City and County of San Francisco
Police Department
Injury and Illness Prevention
Program
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1.0 PURPOSE

To implement and maintain an effective Injury and Illness Prevention Program (IIPP) for the San Francisco Police Department, pursuant to California Occupational Safety and Health Standards, California Code of Regulations (CCR), Title 8, Section 3203.

2.0 SCOPE

This program applies to all employees of the San Francisco Police Department (SFPD).

3.0 OVERVIEW

To provide a safe and healthy work environment for all SFPD employees, an Injury and Illness Prevention Program (IIPP) has been established and implemented which includes the following basic components:

- **Written Program:** To designate the person(s) responsible for program implementation.
- **Risk Identification:** To establish a system for identifying and evaluating workplace risks.
- **Risk Correction:** To standardize methods and procedures for correcting unsafe or unhealthy work conditions and practices, and assure that such work conditions and practices are corrected in a timely manner based on the magnitude and severity of the risk.
- **Risk Communication:** To establish a system for communicating health and safety information to employees and encouraging employees to inform the management of perceived risks without fear of reprisal.
- **Employee Compliance:** To ensure that employees comply with safe and healthy work practices.
- **Incident Investigation:** To help prevent future occupational injuries, illnesses, and near-miss incidents.
- **Health & Safety Training:** To instruct and coach employees on general safe and healthy work practices and specific risks particular to an employee's job assignment or classification.

This document will continue to evolve and will reflect our progress towards the continuous improvement of the health, safety and welfare of our employees.

4.0 DEFINITIONS

**CAL/OSHA** - California Occupational Safety and Health Administration, a division of the Department of Industrial Relations for the State of California. This agency is responsible for promulgating and enforcing health and safety regulations.

**CAL/OSHA Reportable Incident** - A fatality or a serious injury or illness that results in:

- Loss of any body part, or
- Hospitalization for more than 24 hours for more than observation; or
- A serious degree of permanent disfigurement
NOTE: Injuries or illnesses that occur on a public street or highway are not required to be reported to Cal/OSHA.

Near Miss - Incidents where no property was damaged and no personal injury sustained, but where, given a slight shift in time or position, damage and/or injury easily could have occurred. Documentation of all near miss events is required.

PPE - Personal Protective Equipment (PPE) includes hand, foot, and head protection, protective clothing, and other equipment that helps protect the body from various hazards.

5.0 RESPONSIBILITIES

5.1 Chief of Police shall:
- Procure and allocate resources necessary for IIPP implementation and maintenance.
- Assign Commanding Officer or Officer in Charge the responsibility of implementing the IIPP within their work areas.
- Review and approve risk management policies for the SFPD.
- Review summaries of SFPD accident and injury statistics.
- Issue Department Bulletins relating to Safety and Health.

5.2 Injury and Illness Prevention Program Officer (IIPPO) shall:
- Maintain policies, standards, and procedures to ensure that operations are conducted safely and comply with Cal-OSHA regulations.
- In cases of a fatality or serious occupational injury:
  - Contact Cal-OSHA within 8 hours of the incident. Act as liaison to Cal-OSHA.
  - Conduct/assist with investigations of the incident.
- Establish and maintain in central locations for employee access and that the following items are posted:
  - Cal/OSHA “Safety and Health Protection on the Job” Poster
  - Notice of Compensation Carrier
  - “Access to Medical and Exposure Records” poster
  - Any current Cal/OSHA citations
  - Annual Summary of Occupational Injuries and Illnesses
  - IIPPO Contact Information
  - Blank copies of the Risk Communication Forms
  - Asbestos warning signs and material lists
- Provide and evaluate IIPP training for new hires, maintaining training records.
- Provide employees with appropriate personal protective equipment (PPE).
- Investigate reports of unsafe or unhealthy working conditions recorded on form SFPD 435C-1.

5.3 Commanding Officer or Officer in Charge shall:
- Comply with Cal/OSHA regulations and SFPD guidelines and policies, and enforce all safety and health rules that apply.
CITY AND COUNTY OF SAN FRANCISCO
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- Address safety announcements or training as needed at Roll Calls
- Conduct and document hazard inspections using the Periodic Hazard Inspection Form (SFPD 435 A) Appendix A, taking action to minimize risks that are identified.
- Investigate and respond to safety risks reported by employees via the Risk Communication Form (SFPD 435 B) Appendix B. Document corrective action/resolution for these issues.
- Ensure that all the occupational injury and illness records required are completed and forwarded through to the Medical Liaison Unit, Staff Services Division. These records include:
  - The Supervisor’s Investigation of an Illness/Injury (SFPD 439) Appendix C
  - The Workers’ Compensation Claim Form (Form DWC-1) Appendix D
  - The Employer’s Report of Occupational Injury or Illness (Form 5020) Appendix E
- Maintain documentation of Roll Call records, Periodic Hazard Inspection Forms (SFPD 435 A), Risk Communication Forms (SFPD 435 B) and work orders submitted to correct health and safety hazards.
- Provide and document job instruction and review of safety rules and procedures for employees transferred under their command.
- Report Cal/OSHA inspection visits immediately to the IIPPO and the Legal Division.
- Maintain a location for posting required health and safety notices.
- Obtain medical care for injured employees.
- Attend initial and/or annual training for management as recommended.

5.4 Medical Liaison shall perform the following Worker’s Compensation Function:
- Maintain the Worker’s Compensation Claim Form (Form DWC-1), Employer’s Report of Occupational Injury or Illness (Form 5020), and Supervisor’s Investigation of an Illness/Injury (SFPD 439).
- Act as the liaison between the Department and Worker’s Compensation.

5.5 Department of Public Health Industrial Hygienist (DPH-IH) assigned to the SFPD shall:
- Provide technical assistance and support for development, implementation and maintenance of the IIPP.
- Assist with investigations of serious injuries and illnesses as requested.
- Conduct health and safety audits and field surveys as requested.
- Conduct exposure monitoring for physical (i.e. noise) or chemical (i.e. lead) agents as needed.
- Provide support and correspondence in response to Cal-OSHA inquiries.
- Provide specific occupational safety and health training, as requested.

5.6 Planning Division shall:
- Procure resources necessary for specific safety and health remediation projects.
- Assure contractors comply with all state and local ordinances and regulations.
- Assure environmental issues (e.g. lead and asbestos) have been reviewed and addressed prior to the issuance or start of any work.
• Assure building fire suppression, alarm systems and egress methods are in compliance with all applicable state and local codes and regulations.
• Obtain and maintain annual maintenance records for the Heating, Ventilating and Air Conditioning (HVAC) system. Note this requirement is only applicable in buildings with forced-air HVAC systems.
• Maintain Material Safety Data Sheets for products used in SFPD facilities.

5.7 Legal Division shall:
• Participate in Cal OSHA investigations and correspond with Cal-OSHA.

5.8 Department Employees shall:
• Comply with Cal-OSHA regulations and SFPD guidelines and policies.
• Observe and follow safety and health rules and procedures that apply to their assignment.
• Use and maintain personal protective equipment required for safe job performance.
• Promote and facilitate the health and welfare for themselves and others.
• Report any potential safety or health risk to their Commanding Officer or Officer in Charge via Risk Communication Forms.
• Abate risks immediately upon identification, if possible and safe to do so.
• Ask for assistance or guidance when they do not fully understand the safe way to do their job.
• Not undertake any task, use any tool, or operate equipment unless authorized to do so.
• Report all occupational injuries and illnesses to their supervisor immediately, and provide supplementary information as requested.
• Attend scheduled Health & Safety training and medical surveillance examinations.
• Complete the employees' section of the Workers’ Compensation Claim Form (Form DWC-1) in the event of an incident.
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6.0 RISK IDENTIFICATION

6.1 Health and Safety Evaluations
Potential health and safety risks shall be identified by conducting Health and Safety Evaluations in every facility and area where SFPD employees are assigned. Both scheduled periodic and as-needed evaluations shall be completed.

- Scheduled Periodic Evaluations - The Commanding Officer or Officer in Charge must fill out the Periodic Hazard Inspection Report (SFPD 435-A) Form at least quarterly. An increase in frequency may be required where there are a large number of incidents or identified risks. Commanding Officer or Officer in Charge should be routinely observing their employees and work areas and striving to continuously improve occupational safety and health. Written records will be filed with the IIPP and will be kept for at least one year.

- As Needed/As Requested Evaluations - Evaluations will be performed when new or modified processes, equipment, or substances are introduced, or when attitudes or actions are adversely impacting the workplace.
  o Risk evaluations for new processes, equipment or substances should be reviewed long before implementation, preferably in design or pre-purchase phase, to maximize employee safety and minimize implementation issues.
  o Risk Communication Forms - Risks may be identified by any employee utilizing Risk Communication Forms (SFPD 435 B). This form provides a written method for employees to identify and suggest improvements for perceived health and safety risks.

6.2 Exposure Monitoring
For some physical (noise, vibration, radiation, etc.) and chemical (formaldehyde, carbon monoxide, mercury, etc) agents, exposure monitoring may be needed to evaluate and quantify a risk. Questions about such agents should be directed to the Department of Public Health Industrial Hygienist, who shall evaluate the need for monitoring and will conduct sampling if necessary.

7.0 RISK CORRECTION

7.1 Protocol to Address Risk
Once a risk has been identified, the Commanding Officer or Officer in Charge shall:

- Eliminate the risk immediately, if possible. Controlling the risk at its source is the most effective action. For example, if an extension cord presents a tripping hazard, eliminating the risk may include removing the cord and providing alternate hard wiring, while minimizing the risk may involve securing the cord appropriately to the floor.
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- Manage the risk by describing and enforcing procedures that clearly state how to do the job safely.
- Limit exposure to the risk by training personnel to follow prescribed safe work practices and behaviors that limit or avoid the risk.
- Protect against the risk by prescribing personal protective equipment (PPE) for employees. **PPE should be provided only after other strategies (engineering or administrative risk controls) have been implemented and/or exhausted, as required by Cal-OSHA.**

7.2 Protocol to Manage Ongoing Risks

The Commanding Officer or Officer in Charge shall:
- Initiate a work order to correct any hazards identified which cannot be corrected without the assistance of the Planning Division. Work orders to correct health and/or safety issues will be given priority. The Planning Division will prioritize health and safety work orders based on the severity of the hazard.

The IIPPO shall:
- Monitor risks and other identified deficiencies that require longer-term follow-up until completion/resolution.

Interim control measures shall be used if permanent control measures cannot be instituted in a timely manner. If interim control measures are not feasible or if controls do not fully or satisfactorily abate the risk, Commanding Officer or Officer in Charge shall:
- Discontinue the unsafe work practice or task and/or isolate the area until abatement can be completed.
- Provide necessary safeguards for employees who remain or function within a potentially hazardous environment or task.
- Remove affected personnel from an area if employee health and welfare is endangered.

8.0 EMERGENCY PREPAREDNESS

The SFPD shall develop and implement a written emergency preparedness and response plan.

8.1 SFPD Facilities

All SFPD Facilities shall conduct evacuation drills at least twice annually.

8.2 The Commanding Officer or Officer in Charge shall:
- Review their facility emergency plans with all employees upon assignment to that location, and at least annually thereafter.
• Remove affected personnel from an area if employee health and welfare is endangered. The sequence of action for removal of employees is as follows:
  
  o Temporarily relocate employees to a different area to work until the risk is stabilized or abated, if feasible.
  o Allow employees to go home, taking own leave time (vacation/comp), subject to Commanding Officer or Officer in Charge's approval.
  o Allow employees to temporarily work at home, subject to job feasibility and approval.

NOTE: In situations that may affect multiple work sites or have city-wide implications (earthquake, fires), more specific instructions may be issued from the Office of Emergency Services or the Mayor's Office. These instructions would supersede the provisions of this section, and may include provisions for employees to report to and work at emergency work sites.

• Advise the Chief of Police of dangerous or deficient situations as needed.

8.3 Department Employees Shall:
• Participate in emergency response and preparedness activities, including emergency drills and training.

9.0 EMPLOYEE/EMPLOYER COMMUNICATION

9.1 Health and Safety Training
Various subjects in the areas of health and safety, both mandatory and elective, will be provided.

9.2 Roll Call Meetings
Health and safety related announcements or Department Bulletins will be communicated during Roll Call as needed.

9.3 Bulletin Boards
The IIPPO will ensure that safety bulletin boards are established and maintained in central locations for employee access and that the following items are posted:

• Cal/OSHA "Safety and Health Protection on the Job" Poster
• Notice of Compensation Carrier
• "Access to Medical and Exposure Records" poster
• Any current Cal/OSHA citations
• Annual Summary of Occupational Injuries and Illnesses
• IIPPO Contact Information
• Blank copies of the Risk Communication Form
• Asbestos warning signs and material lists
9.4 Health & Safety One-On-One Contacts

Personal contacts between the Commanding Officer or Officer in Charge and employees are important to provide feedback on performance as well as to discuss ideas with respect to the identification and control of workplace risks. Positive reinforcement for a job well done is as important as constructive criticism or questioning to improve a situation. Either party can initiate communication, but it is especially important for the Commanding Officer or Officer in Charge, to help maintain their visibility in the workplace and to demonstrate their commitment to employees in improving health and welfare in the workplace. Follow-up on any action items resulting from these contacts is imperative.

9.5 Risk Communication Form

The Risk Communication Form (SFPD 435 B) is a tool that encourages the reporting and documentation of unsafe or unhealthy work conditions and situations. The form shall be:

- Used by employees to provide notification to supervisors (either anonymously or not).
- Used by supervisors to document verbally reported concerns (although the employee should be encouraged to provide the write-up themselves)
- Easily accessible for employee use. Blank copies of the form should be kept by Supervisors and will be located at a facility's safety bulletin board.

Employees also may submit anonymous reports and/or provide direct copies to IIPPO. See Section 7.0, Risk Correction, for guidance on correcting hazardous conditions or work practices.

9.6 Written Guidelines, Policies And Code Of Safe Work Practices

Department Bulletins shall be developed for certain operations and for Health & Safety topics as deemed necessary by local, state, and federal regulations and statutes or as directed by the Chief of Police.

Written Codes of Safe Practices and other procedures particular to a specific work area or job operation will be developed as required.

10.0 EMPLOYEE TRAINING

Health and Safety Training shall be provided for employees when:

- Initially hired
- Transferred to a job with new hazards
- New substances, processes, procedures, or equipment that present new potential hazards are introduced to the workplace
- New or previously unrecognized hazards are identified
- An employee is observed performing a procedure in an unsafe manner
10.1 Initial Safety and Health Orientation

The IIPPO is responsible for training conducted at the Training Academy during Recruit Training. The IIPPO will maintain Academy training records. This training will at minimum include:

- Introduction to the SFPD IIPP
- Review of the employee’s rights and responsibilities
- General safe work practices and procedures
- Procedures for reporting actual and/or suspected safety and health hazards
- Procedures for reporting occupational injuries and illnesses
- Employee access to records

10.2 Workplace Orientation

The Commanding Officer or Officer in Charge will provide workplace orientation during the officer’s first week at a new station. The training will include evacuation plans, emergency equipment location, and worksite specific safety and health hazards.

10.3 Roll Call Meetings

Roll Call is conducted by the Commanding Officer or Officer in Charge at the start of every shift, and provides an opportunity for health and safety training. The Commanding Officer or Officer in Charge will provide health and safety training that covers any hazards that may have been recently introduced or identified at the worksite. Employees are encouraged to raise concerns and ask questions about workplace health and safety. Roll Call attendance must be documented. The Commanding Officer or Officer in Charge is responsible for maintaining those records.

11.0 OCCUPATIONAL INJURY AND ILLNESS REPORTING

11.1 Notification

Occupational incidents shall be reported by employees to their Commanding Officer or Officer in Charge immediately following occurrence or knowledge of occurrence.

- In the case of injuries or illness that do not require immediate emergency treatment, the employee will make every effort to report to his or her Commanding Officer prior to seeking medical treatment.
  - Appendix G contains a list of Occupational Health Services Clinics that may be used for non-emergency treatment of occupational injuries or illnesses.
- In the case of injuries that do require immediate emergency medical treatment, the employee must inform the supervisor as soon as possible. Unless they are medically unable to do so, employees must inform their supervisors on the same day/shift of the injury.
- In the case of occupational illnesses, it may be difficult to associate a specific event or exposure. The employee will report the illness to the supervisor as soon as there is a suspicion or diagnosis of an occupational illness.
11.2 Medical Treatment

The Commanding Officer or Officer in Charge shall assist the employee in obtaining prompt medical treatment of occupational injuries and illnesses, as necessary.

- An ambulance should be called for transport if the employee's condition is immediately life threatening.
- If the employee's condition is not immediately life threatening, the supervisor should arrange for the employee's transportation to designated treatment facilities.

Incident forms do not have to be completed prior to the employee seeking medical treatment.

11.3 Documentation of Injury or Illness

On the same day/shift of an employee reporting or a supervisor having knowledge of an occupational injury or illness, the Commanding Officer or Officer in Charge, not the employee, will complete the following and forward them to the Medical Liaison, who will review for completeness and forward them as required by the forms:

- Complete the Supervisor's Investigation of an Illness/Injury (SFPD 439)
- Complete an Employer's Report of Occupational Injury or Illness (Form 5020)
- Complete the employers' section of the Workers' Compensation Claim Form (Form DWC-1) and have the employee fill out their section.

Copies will be maintained at the Medical Liaison Office.

11.4 Medical Documentation

Employees must provide their supervisor with a copy of the Attending Physician's Supplemental or Final Report Form (or equivalent) after each visit to a medical facility. The Commanding Officer or Officer in Charge shall immediately submit a copy of the form to the Medical Liaison.

11.5 Fatality/Serious Injury

In the event of a fatality or a serious occupational injury (A serious injury or illness is an injury or illness that results in death, requires hospitalization for more than 24 hours, results in the loss of any employee of the body, or produces any serious degree of permanent disfigurement), the Commanding Officer or Officer in Charge must immediately notify the Chief of Police, the IIPPO, and the Medical Liaison. The IIPPO must notify the nearest Cal/OSHA office immediately, unless the incident occurs on a public street or highway. (See section 4.0 for definition of "Cal/OSHA Reportable Incident").
12.0 INCIDENT INVESTIGATION

12.1 Incident Investigation Reporting

The Commanding Officer or Officer in Charge will conduct an incident investigation. He/she shall fill out the Supervisor's Investigation of an Illness/Injury (SFPD 439). All accidents resulting in injury and all "near misses" require an investigation.

- The completed SFPD 439 shall be submitted to the IIPPO and Medical Liaison for processing as indicated on the form, no later than the end of the shift when the incident occurred.

- When a Commanding Officer or Officer in Charge learns of an incident, he/she is required to go to conduct a preliminary investigation. If possible, the supervisor should go to the scene of the incident. The Commanding Officer or Officer in Charge (not the employee) will:
  
  o Interview witnesses and the injured employee (as possible) to document what occurred. Supervisors may also request that employees submit written statements about the incident to them.
  
  o Record the facts as they are presented, to provide all details of the incident for later analysis/review.
  
  o Be particularly concerned with determining all unsafe acts or conditions that may have contributed to the incident, in order to determine causal factors and prevent future occurrences.

- Employees must complete the employees section of the Worker's Compensation Claim Form (Form DWC-1) in the event of an incident.

12.2 Incident Correction

The Commanding Officer or Officer in Charge shall correct a hazardous situation immediately. If immediate correction is not possible, then the Commanding Officer or Officer in Charge shall develop and implement a written action plan that includes responsible individuals and target dates for completion. All corrective action and action plans shall be documented on the SFPD 439.

- Follow-up of all corrective action plans is the responsibility of the Commanding Officer or Officer in Charge and is an important part of the injury prevention process.

- Outstanding or unresolved issues should be brought to the attention of the Chief of Police.
13.0 CAL-OSHA INSPECTIONS AND CITATIONS

13.1 Receipt of Notification
An employee receiving notification of a Cal/OSHA inspection shall forward correspondence to the IIPPO and the Legal Division immediately.

13.2 Cal/OSHA Inspection
Employees shall not allow a Cal/OSHA inspection to proceed until the IIPPO and the Legal Division have been notified and given approval. The IIPPO or the Legal Division shall assign staff to accompany the Cal/OSHA representative on the inspection. Staff will take notes of the inspection and provide records as requested.

13.3 Citations
If a citation is issued from Cal/OSHA, corrective action to abate a Cal/OSHA citation will be initiated and completed as soon as possible.

- Abatement is the responsibility of the IIPPO. The DPH-IH shall provide support as requested.
- The Legal Division will track abatement of the citation, correspond with Cal/OSHA, and maintain all copies of correspondence. The DPH-IH shall provide support and correspondence in response to Cal-OSHA inquiries as requested.

13.4 Posting
Following an inspection or correspondence by Cal/OSHA, the IIPPO shall assure that a copy of the citation is posted on the Safety Bulletin Boards for a period of three days or until the risk has been abated (whichever is longer).

14.0 EMPLOYEE COMPLIANCE

The SFPD will take all possible measures to ensure that employees comply with all safe and healthful work procedures and practices. Compliance will be encouraged through:

- Employee training (see also Section 9.0).
- Recognition and incentives for employees who follow and facilitate safe and healthful work practices, including utilizing performance appraisals to recognize individual safe work practices
- Progressive disciplinary action, in accordance with departmental policy, shall be instituted to document employee non-compliance. This includes oral and written employee notification and counseling, re-training, written reprimand, suspension, and finally, termination. Discipline will be under the direction of the Management Control Division.
15.0 EMPLOYEE ACCESS TO RECORDS/RECORD RETENTION

15.1 Employee Records
Employees have the right to access records. Medical records may be obtained upon request from Staff Services through the officers' Commanding Officer. Available exposure records may be obtained by contacting the IIPPO.

15.2 SFPD Shall maintain the following records:
- Periodic risk evaluations and risk abatement
- Exposure monitoring data
- Reports of unsafe/unhealthy work conditions
- Training records and safety meeting records

15.3 Planning Division shall maintain:
- Copies of most recent HVAC maintenance records.
- Information on all work orders submitted to correct health and safety issues.
- Material Safety Data Sheets for products used in SFPD facilities

16.0 OTHER PROGRAMS

The California Division of Occupational Safety and Health requires other programs in addition to the IIPP. Cal/OSHA enforces laws and regulations governing the protection of the life, safety and health of every employee in California work places. The SFPD has enacted the following programs:

- Respiratory Protection - This program applies to all employees who may be exposed to hazardous dusts, mists, fumes, or vapors on the job. These employees may be required to wear personal protective equipment such as respirators.

- Bloodborne Pathogen Exposure Control Plan (Infectious Disease Control Manual)
  - This program applies to all employees who may be exposed to human or animal blood and body fluids and disease causing agents on the job.
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<thead>
<tr>
<th>NAME</th>
<th>Title</th>
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<td>Chief of Police: San Francisco Police Department</td>
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SIGNATURE

DATE ISSUED: ___________________________
APPENDIX A

Periodic Hazard Inspection Forms (SFPD 435 A)
# PERIODIC HAZARD INSPECTION

**Facility Inspection**

**Inspection Date:**

**Facility Name:**

---

**Name of Person Conducting Inspection**
(Please Print)

**Person Conducting Inspection**
(Signature)

---

## HOUSEKEEPING

1. Are waste containers emptied, cleaned regularly and maintained in a sanitary condition?  

2. Is the facility free of rodents, insects and vermin?  

3. Is the lunch room/kitchen area maintained in a sanitary condition?  

4. Are locker rooms maintained in a sanitary condition?  

5. Are wash facilities maintained in a sanitary condition?  

6. Are all areas of the facility clean and orderly?  

## EXITING OR EGRESS

7. Are aisles, passageways and stairwells free of obstructions and in good repair?  

8. Are all stairways and handrails safe and in good repair?  

9. Are the directions to exits, when not immediately apparent, marked with visible signs?  

10. Are doors passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AN EXIT," "TO BASEMENT," "STOREROOM," etc.?  

11. Are aisles of an adequate width? (minimum aisle width is 32 inches.)  

## EMERGENCY PLAN

12. Is there an Emergency Action Plan for this facility?  

13. Are emergency exit maps posted?  

14. Have all Members received documented training on the Emergency Action Plan?  

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All areas identified as a hazard/problem require that you indicate the corrective action you are taking to resolve the hazard/problem on form SFPD 435-B.

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## FIRE PROTECTION

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
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<tbody>
<tr>
<td>15. Are &quot;No Smoking&quot; signs posted and enforced?</td>
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<td>16. Are &quot;No Smoking&quot; signs posted where combustible and flammable</td>
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<td>materials are stored and dispensed?</td>
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<td>17. Are fire hose cabinets and portable multi-class fire extinguisher</td>
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<td>provided?</td>
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<td>18. Are fire extinguisher mounted so members do not have to travel more</td>
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<td>than 75 feet to get one?</td>
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<td>19. Are fire extinguishers mounted within 50 feet of flammable liquids</td>
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<td>or gas?</td>
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<td>20. Are signs mounted above fire extinguishers, and hoses to readily</td>
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<td>identify their location?</td>
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<td>21. Is the access to fire hydrants, extinguishers and hoses free from</td>
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<td>obstructions and blockage?</td>
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<td>22. Are fire extinguishers Inspected monthly to determine if the</td>
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<td>extinguisher is fully charged, and that the tamper seal is intact?</td>
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<td>23. Are fire doors and fire shutters in good operating condition and</td>
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<td>protected against obstructions, including their counterweights?</td>
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</tr>
<tr>
<td>24. Are combustible or flammable materials stored, transported,</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>dispensed and used properly?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## OFFICE SAFETY

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Are portable wood, metal and fiberglass ladders in good shape?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Are the bases of the ladders equipped with nonslip safety feet or</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>boots?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>27. Are large items such as bookshelves and storage cabinets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>seismically braced?</td>
<td></td>
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</tr>
<tr>
<td>28. Are floor and walkway surfaces kept dry or are appropriate means</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>taken to ensure the surfaces are slip resistant?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>29. Are supplies and materials stored so they will not fall and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>arranged to provide safe and easy access?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>30. Are grounding plug adapters/by-passers eliminated from use?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Are electrical cords located to eliminate tripping hazards?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Are telephone connections and cords located to eliminate tripping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hazards?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Is the area maintained to eliminate tripping hazards?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Are heavy duty grounded extension cords used rather than household</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>extension cords?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Are electrical strips being used rather than multiple plug adapters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>where needed?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

All areas identified as a hazard/problem require that you indicate the corrective action you are taking to resolve the hazard/problem on form SFPD 435-B.
### OFFICE SAFETY (Continued)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.</td>
<td></td>
<td></td>
<td></td>
<td>Is exposed wiring and cords with frayed or deteriorated insulation reported for repair or replacement?</td>
</tr>
<tr>
<td>37.</td>
<td></td>
<td></td>
<td></td>
<td>Are electrical enclosures such as switches, receptacles, and junction boxes provided with tight fitting covers, plugs or plates?</td>
</tr>
<tr>
<td>38.</td>
<td></td>
<td></td>
<td></td>
<td>Are electrical panels accessible (3 feet clearance), labeled and fitted with a secure cover?</td>
</tr>
<tr>
<td>39.</td>
<td></td>
<td></td>
<td></td>
<td>Are telephone junction boxes and monuments provided with tight fitting covers, plugs or plates?</td>
</tr>
<tr>
<td>40.</td>
<td></td>
<td></td>
<td></td>
<td>Are file drawers closed when not in use?</td>
</tr>
<tr>
<td>41.</td>
<td></td>
<td></td>
<td></td>
<td>Are work areas adequately illuminated?</td>
</tr>
<tr>
<td>42.</td>
<td></td>
<td></td>
<td></td>
<td>Are First Aid Supplies maintained in a sanitary manner?</td>
</tr>
<tr>
<td>43.</td>
<td></td>
<td></td>
<td></td>
<td>Are outdated first aid supplies removed?</td>
</tr>
<tr>
<td>44.</td>
<td></td>
<td></td>
<td></td>
<td>Are first aid supplies readily replenished?</td>
</tr>
<tr>
<td>45.</td>
<td></td>
<td></td>
<td></td>
<td>Are caution labels and warning signs posted in areas where there is &quot;exposed&quot; Asbestos?</td>
</tr>
</tbody>
</table>

### VENTILATION SYSTEM

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.</td>
<td></td>
<td></td>
<td></td>
<td>Does the ventilation system work properly?</td>
</tr>
<tr>
<td>47.</td>
<td></td>
<td></td>
<td></td>
<td>If you have answered &quot;NO&quot; to the above question, have you documented and requested repairs or maintenance for the ventilation system?</td>
</tr>
</tbody>
</table>

### CAL OSHA POSTERS AND FORM 200

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>48.</td>
<td></td>
<td></td>
<td></td>
<td>Is the Cal/OSHA poster &quot;Safety and Health Projection on the Job&quot; posted in a prominent location where all members are likely to see it?</td>
</tr>
<tr>
<td>49.</td>
<td></td>
<td></td>
<td></td>
<td>Is the Cal/OSHA poster &quot;Access to Medical Exposure Records&quot; posted in a prominent location where members are likely to see it?</td>
</tr>
<tr>
<td>50.</td>
<td></td>
<td></td>
<td></td>
<td>Is the poster &quot;Workers' Compensation Benefits&quot; posted in a prominent location where all members are likely to see it?</td>
</tr>
<tr>
<td>51.</td>
<td></td>
<td></td>
<td></td>
<td>Is the right half of the Cal/OSHA form 200 &quot;Log and Summary of Occupational Injuries and Illness&quot; properly posted and maintained during the month of February? (For the Hall of Justice --this is posted in Medical Liaison.)</td>
</tr>
</tbody>
</table>

---

All areas identified as a hazard/problem require that you indicate the corrective action you are taking to resolve the hazard/problem on form SFPD 435-B.
### PERSONAL PROTECTIVE EQUIPMENT/HEARING CONSERVATION

<table>
<thead>
<tr>
<th>Q</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.</td>
<td></td>
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<tr>
<td>56.</td>
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</tr>
</tbody>
</table>

### HAZARDOUS/INFECTIOUS WASTE

<table>
<thead>
<tr>
<th>Q</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>57.</td>
<td></td>
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<td>58.</td>
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<td>59.</td>
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<td>60.</td>
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<td>61.</td>
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</tr>
</tbody>
</table>

### HAZARDOUS SUBSTANCE STORAGE

<table>
<thead>
<tr>
<th>Q</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>62.</td>
<td></td>
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<tr>
<td>63.</td>
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<td>64.</td>
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<tr>
<td>65.</td>
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</tr>
</tbody>
</table>

All areas identified as a hazard/problem require that you indicate the corrective action you are taking to resolve the hazard/problem on form SFPD 435-B.
## GENERAL VEHICLE INFORMATION

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>66. What year is the car?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>67. What is the current mileage of the car?</td>
<td></td>
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</tr>
<tr>
<td>68. What is the service due mileage of the car?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>69. Is the vehicle a &quot;marked&quot; police vehicle?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>70. Is the car a supervisor vehicle?</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## INTERIOR

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>71. Is the interior clean?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72. Are the seats in good condition?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>73. Are the seatbelts in good working condition?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74. Is the interior free of exhaust fumes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75. Do the windows work properly?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>76. Do the doors and door locks work properly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77. Does the steering wheel lock work properly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>78. Is the brake pedal rubber pad in place?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## TRUNK

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>79. Is the trunk clean and organized?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80. Does the electric trunk release work?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81. Is there a spare tire provided?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82. Is the spare tire properly secured in place?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83. Is there a jack?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84. Are there emergency road flares?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All areas identified as a hazard/problem require that you indicate the corrective action you are taking to resolve the hazard/problem on form SFPD 435-B.
## Periodic Hazard Inspection

### Vehicle Inspection

<table>
<thead>
<tr>
<th>POLICE EMERGENCY EQUIPMENT</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>85. <strong>Is the vehicle equipped with a shotgun rack?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>86. <strong>Does the shotgun release and locking mechanism work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>87. <strong>Does the spotlight(s) work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88. <strong>Does the light bar work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>89. <strong>Does the alternating (wig-wag) headlight system work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90. <strong>Does the siren work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>91. <strong>Do the alley lights work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>92. <strong>Does the MVT work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93. <strong>Does the PIC radio work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94. <strong>Does the Low Band Radio work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95. <strong>Does the car have a cellular telephone installed in it?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96. <strong>Does the cellular telephone work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### General Mechanical

<table>
<thead>
<tr>
<th>GENERAL MECHANICAL</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>97. <strong>Is the car overdue for service?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98. <strong>Do the hazard lights (four way flashers) work?</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>99. <strong>Do all the brake lights work?</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>100. <strong>Do the reverse lights work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101. <strong>Do the turn signals work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>102. <strong>Do the headlights work, high and low beam?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>103. <strong>Does the horn work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>104. <strong>Do the windshield wipers/washers work?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>105. <strong>Is the engine oil, transmission fluid, power steering fluid, and radiator coolant at the required levels?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>106. <strong>Are the hoses and belts in good conditions?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>107. <strong>Are the brakes in good condition?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>108. <strong>Are the shocks in good condition?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>109. <strong>Are the tires in good condition?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All areas identified as a hazard/problem require that you indicate the corrective action you are taking to resolve the hazard/problem on form SFPD 435-B.
APPENDIX B

Hazard Abatement Response Form (SFPD 435 B)
SAN FRANCISCO POLICE DEPARTMENT
Injury Illness Prevention Program

Hazard Abatement Response

(Read Instructions on the back before filling out this page.)

Department: ___________________________ Date: ___________________________
Location: ___________________________
Person Completing Form: ___________________________

Hazard/Problem Area: ___________________________

For each deficiency item listed, provide:
1. A description of the action that will be taken to abate the deficiency.
2. The date completed, or expected date of completion.
Return this form to the OSH Manager. If you have any questions regarding completion of this form, contact the OSH Manager at (415) 553-1466.

Deficiency Item: ___________________________

Recommended Action: ___________________________

Action Taken: ___________________________

SFPD 435-B-1(Rev. 6/94)
The Hazard Abatement Response Form is a means for your worksite and the OSH Manager to track the progress of abating the health and safety deficiency items noted during the baseline Hazard Survey and Periodic Hazard Inspection.

The deficiency items noted for each hazard/problem area are listed on the form along with recommended action to abate the deficiency. In addition, an "Action Taken" section has been added below each deficiency item.

In the Action Taken section, describe the actual actions taken to abate the deficiency (e.g., use of personal protection equipment, employee training, development of procedures, etc.) and the status of implementing the action (e.g., in progress, expected dates of completion, etc.).

Send completed forms to the OSH Manager. It is recommended that you make several copies of each form so that updates can be sent to the OSH Manager as deficiency items are abated. **Copies of completed forms should also be kept at your worksite as a record of progress.**

Example:

<table>
<thead>
<tr>
<th>Hazard Problem Area:</th>
<th>Emergency Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficiency Item:</td>
<td>There is no Emergency Action Plan for this facility.</td>
</tr>
<tr>
<td>Recommended Action:</td>
<td>Develop an Emergency Action Plan</td>
</tr>
<tr>
<td></td>
<td>RAC = 1</td>
</tr>
<tr>
<td>Action Taken:</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C

Supervisor's Investigation of an Illness/Injury (SFPD 439)
SUPERVISOR'S INVESTIGATION OF AN ILLNESS/INJURY
PRINT OR TYPE

MEDICAL LIAISON USE ONLY

Claim No: ___________________________ Date of Injury: __/__/___
First Day: __/__/__
Date Returned to work: __/__/__
Not Disabled: □ Modified duty: □ Recurrence: □ Delay: □ In and Out: □
If the employee is a probationary officer was FTO coordinator notified?: Y _ N ___ date: __/__/___
Reviewed and accepted by: name: ___________________ star: __________ date: __/__/___
Entered into system by: name: ___________________ star: __________ date: __/__/___
Claim sent to Workers' Comp by: name: ___________________ star: __________ date: __/__/___

TO BE COMPLETED BY SUPERVISOR

TYPE OF REPORT □ FIRST AID
□ MEDICAL TREATMENT □ DOCUMENTATION ONLY
□ FATALITY □ NEW □ RECURRENCE

ATTACHMENTS □ NON-INDUSTRIAL REQUEST
FOR MODIFIED DUTY (See item #9) □ FIRST DAY RPT.
□ FORM 5020 □ DWC 1 □ EMPLOYEE RPT.
□ RELATED RPTS. □ PHOTOS

NAME: last first m star: unit: date: ________________________________
D.O.B. Social Security #: Home Phone: ________________________________
Assignment Address: Home Address: ________________________________
City: Zip Code: Classification: ________________________________
Is the employee on Probation: YES □ NO □ Active Secondary Employment Request: YES □ NO □
Date of injury: __/__/__ Time: __/__/__ Date first Reported: __/__/__
Reported To: ________________________________
Was Employee Treated? YES □ NO □ Where: ________________________________
By Whom: ________________________________
How Transported? SELF □ AMBULANCE □ OTHER: ________________________________
Returned to Duty: YES □ NO □ Unable to return to work: From to ______
Released to Modified Duty: YES □ NO □ (attach restrictions to this sheet if not contained in the First Day Report)

1. Inspected Site? YES □ NO □ If no, Explain in Narrative.
2. Conditions at the site:
   (describe in detail the surface, weather, visibility and any other conditions that may have bearing)
3. DETAILED DESCRIPTION OF HOW THE INJURY OR ILLNESS OCCURRED.
(Describe how the injury/illness occurred including the activity which was being performed)

4. IN YOUR OPINION WAS THIS INJURY OR ILLNESS PREVENTABLE?  YES  NO
   IF YES, A BRIEF DESCRIPTION OF HOW THIS INJURY OR ILLNESS MAY BE AVOIDED IN THE FUTURE.

5. PHOTOS TAKEN: YES  NO  TAKEN BY:

6. WITNESS INFORMATION: (List name, assignment, phone, describe location in relation to the injured worker and what they observed. Attach additional sheets if needed.)
7. WAS SAFETY EQUIPMENT USED? YES □ NO □ N/A □ What equipment was used?
   Was the equipment effective? YES □ NO □ N/A □ Did the equipment perform as expected? YES □ NO □ N/A □
   (If the equipment did not perform as expected, explain why in the conclusion/recommendation section)

8. IF AN UNSAFE CONDITION(S) EXISTS WAS IT REMEDIED AND REPORTED FOLLOWING INJURY/ILLNESS PREVENTION PROGRAM GUIDELINES? YES □ NO □ N/A □ (Attach a copy of any IIPP required report)

9. CONCLUSION/RECOMMENDATION TO ACCEPT OR REJECT CLAIM
   Any request for modified duty, as a result of non-industrial injury/illness, must be reviewed by the Deputy Chief of Administration before the employee returns to work.

10. MISCELLANEOUS: In this section include any other information that you feel may be of assistance, names and times of any notifications, and list all attachments to this report.
APPENDIX D

Workers' Compensation Claim Form (Form DWC-1)
PETICION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

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 fechada de su empleador. Ud. necesita ayuda para completar esta forma para obtener sus beneficios. Ud. puede llamar a la División de Compensación al Trabajador al 1-800-736-7401 para obtener información grabada. En la hoja cubierta de esta forma está la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIONAL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

Empleador: Complete la sección "Empleador" y envíe esta forma a su empleador. Si Ud. ha recibido copias de esta forma, envíe las copias de estas formas con sus copias originales.

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.

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 as the cover sheet of this form. You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

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.

Employee - complete this section and see note above. Empleado - complete esta sección y note la notación arriba.

1. Name/Nombre: __________________________

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 donde ocurrió el accidente. __________________________

6. Describe injury and part of body affected. Describa la lesión y parte de cuerpo afectada. __________________________

7. Social Security Number. Número de Seguro Social del Empleado: __________________________

8. Signature of employee. Firma del empleado: __________________________

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

9. Name of employer. Nombre del empleador: __________________________

10. Address. Dirección: __________________________

11. Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesión o accidente: __________________________

12. Date claim form was provided to employee. Fecha en que se le entregó el empleado la petición: __________________________

13. Date employer received claim form. Fecha en que el empleado devolvió la petición al empleador: __________________________

14. Name and address of insurance carrier or adjusting agency. Nombre y dirección de la compañía de seguros o agencia administradora de seguros. __________________________

15. Insurance Policy Number. El número de la póliza del Seguro: __________________________

16. Signature of employer representative. Firma del representante del empleador: __________________________

17. Title. Título: __________________________

18. 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 this form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

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

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers’ compensation benefits. Attached is the form for filing a workers’ compensation claim with your employer. You should read all of the information below. Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD.

7/1/84 Rev
State of California
Department of Industrial Relations
DIVISION OF WORKERS’ COMPENSATION

To file a claim, complete the “Employee” section of the form, keep one copy and give the rest to your employer. Your employer will then complete the “Employer” section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can’t start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your prespecified doctor. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers’ compensation, you may choose your own doctor immediately.

Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars ($10,000).

Disclosure of Medical Records: After you make a claim for workers’ compensation benefits, your medical records will not have the same privacy that you usually expect. If you don’t agree to voluntarily release medical records, a workers’ compensation judge may decide what records will be released. If you request privacy, the judge may “seal” (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can’t work while you are recovering from a job injury or illness, you will receive temporary disability payments. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Vocational Rehabilitation (VR): If a doctor says your injury or illness prevents you from returning to the same type of job and your employer doesn’t offer modified or alternative work, you may qualify for VR. If you qualify, your claims administrator will pay costs, up to the maximum set by state law. VR is a benefit for injuries that occurred prior to 2004.

Supplemental Job Displacement Benefit (SJDB): If you do not return to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable in a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJDB is a benefit for injuries occurring on or after 1/1/04.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person’s workers’ compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers’ Compensation, or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC web site at www.dir.ca.gov. Link to Workers’ Compensation.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers’ compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialists.org.
APPENDIX E

Employer's Report of Occupational Injury or Illness (Form 5020)
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.

California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident or requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

<table>
<thead>
<tr>
<th>1. Firm Name</th>
<th>City &amp; County of San Francisco (Police Department)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Mailing Address</td>
<td>850 Bryant Street, Room 570 (Medical Liaison), San Francisco CA 94103</td>
</tr>
<tr>
<td>3. Location</td>
<td>Municipal Government</td>
</tr>
<tr>
<td>4. Nature of Business</td>
<td>Self Insured</td>
</tr>
<tr>
<td>5. State Unemployment Insurance Account No.</td>
<td>932-0081</td>
</tr>
</tbody>
</table>

**1. Firm Name**
City & County of San Francisco (Police Department)

**2. Mailing Address:** Number, Street, City, Zip
850 Bryant Street, Room 570 (Medical Liaison), San Francisco CA 94103

**3. Location:** If different from Mailing Address (Number, Street, City, Zip)
Municipal Government

**4. Nature of Business:** e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc.
Municipal Government

**5. State Unemployment Insurance Account No.**
932-0081

**6. Type of Employer:**
- Private
- County
- City
- School District
- Other Gov't, Specify:

**7. Date of Injury or Onset of Illness (mm/dd/yyyy):**

**8. Time Injury/Illness Occurred:**
- [ ] Hours
- [ ] Days

**9. Time Employee Began Work:**
- [ ] Hours
- [ ] Days

**10. If Employee Died, Date of Death (mm/dd/yyyy):**

**11. Unable to Work for at Least One Full Day After Date of Injury:**
- [ ] Yes
- [ ] No

**12. Date Last Worked (mm/dd/yyyy):**

**13. Date Returned to Work (mm/dd/yyyy):**

**14. If Still Off Work, Check This Box:**
- [ ] Yes
- [ ] No

**15. Paid Full Days Wages for the Date of Injury or Last Day Worked:**
- [ ] Yes
- [ ] No

**16. Salary Being Continued:**
- [ ] Yes
- [ ] No

**17. Date of Employer's Knowledge / Notice of Injury/Illness (mm/dd/yyyy):**

**18. Date Employee Was Provided Claim Form (mm/dd/yyyy):**

**19. Specific Injury/Illness and Part of Body Affected, Medical Diagnosis if Available:**
- e.g., Second degree burns on right arm, tendinitis on left elbow, lead poisoning

**20. Location Where Event or Exposure Occurred:**
- (Number, Street, City, Zip)
- County
- Yes
- No

**21. On Employer's Premises:**
- Yes
- No

**22. Department Where Event or Exposure Occurred:**
- e.g., Shipping department, machine shop.
- Other Workers injured or ill in this event?
- Yes
- No

**23. Equipment, Materials and Chemicals the Employee Was Using When Event or Exposure Occurred:**
- e.g., Acetylene, wetting trash, farm tractor, scaffold.

**24. Specific Activity the Employee Was Performing When Event or Exposure Occurred:**
- e.g., Welding seams of metal forms, loading boxes onto truck.

**25. How Injury/Illness Occurred:**
- Describe sequence of events, specify object or exposure which directly produced the injury/illness, e.g., Worker slipped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and bumped right hand. Use separate sheet if necessary.

**26. Date of Injury or Last Day Worked Notice of Injury/Illness:**
- (mm/dd/yyyy)
- Yes
- No

**27. Nature of Injury:**

**28. Part of Body:**

**29. Source:**
- e.g., Worker stood back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and bumped right hand. Use separate sheet if necessary.

**30. Extent of Injury:**
- e.g., Worker stood back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and bumped right hand. Use separate sheet if necessary.

**31. Occupation (Regular job title, No initials, abbreviations or numbers):**

**32. Employee Usually Works:**
- Hours per day
- Days per week
- Total weekly hours

**33. Gross Wages/Salary:**
- $ per

**34. Completed by (type or print):**

**35. Signature & Title:**

**36. Confidence Information:**
- Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.
APPENDIX F

Report of Unsafe/Unhealthy Work Condition – Hazard Evaluation Request (SFPD 435C-1)
SAN FRANCISCO POLICE DEPARTMENT
INJURY AND ILLNESS PREVENTION PROGRAM
Report of Unsafe/Unhealthy Work Condition-
Hazard Evaluation Request

Read instructions on the back of this form before filling in.

Date: ____________________________
Request # HE___________
Received: _________________________
RAC code # ________________

HAZARD LOCATION: ADDRESS________________________
BUILDING & ROOM NO. __________________

DESCRIPTION OF HAZARD: ___________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

I have discussed this hazard with my supervisor. YES[] NO[]
My name may be revealed to my supervisor. YES[] NO[]

NAME (OPTIONAL): ___________________ PHONE #:_____________________

ADDRESS: __________________________________________________________

HAZARD EVALUATION FINDINGS:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

ACTION TAKEN: ______________________________________________________________________________________________
DATE: ______________

☐ REFERRED TO ___________________________ FOR CORRECTION.
☐ REQUEST SENT TO DEPARTMENT OF PUBLIC WORKS.
☐ REQUEST SENT TO DEPARTMENT OF HEALTH.
☐ OTHER ACTION TAKEN: _________________________

COMMENTS: ______________________________________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

SIGNED: ___________________ PHONE: #_________________
OSH MANAGER/ASST. OSH MANAGER
INSTRUCTIONS

1. Members are encouraged to report to their supervisor, either orally or in writing, any condition or practice which they consider a hazard to their safety or health, or which they believe is in violation of CAL/OSHA safety and health standards.

2. In addition, members may request the assistance of the Department Occupational Safety & Health Manager either orally or in writing using this form. This request may be anonymous. However, members are encouraged to provide their name so that follow-up is possible.

3. To report a hazard in writing, the member must complete the top section of this form and send it directly to the Occupational Safety & Health Manager. The address is:
   Captain of Personnel
   Hall of Justice
   850 Bryant St.
   San Francisco, CA 94103

4. The Occupational Safety and Health Manager will investigate the report as described in the IIPP Manual.
APPENDIX G

List of Occupational Health Services Clinics
CLOSURE OF OCCUPATIONAL HEALTH SERVICE

The department was recently notified that effective March 14, 2008, UCSF and San Francisco General Hospital (SFGH) will cease operations and provisions of workers' compensation medical services at the Occupational Health Service (OHS), located in building 9 on the SFGH campus. In preparation for closure of the workers' compensation clinic, if you sustain a new work-related injury after 5:00 p.m. on Friday, February 1, 2008, you should seek medical care at an alternate location. Do not seek care at OHS for any new work-related injury after 5:00 p.m. on Friday, February 1, 2008.

If you were previously treated at OHS and already have a scheduled appointment at OHS, or need an appointment for an existing work-related injury, you may continue treatment at OHS until 5:00 p.m. March 14, 2008, by reporting to or calling OHS for treatment. Do not report to OHS after 5:00 p.m. on March 14, 2008 for any medical service.

Attached is a listing of alternative clinics where you may immediately begin obtaining treatment if you have a new injury. You may also immediately transfer your care to one of those clinics if you have an existing injury. Your medical record will be retained by SFGH. Your new workers' compensation provider may request a copy of your medical record by contacting the SFGH Medical Records Department at (415) 206-8640.

SFO Medical Service at SF Airport
Clinic is in the Domestic Terminal, on the ground floor
Hours are 08:30 a.m. to 5:00 p.m. Monday through Friday
Hours on Saturday are 9:00 a.m. to 1:00 p.m. and Closed on Sunday.
Telephone: (650) 821-5601

Kaiser Permanente Occupational Medicine Clinic
601 Van Ness Avenue, Suite 2008 (Mezzanine)
Hours are from 8:30 a.m. to 5:00 p.m., Monday through Friday
Telephone: (415) 674-7000 Free valet parking available.

California Pacific Medical Center-Davies Campus
Occupational Medicine Clinic
Castro and Duboce streets #160 A Level, South Tower
Hours are from 8:00 a.m. to 5:00 p.m., Monday through Friday
Telephone: (415) 565-6616
Saint Francis Memorial Hospital
City and County Workers' Compensation Clinic
1199 Bush St #160 (located next door to the Emergency Department)
Hours are from 7:30 a.m. to 5:00 p.m., Monday through Friday
Telephone: (415) 353-6305

CHW Health Center at Pac Bell Park, 24 Willie Mays Plaza
Hours are from 07:30 a.m. to 5:00 p.m. Monday through Friday
Telephone: (415) 972-2249

For emergencies and after business hours:

San Francisco General Hospital Emergency Department
1001 Potrero Avenue
Telephone: (415) 206-8111
Parking is available in a lot adjacent to the Emergency Department and in a parking garage on 24th Street.

California Pacific Medical Center-Davies Campus Emergency Department
Castro and Duboce streets
Telephone: (415) 565-6060
Parking is available in the adjacent garage.

Kaiser Permanente Medical Center
Report to Injury Center from 5:00 p.m. to 10:00 p.m.
2238 Geary Blvd., 3rd Floor
Telephone: (415) 833-2291

Report to Kaiser San Francisco Emergency Department after 10:30 p.m.
2425 Geary Blvd., 2nd Floor
Telephone: (415) 833-3300
Parking is available in the adjacent garage.

Saint Francis Memorial Hospital Emergency Department
900 Hyde Street, between Pine and Bush Streets
Telephone: (415) 353-6300
Parking is available at 1234 Pine St., at 909 Hyde St., and at 1199 Bush St.

HEATHER J. FONG
Chief of Police