
INJURY AND ILLNESS PREVENTION PROGRAM

1.0 PURPOSE

All employees of the City and County of San Francisco benefit from a safe and healthy work environment. To that end, it is the goal of the Department of Human Resources (DHR) to maintain an injury- and illness-free workplace. To achieve this goal, DHR has adopted an Injury and Illness Prevention Program (IIPP) to guide DHR employees, who share in the responsibility of ensuring the workplace is safe and healthy.

2.0 BACKGROUND AND REGULATORY REQUIREMENTS

Every California employer must establish, implement, and maintain a written IIPP. The requirements for the IIPP are defined in Title 8 of the California Code of Regulations, Section 3203, and must include the following elements:

- Management Commitment & Assignment of Responsibilities
- Hazard Assessment
- Hazard Correction
- Accident, Incident, Exposure Investigation
- Employee Communications
- Employee Compliance
- Health & Safety Training
- Recordkeeping

3.0 POLICY

DHR recognizes the importance of a safe and healthy work environment for all employees. Further, DHR acknowledges that while the responsibility for ensuring a safe and healthy work environment for all employees begins with the employer, all employees share in this ongoing responsibility. To meet this responsibility, DHR has established and implemented a written IIPP policy.

4.0 MANAGEMENT COMMITMENT AND THE ASSIGNMENT OF RESPONSIBILITIES

- 4.1 The Human Resources Director is responsible for ensuring that an effective IIPP is developed and implemented. The Director will take whatever actions needed, within her/his authority, to procure and allocate resources to maintain this program.
- 4.2 The Human Resources Director has designated the Departmental Personnel Officer as the Occupational Safety and Health (OSH) Coordinator. The assigned duties of the OSH Coordinator include the following:
 - 4.2.1 Coordinate inspections including: employee reports of unsafe work conditions, incident investigations and hazard abatement.
 - 4.2.2 Develop departmental health and safety policies.

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- 4.2.3 Maintain all records required by the IIPP pursuant to Title 8, California Code of Regulations Section 3203. This includes posting the IIPP, the OSHA 300 log, and any other required health and safety postings in a conspicuous location.
- 4.2.4 Coordinate safety and health training programs.
- 4.3 Each Manager and Supervisor shall have the responsibility of:
 - 4.3.1 Ensuring compliance by his/her staff with all safety and health regulations.
 - 4.3.2 Taking appropriate action to correct hazards when brought to his/her attention.
 - 4.3.3 Conducting incident investigations when necessary.
 - 4.3.4 Completing all documentation as required by departmental policy.
 - 4.3.5 Managers and supervisors should forward all required documentation to the OSH Coordinator.

5.0 HAZARD ASSESSMENT

- 5.1 Assessments will be conducted by the OHS Coordinator to identify and evaluate any potential health and safety hazards. An inspection form and check list are provided in Appendices C and D. Assessments will be conducted for the following reasons:
 - 5.1.1 Initial Assessment upon IIPP Implementation (Baseline Hazard Assessment). This assessment will consist of a walkthrough by the OHS Coordinator to identify any safety hazards and/or health hazards, and to evaluate existing occupational safety and health programs. Recommendations to correct any deficiencies

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found will be prioritized for abatement and presented to the OSH Coordinator.

- 5.1.2 Equipment is introduced to the workplace that presents a new occupational safety and/or health hazard. Recommendations to correct any deficiencies found will be prioritized for abatement and presented to the OSH Coordinator.
 - 5.1.3 Assessments when the DHR is made aware of a new or previously unrecognized hazard. Recommendations to correct any deficiencies found will be prioritized for abatement and presented to the OSH Coordinator.
 - 5.1.4 Assessments when occupational injuries or illnesses occur. (Refer to section 12.1.2)
 - 5.1.5 Assessments whenever workplace conditions warrant an inspection.
 - 5.1.6 The OSH Coordinator will retain copies of all surveys and inspections.
- 5.2 Procedures for employees to report unsafe or unhealthy work conditions:
- 5.2.1 An employee should report all unsafe or unhealthy work conditions to his/her first line supervisor, who will investigate the report (refer to Section 7) and initiate hazard abatement (refer to Section 6), if needed.
 - 5.2.2 An employee may report any unsafe/unhealthy work conditions directly to the OSH Coordinator. Employees may also report unsafe or unhealthy conditions anonymously in one of two ways:
 - 1. By calling (415) 557-4999 and leaving a message. Callers should provide as much detail as possible about the concern they are addressing. While this line is not answered in person, the messages are retrieved and reviewed daily.
 - 2. By dropping a written description of the safety concern in the safety mailbox located in DHR's official mail area. The description of the issue should be as complete as possible. This mailbox is checked, and the messages are retrieved and reviewed daily. Copies of Appendix D (Employee Safety Communication Form) will be provided to facilitate an employee's report.
 - 5.2.3 If the concern is about something that poses an immediate hazard, employees should not leave an anonymous message or note. Instead, employees should report the hazard directly and immediately to a supervisor or manager.
 - 5.2.4 Under no circumstances may the employee be disciplined for legitimately reporting a hazard.

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6.0 HAZARD CORRECTION**6.1 PROCEDURE FOR ABATING HAZARDS**

There are two categories of hazards that may be identified during the assessments: work area hazards identified during the walkthrough survey, and program deficiencies identified during the review of the occupational safety and health programs. These hazards will be prioritized for abatement according to the severity of the hazard.

6.1.1 The OSH Coordinator shall initiate hazard abatement for hazards identified during the baseline or periodic assessments. The procedure for hazard abatement is:

- Immediately cease the hazardous process or stop the use of hazardous materials.
- Determine the best way to change the process or to alleviate the hazard.

6.1.2 Interim control measures will be used if permanent control measures cannot be instituted in a timely manner.

6.1.3 When an imminent hazard is identified that cannot be immediately abated without endangering employees, the supervisor will remove exposed personnel from the area, except those necessary to correct the hazard. Such employees will be provided the necessary safeguards. The supervisor shall advise the Human Resources Director of the hazardous situation.

6.1.4 The OSH Coordinator will track all work area hazards identified in the assessments to ensure that all the items are abated in a timely manner.

6.1.5 The OSH Coordinator will document in writing when a hazard is abated. This documentation will include the interim and permanent control measures. The OSH Coordinator will maintain copies of all records pertaining to hazard abatement.

6.1.6 The OSH Coordinator will coordinate resolution of program deficiencies identified in the baseline hazard assessment survey report and inspections. This will include developing and implementing health and safety programs.

6.2 RISK ASSESSMENT CODES

All hazards will be assigned a risk assessment code based on the hazard severity and mishap probability. The hazards will then be abated according to their assigned priority.

- Code 1: Hazard abatement initiated immediately. Abatement must be completed within 24 hours
- Code 2: Abatement initiated within 3 business days
- Code 3: Abatement initiated within 7 business days

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- Code 4: Abatement initiated within 14 business days
- Code 5: Abatement initiated within 30 business days

7.0 ACCIDENT, INCIDENT, EXPOSURE INVESTIGATION

A primary tool to identify and recognize hazard areas is through the investigation of employee accidents, incidents, exposures and near misses. Investigations should focus on gaining an understanding of the possible causes of the event and the identification of potential hazards.

- 7.1 Upon notification of an accident, incident, exposure, or near miss, the Manager or Supervisor should conduct an investigation to determine the possible cause(s) of the event and the identification of potential hazards.
- 7.2 An Incident Investigation Report should be completed by the Manager or Supervisor and submitted to the OSH Coordinator. Please note that this form should be completed even if there were no employee injuries or illnesses (near misses). An Incident Investigation Report is provided in Appendix G.

8.0 EMPLOYEE COMMUNICATIONS

Communication between the employer and employee is an essential element of an occupational safety and health program. It provides ongoing opportunities to discuss matters relating to occupational safety and health, including encouraging employees to inform Managers and Supervisors of hazards at the worksite without fear of reprisal. The following methods will be included as part of the IIPP to communicate with employees:

- 8.1 Health & Safety Training (Refer to Section 10)
- 8.2 Safety Meetings: Managers and Supervisors will conduct a minimum of one safety meeting with their employees per calendar quarter. These meetings may be incorporated into regularly scheduled staff meetings. Whenever safety is discussed at a meeting, it should be documented on the training record provided in Appendix F.
- 8.3 Bulletin Board: A bulletin board that contains information regarding employee safety must be maintained at each location for the department. It is the responsibility of the Safety Coordination Committee, working with the OSH Coordinator, to identify and maintain these bulletin boards. The following items must be posted on each safety bulletin board:
 - Cal-OSHA poster "Safety and Health Protection on the Job"
 - Notice of Workers' Compensation Carrier
 - "Access to Medical and Exposure Records" poster
 - All Cal-OSHA citations
 - Log and Summary of Occupational Injuries and Illnesses will be posted by January 31 of each year.

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9.0 EMPLOYEE COMPLIANCE

DHR will enact all possible measures to ensure employees comply with safe and healthful work practices. A variety of methods will be used to encourage compliance including, but not limited to training programs, and recognition and incentives for employees who follow safe and healthful work practices.

- 9.1 All employees will be provided with the departmental Code of Safe Work Practices as set forth in this document (refer to Appendix A). Employees will be required to comply with the department Code. Failure to comply may lead to disciplinary action.
- 9.2 Employee Training Programs: All employees will be expected to attend safety and health training programs as identified in Section 10.0.
- 9.3 Employee Recognition and Incentives: Safety awards, recognizing employees who have exhibited exemplary commitment to safety, will be presented annually.
- 9.4 Employees will be encouraged to report any potential safety or health hazards to his/her immediate supervisor, or the OSH Coordinator, as described in Section 5.2 of this plan.

10.0 HEALTH AND SAFETY TRAINING

- 10.1 Occupational Safety and Health (OSH) training will be provided to all employees upon implementation of the IIPP. Subsequent training for employees will be presented when:
 - The employee is first hired.
 - The employee is reassigned to job assignments with new OSH hazards.
 - New substances, processes, procedures, or equipment that present a new hazard are brought into the work area.
 - New or previously undiscovered hazards are brought to the employer's attention.
 - An employee has not already participated in training in general safe work practices and been given specific instructions with respect to hazards unique to that employee's job assignment.
- 10.2 Special training will be given to Managers and Supervisors to assist them in reinforcing the training of their employees and in responding to incidents or reports of hazardous situations/materials.
- 10.3 The OSH Coordinator, or the employee's supervisor will provide training. Training areas will include:

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- Implementation and maintenance of the IIPP.
- Emergency action and fire prevention plan.
- Provisions for medical services and first aid.
- Prevention of musculoskeletal disorders, including proper lifting techniques.
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
- Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety.
- Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment, and electrical panels.
- Proper reporting of hazards and accidents to supervisors.

10.4 Safety and Health training must be documented in writing for each employee. Records will be maintained by the OSH Coordinator. Appendix E provides a sign-in sheet to document training.

11.0 EMPLOYEE ACCESS TO RECORDS/RECORDKEEPING

11.1 Employee training records shall contain the following information:

- Name of the course
- Date, time, length of the course
- Instructor(s) name(s)
- Summary of course content
- Printed name of the participant (Course roster)
- Signature of the participant (Course sign-in sheet)
- Job classification of the employee

11.2 Records will be maintained by the OSH Coordinator.

11.3 Employees have the right to access their records. All records may be obtained from the OSH Coordinator upon request.

12.0 REPORTING PROCEDURES FOR INJURIES, ILLNESSES, INCIDENTS, EXPOSURES, OR NEAR MISSES

12.1 Reporting injuries, illnesses, incidents, or exposures requiring medical care:

- 12.1.1 It is the employee's responsibility to notify the supervisor of on-the-job injuries and illnesses.

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12.1.2 When an employee's injury, illness, or exposure results in the need for medical care (beyond first aid) and/or results in lost time from work, the supervisor must complete the following forms within the time periods described for each form:

- **State of California Employee's Claim for Workers' Compensation Benefits – DWC-1**

Within one day of knowing an employee became hurt or ill because of work, the supervisor shall provide the employee with an "Employee's Claim for Workers' Compensation Benefits" (DWC-1 claim form). The employee must fill out this form and give it back to the employer. The supervisor shall then complete the employer's portion of the form and provide it to the Departmental Personnel Officer (DPO), with a signed and dated copy to the employee within one working day of the date the completed form was received from the employee

If the employee is not at work to complete the form, the DPO will send the form via certified U.S. mail, within one day of knowledge of the injury, to the employee's home to be completed. The employee should complete the form and return it to the DPO. The supervisor must then complete the employer portion and return a signed and dated copy of the form to the employee.

Supervisors should not complete the employee's portion of the form under any circumstances.

- **State of California Employer's Report of Occupational Injury or Illness"-- DLSR form 5020**

The supervisor or DPO must then complete the "Employer's Report of Occupational Injury or Illness" (DLSR form 5020) and provide this form to the Workers' Compensation claims administrator.

- **Incident Investigation Report**

The Manager or Supervisor shall conduct an investigation and complete this form (refer to Section 7), and submit the completed form to the DPO within 24 hours of being notified by the employee of the incident.

12.1.3 When an employee reports an injury (beyond first aid), illness, incident, exposure, or near miss that does not result in the need for medical care and/or time lost from work, the Manager or Supervisor must complete an investigation (refer to Section 7) and complete an **Incident Investigation Report**. The completed

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form must be submitted to the DPO within 24 hours of being notified by the employee of the incident.

Employees may be treated for a workplace injury or illness by their personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.), or medical group if:

- The doctor is the employee's regular physician, has previously directed the employee's medical treatment and retains the employee's medical records;
- The employee's "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- Prior to the injury, the employee's doctor agreed to treat him/her for work injuries or illnesses;
- Prior to the injury, the employee provided the employer the following in writing:
 1. Notice that the employee wants his/her personal doctor to treat work-related injury or illness, and
 2. The employee's personal doctor's name and business address.

The form for pre-designating a personal physician can be found on the [forms page](#) of the DHR Web site.

13.0 CAL-OSHA INSPECTIONS AND CITATIONS

Upon awareness of a Cal-OSHA inspector on the premises, the receptionist shall notify the OSH Coordinator, Director, or Managing Deputy Director. The OSH Coordinator, Director, or Managing Deputy Director will accompany the Cal-OSHA inspector, providing records as necessary.

- 13.1 In the case of a citation, corrective action to abate a Cal-OSHA citation will be initiated as soon as possible by the OSH Coordinator, who may delegate it to another manager or the Safety Coordination Committee.
- 13.2 The OSH Coordinator will post a copy of the citation in a conspicuous location (employee bulletin board) and ensure that it remains posted for a minimum of three days, or until the citation has been abated (whichever is longer).

IN THE EVENT OF A WORKPLACE INJURY:



CCSF Injury Reporting Hotline 1-855-850-2249

1. *Injured employee notifies supervisor*
2. *Supervisor or injured employee immediately calls injury hotline*
3. *Nurse gathers information, helps injured employee obtain appropriate medical treatment, and notifies Workers' Compensation Claims and the Department*
4. *Department supervisor completes forms and submits Report and Claim Forms to Workers' Comp Claims Department*

Program Benefits

- ⇒ *Get the right treatment faster*
- ⇒ *Accelerates claim reporting*
- ⇒ *Expedites benefits determination*
- ⇒ *Speak with a medical professional*

In Partnership with:



Dial 911 if life or limb is threatened!

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call the CCSF Injury Reporting Hotline prior to seeking treatment. Minor injuries should be reported prior to leaving the job site.

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Appendix A**CODE OF SAFE PRACTICES**

It is the policy of the Department of Human Resources that everything possible will be done to protect employees, customers and visitors from accidents. Safety is a cooperative undertaking requiring participation by every employee. Failure by any employee to comply with safety rules will be grounds for corrective discipline. Supervisors shall insist that employees observe safety rules and practices and take action as necessary to obtain compliance. To carry out this policy, employees shall carry out each of the following steps.

1. Report all unsafe conditions and equipment to your supervisor.
2. Report all accidents, injuries and illnesses to your supervisor.
3. Means of egress shall be kept unblocked, well lighted and unlocked during work hours.
4. Exit doors must comply with fire safety regulations during business hours.
5. In the event of fire, sound the alarm and evacuate.
6. Upon hearing the fire alarm, stop work and proceed to the nearest clear exit. Gather at the designated location.
7. Only trained workers may attempt to respond to a fire or other emergency.
8. Stairways should be kept clear of items that can be tripped over. All areas under stairways that are egress routes must not be used to store combustibles.
9. Materials and equipment will NOT be stored against doors or exits, fire ladders or fire extinguisher stations.
10. Aisles must be kept clear at all times.
11. Work areas should be maintained in a neat, orderly manner; trash and refuse are to be thrown into proper waste containers.
12. All spills shall be wiped up promptly.
13. Storage of files and supplies should be maintained in such a manner as to preclude damage to the supplies or injury to personnel when moving from storage. Heaviest items should be stored closest to the floor and lightweight items stored overhead.
14. Employees should use appropriate step-stools for accessing high places. Do NOT use a wheeled or folding chair to stand on.
15. All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
16. Never stack material precariously on top of lockers, file cabinets or other relatively high places.

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17. Never leave lower desk or cabinet drawers open that present a tripping hazard. Use care when opening and closing drawers to avoid pinching fingers.
18. Do not open more than one upper drawer at a time, particularly the top two drawers on tall file cabinets, or the cabinet may fall over.
19. Always use the proper lifting technique (lift with your knees, not your back). Never attempt to lift or push an object which is too heavy; you must contact a supervisor when help is needed to move a heavy object.
20. When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material, etc.
21. All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of grounding.
22. Individual heaters at work areas should be kept clear of combustible materials such as drapes or waste from wastebaskets. Newer heaters which are equipped with tip-over switches should be used.
23. Appliances such as coffee pots and microwaves should be kept in the employees' lounge. They should be kept in working order and inspected for signs of wear, heat or fraying of cords.
24. Fans used in work areas should be guarded. Guards must not allow fingers to be inserted through the mesh. Newer fans are equipped with proper guards.
25. Equipment such as scissors, staples, etc., should be used for their intended purposes only and should not be misused as hammers, pry bars, screwdrivers, etc. Misuse can cause damage to the equipment and injury to the user.
26. Cleaning supplies should be stored away from edible items on kitchen shelves.
27. Cleaning solvents and flammable liquids should be stored in appropriate containers.
28. Solutions that may be poisonous or not intended for consumption should be kept in well-labeled containers and stored in specific locations.
29. Employees who work with hazardous materials must know the location of the Safety Data Sheets for such materials.
30. Above all, employees should use common sense in the workplace.

I have read and understand all of the above safe practices and will apply them to my job with the Department of Human Resources.

 PRINT NAME OF EMPLOYEE

UNIT

 SIGNATURE OF EMPLOYEE

DATE

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Appendix B

EMPLOYEE SAFETY CHECK LIST

(This form is to be completed within two days of the employee's start work date.)

Print Employee Name – First, Middle, Last

Classification Number and Title

Division and Unit to Which Assigned

Start Work Date

These items must be discussed with the employee, and comments made where necessary.

	Item	Comments
1	DHR IIPP	
2	Code of Safe Practices	
3	Safety Rules (specific to the job assignment)	
4	Safety Rule Enforcement Procedures	
5	Proper Use of Equipment	
6	Procedure for Reporting Safety Problems	
7	Procedure for Reporting Injuries	
8	City Policy on Medical Treatment	
9	Emergency Procedures	
10	Fire Safety	
11	Importance of Work Area Cleanliness	
12	Employee Responsibility for Safety	

Additional Comments: _____

By signing, the employee acknowledges that s/he has received a copy of the Code of Safe Practices, has been told about and understands his/her responsibility for safety in the workplace, and agrees to follow the guidelines and procedures as outlined in the IIPP.

Employee Signature

Date of Conference

Reviewer's Name and Title

Reviewer's Signature

SELF-INSPECTION CHECK LIST

Appendix C

LOCATION: _____ DATE: _____

SECTION	ITEM	YES	NO	PRIORITY	DATE ABATED
I EMPLOYER POSTING					
a	Is the CAL/OSHA Poster "Safety and Health Protection on the Job" displayed in a prominent location where all employees are likely to see it?				
b	Are emergency telephone numbers posted where they can be readily found in case of emergency?				
c	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 "Material Safety Data Sheets", etc., been posted or otherwise made readily available to affected employees?				
d	Are signs concerning "Exiting from buildings" posted where appropriate?				
	Are other California posters properly displayed, such as:				
e	Industrial Welfare Commission orders regulating wages, hours, and working conditions?				
f	Discrimination in employment prohibited by law?				
g	Notice to employees of unemployment and disability insurance?				
h	Payday Notice?				
i	Summary of occupational injuries and illnesses posted in the month of February?				
II RECORDKEEPING					
a	Are all occupational injury or illnesses, except minor injuries requiring only first aid, being recorded as required on the Cal/OSHA Form 300?				
b	Are employee medical records and records of employee exposure to hazardous substances or harmful physical agents up-to-date?				
c	Have arrangements been made to maintain required records for the legal period of time for each specific type record?				
III SAFETY AND HEALTH PROGRAM					
a	Do you have an active safety and health program in operation?				
b	Is one person clearly responsible for the overall activities of the safety and health program?				
c	Do you have a safety committee or group that meets regularly and reports in writing on its activities?				
d	Do you have a working procedure for handling in-house employee complaints regarding safety and health?				
e	Are you keeping your employees advised of the successful effort and accomplishments the safety committee have made in assuring they will have a workplace that is safe and healthful?				
IV MEDICAL SERVICES AND FIRST AID					
a	Do you require each employee to have a pre-employment physical examination?				
b	Is there a hospital, clinic, or infirmary for medical care in proximity of your workplace?				
c	Is there at least one employee in each area currently qualified to render first aid (NOT first responder)?				

SELF-INSPECTION CHECK LIST

SECTION	ITEM	YES	NO	PRIORITY	DATE ABATED
IV	MEDICAL SERVICES AND FIRST AID				
d	Are medical personnel readily available for advice and consultation on matters of employees' health?				
e	Are emergency phone numbers posted?				
f	Are first aid kits easily accessible to each work area, with necessary supplies available, periodically inspected and replenished as needed?				
g	Are means provided for quick drenching or flushing of the eyes and body in areas where corrosive liquids or materials are handled?				
V	FIRE PROTECTION				
a	Is your local fire department well acquainted with your facilities, its location and specific hazards?				
b	Is the fire alarm system certified as required?				
c	Is the fire alarm system tested at least annually?				
d	Are interior stand pipes and valves inspected regularly?				
e	Are automatic sprinkler system water control valves, air and water pressures checked periodically as required?				
f	Are sprinkler heads protected by metal guards when exposed to physical damage?				
g	Are portable fire extinguishers provided in adequate number and type?				
h	Are fire extinguishers mounted in readily accessible locations?				
i	Are fire extinguishers recharged regularly and noted on the inspection tag?				
j	Are employees periodically instructed in the use of extinguishers and fire protection procedures?				
VI	HAZARDOUS CHEMICAL EXPOSURES				
a	Are employees trained in the safe handling practices of hazardous chemicals such as acids, caustics, etc.?				
b	Are employees aware of the potential hazards involving various chemicals stored or used in the workplace such as acids, bases, caustics, etc.?				
c	Is employee exposure to chemicals kept within acceptable levels?				
d	Are flammable or toxic chemicals kept in closed containers when not in use?				
e	Have standard operating procedures been established and are they being followed when cleaning up chemical spills?				
f	Is personal protective equipment provided, used and maintained whenever necessary?				
VII	HAZARDOUS SUBSTANCES COMMUNICATION				
a	Is there a list of hazardous substances used in your workplace?				
b	Is there a written hazard communication program dealing with Safety Data Sheets (SDS), labeling, and employee training?				
c	Is each container for hazardous substance labeled with product identity and a hazard warning (communication of the specific health hazards and physical hazards)?				
d	Is there a Safety Data Sheet (SDS) readily available for each hazardous substance used?				

SELF-INSPECTION CHECK LIST

SECTION	ITEM	YES	NO	PRIORITY	DATE ABATED
VIII ELECTRICAL					
a	Are all employees required to report as soon as practicable any obvious hazard to life or property observed in connection with electrical equipment or lines?				
b	Do extension cords being used have a grounding conductor?				
c	Are multiple plug adaptors prohibited?				
IX NOISE					
a	Are there areas in the workplace where continuous noise levels exceed 85dBA?				
b	Have work areas where noise levels make voice communication between employees difficult been identified and posted?				
c	Is approved hearing protective equipment (noise attenuating devices) available to every employee working in noisy areas?				
d	Is there an ongoing preventive health program to educate employees in: safe levels of noise, exposures; effects of noise on their health; and the use of personal protection?				
X PORTABLE LADDERS					
a	Are all ladders maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached and movable parts operating freely without binding or undue play?				
b	Are non-slip safety feet provided?				
c	Are ladder rungs and steps free of grease and oil?				
d	Are employees instructed to face the ladder when ascending or descending?				
XI MISCELLANEOUS					
a	Are hand trucks maintained in safe operating condition?				
b	Do employees who operate vehicles on public thoroughfares have valid operator's licenses?				
c	When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards?				
WORK AREA SAFETY CHECKLIST					
XII GENERAL WORK ENVIRONMENT					
a	Are all worksites clean and orderly?				
b	Are work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant?				
c	Are all spilled materials or liquids cleaned up immediately?				
d	Are the minimum number of toilets and washing facilities provided?				
e	Are all toilets and washing facilities clean and sanitary?				
f	Are all work areas adequately illuminated?				
XIII EXITING or EGRESS					
a	Are all exits marked with an exit sign and illuminated by a reliable light source?				
b	Are the directions to exits, when not immediately apparent, marked with visible signs?				
c	Are doors, passageways or stairways that are neither exits nor access to exits and which could be mistaken for exits, appropriate marked "NOT AN EXIT"?				

SELF-INSPECTION CHECK LIST

SECTION	ITEM	YES	NO	PRIORITY	DATE ABATED
XIII EXITING or EGRESS					
d	Are exit signs provided with the word "EXIT" in lettering at least 5 inches high and the stroke of the lettering at least ½-inch wide?				
e	Are exit doors side-hinged?				
f	Are all exits kept free of obstructions?				
g	Are at least two means of egress provided from rooms where the absence of a second exit would increase the risk of injury from hot, poisonous, corrosive, suffocating, flammable, or explosive substances?				
h	Are there sufficient exits to permit prompt escape in case of emergency?				
i	Is the number of exits from the building appropriate for the building occupancy load?				
XIV EXIT DOORS					
a	Are doors that are required to serve as exits designed and constructed so that the way of exit travel is obvious and direct?				
b	Are exit doors openable from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?				
c	Where panic hardware is installed on a required exit door, will it allow the door to open by applying a force of 15 pounds or less in the direction of the exit traffic?				
XV WALKWAYS					
a	Are aisles and passageways kept clear?				
b	Are wet surfaces covered with non-slip materials?				
c	Are spilled materials cleaned up immediately?				
XVI FLOOR AND WALL OPENINGS					
a	Are skylight screens of such construction and mounting that they will withstand a load of at least 200 pounds?				
b	Is the glass in windows, doors, glass walls, etc., which are subject to human impact of sufficient thickness and type for the condition of use?				

Priority: 1: immediate 2: within 48 hours 3: within one week 4: abatement plan required

COMMENTS: _____

(Print Name) Inspection Performed By Signature

(Print Name) Inspection Performed By Signature

(Print Name) Inspection Performed By Signature

Appendix D

EMPLOYEE SAFETY COMMUNICATION FORM

This form is for use by employees who wish to provide a safety suggestion or to report an unsafe workplace condition or practice. While anonymity is an option, if you are suggesting a new procedure, etc., it would be helpful to know with whom to speak if there are questions or clarification is needed. Use of this form is protected by law – it is illegal for the employer to take any action against an employee in reprisal for exercising his/her rights to participate in communications involving safety. Please use the back or attach additional sheets if necessary.

The Safety Coordination Committee will investigate any report of unsafe conditions or practices, or explore any suggestions for new safety procedures or actions, as required by the Injury and Illness Prevention Program, and advise employees of the employer's response.

REASON FOR USE OF FORM: Safety Suggestion Safety Concern

Description of Unsafe Condition or Practice, or Suggestion:

Cause(s) or Other Contributing Factors:

Employee's Suggestion for Improving Safety:

Has this matter been reported to your supervisor? Yes No

Employee Name: _____ Date: _____

Division and Unit: _____

(For Safety Coordination Committee Use Only)

Recommended Action: _____

Action Taken: _____

Signature of Safety Coordination Committee Member Date Signature of OSH Coordinator

Appendix E**RECORD OF SAFETY TRAINING SESSION**

Safety Training must be documented in order to satisfy Cal/OSHA requirements as outlined in the Injury and Illness Prevention Plan. Documentation is maintained by the OSH Coordinator for the department. Training is delivered by the OSH Coordinator, the Safety Coordination Committee, or a designee who has expertise in the subject matter.

TRAINING TOPIC: _____

TRAINING DATE: _____ **TRAINER:** _____

ATTENDEES (please **PRINT** your name, your division/unit, and your telephone number):

	NAME	DIVISION/UNIT	TELEPHONE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

COMMENTS BY TRAINER:

Appendix F

RECORD OF SAFETY COORDINATION COMMITTEE MEETING

Safety Meetings must be documented in order to satisfy Cal/OSHA requirements as outlined in the Injury and Illness Prevention Plan. Documentation is maintained by the OSH Coordinator for the department. Meetings are delivered by the Safety Coordination Committee, either in response to a request from an employee or because the Safety Coordination Committee member determines that a meeting is necessary. These meetings are informal, casual, and may occur at any time. They usually will last from five to fifteen minutes.

MEETING TOPIC: _____

MEETING DATE: _____ **SAFETY COMMITTEE MEMBER:** _____

DIVISION/UNIT: _____

INDICATE EMPLOYEES WHO PARTICIPATED IN THE MEETING:

	NAME
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

COMMENTS: _____

INCIDENT INVESTIGATION REPORT

Instructions: Supervisors must complete this form as soon as possible but no later than 24 hours after the incident. The accuracy of this report is essential for Workers' Compensation and OSHA reporting. The completed report must be submitted to the OSH Coordinator @ 1 S. Van Ness, 4th Floor.

NATURE OF INCIDENT: Please check all that apply.

	Injury or Illness resulting in the need for medical treatment
	Injury or Illness not resulting in the need for medical treatment
	Exposure not resulting in the need for medical treatment – for documentation only
	Near Miss with potential for injury or illness
	Property damage with no injury or illness
	Fatality
	Other – Please explain:

Employee Name: _____ Today's Date: _____

Job Code: _____ Job Code Title: _____

Division: _____ Time employee began work: _____

Date of incident: _____ Time of Incident: _____

Date first reported: _____ Time reported: _____

Person reporting incident if other than injured employee: _____

Was the incident on City & County property? Yes No

Location of the incident (please be specific): _____

Name of witnesses (attach witness statements if applicable)

(a): _____ (b): _____

What specific activity was the employee performing when the incident occurred? _____

Explain the incident in detail, (how it occurred, sequence of events, nature of the injury) _____

Did the employee report an injury or illness? Yes No

Did the employee miss any work as a result of the injury or illness? Yes No

If yes, number of days missed: _____ Date last worked: _____

Date employee was scheduled to work next? _____

If the employee reported an injury or illness, please identify the nature of the injury or illness.
(Check all that apply)

Abrasion, Scratch	Flashburn (eyes)
Amputation	Foreign Body (eye or other)
Blow to Head	Foreign Body: other wound
Broken Bones (including teeth)	Heatstroke, Heat Exhaustion
Bruise	Hernia, Rupture
Burn 1 st 2 nd 3 rd degree	Multiple Injuries (describe in comments)
Cut, Puncture	Respiratory Problems
Electric Shock	Skin Rash
Exposure to Body Fluids	Sprain, Strain, Dislocation
Eye Irritation	Other, (describe in comments)

Comments: _____

Please identify the part(s) of the body affected by the injury or illness.
 (Check all that apply)

Head, not face, eyes, inner ear	Ear(s) including hearing
Eyes	Face, including nose, mouth, teeth
Neck	Shoulder(s)
Upper Arm(s) including elbow	Forearm(s) including wrist(s)
Hand(s) or Finger(s)	Abdomen including internal organs
Upper Back, muscles, spine, cord	Lower Back, muscles, spine, cord
Chest, including ribs and internal organs	Hips, including pelvis, buttocks, etc
Upper Leg(s) including knee(s)	Lower Leg(s) including ankle(s)
Foot and/or toe(s)	Circulatory System
Respiratory System	Other, (describe in comments)

Comments: _____

Was any third party (Non-City employee) responsible or involved in the incident? Yes No

If yes, please explain in detail _____

Was an investigation of the incident conducted: Yes No *

If yes, please identify any corrective actions taken to prevent recurrence of the incident due to the continued existence of the hazard, and those actions needed to fully resolve the hazard.

Corrective Action	Scheduled Completion	Date Completed
1.		
2.		
3.		
4.		
5.		

Additional Comments: _____

* Provide detailed comments regarding why an investigation was not conducted: _____

Prepared by:

Print Name: _____

Date: _____

Signature: _____

Phone: _____

For DPO use only Date received: _____ Date to TPA: _____ Follow-up required: _____

Comment:

INJURY AND ILLNESS PREVENTION PROGRAM

Appendix H**EMPLOYEE COMPLIANCE****I EXPECTATIONS**

- A. Each employee is required to go over the Safety Checklist as a part of new-employee orientation.
- B. Each employee is required to read and acknowledge that s/he has read, understood, and intends to comply with the Code of Safe Practices.
- C. Each employee is expected to utilize the Employee Safety Communication Form to suggest safety ideas or to report unsafe practices.

II INCIDENT INVESTIGATION

An incident is an occurrence that affects the safety and/or health of employees, or which prevents employees from performing their normal duties. When an incident occurs, the supervisor in the affected area will initiate an investigation.

- A. Supervisor will obtain reports from employee(s) and any witnesses to the incident.
- B. Supervisor will complete the incident report, following the guidelines for doing so, and forward it to the OSH Coordinator.

III DISCIPLINE

- A. The OSH Coordinator is responsible for determining the level of discipline to be imposed on the employee(s), based upon the severity or frequency of the incident.
- B. The OSH Coordinator will meet with the employee(s) and the supervisor in order to determine level of culpability and appropriate discipline. Disciplinary action may be:
 - 1. Oral warning
 - 2. Written warning
 - 3. Suspension
 - 4. Termination
- C. In all cases, the incident report will be included in the employee's personnel file.
- D. In all cases, an incident requires retraining of the employee(s) involved in the area in which the incident occurred.

IV SAFETY COORDINATION COMMITTEE ACTION

- A. Safety Coordination Committee will review all incident reports filed to:
 - 1. determine if changes in training are necessary;
 - 2. determine if changes in procedures are necessary;
 - 3. determine if changes in safety meetings are necessary.