



INJURY AND ILLNESS PREVENTION PROGRAM

SAN FRANCISCO FIRE DEPARTMENT

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Injury and Illness Prevention Program
Revised September 2021

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1. PURPOSE

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

2. BACKGROUND AND REGULATORY REQUIREMENTS

The Occupational Safety and Health Act of 1970 was developed to “assure so far as possible every working man and woman in the nation safe and healthful working conditions and to preserve our human resources”. In the State of California, the Department of Industrial Relations (DIR), Division of Occupational Safety and Health (DOSH, Cal-OSHA) is responsible for the development and enforcement of occupational safety and health standards.

In October 1989, the California State Legislature enacted, as an emergency statute, Chapter 1369. This statute requires each employer to establish, implement and maintain a written, effective injury and illness prevention program. Further, the law requires Cal-OSHA to promulgate specific implementing regulations and to evaluate injury and illness prevention programs as part of their routine inspection procedures. The major requirements of the legislation are:

- Management commitment and assignment of responsibilities
- A system for ensuring that employees follow safe and healthy work practices
- Safety communication system
- Hazard identification and control
- Incident investigation
- Training

WRITTEN PROGRAM

Employers must have a written injury and illness prevention program which designates the person(s) responsible for program implementation.

HAZARD IDENTIFICATION

Employers must establish a system for identifying and evaluating workplace hazards which includes scheduled, periodic inspections of work conditions and work practices.

HAZARD CORRECTION

Employers must adopt methods and procedures for correcting unsafe or unhealthy work conditions and practices and must ensure that such work conditions and practices are corrected in a timely manner, based on the severity of the hazard.

EMPLOYER / EMPLOYEE HAZARD COMMUNICATION AND TRAINING

Employers must establish a system for communicating health and safety information to employees and encourage employees to inform the employer of perceived hazards without fear of reprisal.

Employers must institute an occupational health and safety training program designed to instruct employees in general safe and healthy work practices and to provide specific instructions with respect to hazards specific to each employee's job assignment.

EMPLOYEE COMPLIANCE AND ACCESS TO RECORDS

Employers must establish a system for ensuring that employees comply with safe and healthy work practices and such a system may include disciplinary action. Additionally, employees have the right to access their medical records and records of exposure to toxic substances or harmful physical agents in accordance with general Industry Safety Order 3204.

3. POLICY AND WRITTEN INJURY AND ILLNESS PROGRAM

The San Francisco Fire Department recognizes the importance of providing a safe and healthful work environment for its employees and that our employees are our most important and valuable resource. Further, the Department acknowledges that providing a safe work environment for all employees is the employer's responsibility, per the Federal and State occupational safety and health statutes and regulations. To meet this responsibility, the Department has established and implemented a written Injury and Illness Prevention Program (IIPP).

In order to implement and maintain the San Francisco Fire Department's IIPP, the Chief of Department has assigned specific responsibilities for the Department Health, Safety, and Wellness Officer (OSH Manager), Fire Service Officers, EMS Officers and supervisors of Civilian Personnel. These responsibilities are enumerated in Section 10 of this program.

4. HAZARD IDENTIFICATION

Inspection of every worksite within the Fire Department will be conducted to identify and evaluate any potential health and safety hazards. The following types of inspections will be conducted:

BASELINE HAZARD ASSESSMENT SURVEY (BHA)

This survey will be conducted by an occupational safety and health professional with the assistance of Fire Department personnel. This survey will consist of, at a minimum, a walk-through survey to identify any safety hazards, an evaluation of work operations to identify any health hazards, and an evaluation of existing occupational safety and health programs. The survey results will be provided in writing and will include recommendations to correct any deficiencies found during the survey. These recommendations will be prioritized for abatement according to the hazard severity and mishap probability through the usage of a Risk Assessment. This Risk Assessment will also be included in the report.

MONTHLY INSPECTIONS

Inspections shall be conducted by station Commanders at fire suppression facilities. At non-fire suppression facilities inspections will be conducted by first line supervisors on a monthly basis. This inspection must be documented and the recorded results maintained for three years. Monthly inspection report and inspection checklists are provided in Appendix A. The inspection record (Monthly Inspection, Page 28) shall include the following information:

- Inspection date
- Name of employee conducting the inspection
- Employee's signature
- Department and facility
- Location of facility and/or worksite
- Description of any hazards identified
- Description of unsafe work practices
- Corrective actions taken

Additionally, a Hazard Evaluation Inspection will be conducted whenever an employee reports a previously unrecognized health/safety hazard or whenever a new hazard is introduced in the workplace. This inspection is initiated when a Hazard Evaluation Request (Appendix E) is submitted to the Health, Safety and Wellness Officer (refer to page 16 for reporting procedure). The Health, Safety, and Wellness Officer will assign Hazard Evaluation Inspections to the facility supervisor concerned for non-firefighting work facilities or the district Battalion Chief for firefighting facilities. Instructions for conducting a Hazard Evaluation can be found in Appendix E, page 36, and the assignment of a Risk Assessment Code can be found in Appendix B, page 33.

COVID-19 RESPONSE INFORMATION

The San Francisco Fire Department has put in place a response for COVID-19. Refer to the COVID-19 Prevention Program.

5. HAZARD CORRECTION

PROCEDURE FOR ABATING HAZARDS

There are two categories of hazards that will be identified during the inspections: work area hazards identified during the walk-through survey and health and safety program deficiencies. These hazards will be prioritized for abatement according to the severity of the hazard.

The Health, Safety, and Wellness Officer shall develop and coordinate procedures with the Division of Support Services to initiate abatement of health and safety hazards identified during the BHA, the Monthly Facility Inspection, or a Hazard Evaluation which require a structural modification of the facility. Hazards requiring a change in the work facilities structure or components will need to be submitted as a regular or emergency Building Repair or reported and budgeted as a Capital Improvement as requested annually by General Order. In the event existing funding is not available to abate a serious health or safety hazard, a supplemental appropriation of other emergency measure shall be sought to obtain funding and abate the hazard.

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

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 Health, Safety, and Wellness Officer of the hazardous situation.

Health or safety hazards which do not require a structural modification of the facility or the contracting of another department or outside agency shall be resolved by personnel assigned to the facility under the supervision of the fire officer or supervisor responsible for the work facility at the time. Some examples of non-structural health and safety hazards which shall be resolved by personnel assigned to the facility are:

- General house cleanliness
- Unsafe work practices
- Tripping or slipping hazards
- Other hazards which may have been introduced into the work facility and are not an integral part of its structure

The Support Services Chief should track all the work area hazards identified in the inspections to ensure that all the items are abated in a timely manner. Support Services will document electronically when a hazard is abated. This documentation will include the interim and permanent control measures. Support Services will maintain copies of all records pertaining to hazard abatement.

The Support Services Chief will coordinate resolution of program deficiencies identified in the baseline hazard assessment survey report and inspections. This may include developing and implementing health and safety programs. Additional Health, Safety, and Wellness Officer responsibilities are noted in Section 8, page 21.

All hazard abatement should be prioritized according to the risk assessment of high, medium, or low. The following guidelines to initiate correction of hazards are suggested:

High:	hazard abatement initiated within 24 hours
Medium:	abatement initiated within 3 days
Medium:	abatement initiated within 7 days
Low:	abatement initiated within 14 days
Low:	abatement initiated within 30 days

RISK ASSESSMENTS

All hazards that cannot be immediately abated will be assigned a risk assessment based on the hazard severity and mishap probability. Risk Assessments will be assigned by the person conducting the inspection whether it is a BHA, Monthly or a Hazard Evaluation Inspections. The hazards will then be abated according to this priority.

During the Baseline Hazard Assessment Inspection, a risk assessment shall be assigned to each hazard identified during the inspection by the Battalion Chief. In addition, a risk assessment shall be assigned to each hazard identified during the Monthly Inspection of the facility by the inspecting supervisor.

6. EMPLOYEE / EMPLOYER HAZARD COMMUNICATION AND TRAINING

Communication between the employer and employee is an essential element of an occupational safety and health program. The Fire Department will use the following methods to communicate with employees:

INITIAL HEALTH AND SAFETY TRAINING FOR ALL PERSONNEL

Occupational Safety and Health (OSH) training will be provided for ALL EMPLOYEES when:

- An employee that has not already participated in training in general safe work practices and specific instructions with respect to hazards unique to that employee's job assignment
- The employee is first hired
- The employee is reassigned to job assignments with new OSH hazards
- New substances, processes, procedures, or equipment are brought to the employer's attention.

Training will be provided by the Fire Department Officers and first line supervisors of civilian personnel. The content will include:

- A review of the Department Injury and Illness Prevention Program Policy
- A review of the employee's responsibilities and rights, including access to records
- Safe work practices and procedures
- A review of the procedure and the methods for reporting actual and/or suspected safety and health hazards (page 16)
- A review of the procedure to report occupational injuries and illnesses

Safety and health training must be documented for each employee of the Fire Department. Initial Training Records (Appendix C) are to be forwarded upon implementation of the SFFD IIPP to the Division of Training with a copy maintained in the facility file. The training (sign in sheet) records should include the following information:

- Name of the course
- Date and time the course was conducted
- Instructor(s) name
- Summary of course content
- Printed name of the participant
- Signature of the participant
- Job classification of the participant

After initial SFFD IIPP training, on-going health and safety training is to be documented in the Daily Journal assigned to the unit or work location. Work locations which do not

have a Daily Journal assigned are to use the Target Solutions / IIPP Power Point / HRMS (Appendix D) to record on-going health and safety training. The record is to be retained within the file system for three years.

ON-GOING HEALTH AND SAFETY TRAINING (FIRE SUPPRESSION)

Fire officers are to include health and safety training in all drills. Safety and health practices are to be emphasized during the Daily Drill and documented as part of the required physical Journal Entry as well as the online Journal Entry specifying the drill. The following information is a guide list for officer health and safety training:

- Proper safety and health practices / procedures during emergencies (job specifics)
- The drill (apparatus, tool, equipment, or task) conducted may be selected according to the Department's annual Drill Schedule or the officer's option
- Work facility hazards
- Any injury accident or near miss and possible prevention methods
- Training on new or previously unrecognized hazards
- A review of the initial SFFD IIPP training curriculum and information

ON-GOING HEALTH AND SAFETY TRAINING FOR ADMINISTRATIVE AND SUPPORT PERSONNEL

After the initial health and safety training session, the divisions and their respective bureaus, as specified, will conduct on-going health and safety training within the succeeding guidelines:

- Division of Fire Prevention and Investigation
- Division of Support Services (except the Pipeyard Maintenance Facility, Pump Stations and Jones Street Tank)
- Division of Training
- Headquarters Civilian Staff
- EMS

Supervisors will conduct staff safety meetings quarterly. Safety meetings are to be documented in the Daily Journal, if provided, or on the Safety Meeting Record (Appendix D). Safety Staff Meeting subject matter should include:

- Work facility hazards
- Any injury accident or near miss and possible prevention methods
- Training on new or previously unrecognized hazards
- A review of the initial SFFD IIPP Training curriculum (Appendix G)

HEALTH AND SAFETY TRAINING FOR THE PIPEYARD MAINTENANCE FACILITY

After the initial health and safety training session, on-going health and safety training is to be job specific and to be conducted within the following guidelines:
Supervisors or senior members will hold a Health and Safety meeting every two weeks. Health and Safety meetings are to be documented in the assigned Daily Journal and are to include the following subject matter:

- Work facility hazards
- Recordable injury accidents and possible prevention methods
- The Code of Safe Practices for the facility
- A review of the initial SFFD IIPP Training Curriculum (Appendix G)

BULLETIN BOARD

The following items are to be posted on the Health and Safety Bulletin Board at each Fire Department work facility:

- Cal-OSHA poster “Safety and Health Protection on the Job”
- Notice of Compensation Carrier
- “Access to Medical and Exposure Records” poster
- Any Cal-OSHA citations
- 300A Log of Occupational Injuries and Illnesses, posted February 1st of each year
- A copy of Baseline Hazard Assessment Survey for the work facility
- A copy of the Monthly Inspection Report for the work facility
- Hazard Evaluation Request Form (Appendix E)
- The Code of Safe Practices if applicable to the facility

The Station Commander is responsible for maintaining all required health and safety postings and information on the bulletin board.

PROCEDURE FOR EMPLOYEES TO REPORT UNSAFE AND UNHEALTHY WORK CONDITIONS

An employee should report any unsafe/unhealthy work condition to his/her first line supervisor who will investigate the report and initiate hazard abatement if needed (Appendix E). After receiving a report of an unsafe/unhealthy work condition from an employee, the first line supervisor should document the reported hazard in the assigned journal and the facilities Monthly Inspection Checklist. The disposition of the hazard should also be documented (i.e. whether the hazard was immediately abated or reported to Management Services for correction).

An employee may report any unsafe/unhealthy work condition directly to Support Services by submitting a General Form. To file a complaint to Cal-OSHA, go online to their home page at www.dir.ca.gov/dosh and link to “File a workplace safety complaint”.

This evaluation request may be submitted anonymously by telephone, Cal-OSHA, (415) 557-0100; however employees are encouraged to identify themselves on the evaluation request so that Support Services may inform them of the hazard evaluation findings by memo. Under no condition may the employee be discharged or discriminated against for reporting a hazard.

HEALTH AND SAFETY COMMITTEE

The Chief of Department has formed a Health and Safety Committee in accordance with the MOU to assist the Department in addressing Health and Safety concerns.

The Health and Safety Committee meets at least every quarter. The Committee's membership is comprised of:

- a) Health, Safety, and Wellness Chief
- b) Department Physician
- c) Representatives from the fire and non-fire suppression facilities
- d) Representatives from the bargaining unit, Local 798

Minutes of the Committee meetings are available on the Fire Bulletin. The Committee:

- Reviews the results of the periodic scheduled work site inspections
- Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness or exposure to hazardous substances, and where appropriate, submits suggestions to management for prevention of future incidents
- Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, it may conduct its own inspection and investigation to assist in remedial solutions
- Submits recommendations to assist with the evaluation of employee safety suggestions
- Upon request of the Division (Cal-OSHA), verifies abatement action taken by the employer to abate citations issued by the Division (Cal-OSHA).

REPORTING OCCUPATIONAL INJURIES AND ILLNESSES

Employees shall report all occupational injuries and illnesses to their first line supervisors immediately in accordance with Department Rules and Regulations, Article 38, Section 3806:

As occupational illnesses are often difficult to associate with a specific event or exposure, the employee will report the suspected illness to the supervisor as soon as there is a suspicion or diagnosis of an occupational illness.

In the case of injuries that do not require immediate emergency treatment, the employee will report the injury to his/her supervisor. Employee supervisor will complete and submit form 3807 and Employee Perjury Statement (both forms are available online on HRMS) and Supervisor's Accident Investigation Report (SAIR), if on SFFD property. SAIR to be filled out by the Battalion Chief if on Department property.

In the case of injuries that require immediate medical treatment, the employee must inform their supervisor immediately.

The supervisor will arrange for the employee's transportation to and from a treatment facility.

At the time the employee reports an occupational injury or illness to his/her supervisor, the supervisor will ensure that the following reports are completed with a copy being given to the employee and remaining copies submitted to his/her respective supervisor:

- DWC-1
- 5020
- Supervisor's Accident Investigation Report (SAIR)
- Employees Perjury Statement
- Witness Statements
- Work status report

The supervisor will ensure that the OSHA 300A log is completed.

Reference General Order 11 A-50 and related attachments in Appendix H for instructions on documenting and reporting on-duty illnesses, injuries and/or exposures.

The Battalion Chief of Health, Safety, and Wellness reviews all Form 5020's, Occupational Injury/Illness Reports, DWC-1, Supervisor Accident Investigation Reports and employee perjury statements for their respective divisions and bureaus for completeness. Following his/her review, the Battalion Chief forwards all forms to the Office of the Department Physician.

The Office of the Department Physician forwards a copy of the Form 5020 and DWC-1 to the Worker's Compensation Division and the originals remain with the Office of the Department Physician for review and filing.

NOTIFICATION OF OSHA MANAGER, OR CAL-OSHA

In the event of a fatality or a serious occupational injury or illness, the supervisor must notify the nearest Cal-OSHA office immediately through proper channels. The supervisor will also notify the Deputy Chiefs of Administration and Operations through proper channels. Reference General Order 20 A-01 (Appendix I), Reporting Work Site Injuries, Illness, or Deaths to Cal-OSHA using HRMS.

Changes have been adopted by the California Legislature to the laws governing the reporting of “serious injuries” to Cal/OSHA. The legislation (AB 1805, effective 1/1/2020) made changes to the definition of serious injuries and how they are defined. **Failure to report a serious injury to Cal/OSHA within 8 hours of the time of occurrence will result in the department being fined a minimum of \$5000.**

You must notify Cal/OSHA immediately whenever a “serious injury”, “Serious exposure” or death occurs. Reportable incidents are:

- a) Deaths
- b) Hospitalizations
 - Note that the 24-hour threshold for reporting has been eliminated. All hospitalizations except for observation or diagnostic testing now require reporting
- c) Amputations
- d) Loss of an eye
- e) An injury that can be expected to result in a serious degree of permanent disfigurement
- f) An exposure to a hazardous substance in a degree or amount sufficient to create the realistic possibility of death or serious physical harm in the future.

All incidents meeting the above criteria that occur in the workplace or arise out of work must be reported. It does not matter if the incident originated from a personal medical condition, if the incident occurs in the workplace it must be reported (e.g., a heart attack at work).

Battalion Chiefs shall report work site injuries, illnesses and deaths to Cal-OSHA. Battalion Chiefs shall complete the electronic SFFD Cal-OSHA reporting form on Fire Portal.

7. INCIDENT / ACCIDENT INVESTIGATION

The officer or first line supervisor shall complete the Form-5020 Injury and Illness Report, the DWC-1 form, and conduct a Supervisor's Accident Investigation Report for personnel under their charge. Battalion Chiefs are responsible for completing the Form 5020, the DWC-1, and conducting a Supervisor's Accident Investigation Report for Officers and Chiefs Aides under their supervision. Additionally, Battalion Chiefs are responsible for conducting a Supervisor's Accident Investigation for personnel injured on Department property. A Supervisor's Accident Investigation Report with instructions on completing the form is located in Appendix F. Fill out the SAIR online under injury and illness on HRMS.

When the officer or first line supervisor learns of an accident, he/she is required to go to the scene of the accident to conduct a preliminary investigation.

The officer or first line supervisor will interview witnesses and obtain written statements.

The officer or first line supervisor will record the facts as they are presented. This will help the supervisor as he/she interviews witnesses and the injured employee(s).

The officer or first line supervisor shall be concerned with determining any unsafe acts and unsafe conditions that may have contributed to the accident. Appendix F provides a copy of instructions to complete the Supervisor's Accident Investigation Report (SAIR).

The officer or first line supervisor will recommend further corrective action if needed. The SAIR must be submitted to the Health, Safety, and Wellness Chief by the end of the third business day following notification of the accident. The Health, Safety, and Wellness Chief should track the corrective action to ensure that it is completed.

A near miss is an incident with the potential to produce a serious occupational injury or illness or significant property damage that produces workplace disruption and does not involve a recordable occupational injury or illness or major property damage. The near miss would be considered an accident if it involved an injury, illness, or significant property damage. In the event of a near miss, the supervisor is required to perform an accident investigation. Near miss incidents will be reviewed by SFFD Industrial Hygienist.

8. CAL-OSHA INSPECTIONS AND CITATIONS

The Health, Safety, and Wellness Officer, the Industrial Hygienist or an assigned Chief Officer will accompany all Cal-OSHA inspectors during inspections.

In the case of a citation, corrective action to abate the Cal-OSHA citation should be initiated as soon as possible by the first line supervisor.

The Health, Safety, and Wellness Officer or the Industrial Hygienist should track abatement of a Cal-OSHA citation and correspond with Cal-OSHA as well as maintain all copies of correspondence.

The Health, Safety, and Wellness Officer shall have a copy of the citation posted on the work facilities Health and Safety Bulletin Board and ensure that it remains posted for three days or until the citation has been abated, whichever is longer.

9. EMPLOYEE COMPLIANCE AND ACCESS TO RECORDS

The Fire Department will take all possible measures to ensure that employees comply with all safe and healthful work practices. The following methods are used by the Department:

Article 39, Section 3907 - Safety Rules

First line supervisors are responsible for employee compliance with safe and healthy work practices. An employee who fails to follow such work practices after initial training shall be retrained by his/her first line supervisor. Journal or training records of such training are to be maintained. Subsequent failures by the employee will be met with a system of progressive discipline in accordance with the Department Rules.

More importantly, employees should be recognized for following safe and healthful work practices. The annual Performance Appraisal is to be used to properly recognize an employee's good safety and health standards.

EMPLOYEE ACCESS TO RECORDS / RECORDKEEPING

Employees have the right to access their records. The following records may be obtained, upon request, from the Health, Safety, and Wellness Officer.

Records will be maintained by the Health, Safety, and Wellness Officer in accordance with the following:

- Baseline hazard assessment surveys will be maintained for 30 years
- Accident Investigation Records are maintained for five (5) years
- Monthly inspections and hazard abatement are maintained for at least three (3) years
- Reports of unsafe/unhealthy work conditions are maintained for at least three (3) years
- Initial health and safety training records and on-going safety meeting records are maintained for at least three (3) years.

The Department Physician maintains a medical file on all personnel. These medical records are retained in the Department Physician's Office indefinitely:

- Occupational Injury and Illness Reports (Form 5020)
- Employee's Claim for Worker's Compensation Benefits (DWC-1)
- Medical Exposure Records

10. RESPONSIBILITIES FOR DEPARTMENT PERSONNEL

CHIEF OF DEPARTMENT

The Chief of the Fire Department is responsible for ensuring that an effective injury and illness prevention program is developed and implemented. The Chief will take whatever actions, within his/her authority, to procure and allocate resources to implement and maintain this program.

HEALTH, SAFETY, AND WELLNESS OFFICER

The Department Health, Safety, and Wellness Officer has been designated as the Occupational Safety and Health Manager (OSH). The OSH manager is assigned the authority and responsibility for the injury and illness prevention program. The assigned responsibilities include developing and coordinating the SFFD's Injury and Illness Prevention Program (IIPP) and ensuring that the following tasks are accomplished:

1. Baseline Hazard Assessment Inspections (BHA) of all Department facilities are conducted at the inception of the SFFD's IIPP. Routine hazard inspections are conducted monthly.
2. Monthly Inspections of all Department facilities are conducted by Station Commanders and reviewed by the District Battalion Chiefs in Fire Suppression. Additionally, ensure that Monthly Inspections are conducted by first line supervisors in Department facilities where Non-Fire Suppression personnel work.
3. Review and maintain Supervisor Accident Investigation Reports (SAIR) conducted by Department personnel.
4. Coordinate Health and Safety Training in cooperation with the Division of Training
5. Develop, coordinate and supervise the implementation of Department health and safety programs.
6. Maintain the records for which the Department Safety Officer is responsible for as required by the SFFD IIPP (Appendix G, #10 Employee Access to Records / Recordkeeping, page 47)
7. Prioritize Health and Safety Hazards identified in the BHA, Monthly Inspections for Fire Department facilities, or as the result of Hazard Evaluation Request.

Following identification and the prioritization of a health or safety hazard, the OSH Manager (Department Health Safety Officer) is to coordinate with the Division of Support Services in budgeting for abatement of the recognized hazards identified under the jurisdiction of the SFFD IIPP.

ASSISTANT CHIEFS

Review the SFFD IIPP to become familiar with the report and recording requirements, training needs, and scope of the program

Monitor and assist Battalion Chiefs supervising IIPP implementation.

Participate in the initial IIPP Training Session conducted by company officers stationed at Division Headquarters - refer to the Drill Manual Section XI, Lesson Plan #1 or Appendix G of this publication and the required Training Record (Appendix C).

Ensure that job-related training is conducted on a continuing basis in their Division as required by the Annual Drill Schedule and the IIPP.

Review the reports generated by the IIPP and forward those reports to the appropriate office. Review reports on HRMS, if applicable.

Review the IIPP Baseline Hazard Assessment and the Station Commanders Monthly Facility Inspection (Appendix A) conducted at Station Facilities under their charge. This report is to be posted on the facilities Health and Safety Bulletin Board.

Monitor health and safety hazards identified during the Baseline Hazard Assessment Inspection, Monthly Inspection, or an inspection which was assigned to a Chief Officer due to a Hazard Evaluation Request (Appendix E).

BATTALION CHIEFS

Review the SFFD IIPP to become familiar with the reports, records and training required of the program concerning personnel and stations under their charge.

Ensure that the reports required by the IIPP are forwarded through channels according to schedule and to the appropriate office.

Assist the Department in conducting the Baseline Hazard Assessment Surveys required by the IIPP following Baseline Hazard Assessment Training by the Department of Public Health.

Conduct Hazard Evaluation Requests (Appendix E) when directed by the Department Health, Safety, and Wellness Officer.

Participate in the IIPP Training Session conducted by company officers stationed at Battalion Headquarters (refer to the Drill Manual Section XI, Lesson Plan #1 or Appendix G) and the required Training Record (Appendix C).

When observing Fire Company Drills involving personnel under their charge, Chief Officers are to ensure that personnel are complying with Department safety practices and that safety is emphasized during all evolutions.

Complete the Supervisors Accident Investigation Report (Appendix F) for fire personnel injured on Department property or for subordinate officers or chief's aides incurring an industrial injury or illness while working under their supervision.

During the Battalion Chiefs Monthly Inspection, review the posted results on the Health and Safety Bulletin Board of the Inspections conducted by Station Commanders for Fire Stations under their charge. In addition, Battalion Chiefs should check the appropriate box on the Battalion Chiefs Monthly Inspection Report form indicating that a Monthly Inspection was conducted at the station in accordance with the SFFD IIPP (noted as OSHA Requirements).

FIRE STATION COMMANDERS

Station Commanders are assigned the same responsibilities for the SFFD IIPP as Captains and Lieutenants with the additional responsibility of a Monthly Inspection of the station.

Station Commanders are required to conduct a Monthly Inspection of their work facility.

Appendix A contains the Monthly Inspection Checklist which identifies the specific items and different areas of the station to be inspected.

Station Commanders are to submit a Monthly Inspection Report online in HRMS to the Department Health, Safety, and Wellness Officer. A copy of the form report is located on page 28, Appendix A.

This report is to be completed online on HRMS and forwarded with the Monthly Reports for the station and company.

A copy of the Monthly Inspection is to be posted on the Health and Safety Bulletin Board for review by the Battalion chief during the Battalion Chiefs Monthly Inspection.

The actual Monthly Inspection Checklist, pages 29 through 32 of Appendix A is to remain on file. It is not forwarded to Management Services as is the Monthly Inspection Report.

The Station Commander is responsible for maintaining the facilities Health and Safety Bulletin Board and ensuring that only authorized publications are posted.

SUPERVISORS OF UNIFORMED PERSONNEL AND CIVILIAN PERSONNEL

Review the SFFD IIPP to become familiar with the report and recording requirements, training needs, and scope of the program.

Assist the Fire Station Commander or Facility Supervisor in implementing the IIPP at their work facility.

All Captains, Lieutenants, and Civilian Supervisors are to provide initial Health and Safety Training for all subordinate personnel upon their initial implementation of the SFFD IIPP. The required training curriculum is contained in this booklet on pages 42 through 47 under Employee/Employer Communication, the Department Drill Manual Section XI, Lesson Plan #1, or Appendix G. A Training Record (Appendix C) must be forwarded to the Division of Training listing all personnel trained that are assigned to the work facility.

Captains and Lieutenants of Fire Suppression Personnel - Continued Health and Safety Training.

Health and Safety Training for Administrative and Support Personnel - Continued Health and Safety Training.

After the initial IIPP training session and continued health and safety training sessions, further training is to be job specific and to be conducted with the following guidelines:

The law requires that Fire Suppression personnel receive job specific health and safety training on a monthly basis. However, this is inadequate for the Fire Service. Thus, Health and Safety Training will be incorporated in the Daily Drill.

Safety and health practices are to be emphasized during the Daily Drill and documented as part of the required physical Journal Entry and online Journal Entry specifying the drill. Additional Health and Safety Training subject matter should include:

- Proper safety and health practices/procedures during emergencies (job specific).
- Job specific training drills (apparatus, tool, equipment, or task) conducted may be selected according to the Department's Annual Drill Schedule or the officer's option.
- Work facility hazards.
- Recordable injury accidents and possible prevention methods
- A review of the initial SFFD IIPP training curriculum (refer to SFFD Drill Manual or Appendix G)

After the initial IIPP Training Session, the Division and their respective Bureaus noted below will conduct on-going health and safety training within the succeeding guidelines:

1. Division of Fire Prevention and Investigation
2. Division of Support Services (except the Pipeyard Maintenance Facility, Pump Stations 1 and 2, and Jones Street Tank.)
3. Division of Training
4. Headquarters Civilian Staff
5. Captains, Lieutenants or Staff

FIRE DEPARTMENT PERSONNEL

Use personal protective equipment when required and follow all the departmental safe-work practices set forth in this Department's Standard Operating Procedures and Guidelines.

Report any potential safety or health hazards to supervisor, or through the procedure described on page 16.

Report all occupational injuries and illnesses to supervisor.

Participate in all IIPP and job-related training.

DEPARTMENT OF PUBLIC HEALTH (DPH), OCCUPATIONAL SAFETY AND HEALTH PROGRAM

DPH shall provide technical assistance and support for development, implementation, and maintenance of the Injury and Illness Prevention Program upon request

11. APPENDIXES

APPENDIX A: MONTHLY FACILITY INSPECTION REPORT AND CHECKLIST

(can be filled out electronically on HRMS)

FIRE DEPARTMENT MONTHLY INSPECTION REPORT

Division _____ Bureau/Area/Station _____

Location of Inspection _____

Inspection Conducted by _____

Signature _____ Date _____

- ☐ No Health or Safety hazard/s were observed this month.
- ☐ Yes, the following health or safety hazard/s were observed this month.

Description of hazard/unsafe act observed

Description of hazard abatement

Interim controls taken

3 copies

One copy posted on Health and Safety Bulletin Board for Battalion

Chief's review One copy forwarded to Department Safety Officer

One copy for Station file (retain for 3 years)

SAN FRANCISCO FIRE DEPARTMENT MONTHLY INSPECTION CHECK LIST

SUBJECT MATERIAL	YES	NO	N/A
HOUSEKEEPING			
Are all areas maintained clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are floors maintained dry and free of slippery substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are aisles/passageways clear and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are open pits, tanks, ditches, etc. covered or provided with standard guardrail protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are raised areas that are used for storage identified as to the load limit? Do the loads exceed the limit? Do other unsafe storage conditions exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALKING & WORKING SURFACES			
Are all floor holes and openings guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do elevated platforms and work areas elevated more than 30 inches above the ground have standard guardrails and toe boards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all stairways at least 22 inches wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are stairs with more than 4 risers provided with rails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are fixed industrial rails in good shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any tripping hazards (cords, electrical boxes, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are portable ladders (wooden, metal & fiberglass) in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are fixed metal ladders in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7" toe clearance behind the ladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rungs spaced 12" in centers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rails spaced a minimum of 16" apart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are ladders in excess of 20' equipped with a cage, platform or climbing device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are scaffolds in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEANS OF EGRESS			
Are exit routes obvious, marked, and free of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL ENVIRONMENTAL AND SANITATION CONTROLS			
Are waste containers emptied, cleaned regularly, and maintained in a sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the area(s) free of rodents, insects, & vermin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are water sources unfit for drinking marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are kitchen/eating areas maintained in a sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When required/or provided, are change rooms and wash facilities maintained in a sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are first aid supplies available at the various sites and/or building locations, as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are "No Smoking" signs posted and enforced as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUBJECT MATERIAL	YES	NO	N/A
FIRE PROTECTION			
Are fixed extinguishing systems properly supplied as needed and are the correct warning signs posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are combustible or flammable materials stored, transported, dispensed, and used properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS MATERIALS			
Are compressed gas cylinders chained to the wall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all hazardous materials sealed, stored properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all incompatible chemicals stored separately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any hazardous waste stored on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the waste stored properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the waste labeled as to the type of waste, generator, and accumulation start date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the waste regularly picked up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are No Smoking signs posted where combustibles and flammable are stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all flammable liquids kept in closed containers when not in use (e.g. parts cleaning tanks, pans, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYER POSTING/RECORD KEEPING			
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the CAL-OSHA informational poster "Access to Medical and Exposure Records" posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the CAL-OSHA Form 200, "Log and summary of occupational Injuries and Illnesses" properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all operating permits and certificates (elevators, air pressure tanks, cranes) up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are other California posters properly displayed, such as:			
Industrial Welfare Commission orders regulating wages, hours, and working conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination in employment is prohibited by law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice to employees of unemployment and disability insurance? Payday Notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary of occupational injuries and illnesses posted in the month of February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY PLAN			
Is there an emergency action plan for this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all employees received training on the emergency action plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are emergency exit maps posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS SUBSTANCES COMMUNICATION			
Is there a list of hazardous substances used in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is each container for a hazardous substance labeled with product identity and a hazard warning and manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an employee training program for hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUBJECT MATERIAL	YES	NO	N/A
PERSONAL PROTECTIVE EQUIPMENT (PPE)			
Is eye/face protection provided/required in areas where employees are exposed to flying objects, particulate, harmful radiation or other potential eye/face injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are goggles used over corrective lenses for those persons requiring their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does all safety eyewear meet ANSI requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a written respiratory protection program available and do the employees know the specifics of the established program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In respiratory protection provided in areas where harmful dust, fume, mists, gases, smoke, sprays, or vapors exists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are personnel trained in the use of respirators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are respirators stored correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are respirators regularly cleaned and inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are safety shoes and/or guards provided for operations that could pose a hazard to the feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are gloves available and used where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAND PORTABLE AND STATIONARY POWERED TOOLS/EQUIPMENT AND OTHER HAND-HELD EQUIPMENT			
Are employees trained to use specific pieces of hand-held equipment, that require training, e.g. power-actuated tools and similar tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are power-actuated tools inspected for obstructions or defects each day before use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are portable powered tools and equipment safely stored when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is compressed air, used for cleaning, reduced to less than 30 p.s.i.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are portable powered tools (grinders, saws) equipped with the correct guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are jacks, used to hold various loads rated as to their safe work load (capacity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are electric portable tools and equipment provided with a correct grounding device or are they double insulated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are portable powered tools equipped with "dead man" electrical switches, as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If portable powered tools and equipment are out of service, are the tools "tagged" to indicate the reason for being out of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WELDING, CURRING AND BRAZING			
Are compressed gas cylinders legibly marked to identify their contents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are protective caps in place on the compressed gas cylinders when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the shut-off devices affixed to the compressed cylinder's valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUBJECT MATERIAL	YES	NO	N/A
ELECTRICAL			
Are the disconnect devices (switches, breakers etc.) identified as to their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a 36 inch clear space available in the front of disconnect panels and other energized power panels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all energized parts e.g., power panels, junction boxes, switch equipment etc. guarded to prevent accidental contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does adequate lighting exist for all work spaces about energized electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the electrical circuits tested have an adequate ground and are these circuits correctly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are warning signs posted where employees come in contact with live parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are circuit breakers identified as to their open-closed position and as to their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are flexible cords protected from damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is permanently located machinery wired using flexible electrical cords?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are multiple plug adapters prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is exposed wiring in good condition (not frayed or deteriorated)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all high voltage wiring posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are flexible electrical cords used only in continuous lengths without a splice and/or tap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOISE			
Have noise levels been measured using a sound level meter or a noise dosimeter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records being kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have engineering controls been used to reduce excessive noise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where engineering controls are determined to not be feasible, are administrative controls (i.e. worker rotation) being used to minimize individual employee exposure to noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are approved hearing protection devices available to every employee working in noisy areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees using hearing protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are hearing protection devices clean and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you use ear protectors, are employees properly fitted and instructed in their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees in high noise areas given periodic audiometric testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTILATION			
Is there a ventilation system in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the ventilation working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a preventive maintenance program for the ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records maintained for five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B: RISK ASSESSMENT

Each deficiency must be assigned a risk assessment that indicates the hazard severity and mishap probability. The Risk Assessment should be used to prioritize abatement of hazards; HIGH indicates a severe hazard and high mishap probability and a LOW indicates negligible hazard and mishap probability.

The Risk Assessment is expressed as HIGH, MEDIUM AND LOW:

High: Critical, high risk

Medium: Moderate risk

Low: Negligible risk

APPENDIX C: TRAINING RECORD

FIRE DEPARTMENT TRAINING RECORD

Division _____ Bureau/Area/Station _____

Instructor _____

Instructor Signature _____ Date _____

Summary of Course Content:

Employee (print name)

Signature

Job Class

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Original: Training

Two copies:

Company file

Department Safety Officer

APPENDIX D: SAFETY MEETING RECORD

FIRE DEPARTMENT SAFETY MEETING

Division _____ Bureau/Area/Station _____

Supervisor's Name _____

Supervisor's Signature _____ Date _____

Topic Discussed:

Questions and Recommendations from Employees:

Employees Present:

Employees Absent:

One copy:
Retain one copy in work location file system

APPENDIX E: EMPLOYEE REPORT OF UNSAFE/UNHEALTHY WORK CONDITION

FIRE DEPARTMENT HAZARD EVALUATION REQUEST FORM

(Read instructions on back of form before filling in upper portion)

Request No. _____

Hazard Location _____ Address _____

Received _____ Building & Room No. _____ Date _____

Risk Assessment: High () Medium () Low ()

Description of Hazard:

I have discussed the hazard with my supervisor. Yes () No ()

My name may be revealed to my supervisor. Yes () No ()

Name (optional) _____ Phone no. _____

Signature _____ Address _____

Hazard Evaluation findings:

Action Taken:

Date _____

() Referred to _____ for correction. (Memo # _____)

() Request written to DPW (Memo # _____)

() No Action - Returned to Requestor

Comments:

Signed _____ Date _____
Health, Safety, and Wellness Officer

One copy: HSW Officer

APPENDIX E: EMPLOYEE REPORT OF UNSAFE/UNHEALTHY WORK CONDITION

INSTRUCTIONS

Employees are encouraged to report to their supervisor either orally or in writing, any conditions of practices which you consider a hazard to your safety or health, or which you suspect are a violation of Cal-OSHA safety and health standards

In addition, employees may request the assistance of the Health, Safety, and Wellness Officer either orally or in writing using this form.

This request may be anonymous. However, employees are encouraged to provide their name so follow-up is possible.

To report a hazard in writing, the employee must complete the top section of this form and send it directly to the Health, Safety, and Wellness Officer:

San Francisco Fire Department
Health, Safety, and Wellness Officer
698 2nd Street, Room 315
San Francisco, CA 94107

The Health, Safety, and Wellness Officer will have the hazard evaluated as described on page 10.

APPENDIX F: SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

INSTRUCTIONS FOR THE SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

The Supervisor's Accident Investigation Report is an essential part of the Fire Department effort to provide its employees with safe and healthful working conditions. The identification and correction of unsafe acts and conditions prevents future accidents.

The Supervisor Accident Investigation Report is available online on HRMS.

This instruction will guide the supervisor in gathering the information needed to complete the Supervisor's Accident Investigation Report online.

Division Enter the Division Number
Bureau/Station Enter the location where the employee was working at the time of the injury or illness occurred.

HEADING:

Division Enter the Division Number
Bureau/Station Enter the location where the employee was working at the time of the injury or illness occurred..

NATURE OF ACCIDENT:

Select the appropriate accident type. If the accident involved an occupational injury or illness please indicate the severity of the injury or illness. If unknown, mark "Other" and write in unknown.

DATE AND TIME OF ACCIDENT:

Enter the date and time of the accident. For occupational illnesses, enter the date of exposure, if known or the date reported.

SPECIFIC LOCATION OF ACCIDENT:

Write in the specific location of the accident. Include as many particulars as possible: street address, building number, room number. If outside, give the nearest landmark and approximate distance and direction from the landmark. If you need additional space, use the comments section or an additional sheet of paper.

ACCIDENT INVESTIGATION TEAM ASSEMBLED:

Indicate whether or not an Accident Investigation Team was assembled to investigate the accident. If yes, enter the date assembled

THIS ACCIDENT INVESTIGATION REPORT IS FOCUSED ON THE ACTIVITIES OF:

Enter the name of the involved employee as it appears from payroll (Last Name, First Name, M.I.) Enter the Civil Service Title and Class number of the job that the employee was being paid to perform. Circle the proper response to the question about an injury or illness resulting from the accident.

NAMES OF OTHER PERSONNEL INVOLVED IN THIS ACCIDENT: **

Enter this information in the manner prescribed in the previous box

NATURE OF INJURY OR ILLNESS: **

Circle the letter that corresponds to the nature of the injury or illness. Where more than one type of injury is listed for a letter, circle the letter and underline the specific injury. Where indicated provide further explanation in the comments section

PART(S) OF BODY AFFECTED: **

Circle the letter that corresponds to the part of the body affected by the injury or illness.

Where more than one body part is listed for a letter, circle the letter and underline the specific body part. Indicate right or left in the margin, where applicable. Where indicated provide further explanation in the comments section.

HAS THE EMPLOYEE RETURNED TO WORK? **

Place an X in the box that indicates whether or not the employee has returned to work. If yes, enter the date and the time that the employee returned to work. If not enter the date that you expect the employee to return to work.

SUPERVISION AT THE TIME OF ACCIDENT **

Place an X in the box that indicates the type of supervision that the employee was under at the time of the accident.

SUPERVISOR AT THE TIME OF ACCIDENT **

Enter the name of the employee's supervisor at the time of the accident and the supervisor's work phone number.

HAS THE EMPLOYEE WORKED OVERTIME IN THE PAST WEEK? **

Circle the appropriate answer to the question about overtime. If yes, enter the number of overtime hours the employee has worked in the week prior to the accident and when they were worked.

Circle the appropriate answer to the question about secondary employment (moonlighting). If yes, write in the approximate number of hours that the employee works at this job per week. If unknown, enter UNKNOWN.

WORK AND TASK AT TIME OF ACCIDENT

Enter the general type of work and the specific task being performed by the employee at the time of the accident (e.g. pipe repair/grinding or repairing roll-up door/adjusting interlock).

Place an X in the box that indicated the employee's status at the time of the injury or illness. If other, please specify in the space provided.

Enter the frequency that the employee performs the task that was in progress at the time of the accident. Enter the number of times per period. (e.g., 2 times per week, 3 times per day, 3 times per year).

ACCIDENT SEQUENCE

Describe the accident sequence in reverse order starting with the injury, illness, or damage event and work back through the preceding events that contributed to the accident.

Injury/Damage Event	Identify the actual interaction that resulted in the accident (e.g. I inhaled chlorine gas, acid splashed in face, struck head on floor, etc.)
Accident Event	The event that immediately preceded the injury, illness, or damage event. It is usually associated with the release of energy (e.g. chlorine gas escaped cylinder through broken valve, cup fell in acid bath, worker fell from ladder, etc.)
Preceding Event #1	An action or state of being that took place or condition that had to exist to get to the catalyst event (e.g. chlorine gas cylinder valve struck counter top, employee knocked cup off shelf, forklift struck ladder, etc.
Preceding Event #2,#3	Other actions or states of being that by their existence or occurrence contributed to the accident (e.g.: cylinder not secured in place, cylinder knocked over during seismic event; employee spilled hot coffee on hand, employee had coffee in an area posted – “No Eating, Drinking, or Use of Tobacco Products in This Area”; Employee erected the ladder in a main aisle way, forklift was speeding; etc.)

ACCIDENT SEQUENCE:

Carry out the Preceding Events until you get to an action or condition which is not a part of the accident sequence. If you need additional space use the comments section or an additional sheet of paper

CAUSAL FACTORS

Enter those factors (actions and conditions) that you believe contributed to the accident. Number the factors 1 – X, with 1 being the most important contributing factor and X being the least important contributing factor. If you need additional space use the comments section or an additional sheet to paper.

CORRECTIVE ACTIONS

Enter the actions taken immediately to make the area safe and those actions recommended or planned to prevent recurrence. Indicate the scheduled completion date for each action and the completion date if the action has already been taken.

ADDITIONAL COMMENTS

Space provided for additional comments.

PREPARED BY

Print your name and Civil Service Job Title on the appropriate lines and sign and date on the signature line. Print your work phone number and work address on the line provided.

COMPLETE THE SUPERVISOR'S ACCIDENT INVESTIGATION REPORT AND
SUBMIT IT TO THE SAFETY COORDINATOR BY THE END OF THE THIRD
BUSINESS DAY FOLLOWING NOTIFICATION OF AN OCCUPATIONAL INJURY,
ILLNESS OR ACCIDENT.

A Supervisor's Accident Investigation Report Supplement must be filed for each employee listed in the "Other Personnel Involved" box who were injured or became ill as a result of the accident.

APPENDIX G: HEALTH AND SAFETY LESSON PLAN

Section: _____ Lesson Plan # _____

Topic: Health and Safety (Injury and Illness Prevention Program)

Level of Instruction: Level 1

Student Behavioral Objectives

Given: An in-class activity

Performance: The employee will be able to explain the following:

- Department's Injury and Illness Prevention Program Policy (IIPP)
- Employee/Employer communications channels
- Employee responsibilities and rights
- Procedure and method for reporting activities or suspected health and safety hazards
- Procedure for reporting occupational injuries and illnesses

Standard: During an in-class activity the employee will be able to verbally explain the Department's Injury and Illness Prevention Program, the Program's different requirements, and his/her specific job assignments - Code of Safe Work Practices, if applicable (non-fire suppression).

References: The SFFD Injury and Illness Prevention Program Manual with Appendixes

SFFD Rule and General Orders relating to health and safety compliance procedures

All SFFD Manuals (Fire Suppression)

SFFD Drill Manual (Fire Suppression)

Training Bulletins

Apparatus and Equipment Orders and Information Manual (Fire Suppression)

American Heat Video Tapes (Fire Suppression)

Code of Safe Work Practices (non-fire suppression: Specific job assignments which are Construction and/or Maintenance Industry related)

Materials Needed:

- A SFFD Injury and Illness Prevention Program Lesson Plan and Manual
- A training record
- A Safety Meeting Record (non-fire suppression, which are Construction Industry classified)
- A Hazard Evaluation Request Form
- The Cal-OSHA Postings
- A Code of Safe Work Practices, non-fire suppression

Motivation:

The San Francisco Fire Department understands and recognizes that there is no resource more valuable to the Department than its personnel. Without its personnel the Department could not carry-on its long standing exemplary tradition of fire suppression and prevention. The Department dedicates itself to providing a safe work environment and strives to guard Department personnel from preventable illness or injury.

Presentation:

1. First Line Supervisor

- State purpose for implementing Injury and Illness Prevention Program (page 6)
- Present the Background and Regulatory Requirements (page 7)
- Read SFFD Policy and emphasize the first-line supervisor's responsibility for implementation and maintenance of the IIPP (page 22)
- Review the responsibilities of the Department Health, Safety and Wellness Officer, who has been designated as the SFFD's Occupational Safety and Health Manager (pages 9, 11, 13, 19, 20, 21, 22)

2. Review the major requirements of California Senate Bill 198 and the SFFD Injury and Illness Prevention Program.

- A written program
- Hazard Identification
- Hazard Correction
- Hazard Communication
- Employer/Employee Hazard Communication and Training
- Employee Compliance and Access to Records

3. Hazard Identification

A Baseline Hazard Assessment inspection (BHA) will be conducted upon IIPP implementation (page 10)

Monthly Inspections (page 10)

- Conducted monthly
- By station commander (fire suppression)
- Inspection Record should include:
 - Date of inspection
 - Name of person inspecting
 - Signature of inspector
 - Department and facility
 - Location of facility or workplace
 - Description of any hazards identified or unsafe work practices
 - Corrective action taken

Hazard Evaluation Inspection (page 10)

- Battalion Chief (fire suppression)
- First Line Supervisor (non-fire suppression)
- Reason: New substance, process/procedure or equipment
- New or previously unrecognized hazard is reported

4. Hazard Correction (page 12)

Two categories of hazards:

- Work areas
- IIPP deficiencies

Hazards will be prioritized for abatement according to severity

- Hazards shall be abated immediately if possible
- Hazards which cannot be immediately abated (i.e. facility modification) shall be submitted to the OSH Manager for risk assessment and prioritizing

5. Employee/Employer Hazard Communication and Training

Communication between the employer and employee is an essential element of an occupational safety and health program (page 14). The following are methods of communication. Safety and health training provided when:

- Upon implementation of SFFD IIPP, if employee has not already been instructed in the hazards of his/her job assignment
- When employee is first hired
- When employee is reassigned to a new job assignment with new hazards
- When new substances, processes, procedures, or equipment is introduced
- New or previously undiscovered hazards are brought to the Department's attention

Training Safe Working Practice and initial implementation of the IIPP will be provided by the first line supervisor. The content of the training course will include:

- Review of the SFFD IIPP Policy
- Review of the employee's responsibilities
- Compliance with safe and healthful work practices and rights, including access to records
- Safe work practices and procedures are to be emphasized during all training sessions
- Review procedure of reporting actual or suspected safety and health hazards
- Review procedure for reporting occupational injuries and illnesses
- Supervisors Accident Investigation (Appendix G)

Upon initial training of new employees or initial implementation of the SFFD IIPP for previously hired employees the following documentation is required (Appendix C):

- Name of course
- Date and time course conducted
- Instructor's names
- Summary of course content
- Printed name of employee
- Signature
- Job Classification
- Training records are to be forwarded to the OSH Manager at the Division of Training

Following initial training of new employees or the implementation of the SFFD IIPP which requires the training of previously hired employees, on-going safety and health training will be incorporated in the Department's annual drill schedule for fire suppression personnel. Continued safety and health training will be conducted and documented as follows:

- Fire Suppression Personnel - during daily drills (page 14, 15)
- Administrative and Support Personnel - quarterly (page 15)
- Pipeyard Maintenance Facility, Jones Street Tank, and Pump Station Personnel - every two weeks (page 16)
- First line supervisors of work facilities having Daily Journal assigned shall document health and safety training. During the drills, for fire suppression, fire safety and health considerations are to be emphasized.
- First line supervisors of work facilities which do not have a Daily Journal assigned are to document safety and health meetings on HRMS.

Health and Safety Bulletin Boards (page 16)

The bulletin board required in the IIPP must post the following:

- Cal-OSHA poster “Safety and Health Protection on the Job”
- Notice of compensation carrier
- “Access to Medical and Exposure Records” poster Cal-OSHA citations
- Cal-OSHA form 300A, Summary of Work-Related Injuries and Illness shall be posted by February 1st of each year. Material Safety Data Sheets for products in the workplace must be on the premises.

6. Procedure for employees to report unsafe and unhealthy work conditions (page 16)

An employee should report any unsafe/unhealthy work condition to his/her first line supervisor. The first line supervisor will investigate the report and initiate abatement if needed or possible.

An employee may report any unsafe/unhealthy work conditions directly to the Occupational Safety and Health Manager. The report may be submitted anonymously without fear of retaliation for reporting the hazard (Appendix E)

7. Procedure for reporting an occupational injury and illness (pages 17, 18)

Employees shall report all occupational injuries or illnesses to their first line supervisors immediately.

- In cases not requiring immediate medical attention, the employee is to inform his/her supervisor prior to seeking medical treatment; the employee must inform his/her supervisor as soon as possible. As occupational illnesses are often difficult to associate with a specific event or exposure, the employee will report the suspected illness to his/her supervisor as soon as there is a suspicion or diagnosis of an occupational illness.

When an employee reports an occupational injury or illness to their supervisor, the supervisor will complete an Employee’s Claim for Worker’s Compensation Benefits (DWC-1) with the employee and give the employee a copy of the forms

The supervisor shall assist the employee in obtaining prompt medical treatment of occupational injuries and illnesses (page 18)

Once the employee has received medical treatment, the supervisor will complete an Employers Report of Occupational Injury or Illness (form 5020) and forward the completed report. A Supervisor’s Accident Investigation Report will also be filled out.

In the event of a fatality or a serious occupational injury or illness, the supervisor must notify his immediate supervisor for proper Cal-OSHA notification immediately and no later than eight (8) hours of the event.

Form 5020, SAIR, and the DWC-1 are forwarded to the Health, Safety, and Wellness Officer who reviews the forms to ensure proper completion. Following the appropriate Deputy Chief's review, the forms are forwarded to the Department Physician. The Department Physician forwards copies to the Worker's Compensation Division.

8. Accident Investigation, page 20

After the supervisor completes the Form 5020 an accident investigation will be conducted by the first line supervisor with the exception of an injury occurring on Department property (fire suppression). In such a case the District Battalion Chief will investigate and complete the appropriate form (an Accident Investigation Form with instructions on completing the forms contained in Appendix F). See page 37 for instructions on how to conduct an accident investigation.

9. Employee Compliance, page 22

The Fire Department must take all possible measures to ensure that Department employees comply with all Health and Safety work practices. Fire Department supervisory personnel must emphasize all health and safety aspects during all training sessions (drills or meetings). The Fire Department must strive to reduce all preventable injuries or illnesses.

The following methods will be used to encourage employee compliance:

- Training and retraining
- Recognition for employing good health and safety
- Practices (Performance Appraisals)
- Disciplinary action according to Department rules for serious offenses

10. Employee Access to Records/Recordkeeping, page 22

Employees have the right to access their medical and exposure records. All records pertaining to the IIPP are maintained as follows:

- Periodic inspections and hazard abatement (3 years at least)
- Reports of unsafe/unhealthy work conditions (3 years at least)
- Training and safety meeting records (3 years at least)
- The Occupational Injury and Illness records (indefinitely)
- Accident Investigation records (5 years at least)

11. Cal-OSHA Inspections and Citations

The Occupational Safety and Health Manager (Department Safety Officer) shall be notified immediately of a Cal-OSHA inspection of any Fire Department facility.

The Occupational Safety and Health Manager will accompany the Cal-OSHA inspector providing records as needed.

In the case of a Cal-OSHA citation, corrective action to abate the citation should be initiated as soon as possible by the first line supervisor.

APENDIX H: GO 11 A-50 INJURY/ILLNESS/EXPOSURE REPORTING SYSTEM INSTRUCTIONS

SAN FRANCISCO FIRE DEPARTMENT GENERAL ORDER

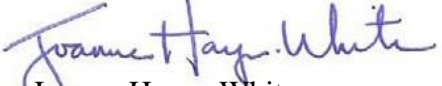
File Code 11 A-50
September 29, 2011

From: Chief of Department
To: Distribution List "A"
Subject: Injury/Illness/Exposure Reporting System
Reference: Rules & Regulations, Section 402
Enclosure: Injury/Illness/Exposure Reporting System Instructions

Officer Endorsement:

Sec 1108 – R. & R. _____

1. The Injury/Illness/Exposure forms, Injury Packet and all related attachments are now available on HRMS.
2. All members shall use HRMS to document and report on-duty illnesses, injuries and/or exposures. Instructions for documenting this information are attached to this General Order.
3. Pre-printed forms will no longer be available from the Print Shop. All Injury/Illness/Exposure reports must be completed through HRMS.
4. Questions regarding this General Order should be directed to Management Information Services, 415-558-3669.


Joanne Hayes-White
Chief of Department

APPENDIX I: GO 20 A-01

SAN FRANCISCO FIRE DEPARTMENT GENERAL ORDER

File Code 20 A-01
January 2, 2020

From: Chief of Department
To: Distribution List "A"
Subject: Reporting Work Site Injuries, Illnesses or Deaths to Cal/OSHA
Reference: Occupational Safety and Health Act of 1970 and 29 CFR 1904
Enclosure: None

Officer Endorsement:

Sec. 1108 - R. & R. _____

1. California Code of regulations, Title 8, Section 342 paragraph 9b) states, "Whenever a state, county, or local fire or police agency is called to an accident involving an employee covered by this part [reference CCR, Title 8, Section 342, paragraph (b)] in which a serious injury, or illness, or death occurs, the nearest office of the Division of Occupational Safety and Health shall be notified by telephone immediately by the responding agency."
2. Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness.
3. Changes have been adopted by the California Legislature to the laws governing the reporting of "serious injuries" to Cal/OSHA. The legislation (AB 1805, effective 1/1/2020) made changes to the definition of serious injuries and how they are defined. **Failure to report a serious injury to Cal/OSHA within 8 hours of the time of occurrence will result in the department being fined a minimum of \$5000.**
4. You must notify Cal/OSHA immediately whenever a "serious injury", "Serious exposure" or death occurs. Reportable incidents are:
 1. Deaths
 2. Hospitalizations
 - Note that the 24-hour threshold for reporting has been eliminated. All hospitalizations except for observation or diagnostic testing now require reporting
 3. Amputations

4. Loss of an eye
5. An injury that can be expected to result in a serious degree of permanent disfigurement
6. An exposure to a hazardous substance in a degree or amount sufficient to create the realistic possibility of death or serious physical harm in the future.

All incidents meeting the above criteria that occur in the workplace or arise out of work must be reported. It does not matter if the incident originated from a personal medical condition, if the incident occurs in the workplace it must be reported (e.g., a heart attack at work).

5. The senior Fire Department Officer on the scene of an employee workplace illness, injury, or death will be responsible for contacting the Battalion Chief in charge of the district in which the injury occurred. Regardless of severity, time of day or location of the incident, any response to an employee workplace injury or illness requires notification of a Battalion Chief.
6. Field crew shall not contact Cal/OSHA directly. All notifications must channel through a Battalion Chief.
7. The Battalion Chief will be responsible for reporting serious injuries exposures, or death to Cal/OSHA by telephone by calling the Cal/OSHA San Francisco office at (415) 557-0100.
8. Battalion Chiefs will be responsible for completing the **electronic** SFFD Cal/OSHA reporting form in the Fire Portal:
 - a) Log in under the “Fire Station” portal
 - b) Click the “Chief” tab
 - c) Click “OSHA”
 - d) Click “Create”
9. When completing the SFFD Cal/OSHA form and making direct telephone contact with Cal/OSHA, Battalion Chiefs will provide the following information:
 - Dispatch date, time and CAD number of the accident/event
 - Employer’s name, address and telephone number
 - Name and job title of the person reporting the accident
 - Name, rank, and assignment of Battalion Chief reporting the event
 - Companies that responded to the event
 - Address of accident/event site
 - Name of person to contact at accident/event site
 - Name and address of injured employee(s)
 - Nature of injuries
 - Location where injured employee(s) was/were taken for medical treatment
 - List and identity of other law enforcement agencies present at the accident/event site

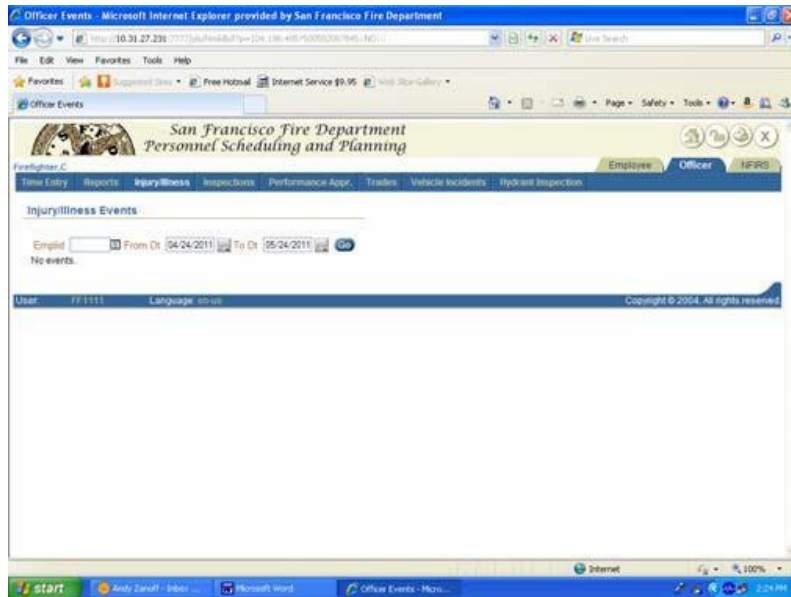
- Description of accident/event and whether the accident scene or instrumentality has been altered
- **Because of the short timeframe allowed for reporting a serious injury, even if you do not have all the specified report elements, report the injury immediately. You may complete the missing report elements later.*

10. This General Order replaces General Order 08 A-15, Reporting Work Site Injuries, Illnesses, or Death using eh SFFD Cal/OSHA Reporting Form.

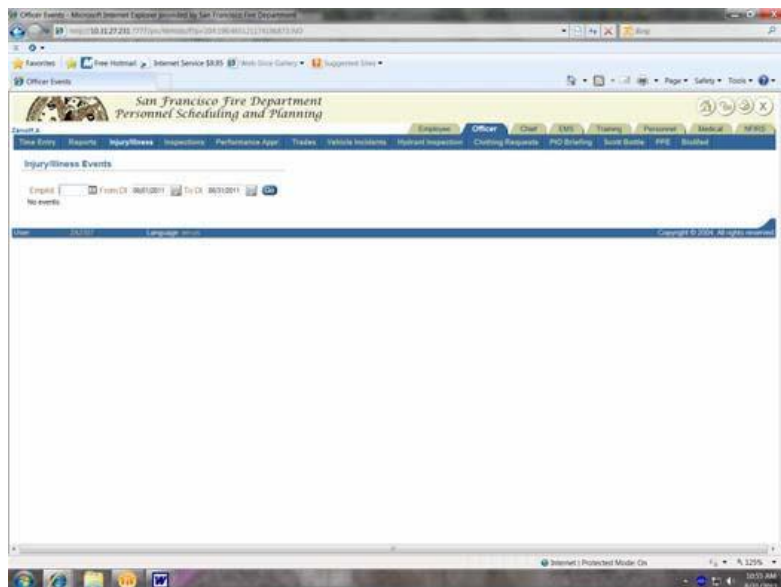
Jeanine R. Nicholson
Chief of Department

APPENDIX J: Injury/Illness/Exposure Reporting System Instructions

1. Log in to HRMS
2. On the Officer tab, click on the radio button labeled INJURY/ILLNESS
3. A window will open

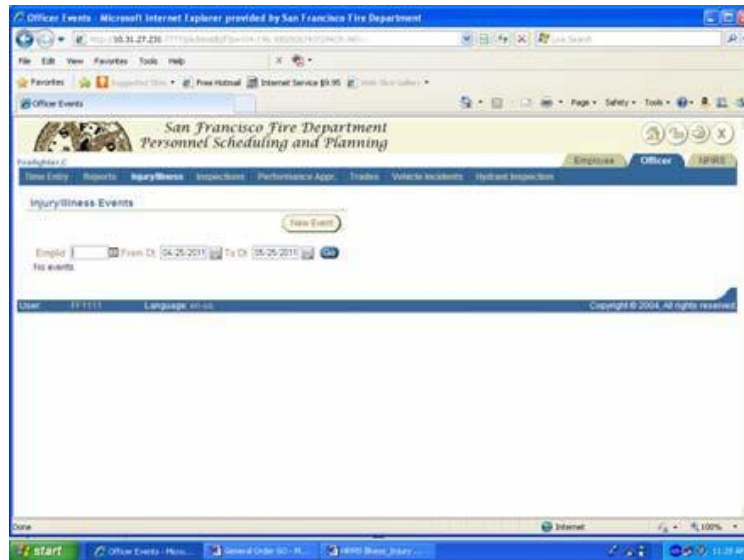


4. Select the employee name and ID from the Pick List

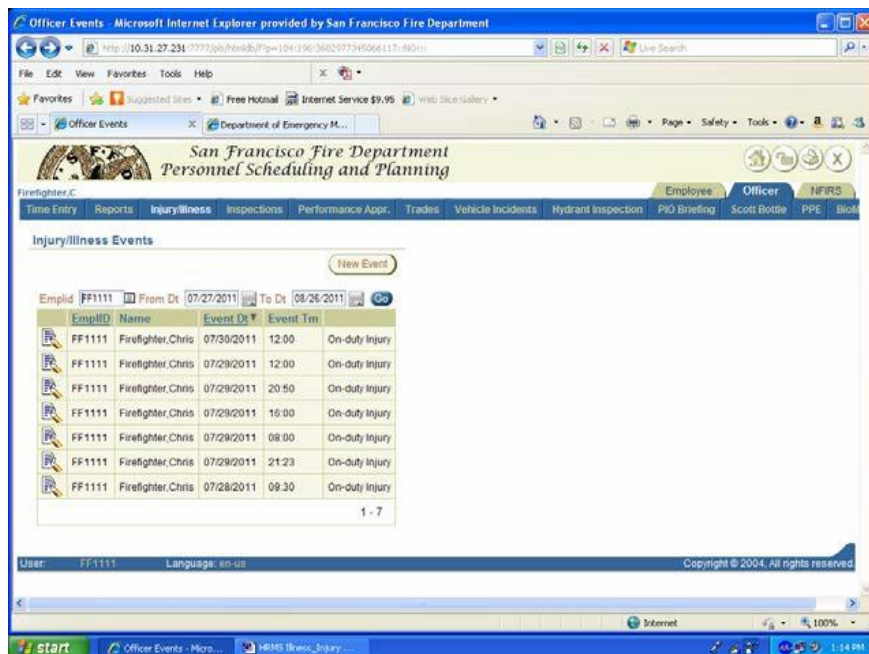


5. Click GO

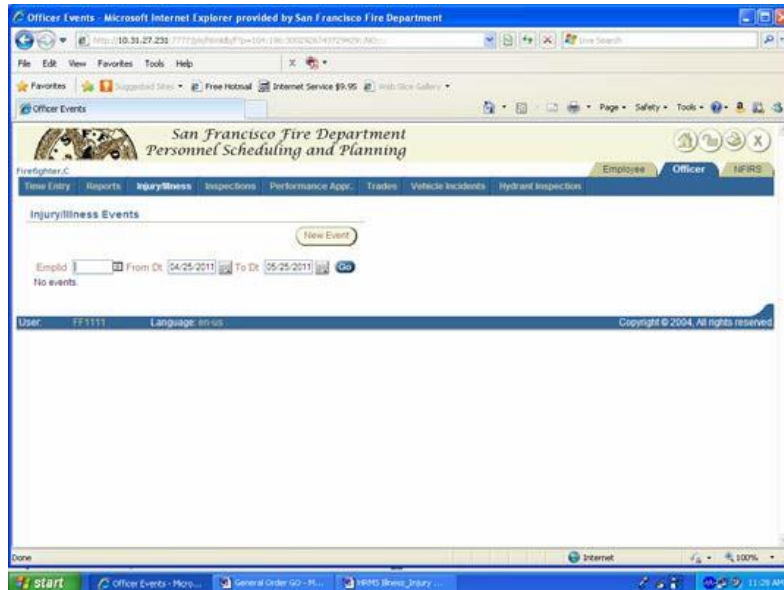
6. A new window will open. Similar to the prior window, it will have NEW EVENT radio button added.



Note: If the member has submitted previous injury/illness exposure reports, a Log of prior events will appear in this window as well.

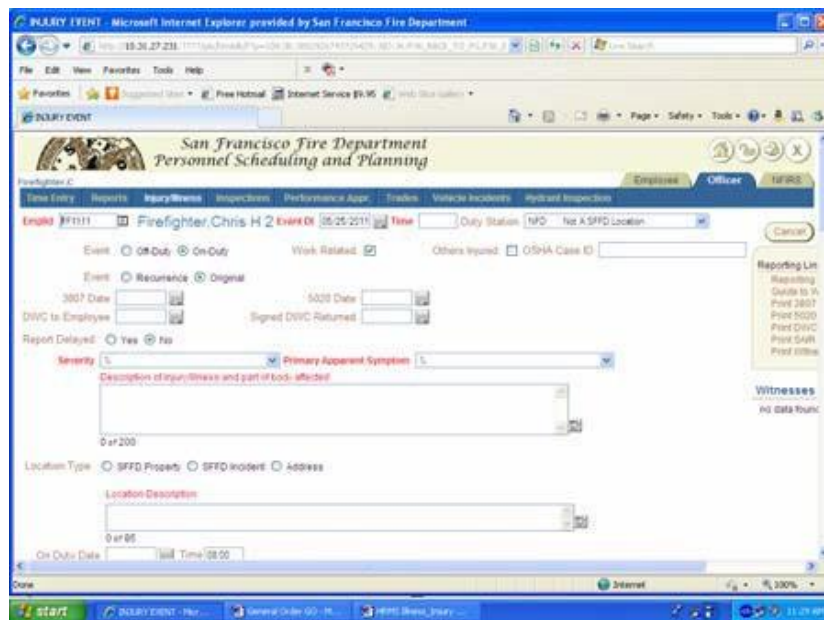


- Click on the Radio Button labeled NEW EVENT

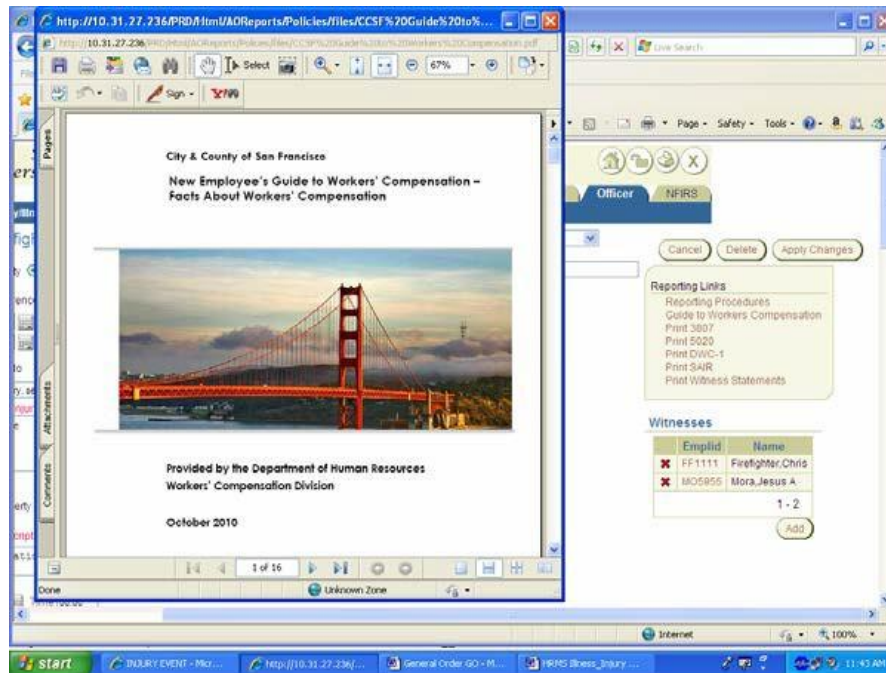


Note: If you are the originating officer, or the investigating Battalion Chief, and you are working on a previously created report, you must select that report from the List of Prior Events. DO NOT create a new event if you are trying to complete an already existing record.

- A new window will open



9. This form contains all the information necessary for the 3807, 5020 and the SAIR. Only one electronic form will need to be completed and all the documents will print in proper format.
10. The Guide to Worker's Compensation can be found by clicking the GUIDE TO WORKER'S COMPENSATION link



11. Complete the entire form, all fields. Fields marked in RED are mandatory fill-ins. Forms will not print and the window will not close until all mandatory fields are completed. There is no override.

San Francisco Fire Department Personnel Scheduling and Planning

Firefighter.C

Time Entry Reports **Injury/Illness** Inspections Performance Appr. Trades Vehicle Incidents Hydrant Inspection PIO Briefing Scott Bottle PPE Biom

3 errors have occurred

- Value must be specified.
- Value must be specified.
- Value must be specified.

Emplid: FF1111 Firefighter,Chris H 2 Event Dt: 08/26/2011 Time: Value must be specified.

Event: ☐ Off-Duty ☒ On-Duty ☐ Recurrence ☒ Original

Event: ☐ Off-Duty ☒ On-Duty ☐ Recurrence ☒ Original

OSHA Case ID: 3807 Date: 5020 Date: DWOC to Employee: Signed DWOC Returned: Report Delayed: ☐ Yes ☒ No

Severity: Primary Apparent Symptom: Description of Injury/Illness and part of body affected: 0 of 200

Reporting Links: Reporting Procedures, Guide to Workers Compensation, Print 3807, Print 5020, Print DWOC-1, Print SAIR, Print Witness Statements

Witnesses: no data found

- The Supervisor's Accident Investigation Report is located on the lower portion of the main Injury/Illness/Exposure report form.

Supervisor Accident Investigation Report

Nature of Accident: Near Miss - Potential for Injury

Investigation Team Assigned: ☐ Yes ☐ No

Does employee have secondary employment: ☐ Yes ☐ No Total Hours Per Week:

Employee Was Working With: How often does employee perform this task? Per Hour

Injury/Damage Event:

Accident Event:

Precoding Event:

Additional Precoding Events:

Causal Factors:

13. On the right side of the screen, there is a list of forms and functions.

The screenshot shows the 'INJURY EVENT' form in a Microsoft Internet Explorer browser window. The browser's address bar shows a URL starting with 'http://10.31.27.231/'. The page title is 'San Francisco Fire Department Personnel Scheduling and Planning'. The form is titled 'INJURY EVENT' and has tabs for 'Employee', 'Officer', and 'NFI/RS'. The 'Employee' tab is selected. The form contains several sections: 'Injury/Illness' with fields for 'Event Dt' (05/25/2011) and 'Time'; 'Work Related' with a checked box; 'Others Injured' with an unchecked box; 'OSHA Case ID'; 'Recurrence' with a dropdown set to 'Original'; 'Signed DWC Returned'; 'Primary Apparent Symptom'; 'FD Property' with radio buttons for 'SFFD Incident' and 'Address'; and 'Injury Description'. On the right side, there is a 'Reporting Links' section with links to 'Reporting Procedures', 'Guide to Workers Compensation', 'Print 3807', 'Print 5020', 'Print DWC-1', 'Print SAR', and 'Print Witness Statements'. Below this is a 'Witnesses' section with the text 'no data found'. The browser's status bar at the bottom shows the time as 11:30 AM.

14. Clicking on the REPORTING PROCEDURES link will open a window that contains step-by-step instructions for completing the injury/illness packet and submission guidelines.

The screenshot shows the 'Injury Event Procedures' page in a Microsoft Internet Explorer browser window. The browser's address bar shows a URL starting with 'http://10.31.27.231/'. The page title is 'Injury Event Procedures'. The page contains a section titled 'Work Related Injury Reporting Procedures' with a list of instructions for reporting injuries and illnesses. The instructions are divided into two categories: 'Injuries/Illnesses Requiring Self Treatment' and 'Injuries/Illnesses Requiring Medical Treatment'. The 'Injuries/Illnesses Requiring Medical Treatment' section includes a list of steps for reporting an injury, including contacting the Battalion Chief, completing the Injury Report Packet, and submitting the packet to the Human Resources Division. The 'Blood-Borne Pathogen Exposures' section includes a list of steps for reporting an exposure, including cleaning and decontaminating the exposed area and contacting the Battalion Chief. On the right side, there is a 'Reporting Links' section with links to 'Reporting Procedures', 'Guide to Workers Compensation', 'Print 3807', 'Print 5020', 'Print DWC-1', 'Print SAR', and 'Print Witness Statements'. Below this is a 'Witnesses' section with the text 'no data found'. The browser's status bar at the bottom shows the time as 11:31 AM.

15. Once all fields are completed, click on the CREATE button

The screenshot shows a web browser window titled "INJURY EVENT - Microsoft Internet Explorer provided by San Francisco Fire Department". The address bar shows a URL starting with "http://10.31.27.231:7777/jsp/injury...". The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The page has a navigation bar with tabs for Reports, Injury/Business, Inspections, Performance Appr., Trades, Vehicle Incidents, and Hydrant Inspection. The main form is titled "1111 Firefighter, Chris H 2" and includes fields for Event Dt (05/25/2011), Time (12:00), and Duty Station (NFD). There are checkboxes for "Off-Duty", "On-Duty", "Work Related", and "Others Injured". A "Cancel" button and a "Create" button are in the top right. A "Reporting Links" sidebar on the right lists various report types. The form also includes fields for "Event", "Recurrence", "Original", "Event Date", "5020 Date", "Signed DWC Returned", "Injured", "Primary Apparent Symptom", "Description of Injury/Illness and part of body affected", "Leg fracture", "Type", "Location Description", "Date", "Time", "Work", "Last Work Dt", "Return Dt", and "Death".

16. After creating the record, a Witness Log will appear. The injured member will be listed as the first witness. Click ADD to include other witnesses to the event.

San Francisco Fire Department Personnel Scheduling and Planning

INJURY EVENT

Employee: **Fighter, Chris H 2** Event Dt: **05/23/2011** Time: **13:00** Duty Station: **NFD** Net A SFFD Location:

On-Duty: ☒ Work Related: ☒ Others Injured: ☐ OSHA Case ID:

Original: ☐ 5020 Date: Signed DW-C Returned:

Primary Apparent Symptom: **32 - Fracture**

Witnesses:

Emplid	Name
FF 1111	Firefighter, Chris

Reporting Links:

- Reporting Procedures
- Guide to Workers Compensation
- Print 3807
- Print 5020
- Print DW-C-1
- Print SAIR
- Print Witness Statements

San Francisco Fire Department Personnel Scheduling and Planning

INJURY EVENT

Employee: **Fighter, Chris H 2** Event Dt/Tm: **05/23/2011 13:00** Employee: **Fighter, Chris**

Emplid: Create:

User: **FF 1111** Language: **en-us** Copyright © 2004. All rights reserved.

Witnesses:

Emplid	Name
FF 1111	Firefighter, Chris

Reporting Links:

- Reporting Procedures
- Guide to Workers Compensation
- Print 3807
- Print 5020
- Print DW-C-1
- Print SAIR
- Print Witness Statements

17. Enter the employee number of any witnesses and click the CREATE radio button. The new witness name will be auto-populated to the Witness list. Repeat this process as many times as necessary to log all of the witnesses.

San Francisco Fire Department Personnel Scheduling and Planning

Injury Event

Event Dt: 05/23/2011 Time: 13:00 Duty Station: NFD Net A SFFD Location: [Dropdown]

Primary Apparent Symptom: 32 - Fracture

Witnesses:

EmpId	Name
FF1111	Firefighter, Chris
MO5055	Mora, Jesus A.

Reporting Links:

- Reporting Procedures
- Guide to Workers Compensation
- Print 3807
- Print 5020
- Print DWIC-1
- Print SAIR
- Print Witness Statements

Buttons: Cancel, Delete, Apply Changes

18. Once all witnesses have been entered and any errors in the reporting format corrected, click the APPLY CHANGES radio button. This will lock in any additional information to the form.

San Francisco Fire Department Personnel Scheduling and Planning

Injury Event

Event Dt: 05/23/2011 Time: 13:00 Duty Station: NFD Net A SFFD Location: [Dropdown]

Primary Apparent Symptom: 32 - Fracture

Witnesses:

EmpId	Name
FF1111	Firefighter, Chris
MO5055	Mora, Jesus A.

Reporting Links:

- Reporting Procedures
- Guide to Workers Compensation
- Print 3807
- Print 5020
- Print DWIC-1
- Print SAIR
- Print Witness Statements

Buttons: Cancel, Delete, Apply Changes

19. Based on the event type, click on the appropriate links to print out the necessary forms. They will come out pre-printed and completed with the information you provided.

NOTE: If critical information is missing from one or more of the forms (date or signature for example), a display will be visible across the top of the form, on the computer, and will appear as a watermark on the printed form. If such a notice appears on the form, you MUST go back and enter the necessary information in the form and then reprint the document(s).

The screenshot shows a web browser window displaying the San Francisco Fire Department Report of Injury form. The form is titled "San Francisco Fire Department Report of Injury Missing Report Dt (3807 Dt)". It contains fields for Name, Rank, Assignment, Home Address, Incident Date, Time, During Unit Dispatch?, Incident Address, Description of Injury and Body Part Affected, What equipment was most closely related to accident?, What activity was the injured performing?, and How did the injury occur?. The form is pre-filled with information for Firefighter Chris, Rank FF, Assignment VR02, Home Address in San Francisco, CA, Incident Date 05/23/2011, Time 13:00, During Unit Dispatch? No, Incident Address in San Francisco, CA, 94107, Description of Injury and Body Part Affected: Leg fracture, What equipment was most closely related to accident?, What activity was the injured performing?, and How did the injury occur?.

San Francisco Fire Department
Report of Injury
Missing Report Dt (3807 Dt)

Name: Firefighter,Chris Rank: FF Assignment: VR02
Home Address: s, San Francisco, CA, 94114

INCIDENT INFORMATION

Incident Date: 05/23/2011 Time: 13:00 During Unit Dispatch? No
Incident Address: ,San Francisco,CA, 94107
Description of Injury and Body Part Affected: Leg fracture
What equipment was most closely related to accident?
What activity was the injured performing?
How did the injury occur?

Reporting Links

- Reporting Procedures
- Guide to Workers Compensation
- Print 3807
- Print 5020
- Print DVC-1
- Print S4R
- Print Witness Statements

Witnesses

EmpId	Name
FF1111	Firefighter,Chris
MOS955	Mora,Jesus A

1 - 2
Add

Crystal Reports ActiveX Viewer - Microsoft Internet Explorer provided by San Francisco F...

San Francisco Fire Department
Supervisor's Accident Investigation Report

From: Rank: Assignment:
Employee: Rank: Assignment:
Supervisor: Rank: Assignment:

ACCIDENT INFORMATION

Incident Date: Time: During Unit Dispatch? No
Incident Address: ...
Nature of Accident: Investigation Team As
Employee Absent From Work? No If Yes, Expected Return Date:
Employee has secondary employment? No If Yes, Total Hours Per Week:

INJURY SUMMARY

Description of Injury and Body Part Affected:

Reporting Links
Reporting Procedures
Guide to Workers Compensation
Print 3807
Print 5020
Print DYC-1
Print SAR
Print Witness Statements

Witnesses

EmpId	Name
FF1111	Firefighter, Chris
M05955	Mora, Jesus A

1 - 2
Add

start | INQUIRY EVENT - Me... | Crystal Reports Activ... | General Order GO - M... | HRPD Bases_Injury... | 11:48 AM

Crystal Reports ActiveX Viewer - Microsoft Internet Explorer provided by San F...

San Francisco Fire Department
Statement

Signature Needed

Name: Rank: Assignment:
Incident Information
Incident Date: Time: Incident #:
Incident Address: ...

Reporting Links
Reporting Procedures
Guide to Workers Compensation
Print 3807
Print 5020
Print DYC-1
Print SAR
Print Witness Statements

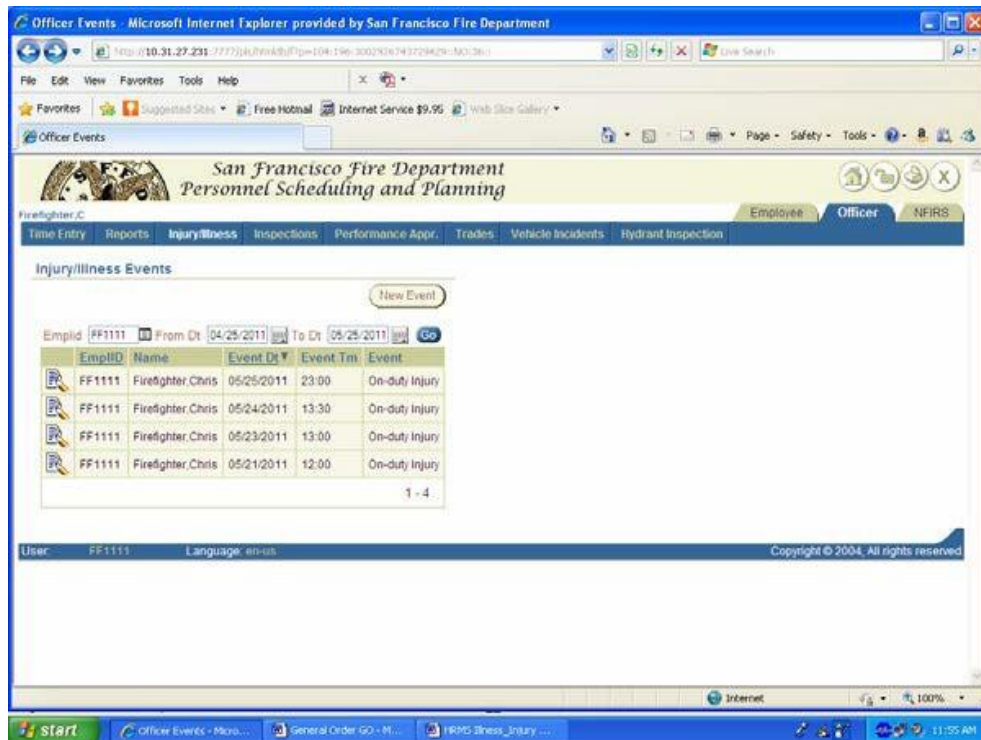
Witnesses
no data found

start | INQUIRY EVENT - Me... | Inquiry Event Proc... | Crystal Reports A... | General Order G... | HRPD Bases_Inj... | 11:32 AM

20. Sign the forms as directed and submit through the Chain of Command
21. After completion of all work, click APPLY CHANGES one more time to ensure information is saved, then click the CANCEL radio button to close the form.

The screenshot shows a web browser window titled "INJURY EVENT - Microsoft Internet Explorer provided by San Francisco Fire Department". The address bar shows a URL starting with "http://192.168.27.231". The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The page content is for the "San Francisco Fire Department Personnel Scheduling and Planning" system. It features a navigation bar with tabs for "Injuries", "Inspections", "Performance App", "Trainers", "Vehicle Incidents", and "Hydrant Inspections". The "Injuries" tab is active, showing a form for "Injury Event". The form includes fields for "Employee" (Firefighter, Chris H 2), "Event Date" (05-23-2011), "Time" (13:00), "Duty Station" (MFD - has A SFFD Location), and "Work Related" (checked). There are also checkboxes for "De-Duty", "Original", "Signed CWC Returned", "Others Injured", and "OSHA Case ID". A "Primary Apparent Symptom" dropdown is set to "32 - Backache". A "Witnesses" section on the right lists "FF 1111 - Firefighter Chris" and "MOS665 - Mora, Jesus A" with checkboxes. A "Reporting Links" section on the right lists various links like "Reporting Procedures", "Guide to Workers Compensation", "Post 3807", "Post 6020", "Post DWC-1", "Post DARE", and "Post Witness Statements". The bottom of the browser shows the Windows taskbar with the "start" button and several open applications.

22. You will be brought back to the 'Home Page' for the Injury/Illness tab



23. Ensure the new entry appears on the Injury/Illness Log
24. Log out of the HRMS