND

2. Supervisors or Department Heads should be informed as soon as possible when an injury occurs. The injured employee or someone designated by them should take all necessary actions to inform their Supervisor. If a Supervisor cannot be contacted, call the Human Resources Office at 701-222-6669 (during regular business hours).
3. Employees requiring medical attention need to complete a First Report of Injury (FROI) Form (SFN2828) filling out sections 1 & 2 and signing and dating in section 3. If you need assistance with this form, please contact the Human Resources Office.
4. Supervisors are required to complete an Accident Investigation – Root Cause form, which should be turned in to the Human Resources Office within 4 business days. If you need assistance with this form, contact the Human Resources Office.

Accidents Involving Property Damage

1. Check for injuries for all involved parties. If injuries are present and require medical assistance, radio Central Dispatch with the exact location of the accident and the number of people involved.
2. Call for law enforcement on all accidents that occur on public roads.
3. Notify your supervisor immediately of the accident if a supervisor is not available contact the Human Resources Office (during regular business hours).

The following steps must be completed for accidents involving property damage

1. Gather and exchange driver information with all parties involved. Names, phone numbers, license plate numbers, insurance carriers, vehicle year, make and model.
2. Complete the Burleigh County Near Miss/Incident/Accident Report.

If the accident involves a collision using a County vehicle, or if the employee was using a personal vehicle driving for County business post-accident drug testing may be required, please see the Burleigh County Alcohol and Controlled Substance Workplace Policy – Post-accident testing.

Post-accident testing is required when any of the following conditions exist:

1. Any injuries are present.
2. One or more vehicles must be towed from the scene.
3. The damage to any single vehicle is believed to exceed \$4,000.

Reporting Deadlines:

Near Miss/Incident/Accident Report – 24 hours or next business day.

First Report of Injury – 24 hours or next business day.

Accident Investigation – Root Cause Report – 4 business days.

Light Duty Form

Initial Near Miss/Incident/Accident Report

Supervisor must submit report immediately to Risk Manager upon completion of all sections

Employee Section

Date of incident ___/___/___ Day of week _____ Time of incident _____ a.m./p.m.
Employee Name _____ SSN _____
Employee home address _____ Employee home phone _____
Job Title _____ Department _____ Birth date _____
Supervisor Name _____ Supervisor phone _____
Incident needing medical attention _____ **OR** Incident w/o medical attention _____
Did you seek medical attention? Yes _____ No _____ Date you sought medical attention _____
Name of treating physician _____ Medical Facility _____
Body parts injured _____/_____/_____
Location of incident _____
Description of incident _____

Were there witnesses? Yes _____ No _____ If yes, please list witnesses/phone numbers on back of form.
What could I have done to prevent the injury? _____

Do you feel you have been properly trained to perform your job duties? _____

Print name _____ Employee signature _____ Date _____

Supervisor Investigation Report

Description of incident _____
Immediate cause of injury _____

What safety training/equipment could have prevented this injury? _____
Has corrective action been initiated? If yes, what corrective action is being taken? _____
Management review _____ Signature _____ Date _____
If no management review has been done, when will it be done? _____

Was a non-county employee injured as a result of this incident? Yes _____ No _____ If yes, provide the name and address of all non-county employees on the back of this form.
Was there property damage? Yes _____ No _____ If yes, please complete property damage report located on the back of this form.
Print name _____ Supervisor signature _____ Date _____

Witness Information to Incident

Please provide the following information about the witness(es) to the incident:

Name _____
Phone number _____
Address _____

Name _____
Phone number _____
Address _____

Non-County Injury Information

Please provide the following information on each non-county person injured:

Describe the nature of the incident/injury to the non-county employee.

Name _____
Phone number _____
Address _____

Name _____
Phone number _____
Address _____

Property Damage Report

Please provide picture if available

What property was damaged? _____

Where can damaged property be seen? _____

Owner of the property _____

Witnesses: (List all known witnesses – If more room is needed attach another sheet)

Name _____
Phone number _____
Address _____

Name _____
Phone number _____
Address _____

Were the police involved? Yes ___ No ___ If yes, provide the name of the officer.

Print name _____ Signature of supervisor _____ Date _____





FIRST REPORT OF INJURY
CLAIMS DIVISION
 SFN 2828 (04/2022)

1600 E Century Ave, Ste 1
 PO Box 5585
 Bismarck ND 58506-5585
Telephone 800-777-5033
 Toll Free Fax 888-786-8695
 TTY (hearing impaired) 800-366-6888
 Fraud and Safety Hotline 800-243-3331
 www.workforcesafety.com

SECTION 1 - Completion of this section is required			
Claim number	Employee's (First name)	(Last name)	Social Security number*
Date of birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	Employee's telephone number
Employee's physical address (Street address)			
City		State	ZIP/Postal code
Employee's mailing address, if different than physical address (Street address, PO Box number)			
City		State	ZIP/Postal code
Date of injury	Time of injury <input type="checkbox"/> AM <input type="checkbox"/> PM	Nature of injury or illness (broken left leg, carpal tunnel left wrist, etc.)	
Body parts injured (Example: 2 nd /middle finger, shoulder, ankle, etc.) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> NA			
How did the injury happen?			
Has this claim been filed in another state/province? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state?			
Where did the injury happen? (City)		(County)	(State)
Clinic/hospital name			Emergency room visit <input type="checkbox"/> Yes <input type="checkbox"/> No
Treating doctor's name			Date of first treatment <input type="checkbox"/> NA
Clinic/hospital mailing address (Street address, PO Box number)			Clinic/hospital telephone number
City		State	ZIP/Postal code
Employer's name			Employer's telephone number
Employer's mailing address		City	State ZIP/Postal code
What is the employee's job?	Date hired (Month)	(Year)	Last day worked in ND prior to injury
SECTION 2 – Employee completion			
Date employer notified	Person you notified	Before this injury, have you had any problems, injuries, or treatment to the injured body parts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you missed or will you miss 5 or more consecutive days of work due to the injury? OR Has a doctor taken you off work for 5 or more consecutive days? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Witness to the injury (First name)	(Last name)		Telephone number
SECTION 3 – Release of information/fraud warning/signature			

Release of information

I understand and agree that North Dakota law determines all my rights and obligations to and from WSI. I authorize any medical provider or facility, any insurance company, including workers' compensation relating to work injuries, any law enforcement or military agency, any government benefit agency including the Social Security Administration, and any educational agency or institution to release to WSI, its agents and attorneys, any and all information or records, including all prior records as well as those pertaining to mental health, alcohol, or drug abuse, and HIV/AIDS/AIDS-related illness. I authorize healthcare providers to respond to WSI regarding my injury, including request for conclusions and opinions not otherwise contained within existing medical records.

(Continued on page 2)

First Report of Injury continued on page 2. Submit both pages to WSI.

FIRST REPORT OF INJURY

SFN 2828 (04/2022)

Claim number	Employee's (First name)	(Last name)
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In addition, I authorize any education agency or institution to release to WSI any and all "educational records" as defined by 20 U.S.S 21 Sec. 1232g. This authorization continues while I have any claim open or pending before WSI. WSI is exempt from HIPAA regulations. I authorize WSI to release any information or records about my claim to third parties or their insurers for the purpose of resolving claims against third parties. I authorize the release of any medical information related to my claim to my employer.

Fraud warning
 Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with WSI, including injured employees, employers, medical providers, and attorneys.

Signature
 By signing this form, I acknowledge that I have read and understand the release of information and fraud warning. I understand that falsifying this claim or making a false statement regarding this claim may be a felony, punishable by substantial fines and imprisonment. I authorize the release of information and agree that statements in this form are true and accurate.

Employee's signature	Date signed
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In addition to myself, I authorize WSI to release information on my claim to (please print)

First name	Last name	Relationship
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SECTION 4 - Employer completion

Employer's account number	Rate class	Is employee a corporate officer, owner, or family member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's name	Mailing address (Street address, PO Box number)	
City	State	ZIP/Postal code

Has the employee missed or will they miss 5 or more consecutive days of work due to the injury? **OR** Has a doctor taken the employee off work for 5 or more consecutive days? Yes No

Date employer notified	Person notified	Before this injury, are you aware of the employee having any problems, injuries, or treatment to the injured body part? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do you have a Designated Medical Provider (DMP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the employee add another medical provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which provider?	Do you question this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in section 5.
Employer's signature	Title	Date signed

SECTION 5 – Additional information or comments

* In compliance with the Federal Privacy Act of 1974, disclosure of the Social Security number on this form is mandatory pursuant to N.D.C.C. § 65-05-02. The Social Security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.

To report an instance of fraud, contact the ND Fraud and Safety Hotline at 800-243-3331.

REQUEST FOR TEMPORARY LIGHT DUTY

PART A - (To be completed by employee and given to immediate supervisor)

I am requesting a temporary light duty assignment to accommodate a non-work related injury or illness, and I have attached appropriate medical documentation to support my request. I understand -light duty is not a "make work" situation, it is an accommodation. I understand I may be required to have my work hours changed in order to provide me with work. All efforts will be made to provide work within my craft and salary level that meets my restrictions.

Employee's Printed Name	Signature/Date
Position	Department
Physician's Name	Physician's Specialty
Physician's Address	Physician's Telephone Number
City and State	

PART B - (To be completed by employee's immediate supervisor and submitted to the Department Head)

Based on the medical restrictions outlined on the accompanying Return to Work Certification Form:

_____ Work **IS** Available

_____ Work Related Injury

_____ Work **IS NOT** Available

_____ Non-Work Related Injury

Supervisor's Signature

Date

Department Head Signature

Date

PART C - (To be completed by the Department Head)

_____ Light Duty is approved from _____ to _____. If Light Duty is required beyond 12 weeks, an updated physician statement will be required.

_____ Light Duty is denied. (Provide employee with a written notice as to the reason(s) for denial of Light Duty work.)

Department Head Signature

Date

Printed Name

RETURN TO WORK CERTIFICATION FORM

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:

Patient's Name (PRINTED)

Department

What is the cause of the employee's need for a restricted work assignment, and what parts of the body are affected? (DO NOT INCLUDE DETAILED MEDICAL INFORMATION)

Estimate duration for restriction(s). Give specific date, if known: _____

What was the last date you examined the employee? _____

Please indicate below the patient's ability to perform the following tasks continuously or intermittently, and give the number of hours per day they may perform each task:

ACTIVITY	CONTINUOUS	INTERMITTENT	#HRS/Day
1. Lifting/ Carrying: (State Max. Weight)	#Lbs.	#Lbs.	
2. Sitting			
3. Standing			
4. Walking			
5. Climbing			
6. Kneeling			
7. Bending/Stooping			
8. Twisting			
9. Pulling/Pushing			
10. Simple Grasping			
11. Fine Manipulation (includes keyboarding)			
12. Reaching above Shoulder			
13. Driving a Vehicle (Specify)			-
14. Operating Machinery (Specify)_			
15. Temperature Extremes			
16. High Humidity			
17. Chemical, Solvents, etc. (Identify)			
18. Fumes/Dust (Identify type)			
19. Noise (Give dBA)			
20. Other: (Describe)			
21. Are interpersonal relations affected because of a neuropsychiatric condition? (e.g., Ability to give or take supervision, meet deadlines, etc.) _____ Yes _____ No (Describe) _____ _____ _____			

Attach any additional medical information you feel might be helpful in assigning this employee to appropriate duties.

Doctor Signature

Doctor's Name (PRINTED)

Specialty

Date

Address

City and Zip Code

Phone

Burleigh County

2025 Benefits

Open Enrollment



October 7 , 2024 - November 1, 2024

Be on the look out for more information to follow.

ITEM

10

**20254 JOINT POWERS AGREEMENT
FOR PROVISION OF PUBLIC HEALTH SERVICES**

THIS AGREEMENT is between the City of Bismarck (**Bismarck**) and Burleigh County (**Burleigh**) collectively known as the "Parties".

PRELIMINARY STATEMENT

Bismarck is a home rule city organized and operated under a Home Rule Charter pursuant to [Chapter 40-05.1](#), North Dakota Century Code. **Burleigh County (Burleigh)** is a county organized and operated pursuant to Title 11 of the North Dakota Century Code.

The Parties have the authority to enter into a Joint Powers Agreement pursuant to Section [54.40.3-01](#), North Dakota Century Code and [Article VII](#), Section 10 of the North Dakota Constitution. The Parties each have the authority to provide public health services.

FOR VALUABLE CONSIDERATION and pursuant to NDCC Chapter [54-40.3](#), Article VII, Section 10, North Dakota Constitution, and NDCC Section [23-35-04](#) which allows Burleigh and Bismarck to enter into an agreement to provide health services to Burleigh and the cities throughout Burleigh which do not have a public health unit, the parties agree as follows (the "Agreement"):

1. Purpose. Burleigh and Bismarck hereby enter into this Agreement in accordance with state statute to provide public health services in Burleigh and in the cities throughout Burleigh which do not have a public health unit.
2. Authority. Bismarck has the authority under NDCC [Chapter 23-35](#) to form and operate a public health department and to provide public health services. Burleigh has the authority under NDCC Section 23-35-04(2) to enter into an agreement, with a city public health department, that complies with NDCC Chapter 54-40.3, for the provision of health services within the county and in cities throughout the county which do not have public health services. The Parties, pursuant to the authority contained in NDCC Chapter 54-40.3 and North Dakota Constitution Article VII, Section 10 and the above listed sections hereby enter into this Agreement for the provision of health services in Burleigh and cities in Burleigh that do not have public health services.
3. Financial Administration. **Burleigh** will pay to **Bismarck** an annual sum billed in equal monthly payments, in return for the provision of services by Bismarck-Burleigh Public Health as set forth below. **The total contract amount for 20254 is ~~\$580,664-~~ \$582,502.** In consideration of the payment of \$280,664.00 paid by Burleigh to

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Bismarck after the 2024 tax rates were set, Bismarck will reduce their property tax levy for 2025 by \$280,664.00 for the amounts paid for the 2024 Public Health budget to have Burleigh pay 25% of the budget for Public Health. The portion of the budget attributable to mill rate reductions for the amounts paid by Burleigh in 2025 will be reflected in the 2026 Bismarck property tax rates. Since this agreement reflects the same 25% contribution by Burleigh, there would be no increase nor decrease in Bismarck's property tax mill rate attributable to Public Health's budget in 2026.

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4. Contracts. All contracts, grant applications, or grant acceptances regarding the normal operations of Bismarck-Burleigh Public Health shall be approved by Bismarck. Any grant funds awarded to Bismarck-Burleigh Public Health shall be applied to programs for the benefit of both rural Burleigh and Bismarck residents.
5. General Administration-Committee. The general administration of this Agreement shall be under the supervision of a committee (the Committee) made up of the Burleigh County Auditor, the Bismarck City Administrator, and the Director of Bismarck-Burleigh Public Health. The Committee is not an independent entity. It is an administrative entity without separate legal existence from its constituent members. The committee shall have no decision-making authority regarding the operation of Bismarck-Burleigh Public Health. The committee's primary responsibility shall be mediating and addressing any issues that may arise in the provision of services under this Agreement. Reports concerning the proposed disposition of issues arising under this Agreement shall be reported to each governing body for final disposition.
6. Services. Under this Agreement, public health services provided in rural Burleigh County by Bismarck-Burleigh Public Health will include, but are not limited to, the core functions outlined in ND Century Code [23-35-02](#).
7. Relationship of Parties: This Agreement shall not be construed to create any form of any employment relationship between Burleigh and Bismarck-Burleigh Public Health, or any person designated by Bismarck-Burleigh Public Health under the provisions of this Agreement. It is the intention of the parties hereto to maintain separate and distinct organizations, and Bismarck-Burleigh Public Health through its designated employees shall at all times be acting as an independent contractor in providing services to and for the benefit of Burleigh. Bismarck-Burleigh Public Health shall be responsible to control and supervise all of its employees and to pay compensation to or for the employees of all wages, salaries, taxes, withholding payments, fees, as well as other benefits or compensation to any pension or retirement plans. Bismarck-Burleigh Public Health

shall not claim that Burleigh is responsible for the payment of any of the foregoing payments, withholdings, contributions, or taxes in relationship to its designated employees.

8. Effective Date. This Agreement shall become effective upon signature of all of the parties.
9. Term. The term of this Agreement is from **January 1, 2025** through **December 31, 2025** subject to cancellation by either Burleigh County or the City of Bismarck upon 60 days' notice.
10. This Agreement supersedes and replaces the AGREEMENT FOR PROVISION OF PUBLIC HEALTH SERVICES FOR BURLEIGH COUNTY BY THE CITY OF BISMARCK PUBLIC HEALTH or any other agreement for the provision of public health services currently in affect between the Parties.

BURLEIGH COUNTY

Dated this ____ day of _____, 20__

~~Steve Balken~~ Brian Bittner, Chair
Burleigh County Commission

Attest: _____
Mark Splonskowski
Burleigh County Auditor/Treasurer

CITY OF BISMARCK

Dated this ____ day of _____, 20__

Michael T. Schmitz, President
Board of Bismarck City Commissioners
City of Bismarck

Rena A. Moch, Director
Bismarck-Burleigh Public Health

Attest: _____

Jason Tomanek ~~Keith J. Hunke~~, Administrator
City of Bismarck

DRAFT