



# ADMINISTRATIVE POLICIES

## Office of the City Manager

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**Version** 2  
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**Responsible Department** Safety, Compliance and Facilities

### TITLE: Injury and Illness Prevention Program

- New  
 Supersedes AP Number HR-25, Version 1, effective 12/21/2015

#### APPROVAL

City Manager Signature

4/20/2022

Date Approved

1. POLICY. As attached.
2. REVISION HISTORY

<u>Version #</u>	<u>Date</u>	<u>Approved By</u>
2	4/20/2022	City Manager and City Attorney
1	12/15/2015	HR Manager and City Attorney

#### Attachments

- A. Injury and Illness Prevention Program

# Injury and Illness Prevention Program

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## **Safety Policy and Management Commitment**

It is the policy of the City of Tulare to maintain a safe and healthful workplace for all employees. This safety policy applies to all business operations and functions including those situations where employees are required to work off-site.

The City of Tulare and the Division of Safety and Regulatory Compliance recognize the value of their employees and are committed to ensure compliance with all applicable federal and state regulations, and City policies and programs; demonstrate visible and active leadership in all of our business activities by providing resources necessary to manage and communicate safety commitment, expectations, and accountability; provide the required safety trainings; implement proactive hazard identification and follow through with the elimination and control of identified hazards. Keeping safety and wellness as an integral part of all operations, we will be able to better identify, reduce or eliminate on-the-job hazards and unsafe work practices in our workplace in accordance with the requirements of 8 CCR § 3203:

- Term access means the right and opportunity to examine and receive a copy.
- The term "designated representative" means any individual or organization to whom an employee gives written authorization to exercise a right of access. A recognized or certified collective bargaining agent shall be treated automatically as a designated representative for the purpose of access to the Program.
- The term "written authorization" means a request provided to the employer containing the following information:
  - The name and signature of the employee authorizing a designated representative to access the Program on the employee's behalf;
  - The date of the request;
  - The name of the designated representative (individual or organization) authorized to receive the Program on the employee's behalf; and
  - The date upon which the written authorization will expire (if less than one (1) year).

In this endeavor, this Division of Safety and Regulatory Compliance Injury and Illness Prevention Program (IIPP) has been developed for our employees so that safety is given primary consideration for all work conducted.

The IIPP will pursue its objective through the effective implementation of the following eight (8) elements:

- Safety Responsibilities
- Employee Compliance
- Safety Communication
- Hazard Assessment and Inspection
- Hazard Correction
- Accident/Exposure/Near-Miss Investigation
- Training and Instruction
- Recordkeeping

The Division of Safety and Regulatory Compliance has been named as the responsible for all Safety and Regulatory Compliance matters, and will have the overall authority and responsibility for implementing this IIPP. The Division of Safety and Regulatory Compliance is responsible for the day-to-day implementation of the department's IIPP. All employees are expected to adhere to this IIPP and work diligently to maintain safe and healthful working conditions.

## **Safety Responsibilities**

Each person at the department plays an important role in maintaining a safe and hazard-free work environment. To ensure that the safety program remains effective, the following specific responsibilities are required:

### **IIPP Implementation Plan Administrator Responsibilities**

- Prepare and update policy.
- Ensure that provisions in this IIPP are implemented.
- Ensure that proper investigations take place if/when there are workplace accidents, injuries, illnesses, or exposures.
- Take action to mitigate any identified hazards.
- Provide health and safety training to employees.

### **Department Head Responsibilities**

- Designated a Manager, Supervisor or an employee as the Safety liaison to the Citywide Safety Committee.
- Incorporate supervisor's safety efforts and safety performance into performance evaluations.
- Serve as or designate an individual to serve as the IIPP Implementation Plan Administrator.
- Oversee and support the components outlined in this program.
- Authorize the allocation of physical and financial resources necessary to maintain an effective IIPP.
- Ensure the IIPP is reviewed and updated annually as appropriate and electronic copies are provided to the Division of Safety and Regulatory Compliance.

### **Safety Regulatory and Compliance Division Responsibilities**

- Aid with safety compliance components of this IIPP.
- Ensure safety data entry and updates are maintained in regulatory compliance.
- Enforce all applicable safety and health regulations as required to comply with this IIPP.
- Serve as a contact for the Safety Coordinator/liaisons(s).
- Ensure that the IIPP is tailored to meet the specific needs of the Department/Office.
- Oversee the tracking of safety incidents and that appropriate corrective actions have been taken.
- Oversee that an accident investigation is conducted and that a corresponding accident investigation form is completed for all injuries.
- Ensure that the Safety Committee has been established.
- Ensure that safety and compliance data, OSHA correspondence and citations are provided to the Safety and Regulatory Compliance Division in a timely manner upon request.
- Inform the Safety and Regulatory Compliance Division, Deputy City Manager, City Attorney's Office, Workers' Compensation, and the Human Resources Department, in the event of a fatality/serious injury or illness. Said communication briefly describes the incident and confirms that Cal/OSHA and the City Safety and Regulatory Compliance Division, were made aware within eight (8) hours of knowledge of the incident.

### **Department/Division/Office/Group Manager Responsibilities**

- Provide support, leadership and direction for the IIPP.
- Adopt policies, standards, and procedures that include the written Code of Safe Practices to ensure that activities and operations within the department/division/office/group are conducted safely and comply with applicable local, state, federal regulations and City policy.
- Ensure the development of a project-specific Code of Safe Practices when City employees are involved in construction work, and that the project-specific Code of Safe Practices is posted or is

provided to each supervisory employee who shall have it readily available at the construction job site.

- Provide financial support for completion of the provisions outlined in this program.
- Assist managers in pursuing disciplinary action against employees who violate health and safety rules and guidelines.
- Actively promulgate and support a system for communicating with employees on matters relating to employee health and safety through safety committees, or any other means that ensure effective communication and acknowledgement by employees.
- Ensure that, in compliance with City policy, an accident investigation and corresponding Accident Investigation Form is completed when there is a safety incident or workers' compensation claim filed.
- Ensure that the City of Tulare Safety and Regulatory Compliance Division are notified whenever Cal/OSHA, or any other health and safety regulatory agency, arrives on-site or the Department receives any written inquiry from them.
- Through discussion with supervisors, evaluate the effectiveness of implementing the IIPP and provide recommendations for improvement to the department's Safety Coordinator and/or Personnel Department's Occupational Safety Division.
- Ensure their offices maintain and post occupational injury statistics (Cal/OSHA Forms 300 and 300A).
- Establish and support a Safety Committee.
- Ensure that all required safety equipment is available for use.

### **Section Head and Supervisor Responsibilities**

- Familiarize themselves with City and departmental safety policies, programs, and procedures.
- Ensure effective implementation of this IIPP within their section or unit.
- Ensure that employees who require training pursuant to City, department, and or regulatory requirements receive appropriate training in a timely manner.
- Ensure that all safety and health policies and procedures, including this IIPP, are clearly communicated to and understood by employees.
- Consistently and fairly follow and enforce all state, City and department safety rules.
- Inspect work areas on a periodic basis to ensure compliance with applicable health and safety rules and regulations.
- Investigate or facilitate the appropriate investigation of safety concerns or accidents that occur on the job within their section or unit.
- Conduct prompt and thorough investigation of every safety incident, accident or near-miss to determine cause and prevent recurrence.
- Based on the results of an authorized investigation, work in conjunction with the Personnel Department to implement appropriate disciplinary measures in accordance with City practice and negotiated labor contract provisions.
- Encourage employees to report workplace hazards and emphasize that such reporting may be done without fear of reprisal.
- Report questionable incidents and/or injuries which may involve fraud to the Personnel Department, Workers' Compensation Division.
- Ensure that corrective actions are taken to prevent recurrence.
- Ensure that all health and safety hazards are documented and that appropriate personnel are notified for corrective action/abatement.
- Maintain safety training records for their employees.
- Maintain a current list of hazardous chemicals and the respective Safety Data Sheets (SDS) for ones to which their employees may be exposed.

## **Employee Responsibilities**

- Work safely and assist coworkers and other to work safely.
- Follow department's, manager's and supervisor's safety directives.
- Comply with the provisions of this written plan and department's Code of Safe Practices.
- Obtain clarification on any provision in this Plan that they do not understand.
- Report to work in the necessary mental and physical condition to perform the essential functions of their job.
- Inform supervisors if there is a reason they are unable to perform the essential functions of their job.
- Wear appropriate safety equipment as required when performing job duties.
- Maintain equipment in proper working order and good condition.
- Immediately report all injuries, accidents and near-misses, no matter how minor, to their supervisor.
- Report unsafe acts, work practices and working conditions without fear of reprisal.
- Complete the necessary health and safety training, as directed by their supervisors, managers and department for their job.
- Maintain their work area in a safe and healthful condition.
- Cooperate fully with all authorized investigations regarding accidents and safety practices.

## **Safety Coordinator Responsibilities (CWSC Rep)**

- Advise managers and supervisors of their safety responsibilities and performance.
- Communicate workplace safety and health issues to all employees.
- Advise management on program policy and procedure issues.
- Provide support to Safety Committees.
- Assist offices to maintain and post occupational injury statistics (Cal/OSHA forms 300 and 300A).
- Maintain IIPP-related inspection, accident, and training records.

## **Employee Compliance with Safe Work Practices**

An effective safety program requires the cooperation and compliance of all employees. Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees, and enforced fairly and uniformly. To ensure that all employees comply with department rules and maintain a safe work environment, our compliance system includes one or more of the following checked practices:

Informing employees of the provisions of our IIPP practices  
Providing training to employees whose safety performance is deficient  
Disciplining employees for failure to comply with safe and healthful work practices

All employees will be provided with department's Code of Safe Practices as set forth in this document (Attachment A). Employees will be required to comply with the Code of Safe Work Practices.

## **Safety Communication**

Communication is an essential element of an effective safety program. Management, supervisors and employees are encouraged to clearly communicate and act upon safety and health questions or concerns without fear of reprisal. Communication of safety issues is to be in a form that is readily understandable by all affected employees.

In addition to the department/division Safety Committee, effective communications with employees have been established using one or more of the following checked methods:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Department/division Safety Committee Staff meetings | <input checked="" type="checkbox"/> Employee safety recognition |
| <input checked="" type="checkbox"/> Tailgate / prejob meetings                          | <input checked="" type="checkbox"/> Safety Data Sheets          |
| <input checked="" type="checkbox"/> Specific policies/procedure                         | <input checked="" type="checkbox"/> Posters and warning labels  |
| <input type="checkbox"/> Department hazard assessment                                   | <input checked="" type="checkbox"/> Safety newsletter           |
|   | <input checked="" type="checkbox"/> Handouts                    |
|   | <input checked="" type="checkbox"/> Trainings                   |

All managers and supervisors are responsible for communicating with all employees about occupational safety and health in a form readily understandable by all employees.

The Safety Committee is established to assist with the open sharing of knowledge and to respond to questions from employees in a timely manner.

Our communication system encourages all employees to inform their managers and supervisors about workplace hazards without fear of reprisal. Employees can also contact the department/division Safety Coordinator, and/or City Safety and Regulatory Compliance Division to report any workplace hazards directly or anonymously. Copies of Safety Concern to facilitate an employee's report. Under no circumstances will employees be disciplined or subjected to any form of reprisal for legitimately reporting a hazard.

Employee safety bulletin boards are located at various locations where employees routinely congregate. Employees are encouraged to become familiar with the location of, and the materials posted on, the bulletin boards such as:

- "Safety and Health Protection on the Job" (Cal/OSHA)
- "Treatment and Reporting of On-duty Injuries to Civilian Employees" (Workers' Compensation Division, City of Tulare)
- "Access to Medical and Exposure Records" (Cal/OSHA)
- "Emergency Phone Numbers" (Cal/OSHA Form S-500)
- Responses to corrected unsafe conditions (Attachment D - Hazard Abatement Form)
- "Whistleblowers Are Protected" (Labor Code Section 1102.8)
- Current safety meeting minutes/rep/information (if available)
- Summary of Work-Related Injuries and Illnesses (Form 300A) (posted from February 1st to April 30th of each year)

## **Hazard Assessment and Inspection**

The primary reason for conducting hazard assessments and facility safety inspections is to identify and control hazards, unsafe conditions, and unsafe work practices. Controlling hazards minimizes the risk to employees and helps to prevent accidents and injuries.

The department will conduct hazard assessments and facility safety inspections at least once annually and additionally when one or more of the following conditions occur:

- When the IIPP is established
- When new equipment creates an unsafe condition
- When a product, process or procedure creates a hazard or unsafe condition
- When new or previously unrecognized hazard or unsafe condition is identified
- When an occupational injury or illness occurs
- When a workplace condition warrants an inspection

Walkthrough safety inspections or assessments will be conducted by one or more of the following:

- IIPP Implementation Plan Administrator
- Managers and supervisors
- Safety Coordinator

Employees are encouraged to use Hazard Assessment and Safety Inspection Checklist Form(s) (Attachment C) when conducting formalized walkthrough inspections.

The completed Hazard Assessment and Safety Inspection Checklist Form(s) - will be forwarded to the Safety Coordinator. The Safety Coordinator will track identified concerns or hazards from such inspection records until resolved.

### **Hazard Correction**

It is the department's intention to eliminate workplace hazards and unsafe work practices as soon as feasible. However, some corrective actions may require more time. Hazards that cannot be immediately corrected/abated will be prioritized based on the following considerations among others:

- Probability and severity of an injury or illness resulting from the hazard.
- Availability of needed equipment, materials and/or personnel.
- Time for delivery, installation, modification, or construction.
- Training periods.

While corrective action is in process, necessary precautions are to be taken by the department to protect or remove employees from exposure to hazards.

When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, all exposed employees are to be evacuated from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition are to be provided with the appropriate training and required personal protection equipment.

The department will use the Hazard Assessment and Safety Inspection Checklist Form and Hazard Abatement Form (Attachments C and D) as appropriate to describe the measures taken to abate hazards or unsafe work practices. The completed forms will be forwarded to the Safety Coordinator for tracking identified concerns or hazards until resolved.

### **Accident/Incident/Near-Miss Investigation**

Accident, incident, and near-miss investigations are performed in order to gather information on the cause(s) that contributed to the occurrence. This information is useful in determining corrective actions that can be taken to prevent the same type of incident from recurring. Investigations are to be documented and the results communicated to all affected employees.

The department has the responsibility to investigate all work-related accidents, incidents, and near misses and make any necessary hazard corrections to prevent recurrence.

Employees must immediately report all work-related accidents, incidents, or illnesses to their supervisor, Supervisor gives employee work comp claim form to complete.

No need to complete the Supervisor Incident Report as Company Nurse will handle, unless the employee is unable to do so. In this case, the notification must be made by a lead worker or co-worker,



or the employee as soon as possible thereafter. Upon becoming aware of an employee injury or illness, the supervisor or designated staff shall:

- Assess the need for medical attention
  - If urgent medical treatment is required or if the employee is in immediate danger, the employee should be taken to the nearest hospital emergency room.
  - If injuries appear to be critical, dial (911) from any phone for immediate emergency services.
  - If the injury or illness is not a medical emergency, but requires further medical treatment, direct the employee to call Company Nurse at 1-888-770-0926.
  - If the injury only requires First Aid, provide First Aid to the employee using the workplace First Aid kit.

### **Serious Injury and Fatality**

- For accidents that result in a fatality or a serious injury, the supervisor or designated staff must:
  - Immediately notify the Safety and Regulatory Compliance Division at (559) 684-4301.
  - Per the direction of Safety and Regulatory Compliance Division, immediately and within eight (8) hours after knowledge of the incident, report the serious injury and fatality to the nearest Cal/OSHA District office.

### **Vehicle Accidents**

Any employee involved in a vehicle traffic accident involving City or privately-owned mileage vehicles operated on City business shall report the accident immediately to his/her supervisor and the Police Department for investigation. The employee must remain at the accident location until the police arrive to investigate. The employee must complete the Vehicle Accident Form.

### **Log of Work-Related Injuries and Illness**

The department maintains its own injury/illness log using the Cal/OSHA forms listed below:

- Cal/OSHA Form 300 (Log of Work-Related Injuries and Illnesses)
- Cal/OSHA Form 300A (Summary of Work-Related Injuries and Illnesses)

Said log is to document work-related injuries and illnesses caused by an event or exposure that results in employee death, loss of consciousness, one or more days away from work, restricted duty, job transfer, medical treatment beyond First Aid or a significant injury or illness diagnosed by a physician or other licensed health care provider.

### **Near-Miss Incidents**

Employees must immediately report all work-related near-miss incidents to their supervisor. For all near-miss incidents reported (regardless of the outcome), the supervisor or designated staff shall document the incident and immediately investigate using the Near-Miss Reporting and Investigation Form (Attachment J). Any unsafe acts or conditions identified during the investigation must be corrected, and results effectively communicated to prevent future occurrence of similar incidents. The completed Near-Miss Form will be forwarded to the Safety and Regulatory Compliance Division for further review and recordkeeping.

## Training and Instruction

The department shall ensure compliance with Cal/OSHA and City of Tulare safety training requirements, and shall ensure employees receive regular and effective communication regarding safety training and safety programs, rules and regulations.

Employee training shall be offered under, but not limited to, the following circumstances:

- To all employees new to the City and/or to a particular work assignment, unless the employees provide documentation and/or proof of current valid training (e.g., a Certificate of Training from another employer or agency).
- To supervisors and/or managers when necessary to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed.
- Whenever new equipment, substances, processes, and procedures are introduced to the workplace which may pose or represent a new hazard or non-routine hazard.
- Whenever the department/division/office/group is made aware of a new or previously unrecognized hazard.
- As required by other agencies (e.g., Department of Motor Vehicles (DMV), Department of Transportation (DOT), etc. for continuing education and/or certification for employee to function on behalf of the City.

In addition to the above, and at a minimum, workplace health and safety training and practices for all City employees shall include, but not be limited to, the following:

- Explanation of the City's IIPP, Emergency Action Plan and Fire Prevention Plan.
- Instructions on how to report any unsafe conditions, work practices, and injuries.
- Explanation of what to do when additional instruction is needed.
- Job specific instructions regarding non-routine hazards unique to a job assignment, to the extent that such information was not already covered in other trainings.
- Information about chemical hazards to which employees may be exposed.
- Information regarding other hazard communication programs.
- Information regarding the provision of medical services and First Aid, including emergency procedures.
- Information regarding the name, telephone number, and location of the medical clinic and nearby hospital where employees should be taken for treatment.

Safety and health training must be documented in writing for each employee. Health and Safety Training Form (Attachment K) will be utilized to document employee training. The completed training forms will be forwarded to Safety Coordinator for recordkeeping purposes.

## Recordkeeping

The department shall ensure compliance with Cal/OSHA and City recordkeeping requirements.

Records that document implementation of the IIPP shall be maintained in the department's central safety files. These files are located at Human Resources Department – Safety and Regulatory Compliance Division. The following records will be maintained for at least the period indicated:

The written IIPP	<b>Indefinitely</b>
Completed Inspection and Abatement Forms – Minimum 1 Year	<b>1 year</b>
Completed Investigations	<b>3 years</b>
Employee Training Records – Minimum 1 year	<b>3 years</b>

**Records relating to employee communication and enforcement:**

Safety Committee Meeting & Sign-up Sheets – Minimum 1 Year	<b>3 years</b>
Employee Suggestion/Question and Responses	<b>3 years</b>
Cal/OSHA 300 and 300A Forms	<b>5 years</b>
Medical and Employee Exposure Records	<b>30 years</b>

**Definitions**

**Near-Miss Incident** is an unplanned event that did not result in an injury and/or illness but had the reasonable potential to do so.

**Serious Injury/Illness** means any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement.

**Performance Monitoring**

The Safety and Regulatory Compliance Division shall conduct an annual review of the program and update as appropriate. This review includes assessing any new regulatory requirements or changes to existing regulatory requirements, and identifying any opportunities for improvements to the program.

**Review/Revision History**

<b>Rev.</b>	<b>Date</b>	<b>Description of Revision</b>	<b>Contact</b>
1			
2			
3			

**COVID-19**

California employers are required to establish and implement an IIPP (title 8 section 3203) protect employees from workplace hazards, including infectious diseases. Employers are required to determine if COVID-19 infection is a hazard in their workplace. If it is a workplace hazard, then employers must implement infection control measures, including applicable and relevant recommendations from the Centers for Disease Control and Prevention (CDC). For most California workplaces, adopting changes to their IIPP is mandatory since COVID-19 is widespread in the community.

**Establish Infection Prevention Measures**

- Actively encourage sick employees to stay home.
- Immediately send employees home or to medical care, as needed, if they have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, or recent loss of taste or smell.
- Ensure employees who are out ill with fever or acute respiratory symptoms do not return to work until both of the following occur:
  - At least three full days pass with no fever (without the use of fever-reducing medications) and no acute respiratory illness symptoms.
  - At least 10 days pass since the symptoms first appeared.

- Provide employees with paid sick leave or expanded family and medical leave for specified reasons related to Ensure employees that return to work following an illness promptly report any recurrence of symptoms.
- Encourage employees to telework from home when possible.
- Practice physical distancing by cancelling in-person meetings, using video or telephonic meetings, and maintaining a distance of at least 6 feet between persons at the workplace when possible.
- Provide employees with cloth face covers or encourage employees to use their own face covers for use whenever employees may be in workplaces with other persons. Cloth face coverings are not personal protective equipment (PPE), but combined with physical distancing of at least six feet, they may help prevent infected persons without symptoms from unknowingly spreading COVID-19.
- Avoid shared workspaces (desks, offices, and cubicles) and work items (phones, computers, other work tools, and equipment) when possible.
- If they must be shared, clean and disinfect shared workspaces and work items before and after use.
- Establish procedures to routinely clean and disinfect commonly touched objects and surfaces such as elevator buttons, handrails, copy machines, faucets, and doorknobs. Surfaces should be cleaned with soap and water prior to disinfection. These procedures should include:
  - Using disinfectants that are EPA-Approved for use against the virus that causes COVID-19.
  - Providing EPA-registered disposable wipes for employees to wipe down commonly used surfaces before use.
  - Following the manufacturer's instructions for all cleaning and disinfection products (e.g., safety requirements, PPE, concentration, contact time).
  - Ensuring there are adequate supplies to support cleaning and disinfection practices.
- If an employee is confirmed to have COVID-19 infection:
  - Employee must be excluded from the workplace based on current Cal/OSHA standards.
  - Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Protecting the privacy of persons with COVID-19 from the California Department of Fair Employment and Housing.
  - Temporarily close the general area where the infected employee worked until cleaning is completed.
  - Conduct deep cleaning of the entire general area where the infected employee worked and may have been, including breakrooms, restrooms and travel areas, with a cleaning agent approved for use by the EPA against coronavirus. It should ideally be performed by a professional cleaning service.
  - Any person cleaning the area should be equipped with the proper PPE for COVID-19 disinfection (disposable gown, gloves, eye protection, mask, or respirator if required) in addition to PPE required for cleaning products. See below for further information on PPE.
  - Advise employees to avoid non-essential travel if possible and check CDC travel policy prior to travel.

For employers in industries such as retail sales or service industries, to protect those employees with frequent contact with the public, arrange work and implement measures that account for the possibility that the public is a possible contamination source, including:

- Conduct even more frequent cleaning and disinfection of surfaces touched by the public such as credit card machines, touch screens, shopping carts and doors.
- Protect cashiers and other workers who have frequent interaction with the public with engineering controls such as Plexiglas screens or other physical barriers, or spatial barriers of at least six feet, if feasible.
- If exposures to the general public cannot be eliminated with engineering controls, require or encourage customers to wear face coverings, which are mandatory in some jurisdictions.
- Schedule work to allow frequent hand washing by employees handling items (cash, credit cards, merchandise, etc.) touched by members of the public.

### **Provide Employee Training**

Provide training in a language that is readily understandable by all employees on the following topics:

- General description of COVID-19, symptoms, when to seek medical attention, how to prevent its spread, and the employer's procedures for preventing its spread at the workplace.
- How an infected person can spread COVID-19 to others even if they are not sick.
- How to prevent the spread of COVID-19 by using cloth face covers, including:
  - CDC guidelines that everyone should use cloth face covers when around other persons.
  - How cloth face covers can help protect persons around the user when combined with physical distancing and frequent hand washing.
  - Information that cloth face covers are not protective equipment and do not protect the person wearing a cloth face cover from COVID-19.
  - Instructions on washing and sanitizing hands before and after using face coverings, which should be washed after each shift.
- Cough and sneeze etiquette.
- Washing hands with soap and water for at least 20 seconds, after interacting with other persons and after contacting shared surfaces or objects.

Regardless of COVID-19 risk, all employers must provide washing facilities that have an adequate supply of suitable cleansing agents, water, and single-use towels or blowers

### **Personal Protective Equipment (PPE)**

Title 8 section 3380 Personal Protective Devices requires employers to conduct a hazard assessment to determine if any PPE is needed to protect employees from hazards that are present or are likely to be present in the workplace, including health hazards. Employers must select and provide employees with properly fitting and sanitary PPE that will effectively protect them against these hazards. Employers must also ensure the appropriate PPE is provided to and used by employees who use cleaners and disinfectants.

Current CDC guidelines do not recommend that the general public wear respirators or masks to protect against COVID-19. Consistent with CDC guidelines, and in light of current respirator and surgical mask shortages and their prioritization for health care workers, Cal/OSHA is not recommending respirators or masks for most workers at this time.

## **Attachments**

Attachment A	Code of Safe Practices
Attachment B	Safety Concern or Suggestion Form
Attachment C	Hazard Assessment and Safety Inspection Checklist Forms
Attachment D	Hazard Abatement Form
Attachment E	Supervisor's Investigation Report
Attachment F	DCW1 – Workers Compensation Claim Form
Attachment G	Accident/Incident Witness Statement Form
Attachment H	Cal/OSHA Accident Reporting Worksheet
Attachment I	Near-Miss Reporting and Investigation Form



## CODE OF SAFE PRACTICES FOR OFFICE AREA

1. Each staff member is to observe safe working methods and procedures and assist in acquainting new staff members with our concerns for safety.
2. Office equipment is to be arranged in such a manner as to provide safe working conditions.
3. Un-jamming and servicing photocopy machines present electrical hazards and exposure to hot surfaces. Only specifically trained staff members are to open or service the copy machines.
4. Office machines and their cords are to be guarded as needed and required by law or regulation. Telephone cords and electrical cords to computers or other equipment are to be maintained in such a manner as will present no tripping hazard. Frayed or badly worn cords are to be replaced. Cords should not be allowed to come in contact with heat-producing equipment, such as portable heaters. When unplugging any appliance, pull by the plug, not the wire.
5. Overhead storage should be prevented or minimized when possible.
6. Machines are never to be cleaned or adjusted while in operation. If appropriate, the electrical power shall be disconnected.
7. Equipment or machines in need of repair are to be removed from service immediately and not returned to use until properly repaired.
8. Installation, repair, or maintenance of any office equipment is to be done only by qualified persons.
9. Hand paper cutters are to have the blade in the down position, at all times, when not in use. If the blade guard is missing, take the cutter out of service.
10. Filing cabinets and bookcases shall be sufficiently secured to the floor or wall to prevent tipping during earthquakes.
11. When not in actual physical use, all desk and file drawers are to be kept closed so as to avoid tripping hazards or limiting safe use of aisles. Not more than one file drawer in one file cabinet shall be opened at one time. Opening additional drawers could over-balance the file, causing all of the drawers to roll out on the staff member. Staff members are not to stand on or in an open file drawer as a means of reaching higher objects.
12. Ladders or step stools of adequate design to support the staff member's weight and the material to be obtained are provided and readily available as a means of reaching high files and upper locker and/or storeroom shelves. No staff member is to stand on a box, table, desk, swivel or folding chair for any such purpose. Reaching above shoulder height should be avoided.
13. All hazards, such as sharp file cabinet edges, splintered wood furniture or any other conditions likely to do bodily harm, damage clothing, or constitute a fire hazard shall be reported to your supervisor.
14. Wastebaskets are provided as receptacles for waste paper only.

**Safety & Regulatory Compliance Division**  
**Injury and Illness Prevention Program**

**Attachment A**

15. Work areas to be kept clean and in orderly fashion.
16. Personal protective equipment such as goggles and hearing protection will be provided as necessary based on a Hazard Evaluation from the Safety Coordinator. It is to be worn when and where prescribed.
17. Machine guards or other safety devices on machinery shall not be removed or by-passed in any way.
18. Hazardous chemicals are to be used only for their intended purpose and in the manner prescribed on their labels. Protective equipment required by labels is to be worn. Employees are not permitted to bring hazardous chemicals or products from home to use at work (e.g., bug spray, nail polish remover, cleaning products).
19. Report all unsafe conditions, work-related accidents, near-misses, injuries or illnesses to your supervisor.
20. In the event of fire, immediately notify all co-workers according to the procedures outlined in the Building Emergency Plan.
21. Upon hearing the fire alarm, stop work immediately and proceed to the nearest clear exit. Gather in the safe refuge area so attendance may be taken to account for all employees.
22. Means of egress are to be kept clear, well lighted and unlocked during working hours.
23. Staff members are not to store excessive combustibles (paper) in work areas.
24. Aisles and hallways are to be kept clear at all times.
25. Workplaces are to be kept free of debris, floor storage and trip hazards (e.g., electrical cords in walkways).
26. Staff members must exercise caution when moving about the office. Do not read while walking from one place to another. When walking around corners, slow down and look around corner. Do not carry pencils/pens with sharp points protruding from your pockets.
27. Cups are to be covered if taken from one area to another. Spills create slip hazards and must be cleaned up immediately.
28. Do not lean excessively back in a chair. The chair can tip over.
29. Lift with your legs, not your back. For heavy objects use a handcart or get help.
30. Always turn off electricity to equipment before performing maintenance or replenishing supplies.
31. Pull paper cutter blade to closed position and latch when you are through using the paper cutter.
32. When not in use, retract carton cutter blades.
33. When clearing jams in copying machines, do not rest your arms inside the machine where a burn hazard may exist.
34. Adequate lighting to be provided throughout the work areas.





## SAFETY CONCERN OR SUGGESTION FORM

If the safety concern creates a hazard to employees and needs immediate attention, please notify your supervisor or contact the Department Safety Coordinator or City Safety Administrator at (559) 684-4301. All personal information contained on this form is confidential.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Optional) (Optional)

Site or Facility Address: \_\_\_\_\_ Date: \_\_\_\_\_

Include a brief description of the safety concern or safety suggestion; include the location in which it can be investigated.

Has this safety concern been brought to the attention of your supervisor? Yes  No

If yes, date notified: \_\_\_\_\_

Was Administrative Services Division notified regarding safety-related repairs? Yes  No

If yes, date notified: \_\_\_\_\_

Do you want the Safety Staff to contact you? Yes  No

If yes, please include your name and phone number above. Please indicate your preference:

Do not reveal my name to my supervisor

My name may be revealed to my supervisor

## INSPECTION CHECKLIST

### General Work Environment

Location: \_\_\_\_\_  
Address/Name of Building

Date of Inspection: \_\_\_\_\_

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

#### EMPLOYER POSTING

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Is the Cal/OSHA notice "Safety and Health Protection on the Job" displayed in a prominent location where all employees are likely to see it?					
Are emergency telephone numbers posted where they can be readily found in case of emergency?					
Where employees may be exposed to any toxic substances or harmful physical agents, has appropriate information concerning employee access to medical and exposure records, and "Safety Data Sheets," etc., been posted or otherwise made readily available to affected employees?					
Are other California posters displayed such as:					
Industrial Welfare Commission orders regulating wages, hours and working conditions?					
Discrimination in employment prohibited by law?					
Notice to employees of unemployment and disability insurance?					
Payday notice?					
Summary of occupational injuries and illnesses posted in the months of February to April?					
Operating rules for industrial trucks (if applicable)?					
Whistleblowers are protected?					

#### RECORDKEEPING

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are all occupational injuries or illnesses, except minor injuries requiring only First Aid, being recorded as required on Cal/OSHA Form 300?					
Are employee medical records and records of employee exposure to hazardous substances or harmful physical agents up-to-date?					
Have arrangements been made to maintain required records for the legal period of time for each specific type of record such as: <ul style="list-style-type: none"> <li>• Training Records</li> <li>• Annual Certifications</li> <li>• Equipment Inspections</li> </ul>					

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

Attachment C

**SAFETY AND HEALTH PROGRAM**

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Do you have an active safety and health program in operation?					
Do you have an Injury Illness Prevention Plan?					
Is one person clearly responsible for the overall activities of the safety and health program?					
Do you have a Safety Committee or group that meets regularly and reports in writing on its activities?					

**GENERAL WORK ENVIRONMENT**

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are all worksites clean and orderly?					
Are work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant?					
Are spilled materials or liquids cleaned up immediately?					
Is combustible trash removed from the worksite daily?					
Is accumulated combustible dust routinely removed from elevated surfaces, including the overhead structure of buildings?					
When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards?					
Are restrooms and washrooms kept clean and sanitary?					
Is potable water provided for drinking and washing?					
Are outlets for water not suitable for drinking clearly identified?					
Are work areas properly illuminated?					
Is the ventilation system appropriate for the work performed?					
Are pits and floor openings covered or guarded?					
Where heat stress is a problem, do all fixed work areas have air conditioning?					
Are floors free from protruding nails, splinters, holes, etc.?					
Are permanent aisles and passageways clearly marked?					
Are aisles and passageways kept clear?					
Is there safe clearance in aisles where motorized or mechanical handling equipment travel?					
Do you have eye wash facilities and a quick drench shower within the work area where employees are exposed to injurious corrosive materials?					
Do extension cords have a grounding conductor?					
Are ground-fault circuit interrupters used at locations where construction, demolition, modification, alteration or excavation operations are being performed?					

**FLOOR AND WALL OPENINGS, STAIRS AND STAIRWAYS**

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are floor openings guarded by covers or guardrails on all sides?					
Do skylights have screens or fixed railings that would prevent someone on the roof from falling through?					
Are open pits and trap doors guarded?					
Are grates or similar type covers over floor openings such as floor drains, designed so that foot traffic or rolling equipment are not affected by grate spacing?					
Are stairway handrails capable of withstanding a load of 200 pounds, applied in any direction?					
Are steps on stairs and stairways designed or provided with a slip-resistant surface?					
Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads?					

**ELEVATED SURFACES**

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Is the vertical distance between stairway landings limited to 12 feet or less?					
Are stairways adequately illuminated?					
Are signs posted showing the elevated surface load capacity?					
Do elevated work areas have a permanent means of access and egress?					
Are materials on elevated surfaces piled, stacked or racked in a manner to prevent tipping, falling, collapsing, rolling or spreading?					

**EXITS AND EXIT DOORS**

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are all exits marked with an exit sign and illuminated by a reliable light source?					
Are exit routes clearly marked?					
Are doors, passageways or stairways that are neither exits nor access to exits appropriately marked "NOT AN EXIT" or "STOREROOM" etc.?					
Are all exits kept free of obstructions?					
Are there sufficient exits to permit prompt escape in case of emergency?					
Do exit doors open in the direction of exit travel?					
Are doors that swing in both directions provided with viewing panels in each door?					
Are exits and exit routes equipped with emergency lighting?					

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

Attachment C

**Hazard Communication Program**

Location: \_\_\_\_\_  
Address/Name of Building

Date of Inspection: \_\_\_\_\_

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Do you have an inventory of all hazardous substances used in your workplace?					
Is there a written hazard communication program that covers Safety Data Sheets (SDS), labeling and employee training?					
Is there an SDS readily available for each hazardous substance used?					
Is there an employee training program for hazardous substances?					
Does the employee training program include:					
• An explanation of what an SDS is and how to obtain and use it?					
• The physical and health hazards of substances in the work area, and specific protective measures to be used?					
• Employee access to the employer's written hazard communication program and where hazardous substances are present in their work areas?					
• An explanation of the "Right to Know" standards?					
• Details of the hazard communication program, including how to use the labeling system and SDS?					

ADDITIONAL REMARKS:

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

Attachment C

**Personal Protective Equipment**

Location: \_\_\_\_\_  
Address/Name of Building

Date of Inspection: \_\_\_\_\_

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Is personal protective equipment (PPE) provided, used and maintained when required?					
Is all protective equipment maintained in a sanitary condition and ready for use?					
Are employees trained in the selection, use and maintenance of PPE and protective clothing?					
Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions or burns?					
Are protective goggles, face shields or glasses used where there is a danger of flying particles or corrosive materials splash?					
Are protective gloves, aprons, shields or other means provided and used to prevent cuts and corrosive liquid or chemical splash injuries?					
Are hard hats provided and worn where there is a danger of falling objects?					
Is appropriate foot protection provided and used where there is a risk of foot injuries from hot, corrosive substances or falling objects or crushing or penetrating actions?					
Is protection against the effects of occupational noise exposure provided when sound levels exceed those of the Cal/OSHA noise standard?					

**Respiratory Protection**

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Is respiratory protection provided and used when required?					
Do you have a written respiratory protection program?					
Do you have written procedures for the selection, use and maintenance of respirators?					
Are employees instructed and trained in the limitations, proper use and care of respirators used?					
Are respirators cleaned, disinfected and inspected after every use?					
Is the proper respirator used for the hazard present?					
Are respirators stored in a convenient, clean and sanitary location?					
Are emergency use respirators inspected monthly and are records of monthly inspections kept?					
Are users of negative pressure respirators fit tested?					
Are respirator users given periodic physical examinations?					

**Safety & Regulatory Compliance Division**  
**Injury and Illness Prevention Program**

**Attachment C**

**Fire Safety**

Location: \_\_\_\_\_  
Address/Name of Building

Date of Inspection: \_\_\_\_\_

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
If you have an alarm system, is it tested annually?					
Are fire doors and shutter fusible links in place?					
Are fire doors operating properly and unobstructed?					
Are automatic sprinkler system water control valves and water pressure checked periodically?					
Is the maintenance of automatic sprinkler systems assigned to competent persons or to a sprinkler contractor?					
Is proper clearance maintained below sprinkler heads?					
Are fire extinguishers provided in adequate number and type?					
Are fire extinguishers serviceable and mounted in readily accessible locations?					
Are fire extinguishers inspected monthly and noted on the inspection tag?					
Are employees instructed in the use of fire extinguishers?					
Are required fire extinguishers mounted within 75 feet of any outside areas containing flammable liquids, and within 10 feet of any inside storage areas?					
Is access to fire extinguishers free of obstruction?					
Are all fire extinguishers serviced and maintained at intervals not exceeding one year?					
Are all fire extinguishers fully charged and in designated locations?					
Are fire extinguishers selected and provided for the appropriate class of fire expected based on materials stored in the area?					
o Class A: Ordinary combustible material fires.					
o Class B: Flammable liquid, gas or grease fires.					
o Class C: Energized – electrical equipment fires.					

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

**Attachment C**

**Medical Services and First Aid**

Location: \_\_\_\_\_  
Address/Name of Building

Date of Inspection: \_\_\_\_\_

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Is there a hospital, clinic or infirmary nearby?					
Are emergency phone numbers conspicuously posted?					
Where required, are employees trained and certified in First Aid?					
Are City-approved First Aid kits accessible in each work area and are they periodically inspected for required components?					
Are First Aid kits replenished as supplies are used?					
Are employees trained in Cardiopulmonary Resuscitation (CPR) as necessary?					
Do employees know what to do in case of emergency?					
Are emergency showers and eyewashes available where corrosive liquids or materials are handled?					
Are employee medical records and records of employee exposure to hazardous substances up-to-date and maintained for the period of time required by law?					



Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

Attachment C

**Hand Tools and Equipment**

Location: \_\_\_\_\_  
Address/Name of Building

Date of Inspection: \_\_\_\_\_

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are tools and equipment in good condition?					
Are chisels, punches or other mushroomed-head tools repaired or replaced?					
Are broken handles on hammers and axes replaced promptly?					
Are worn or bent wrenches repaired or replaced?					
Do files have handles?					
Is eye and face protection worn while using hand tools that might produce flying materials or breakage?					
Have employees been trained to use hand tools properly?					
Are jacks checked to assure that they are in good operating condition and marked with the jack capacity?					

**Portable Power Tools and Equipment**

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are grinders, saws and similar equipment used with appropriate safety guards?					
Are portable circular saws equipped with guards above and below the base shoe?					
Are rotating or moving parts guarded to prevent physical contact?					
Are all cord-connected, electrically operated tools and equipment grounded or double insulated?					
Are guards in place over belts, pulleys, chains and sprockets on equipment such as concrete mixers, air compressors, etc.?					
Are portable fans provided with full guards having openings of ½ inch or less?					
Are Ground Fault Circuit Interrupters (GFCI) used with portable electrical power tools?					
Is compressed air used for cleaning reduced to a nozzle pressure of 30 psi or less?					
Are pneumatic and hydraulic hoses on power-operated tools inspected regularly for serviceability?					
Is portable hoisting equipment posted with capacity and latest load test information?					
Do chain saws have anti-kickback devices?					

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

Attachment C

**Abrasive Wheel Grinders**

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Is the tongue guard adjusted to within ¼ inch of the wheel?					
Do side guards cover the spindle, nut and flange and 75% of the wheel diameter?					
Are bench and pedestal grinders permanently mounted?					
Is the work rest adjusted to within 1/8 inch on the wheel?					
Are goggles or face shields always worn while grinding?					
Is the maximum RPM rating of each abrasive wheel compatible with the RPM rating of the grinder motor?					
Does each grinder have an individual on and off control?					
Are dust collectors or powered exhausts provided?					

**Power Actuated Tools**

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are employees who operate power-actuated tools trained in their use and do they carry a valid operator's card?					
Is each power-actuated tool stored in its own locked container when not being used?					
Is a sign at least 7" x 10" with bold type face reading " <b>POWER-ACTUATED TOOL IN USE</b> " conspicuously placed to warn others that the tool is being used?					
Are power-actuated tools left unloaded until they are ready to be used?					
Are power-actuated tools inspected for obstructions or defects each day before use?					
Do power actuated tool operators have and use appropriate personal protective equipment (head, eye, hearing, etc.)?					

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

**Attachment C**

**Portable Ladder Safety**

Location: \_\_\_\_\_  
Address/Name of Building

Date of Inspection: \_\_\_\_\_

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are all ladders maintained in good condition?					
Is each ladder equipped with non-slip safety feet?					
Are ladder rungs and steps free of grease and oil?					
Are ladders prohibited from being placed on unstable bases (such as boxes, barrels, truck beds, etc.) to gain added height?					
Do employees face the ladder and use both hands when climbing and descending the ladder?					
Are unserviceable ladders discarded?					
Do ladders extend at least 3 feet above the landing?					
Are rungs of ladders uniformly spaced at 12 inches?					
Do employees stand on the top step of ladders?					
Are portable metal ladders marked with signs reading, "CAUTION – DO NOT USE AROUND ELECTRICAL EQUIPMENT?"					

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

Attachment C

**Transporting Employees and Materials**

Location: \_\_\_\_\_  
Address/Name of Building

Date of Inspection: \_\_\_\_\_

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Do employees who operate City vehicles have valid driver licenses (Type 3, 4 or Commercial Driver's License)?					
When more than 15 employees are transported in a van, bus or truck, is the operator's license appropriate for the vehicle operated?					
Is each van, bus or truck used to transport employees equipped with an adequate number of seats?					
When employees are transported by truck, are provisions made to prevent their falling from the vehicle?					
Are vehicles used to transport employees equipped with handrails, steps or similar devices so that employees can enter and leave the vehicle safely?					
Are vehicles equipped with lamps, brakes, horns, mirrors, windshields and turn signals in good operating condition?					
Are transport vehicles equipped with at least two reflective type flares?					
Is a fully charged and serviceable fire extinguisher, at least 4 B:C rating maintained in each transport vehicle?					
When cutting tools or tools with sharp edges are carried in passenger compartments of employee transport vehicles, are they placed in closed boxes or containers secured in place?					
Are employees prohibited from riding on top of any load that can shift, topple or otherwise become unstable?					
Is there a driver improvement program for commercial drivers and are records kept of training received by each driver?					



Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

**Attachment C**

**Welding and Hotwork Operations**

Location: \_\_\_\_\_  
Address/Name of Building

Date of Inspection: \_\_\_\_\_

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are only authorized and trained personnel permitted to use welding, cutting or brazing equipment?					
Are compressed gas cylinders examined regularly for obvious defects such as rusting or leakage?					
Are only approved torches, regulators, pressure reducing valves, acetylene generators and manifolds used?					
Are empty cylinders marked and are the valves closed and protected by valve caps?					
Are employees who are exposed to the hazards of welding, cutting or brazing protected with personal protective equipment?					
Unless secured on special trucks, are regulators removed and valve caps installed before moving cylinders?					
Are firewatchers assigned when welding or cutting is done in locations where a serious fire may occur?					
When welding or cutting is done on walls, are precautions taken to protect combustibles on the other side?					

ADDITIONAL REMARKS:

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

Attachment C

**Forklifts and Industrial Trucks**

Location: \_\_\_\_\_  
Address/Name of Building

Date of Inspection: \_\_\_\_\_

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are only trained personnel allowed to operate industrial trucks?					
Is overhead protection provided on rider lift trucks?					
Does each industrial truck have a warning device that can be clearly heard above the normal noise in the operating area?					
Are lift truck operating rules posted and enforced?					
Are brakes on industrial trucks capable of bringing the vehicle to a complete and safe stop when fully loaded?					
Will the industrial truck's parking brake prevent the vehicle from moving when unattended?					
Are forklift loads lowered while the truck is traveling?					
Are industrial trucks operating in areas where flammable gases or vapors, or combustible dust or ignitable fibers may be present in the atmosphere, approved for such locations?					
Are motorized hand and hand/rider trucks designed so when the brakes are applied, power to the drive motor shuts off when the operator releases his grip on the device that controls the travel?					
Are industrial trucks with internal combustion engines, operating in buildings or enclosed areas, carefully checked to ensure such operations do not cause harmful concentrations of dangerous gases or fumes?					

ADDITIONAL REMARKS:



## HAZARD ABATEMENT FORM

You may identify hazardous conditions. The next step is to eliminate these hazards. Use this form to record actions taken to correct hazards.

**Date:**

**Area Inspected:**

**Identified Hazard or Concern:**

**Steps to be taken to remove hazard:**

**Priority:**

High \_\_\_\_ Medium \_\_\_\_ Low \_\_\_\_

**Deadline for removing hazard (date):**

**Hazard has been successfully removed/abated on (date):**

**Notes:**

**Supervisor's Signature:**

**Date:**



Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

Attachment E



### SUPERVISOR'S INVESTIGATION REPORT

ON-THE-JOB INJURY OR ILLNESS     MOTOR VEHICLE     ACCIDENT/INCIDENT

Permanent     Probationary     Overtime     Regular Time    Days Off:  M  T  W  TH  F  S  S

1. Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_ ID #: \_\_\_\_\_

2. Dept: \_\_\_\_\_ Div: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

3. Address and location of incident: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Employee's Description of Incident (use attachment if necessary, don't forget to use the What, Why, Where, and How):

Employee Signature (if available): \_\_\_\_\_ Date: \_\_\_\_\_

5. Who was the incident first reported to? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

6. Employee go to:  clinic     doctor     hospital     Call-Connect? If known, name of clinic, doctor, or hospital:

7. Was this a chemical or biological exposure (BBP)?  Yes  No If yes, did you contact your DICO rep?  Yes  No

8. Did injured employee do something to cause or contribute to the incident?  Yes  No If yes, check reason below:

Improper planning     Departure from standard procedure     Failed to follow instructions     Reckless behavior  
 Lack of proper skills     Chose to use defective or improper equipment     Inattention     Other \_\_\_\_\_

9. Did another factor contribute to the accident/injury or illness?  Yes  No If yes, check reason below:

Action(s) of another person     Departure from standard procedure     Inadequate training or skill inattention  
 Improper planning     Defective proper equipment     Weather     Other \_\_\_\_\_  
 Insect/Animal     Chemical/Biological exposure

10. What have you and/or your department done to help prevent re-occurrence? Be specific (attach additional information if necessary).

11. Witness Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

12. Witness Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

13. Attach supporting documents to this report such as photos, diagrams, witness statements or other documents.  
Total number of pages attached \_\_\_\_\_

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

**Attachment E**

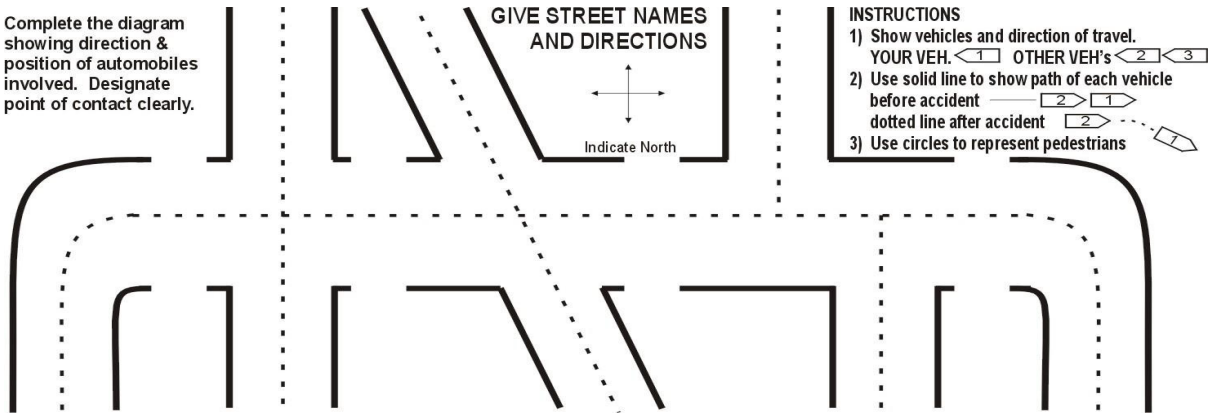
14. Supervisor's Description on Incident (use attachment if necessary):

Supervisor's Signature (if available): \_\_\_\_\_ Date: \_\_\_\_\_

**Safety & Regulatory Compliance Division**  
**Injury and Illness Prevention Program**

**Attachment E**

Complete the diagram showing direction & position of automobiles involved. Designate point of contact clearly.

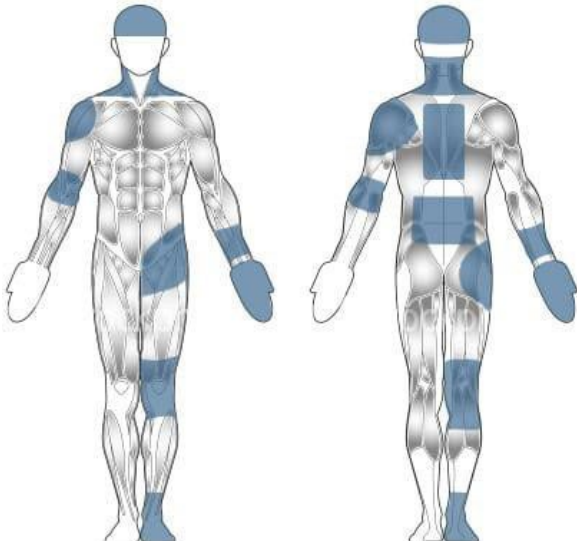


**Vehicle #1 Information:**

Vehicle #, if applicable	Year	Make	Model	Vehicle Identification Number (VIN)
License Plate Number		Mileage		
Accident during business use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fleet Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tow Company				
Law Enforcement Agency:				
Law Enforcement report #:				
Current vehicle location:				

**Vehicle#2 Information (use additional sheet if necessary)**

Year	Make	Model	License Plate Number	Drivers License Number
Owner Name		Phone	Address	City State Zip
Driver Name (if other than owner)		DOB	Phone	Address City State Zip
Insurance Carrier		Policy Number	Agent Name / Phone Number	
Area of Damage to Vehicle			Vehicle Location	



**Weather Conditions**

- |  |  |
|--|--|
| <input type="checkbox"/> Clear             | <input type="checkbox"/> Daylight        |
| <input type="checkbox"/> Cloudy            | <input type="checkbox"/> Dawn/Dust       |
| <input type="checkbox"/> Snow              | <input type="checkbox"/> Night (lit)     |
| <input type="checkbox"/> Hail              | <input type="checkbox"/> Night (unlit)   |
| <input type="checkbox"/> Rain              | <input type="checkbox"/> Surface Wet     |
| <input type="checkbox"/> Fog/Smoke         | <input type="checkbox"/> Surface Dry     |
| <input type="checkbox"/> Severe Crosswinds | <input type="checkbox"/> Surface Muddy   |
| <input type="checkbox"/> Storm             | <input type="checkbox"/> Surface Flooded |

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

Attachment F

DCW1 – WORKERS COMPENSATION CLAIM FORM

State of California  
Department of Industrial Relations  
DIVISION OF WORKERS' COMPENSATION



Estado de California  
Departamento de Relaciones Industriales  
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_

2. Home Address. *Dirección Residencial.* \_\_\_\_\_

3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_

4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_

6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_

7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_

8.  Check if you agree to receive notices about your claim by email only.  Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico. Employee's e-mail. \_\_\_\_\_ Correo electrónico del empleado. \_\_\_\_\_

You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*

9. Signature of employee. *Firma del empleado.* \_\_\_\_\_

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

10. Name of employer. *Nombre del empleador.* \_\_\_\_\_

11. Address. *Dirección.* \_\_\_\_\_

12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_

13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_

14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_

15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_

16. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_

17. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_

18. Title. *Título.* \_\_\_\_\_ 19. Telephone. *Teléfono.* \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

**Empleador:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador  Employee copy/Copia del Empleado  Claims Administrator/Administrador de Reclamos  Temporary Receipt/Recibo del Empleado

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

Attachment G



## ACCIDENT/INCIDENT WITNESS STATEMENT FORM

To be completed by Witness

Name of employee involved in accident/incident:

Name of witness:

Home address (witness):

City:

State:

Zip Code:

Contact telephone #:

Is witness a City employee?

Yes  No

If witness is a City employee, Department/Office assigned:

Job title or occupation:

Date of accident/incident:

Time of accident/incident:

AM  PM

Location where the accident/incident occurred (include the address and specific area):

Describe fully how accident/incident occurred. Include events that occurred immediately before the accident/incident. List all objects and substances involved. Include relevant photos and diagram as necessary.

Describe bodily injury/illness sustained (be specific about body part(s) affected):

Recommendation on how to prevent this type of accident/incident from recurring:

Signature of witness:

Date:



## CAL/OSHA ACCIDENT REPORTING WORKSHEET

An employer must immediately report to Cal/OSHA any work-related death or serious injury or illness.

Date of call placed to Cal/OSHA: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Cal/OSHA District Office name and phone no: \_\_\_\_\_

When reporting serious injury/fatality to Cal/OSHA, have the following information on hand:

Time and date of accident/event:

Employer's name, address and telephone number:

Name and job title of the person reporting the accident:

Address of accident/event site:

Name and address of injured employee(s):

Nature of injuries:

Location where injured employee(s) was/were taken for medical treatment:

List and identity of other law enforcement agencies present at the accident/event site:

Description of accident/event and whether the accident scene or instrumentality has been altered:

You must request the following information from Cal/OSHA operator or representative:

Name of Cal/OSHA operator or representative:

Cal/OSHA Case/Report #:

Safety & Regulatory Compliance Division  
Injury and Illness Prevention Program

Attachment I



## NEAR-MISS REPORTING AND INVESTIGATION FORM

Note: A **Near-Miss** is an unplanned event that did not result in an injury and/or illness, but had the potential to do so.

Name of the employee completing this form:

- Supervisor  
  Safety Representative  
  Witness  
 Other If other, please indicate job title:

Contact Phone Number:

Date of the Near-Miss event:

Time of the Near-Miss:       AM    PM

Location where the Near-Miss event occurred:

Address:

Area:

Supervision at time of accident:

- Directly supervised  
  Indirectly supervised  
 Not supervised  
  Supervision not feasible

Employee was working:

- Alone  
  With crew or fellow worker  
  Other  
 If other, specify:

Description of the Near-Miss event. Please explain the following: 1) **Who** was involved in the Near-Miss 2) **What** exactly happened 3) **How** did the Near-Miss occur (include photos and diagram and use additional sheet if necessary)

Were there unsafe acts that contributed to this Near-Miss event?    Yes    No

If yes, check all that apply below.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Lack of training or skill<br><input type="checkbox"/> Lack of written procedure<br><input type="checkbox"/> Inadequate procedure<br><input type="checkbox"/> Failure to anticipate<br><input type="checkbox"/> Disabled safety devices<br><input type="checkbox"/> Operating at unsafe speeds<br><input type="checkbox"/> Operating without proper authority<br><input type="checkbox"/> Working on moving equipment<br><input type="checkbox"/> Other, specify: | <input type="checkbox"/> Failure to lockout<br><input type="checkbox"/> Horseplay<br><input type="checkbox"/> Unsafe lifting<br><input type="checkbox"/> Improper attire<br><input type="checkbox"/> Poor housekeeping<br><input type="checkbox"/> Distracted<br><input type="checkbox"/> Failure to use available equipment or tools<br><input type="checkbox"/> Improper personal protective equipment (PPE) | <input type="checkbox"/> Inadequate guarding<br><input type="checkbox"/> Unsafe equipment<br><input type="checkbox"/> Defective equipment or tools<br><input type="checkbox"/> Improper lighting<br><input type="checkbox"/> Improper ventilation<br><input type="checkbox"/> Unsafe position/ergonomic issue<br><input type="checkbox"/> Weather conditions – snow and ice<br><input type="checkbox"/> Uneven walking surface<br><input type="checkbox"/> Slippery walking surface<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Other, specify: |
|---|--|---|

What actions have or will be taken to prevent similar incidents/events?

Who is responsible for taking these actions and following up to see that they are complete (Name/Title)?

Expected completion date:

Actual complete date:

Signature:

Date: