



**Board of Fire Commissioners Meeting  
Wednesday, February 5<sup>th</sup>, 2025  
Station 43 North Corning Fire Dept, Inc.**

**Agenda**

1. Call to Order
2. Roll Call of Commissioners present
3. Pledge of Allegiance
4. Motion to approve minutes of CJFD's Annual Organization Meeting on January 8<sup>th</sup>, 2025 and its Fire Commissioners Meeting, also on January 8<sup>th</sup>, 2024.
5. Motion to approve the following nominations for membership in the Fire Companies that comprise the firefighting force of the Corning Joint Fire District.
  - Stations 16/34/43: Fidel Rivera, Jesse Wilson (16)
6. Motion to receive and review the Treasurer's Report.
  - Motion to accept the Treasurer's Report.
  - Motion to approve transfer of \$xxx,000 from CJFD's General Checking account# xxxxx0297 to CJFD's ICS account# xxxxx4090.
7. Motion to review Workplace Violence reports received by CJFD in 2024.
8. Motion to review CJFD's 2024 Summary of Work-Related Injuries and Illnesses (Form SH-900.1) and order its posting in each of CJFD's three fire stations in accordance with OSHA requirements.
9. Motion to discuss the status of CJFD's project with AJH Design to evaluate feasibility of a single station fire house scenario and analyze long-term service and cost-benefit comparisons to our current operating scenario.
  - Motion to initiate discussions with NYS and Federal legislators about the availability of direct funding and grant programs to support construction of a new fire house that would consolidate CJFD response activities in one central location.
  - Motion to authorize Chairman Shafer to initiate a conversation with Fiscal Advisors & Marketing, Inc. in Clifton Park, NY about a cost proposal for obtaining financial planning services for capital projects, preparation of financial impact reports of proposed capital project on local taxpayers and users, assistance with debt service budget planning and preparation of applications for exclusion of debt from Constitutional Debt Limit.
  - Motion to authorize Chairman Shafer to identify local resources to help CJFD initiate a Capital Campaign to raise funds from private donors for the construction of a new fire house on Rt 352 in Corning.
10. Motion to discuss the following prospective purchases:
  - ?
11. Motion to discuss recruitment and retention initiatives for CJFD:
  - LOSAP Program: Motion to authorize Chairman Shafer to establish an account with RBC Wealth Management for the purpose of stabilizing costs and managing CJFD's investments in funding of its defined contribution LOSAP program.
  - 2025 Firefighter Experience Camp
12. Motion to discuss firematic-related topics with District Chief and Deputy Chiefs.
  - Other?

13. Visitor's Comments

14. Motion to adjourn the meeting @ \_\_\_\_pm.

**Upcoming Events / Important Dates:**

Wednesday, March 5<sup>th</sup>, 2025, CJFD Commissioners Monthly Meeting @ 5:30pm at Station 43



**SUMMARY OF WORK-RELATED  
INJURIES AND ILLNESSES  
FORM SH-900.1**

Calendar Year 2024

All establishments covered by PART 801 **must** complete this summary annually, even if no occupational injuries or illnesses occurred during the year. Employees, former employees, and their representatives have the right to review this form. They also have limited access to the Log (SH 900) or its equivalent. See 801.35 and instructions for further details on access provisions for these forms.

1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME <u>Corning Joint Fire District</u>	If you don't have accurate figures, see the instructions on the back of this sheet.
STREET ADDRESS <u>25 S. Elm St.</u>	
CITY, STATE, ZIP CODE <u>Corning, NY 14830</u>	
INDUSTRY DESCRIPTION (e.g., village fire department) <u>Joint Fire District</u>	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) <u>9 2 2 1 6 0</u>	AVERAGE NUMBER OF EMPLOYEES <u>48</u>
	TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR <u>24,960</u>

Enter the column totals from the Log of Occupational Injuries and Illnesses (SH 900) for each category (column labels under each line correspond to the columns on the Log). If a category has no cases, enter "0."

3. NUMBER OF CASES		4. NUMBER OF DAYS		5. INJURIES AND ILLNESS TYPES	
DEATHS	<u>0</u> (Col. G)	AWAY FROM WORK	<u>0</u> (Col. K)	INJURIES	<u>1</u> (Col. 1)
DAYS AWAY FROM WORK	<u>0</u> (Col. H)	JOB TRANSFER OR RESTRICTION	<u>0</u> (Col. L)	SKIN DISORDERS	<u>0</u> (Col. 2)
JOB TRANSFER OR RESTRICTION	<u>0</u> (Col. I)			RESPIRATORY CONDITIONS	<u>0</u> (Col. 3)
OTHER RECORD-ABLE CASES	<u>0</u> (Col. J.)			POISONINGS	<u>0</u> (Col. 4)
				HEARING LOSS	<u>0</u> (Col. 5)
				ALL OTHER ILLNESSES	<u>0</u> (Col. 6)

**6. CERTIFICATION**

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

SIGNATURE [Signature] TITLE Chairman - Fire Commissioners  
 PRINT NAME David Shefer DATE 2/1/2025