

# **INJURY AND ILLNESS PREVENTION PROGRAM**

**FOR THE**

**HAPPY VALLEY UNION**

**SCHOOL DISTRICT**

**SCHOOL SITES INCLUDED IN THIS PROGRAM ARE:**

1. Happy Valley Elementary School
2. Happy Valley Primary School
3. Happy Valley Community Day School
4. Happy Valley Preschool
5. \_
6. \_\_\_\_\_

**PUBLISHED BY THE  
SHASTA-TRINITY SCHOOLS INSURANCE GROUP  
ON BEHALF OF ITS MEMBERS**

# TABLE OF CONTENTS

## **SECTION 1—INJURY AND ILLNESS PREVENTION PROGRAM**

- Introduction
- Goals
- Statutory Authority
- Responsibility
- Compliance
- Hazard Identification
- Accident Investigations
- Hazard Correction
- Training
- Communication
- Documentation

## **SECTION 2—REPORTING EMPLOYEE INJURIES**

- Employee Accident Response
- Supervisor's Accident Investigation Report
- Accident Witness Statement
- Reporting a Death or Serious Injury
- Letter to OSHA Reporting Serious Injury or Death

## **SECTION 3—INSPECTIONS**

- Science Area Hazard Identification Checklist
- Activity Area Hazard Identification Checklist
- Shops and Crafts Hazard Identification Checklist
- Food Service Hazard Identification Checklist
- Workplace Hazard Identification Checklist
- Office Hazard Identification Checklist
- Classrooms Hazard Identification Checklist
- Employee Safety Suggestion Form
- Hazardous Condition or Work Practice Form

## **SECTION 4—SAFETY COMMITTEE**

- Function
- Organizing a Safety Committee
- Safety Committee Goals
- Agenda
- Summary
- Safety Committee Requirements
- Duties of the Safety Committee Members

- Safety Meeting Report
- Safety Committee Meeting Minutes

#### **SECTION 5—EMPLOYEE SAFETY TRAINING**

- Certification By Employee
- Employee Training Checklist
- Individual Employee Training Report
- Disciplinary Procedure
- Employee Safety Reminder

# **SECTION 1**

## **INJURY AND ILLNESS PREVENTION PROGRAM**

### **INTRODUCTION**

In order to maintain a safe and healthful work environment the (Happy Valley Union School District) has developed this Injury and Illness Prevention Program for all employees to follow. This document describes the goals, statutory authority, and the responsibilities of all employees under the Program. It addresses Compliance, Hazard Identification, Accident Investigation, Hazard Mitigation, Training, Hazard Communication, and Program Documentation. By making employee safety a high priority for every employee we can reduce injuries and illnesses, increase productivity, and promote a safer and healthier environment for all individuals at Happy Valley Union School District.

### **GOALS**

Diligent implementation of this program will reap many benefits for Happy Valley Union School District. Most notably it will:

1. Protect the health and safety of employees. Decrease the potential risk of disease, illness, injury, and harmful exposures to Happy Valley Union School District personnel.
2. Reduce workers' compensation claims and costs.
3. Improve efficiency by reducing the time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement employees.
4. Improve employee morale and efficiency as employees see that their safety is important to management.
5. Minimize the potential for penalties assessed by various enforcement agencies by maintaining compliance with Health and Safety Codes.

### **STATUTORY AUTHORITY**

- California Labor Code Section 6401.7.

- California Code of Regulations Title 8, Sections 1509 and 3203.

## **RESPONSIBILITY**

The ultimate responsibility for establishing and maintaining effective environmental health and safety policies specific to Happy Valley Union School District facility and operations rests with (The Superintendent. General policies, which govern the activities and responsibilities of the Injury and Illness Prevention Program, are established under their final authority.

It is the responsibility of Happy Valley Union School District to develop procedures, which ensure effective compliance with the Injury and Illness Prevention Program, as well as other health and safety policies related to operations under their control.

(The Superintendent/Safety Officer), will carry out the various duties outlined herein, setting acceptable safety policies and procedures for each employee to follow and ensuring that employees receive the general safety training. Administrators, Supervisors, and Managers must also ensure that appropriate job specific training is received, and that safety responsibilities are clearly outlined in the job descriptions, which govern the employees under their direction. Supervising others also carries the responsibility for knowing how to safely accomplish the tasks assigned each employee, for purchasing appropriate personal protective equipment, and for evaluating employee compliance.

Immediate responsibility for workplace health and safety rests with each individual employee. Employees are responsible for following the established work procedures and safety guidelines in their area, as well as those identified in this program. Employees are also responsible for using the personal protective equipment issued to protect them from identified hazards, and for reporting any unsafe conditions to their supervisors.

The plan administrator is responsible for developing and managing this Injury and Illness Prevention Program.

## **COMPLIANCE**

Compliance with this Injury and Illness Prevention Program will be achieved in the following manner:

1. Site Administrators, Supervisors, and Managers will set positive examples for working safely and require that all staff under their direction work safely.
2. Site Administrators, Supervisors, and Managers will use all disciplinary procedures available to them to ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings, and other forms of disciplinary action are available.
3. Site Administrators, Supervisors, and Managers will identify the resources necessary to provide a safe work environment for their employees and include them in budget requests.
4. Site Administrators, Supervisors, and Managers will establish appropriate means of recognition for employees who demonstrate safe work practices.

(Happy Valley Union School District has developed this comprehensive Injury and Illness Prevention Program to enhance the health and safety of its employees.

## **HAZARD IDENTIFICATION**

A health and safety inspection program is essential in order to reduce unsafe conditions, which may expose employees to incidents that could result in personal injuries or property damage. It is the responsibility of (Maintenance/Operations Supervisor to ensure that appropriate, systematic safety inspections are conducted periodically.

### **Scheduled Safety Inspections**

Upon initial implementation of this program, inspections of all work areas will be conducted. All inspections will be documented using the attached forms (or equivalent) with appropriate abatement of any hazards detected.

Thereafter, safety inspections will be conducted at the frequency described below:

1. Monthly inspections of all office areas will be conducted to detect and eliminate any hazardous conditions that may exist. Inspections are conducted by Site Administrators, Site Teachers, and Maintenance Staff.

### **Unscheduled Safety Inspections**

1. Additional safety inspections will be conducted whenever new equipment or changes in procedures are introduced into the workplace that presents new hazards.
2. Maintenance/Operations Supervisor, will conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace.
3. Safety reviews will be conducted when occupational accidents occur to identify and correct hazards that may have contributed to the accident.

### **ACCIDENT INVESTIGATIONS**

Immediate supervisors and managers, will investigate all accidents, injuries, occupational illnesses, and near-miss incidents to identify the root cause. Appropriate repairs or procedural changes will be implemented promptly to correct the hazards implicated in these events.

To ensure timely accounting for Workers' Compensation procedures, both employee and the immediate supervisor, must complete their respective portions on the Report of Employee Injury/Exposure Form and Happy Valley Union School District Accident Investigation Form available at the main office.

### **HAZARD CORRECTION**

All hazards identified will be promptly investigated and alternate procedures implemented as indicated. The Happy Valley Union School District recognizes that hazards range from imminent dangers to hazards of relatively low risk. Corrective actions or plans, including suitable timetables for completion, are the responsibility of Maintenance/Operations Supervisor.

## **TRAINING**

Effective dissemination of safety information lies at the very heart of a successful Injury and Illness Prevention Program. All employees must be trained in general safe work practices. In addition, specific instruction with respect to hazards unique to each employee's job assignment will be provided.

### **General Safe Work Practices**

At a minimum, all employees will be trained in the following:

1. Fire Safety, Evacuation, and Emergency Procedures
2. Hazard Communication (Use of Material Safety Data Sheets)
3. Blood borne Pathogens
4. Injury and Illness Prevention Program

### **Specific Safe Work Practices**

In addition to this general training, each employee will be instructed how to protect themselves from the hazards specific to their individual job duties. At a minimum this entails how to use workplace equipment, safe handling of hazardous materials and use of personal protective equipment. Training must be completed before beginning to work on assigned equipment, and whenever new hazards or changes in procedures are implemented.

The Superintendent is responsible for providing Site Administrators, Supervisors, and Managers with the training necessary to familiarize themselves with the safety and health hazards their employees are exposed to.

It is the responsibility of each Site Administrator, Supervisor, and Manager to know the hazards related to his/her employee's job tasks, and ensure they receive appropriate training.

1. Supervisors will ensure that all employees receive general and job-specific training prior to initial or new job assignments.
2. Supervisors will ensure that employees are trained whenever new substances, processes, procedures or equipment are introduced to the workplace which may create new hazards.

Training must also be given when new or previously unrecognized hazards are brought to a supervisor's attention.

3. All training will be documented and kept in employee files at the plan administrator's office. The attached Employee Training Checklist Form (or equivalent) will be used for this purpose.

## **COMMUNICATION**

Effective two-way communication, which involves employee input on matters of workplace safety, is essential to maintaining an effective Injury and Illness Prevention Program. To foster better safety communication the following guidelines will be implemented:

Changes in protocol, safety bulletins, accident statistics, training announcements, and other safety information will be posted, as they become available.

Status reports will be given on safety inspections, hazard correction projects, and accident investigation results, as well as feedback to previous employee suggestions. Employees will be encouraged to participate and give suggestions without fear of reprisal. The attached attendance sheet should be used to document attendance and topics covered. Additional communication methods to be used are:

- Posters
- Meetings
- Manuals
- Newsletters
- Bulletins
- Warning Labels

Employees are encouraged to bring to the Happy Valley Union School District attention any potential health or safety hazard that may exist in the work area. The attached Employee Safety Recommendation form (or equivalent) can be used for this purpose. These forms are available in the District Office and at each school site.

Feedback to the employees is critical, and must be provided for effective two-way communication.

Compliance will be reinforced by:

- Inspections and appropriate written comments.

Non-compliance will be addressed by:

- An immediate discussion between the Safety Officer and the employee Supervisor and the employee who is discovered working in an unsafe manner.
- Appropriate disciplinary action up to and including dismissal.

The Happy Valley Union School District will pursue readily understandable health and safety communications for all affected employees.

## **DOCUMENTATION**

Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities relevant to occupational health and safety. To comply with these regulations, as well as to demonstrate that the critical elements of this Injury and Illness Prevention Program are being implemented, the following records will be kept on file in the Happy Valley Union School District for at least the length of time indicated below:

1. Copies of all IIPP Safety Inspection Forms: Retain 5 years.
2. Copies of all Accident Investigation Forms: Retain 5 years.
3. Copies of all Employee Training Checklists and related Training Documents: Retain for duration of each individual's employment.
4. Copies of all Safety Meeting Agendas: Retain 5 years

The Happy Valley Union School District will ensure that these records are kept in their files, and present them to Cal/OSHA or other regulatory agency representatives if requested. A review of

these records will be conducted by the Superintendent during routine inspections to measure compliance with the Program.

A safe and healthy workplace must be the goal of everyone at Happy Valley Union School District, with responsibility shared by management and staff alike. If you have any questions regarding this Injury and Illness Prevention Program, please contact the Happy Valley Union School District at (16300 Cloverdale Road, Anderson, CA 96007 (530) 357-2134).

## **SECTION 2**

### **REPORTING EMPLOYEE INJURIES**

#### **EMPLOYEE ACCIDENT RESPONSE**

An important part of any safety program is to develop a plan of action to be taken when an accident occurs. When an unsafe act or condition results in an injury, these steps are to be followed:

1. Determine extent of injury and inform supervisor.
2. Obtain proper medical assistance.
3. Investigate at the scene promptly to determine causes (unsafe actions and conditions) of the accident. Talk to witnesses and the injured person, if possible. Ask open-ended questions containing “how and what” phrases. Just get facts, don’t place blame at this time.
4. Have spectators return to their work. Restore order and clean up debris.
5. Without delay, complete proper investigation report in detail to include your ideas recommended to prevent a similar accident. Do not release these investigation reports to anyone except the Responsible Person. These investigative reports are not public records, but are attorney-client work product, and are prepared in anticipation of litigation.
6. Confer with the Responsible Person/Supervisor/Safety Committee and select the best accident prevention recommendations. Compare these existing safety rules to see if the School District’s procedures should be updated.
7. Follow-up to ensure that property damage is repaired and safety recommendations are applied.
8. Publicize the lessons learned from the investigation throughout the School District so that all may benefit.
9. Advise Shasta-Trinity Schools Insurance Group Workers’ Compensation when injured employee returns to work. Be sure that the employee has been released in

writing (with any restrictions/limitations listed) by his doctor before resuming his assigned work.

The Responsible Person and/or the Supervisor should do the investigation since they are the ones who know the job procedures and will have to act on the preventive recommendation. All accidents, no matter how small, should be investigated. Even a non-injury accident can be a warning about a hazard, which may result in a severe injury in the future.

Investigation is an investment in safety, which will pay dividends by helping to prevent accidents before they occur.

# Supervisor's Accident Investigation

\_\_\_\_\_ (to be completed by the employee's supervisor or other responsible administrative official) \_\_\_\_\_

Date of accident or illness: \_\_\_\_\_ Time of accident: \_\_\_\_\_  a.m.  p.m.  
Accident location: \_\_\_\_\_ Employer's Premises:  Yes  No  
Job Site:  Yes  No  
Who was injured: \_\_\_\_\_  Employee  
 Non-Employee  
Job title/occupation: \_\_\_\_\_ Is this the dept. normally assigned to?  Yes  No  
Date of Hire: \_\_\_\_\_ How long has employee worked at job where injury or illness occurred? \_\_\_\_\_  
Was property/equipment damaged?  Yes  No If so, what? \_\_\_\_\_

Property/equipment owned by:  District  Other: \_\_\_\_\_  
What was the employee doing when injury/illness occurred? \_\_\_\_\_  
What machine or tool was being used? \_\_\_\_\_

What type of operation? \_\_\_\_\_

How did injury/illness occur? List all objects and substances involved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part of body affected/injured? \_\_\_\_\_ Any prior physical conditions?  Yes  No  
If so, what? \_\_\_\_\_

Nature and extent of injury/illness and property damaged (be specific): \_\_\_\_\_  
\_\_\_\_\_

## PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS:

_____ Failure to lockout	_____ Improper maintenance	_____ Poor housekeeping
_____ Failure to secure	_____ Improper protective equipment	_____ Poor ventilation
_____ Horseplay	_____ Inoperative safety device	_____ Unsafe arrangement or Process
_____ Improper dress	_____ Lack of training or skill	_____ Unsafe equipment
_____ Improper guarding	_____ Operating without authority	_____ Unsafe position
_____ Improper instruction	_____ Physical or mental impairment	_____ Other _____

# Supervisor's Accident Investigation

Supervisor's corrective action to ensure this type of accident does not recur: \_\_\_\_\_

---

---

---

---

Was employee trained in the appropriate use of Personal Protective Equipment/proper safety procedures? .....  Yes     No

Was employee cautioned for failure to use Personal Protective Equipment/proper safety procedures .....  Yes     No

Did employee promptly report the injury/illness? .....  Yes     No

Is there modified duty available?.....  Yes     No

\_\_\_\_\_  
Print Supervisor's Name

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

# Accident Witness Statement

(to be completed by witness to accident)

Injured employee's name: \_\_\_\_\_  
Last First Middle

Name of witness: \_\_\_\_\_  
Last First Middle

Home address of witness: \_\_\_\_\_

Employed by: \_\_\_\_\_ How long? \_\_\_\_\_

Job title of witness: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Address/Name of building

Area (bathroom, etc.)

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_  a.m.  p.m.

Describe fully how accident occurred (including events that occurred immediately before the accident):

---

---

---

Describe bodily injury sustained (be specific about body part(s) affected): \_\_\_\_\_

---

---

Recommendation on how to prevent this accident from recurring: \_\_\_\_\_

---

Name of Witness's Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## **REPORTING A DEATH OR SERIOUS INJURY**

### **Cal/OSHA**

California regulations require an employer to submit a report to the nearest Cal/OSHA district office if any of the following occurs:

- An employee is seriously injured on the job or in connection with the job.
- An employee suffers a serious job-related illness.
- An employee dies on the job or in connection with it. (Title 8, CCR §342(a))

An injury or illness is defined as “serious” if:

- The employee is hospitalized for more than 24 hours for reasons other than medical observation; or
- An employee loses any part of the body or suffers permanent disfigurement. (Title 8, CCR §330(h))

The employer must make the report as soon as practically possible, but not longer than 8 hours after the employer knows or, with diligent inquiry, could have known of the death, serious illness, or injury.

The employer may make the report by telephone. Presumably, although the regulation does not specifically say so, the report could also be faxed.

The report must include the following:

- Time and date of accident.
- Employer’s name, address, and telephone number.
- Name and job title or badge number of the person reporting the accident.
- Address where the accident or event occurred.
- Name of person to contact at the accident site.
- Name and address of the injured employee(s)
- Nature of injury (ies)
- Location where the injured employee(s) was (were) moved.
- List and identify other law enforcement agencies present at the site of the accident.

- Description of the accident and whether the accident scene or any of the equipment or machinery has been altered.

You do not need to report an injury or illness caused by an accident on a public street or highway or an injury, illness, or death resulting from a crime.

A copy of the form (4-A) Cal/OSHA staff members use to record accident information reported by telephone appears on the following page.

### **Recommendation**

Upon learning of a job-related accident or illness, determine the extent of the injuries or illness and report the incident to Cal/OSHA if an employee is fatally injured or if an injured employee is hospitalized for more than 24 hours. Keep a record of when you learned of the accident or illness and when you contacted Cal/OSHA. A sample notification letter follows this section. In addition, your Responsible Person should notify the Shasta-Trinity Schools Insurance Group by sending a copy of the Cal/OSHA letter to his attention.

**PLACE ON YOUR LETTERHEAD**

Date

District Manager  
Division of Occupational Safety and Health  
381 Hemsted Drive  
Redding, CA 96002

Please be advised that on \_\_\_\_\_ (date) at \_\_\_\_\_ (time AM/PM) at  
\_\_\_\_\_ (location), \_\_\_\_\_ (employee name),  
an employee of \_\_\_\_\_ (school district) was  
(injured/killed). The circumstances of the (injury/death) and the nature of the injuries are under  
investigation.

The employee was taken to \_\_\_\_\_ (location where employee was  
taken). The employee's home address is

\_\_\_\_\_.

Other agencies that became involved in this matter at the scene were the

\_\_\_\_\_

\_\_\_\_\_ (name of police, fire departments, emergency medical units, etc.).

You may contact the undersigned for information.

Sincerely,

\_\_\_\_\_

(Name of "Responsible Person")

Title

cc: Patrick Casey, Executive Consultant, Shasta-Trinity Schools Insurance Group

## **SECTION 3**

### **INSPECTIONS**

Inspections are an essential part of hazard control. It is also an important administrative tool, not a gimmick. Inspections should be viewed as a fact-finding, not faultfinding process. Emphasis should be placed on locating potential hazards that can adversely affect safety and health.

All employees will be responsible for continuous, ongoing inspection of the workplace. When uncovered, potentially hazardous conditions should be corrected immediately or a report should be filed to initiate corrective action.

Periodic, planned inspections should be made by designated school district employees utilizing the self-inspection checklist. The Inspection Reports should be reviewed by the Responsible Persona and action should be taken to eliminate identify potential hazards.

It is recommended that these inspections be conducted at least every 90 days. In addition, there should be a 24-month inspection conducted by a Certified Safety Professional.

All Inspections should be indicated on the following inspection log.

## SCIENCE AREA HAZARD IDENTIFICATION CHECKLIST

Location: \_\_\_\_\_ Area: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

This checklist is to be completed on a scheduled periodic basis, or as directed by the organization's policy. Mark potential hazards according to your judgment. Check all items that apply, and make comments on the back of this page. Send a copy of this report to the person responsible for the safety program. Document corrective action taken later on a separate report. Keep this record for three years.

Condition Reviewed	Yes	No	N/A	Date Completed
Are the following posted on bulletin boards or other appropriate locations?				
Cal/OSHA Notice				
MSDA Information				
Workers' Compensation Carrier Notice				
Emergency Phone Numbers				
Is food prohibited from chemical refrigerators?				
Are portable fire extinguishers tagged, sealed and in place on brackets?				
Are flammable liquids stored in a separate detached building, outside container or in special safety cans or cabinets?				
Are all first aid supplies sanitary and orderly?				
Are workers using personal protective equipment properly?				
Are aisles and work areas free of trip and fall hazards?				
Are there any inoperative lights needing replacement?				
Are hazardous material containers and piping labeled or marked to identify the material or hazard?				
Is the emergency eye wash fountain and/or shower operable?				
Is waste (sharp objects, chemicals, rubbish, etc.) disposed properly?				
Are hand and portable power tools in safe condition?				
Are all machine and tool guards kept in place while operating?				
Are ladders being used properly?				
Is material on elevated surfaces stored in a manner to prevent it from becoming a falling or collapsing hazard?				
Are material-lifting devices (hoists, dollies, etc.) being used properly?				
Are all portable electrical tools grounded or of the double-insulation type?				
Are power cords free of splices or tape?				
Is there unobstructed access to electrical panels in case of emergency?				

## ACTIVITY AREA HAZARD IDENTIFICATION CHECKLIST

Location: \_\_\_\_\_ Area: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

This checklist is to be completed on a scheduled periodic basis, or as directed by the organization's policy. Mark potential hazards according to your judgment. Check all items that apply, and make comments on the back of this page. Send a copy of this report to the person responsible for the safety program. Document corrective action taken later on a separate report. Keep this record for three years.

Condition Reviewed	Yes	No	N/A	Date Completed
Are the following posted on bulletin boards or other appropriate locations?				
Cal/OSHA Notice				
MSDA Information				
Workers' Compensation Carrier Notice				
Emergency Phone Numbers				
Capacity signs and emergency exit directions				
Exit signs				
Are portable fire extinguishers tagged, sealed and in place on brackets?				
Are flammable liquids stored in a separate detached building, outside container or in special safety cans or cabinets?				
Are all first aid supplies sanitary and orderly?				
Are workers using personal protective equipment properly?				
Are aisles and work areas free of trip and fall hazards?				
Are there any inoperative lights needing replacement?				
Are bleachers in good repair with safe steps and railings?				
Are hand and portable power tools in safe condition?				
Are ladders being used properly?				
Is material on elevated surfaces stored in a manner to prevent it from becoming a falling or collapsing hazard?				
Are material-lifting devices (hoist, dollies, etc.) being used properly?				
Are all portable electrical tools grounded or of the double-insulation type?				
Are power cords free of splices or tape?				
Is there unobstructed access to electrical panels in case of emergency?				
Other				
Other				

## SHOPS & CRAFTS HAZARD IDENTIFICATION CHECKLIST

Location: \_\_\_\_\_ Area: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

This checklist is to be completed on a scheduled periodic basis, or as directed by the organization's policy. Mark potential hazards according to your judgment. Check all items that apply, and make comments on the back of this page. Send a copy of this report to the person responsible for the safety program. Document corrective action taken later on a separate report. Keep this record for three years.

Condition Reviewed	Yes	No	N/A	Date Completed
Are the following posted on bulletin boards or other appropriate locations?				
Cal/OSHA Notice				
MSDA Information				
Workers' Compensation Carrier Notice				
Emergency Phone Numbers				
Tractor and /or Fork Lift Rules				
Exit signs				
Are portable fire extinguishers tagged, sealed and in place on brackets?				
Are flammable liquids stored in a separate detached building, outside container or in special safety cans or cabinets?				
Are all first aid supplies sanitary and orderly?				
Are workers using personal protective equipment properly?				
Are aisles and work areas free of trip and fall hazards?				
Are there any inoperative lights needing replacement?				
Are brakes, lights and horns of mobile equipment operable?				
Are hand and portable power tools in safe condition?				
Are ladders being used properly?				
Is material on elevated surfaces stored in a manner to prevent it from becoming a falling or collapsing hazard?				
Are material-lifting devices (hoist, dollies, etc.) being used properly?				
Are air compressor drain valves opened and safety relief valves tested at least weekly?				
Are all portable electrical tools grounded or of the double-insulation type?				
Are power cords free of splices or tape?				
Is there unobstructed access to electrical panels in case of emergency?				
Are welding gas cylinders secured to carts or substantial supports?				
Is waste (e.g. scrap metal, chemicals, oily rags, etc.) disposed properly?				
Other				
Other				

## FOOD SERVICE HAZARD IDENTIFICATION CHECKLIST

Location: \_\_\_\_\_ Area: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

This checklist is to be completed on a scheduled periodic basis, or as directed by the organization's policy. Mark potential hazards according to your judgment. Check all items that apply, and make comments on the back of this page. Send a copy of this report to the person responsible for the safety program. Document corrective action taken later on a separate report. Keep this record for three years.

Condition Reviewed	Yes	No	N/A	Date Completed
Are the following posted on bulletin boards or other appropriate locations?				
Cal/OSHA Notice				
MSDA Information				
Workers' Compensation Carrier Notice				
Emergency Phone Numbers				
First Aid for Choking Victims poster				
Exit signs				
Are portable fire extinguishers tagged, sealed and in place on brackets?				
Are flammable liquids stored in a separate detached building, outside container or in special safety cans or cabinets?				
Are all first aid supplies sanitary and orderly?				
Are workers using personal protective equipment properly?				
Are aisles and work areas free of trip and fall hazards?				
Are there any inoperative lights needing replacement?				
Are knives and sharp tools properly stored when not in use?				
Are hand and portable power tools in safe condition?				
Are all machine guards kept in place while operating?				
Are ladders being used properly?				
Is material on elevated surfaces stored in a manner to prevent it from becoming a falling or collapsing hazard?				
Are material-lifting devices (hoist, dollies, etc.) being used properly?				
Are air compressor drain valves opened and safety relief valves tested at least weekly?				
Are all portable electrical tools grounded or of the double-insulation type?				
Are power cords free of splices or tape?				
Is there unobstructed access to electrical panels in case of emergency?				
Other				
Other				

## WORKPLACE HAZARD IDENTIFICATION CHECKLIST

Location: \_\_\_\_\_ Area: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

This checklist is to be completed on a scheduled periodic basis, or as directed by the organization's policy. Mark potential hazards according to your judgment. Check all items that apply, and make comments on the back of this page. Send a copy of this report to the person responsible for the safety program. Document corrective action taken later on a separate report. Keep this record for three years.

Condition Reviewed	Yes	No	N/A	Date Completed
Are the following posted on bulletin boards or other appropriate locations?				
Cal/OSHA Notice				
MSDA Information				
Workers' Compensation Carrier Notice				
Emergency Phone Numbers				
Tractor and/or Fork Lift Rules				
Are portable fire extinguishers tagged, sealed and in place on brackets?				
Are flammable liquids stored in a separate detached building, outside container or in special safety cans or cabinets?				
Are all first aid supplies sanitary and orderly?				
Are workers using personal protective equipment properly?				
Are aisles and work areas free of trip and fall hazards?				
Are there any inoperative lights needing replacement?				
Are brakes, lights and horns of mobile equipment operable?				
Are hand and portable power tools in safe condition?				
Are all machine and tool guards kept in place while operating				
Are there padlocks available for locking out machinery?				
Are ladders being used properly?				
Is material on elevated surfaces stored in a manner to prevent it from becoming a falling or collapsing hazard?				
Are material-lifting devices (hoist, dollies, etc.) being used properly?				
Are air compressor drain valves opened and safety relief valves tested at least weekly?				
Are all portable electrical tools grounded or of the double-insulation type?				
Are power cords free of splices or tape?				
Is there unobstructed access to electrical panels in case of emergency?				
Other				
Other				

## OFFICE HAZARD IDENTIFICATION CHECKLIST

Location: \_\_\_\_\_ Area: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

This checklist is to be completed on a scheduled periodic basis, or as directed by the organization's policy. Mark potential hazards according to your judgment. Check all items that apply, and make comments on the back of this page. Send a copy of this report to the person responsible for the safety program. Document corrective action taken later on a separate report. Keep this record for three years.

Condition Reviewed	Yes	No	N/A	Date Completed
Are the following posted on bulletin boards or other appropriate locations?				
Cal/OSHA Notice				
MSDA Information				
Workers' Compensation Carrier Notice				
Emergency Phone Numbers				
Exit Signs				
Are portable fire extinguishers tagged, sealed and in place on brackets?				
Are cooking appliances in the lunch area of the approved type and in safe condition?				
Are all first aid supplies sanitary and orderly?				
Are restrooms sanitary?				
Are building entrances, aisle and work areas free of trip and fall hazards?				
Are there any inoperative lights needing replacement?				
Are hand and portable power tools in safe condition?				
Is the paper cutter guarded to restrain the operator's hands from the cutting edge?				
Are ladders being used properly?				
Are boxes, chairs or other makeshift means precluded from use to access elevated locations?				
Is material on elevated surfaces stored in a manner to prevent it from becoming a falling or collapsing hazard?				
Are material-lifting devices (hoist, dollies, etc.) being used properly?				
Are file cabinets, large shelves and racks secured to walls where necessary to prevent tipping or falling?				
Are all portable electrical tools grounded or of the double-insulation type?				
Are power cords free of splices or tape?				
Are power cords routed safely and protected to prevent a tripping hazard where necessary to be placed in aisles?				
Is there unobstructed access to electrical panels in case of emergency?				
Are hazardous material containers marked to identify the material or hazard				
Are breakers or fuse switches identified as to use?				
Other:				

## CLASSROOMS HAZARD IDENTIFICATION CHECKLIST

Location: \_\_\_\_\_ Area: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

This checklist is to be completed on a scheduled periodic basis, or as directed by the organization's policy. Mark potential hazards according to your judgment. Check all items that apply, and make comments on the back of this page. Send a copy of this report to the person responsible for the safety program. Document corrective action taken later on a separate report. Keep this record for three years.

Condition Reviewed	Yes	No	N/A	Date Completed
Are the following posted on bulletin boards or other appropriate locations?				
Cal/OSHA Notice				
MSDA Information				
Workers' Compensation Carrier Notice				
Emergency Phone Numbers				
Exit Signs				
Are portable fire extinguishers tagged, sealed and in place on brackets?				
Is the intercom or emergency communication equipment operating?				
Are all first aid supplies sanitary and orderly?				
Are maps, screens, monitors and other hanging objects securely attached?				
Are building entrances, aisles and work areas free of trip and fall hazards?				
Are there any inoperative lights needing replacement?				
Is the paper cutter guarded to restrain the operator's hands from the cutting edge?				
Are ladders being used properly?				
Are boxes, chairs or other makeshift means precluded from use to access elevated locations?				
Is material on elevated surfaces stored in a manner to prevent it from becoming a falling or collapsing hazard?				
Are material-lifting devices (hoists, dollies, etc.) being used properly?				
Are materials stored in order to eliminate unnecessary climbing, reaching and bending?				
Are all portable electrical tools grounded or of the double-insulation type?				
Are power cords free of splices or tape?				
Are power cords routed safely and protected to prevent a tripping hazard where necessary to be placed in aisles?				
Is there unobstructed access to electrical panels in case of emergency?				
Are breakers or fuse switches identified as to use?				
Are hazardous material containers marked to identify the material or hazard?				
Other:				
Other:				



# Hazardous Condition or Work Practice

Date: \_\_\_\_\_ Name: (optional) \_\_\_\_\_

Area or Department Hazard was recognized: \_\_\_\_\_

\_\_\_\_\_

Describe the Hazard: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations to improve the situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this seen on a regular basis?  Yes  No

Submit form to manager or drop off at office.

## **SECTION 4**

### **SAFETY COMMITTEE**

#### **FUNCTION**

The function of a Safety Committee is to create and maintain employees' active, positive interest in safety. This goal can be accomplished by providing open, two-way communication between administrators and the employees. Ideally, the safety committee should provide an open forum where employees can take part in and discuss accident causes and means of prevention.

By discussing accident causes and possible solutions, the committee can effectively use a broad spectrum of expertise, which will help resolve deficiencies in the most practical, cost effective manner.

Another benefit of the open forum approach is generation of a positive attitude by getting personnel at all levels involved in the decision making process. An effective safety committee can promote positive attitudes. These will result in reduced injuries and accidents and in turn higher production and lower costs.

#### **ORGANIZING A SAFETY COMMITTEE**

To be effective, the committee should have the complete backing and support of the administration. If possible, a member of the administration should chair the committee. If administration is not available, a designated representative of administration or the Responsible Person should chair the committee. Committee representatives should be chosen from the following areas:

- Certificated employees
- Classified Employees
- Transportation
- Supervisors
- Purchasing

- Personnel
- Maintenance and Operations department
- Food services

Committee size should be dependent upon the population of your school site. Smaller groups are generally more manageable. Committee members should be periodically rotated.

When selecting members for the committee, consider the following traits:

- Ability to work with others toward a common goal.
- Knowledge in particular areas of expertise.
- Projection of positive attitude.
- Willingness to tackle and complete difficult tasks.
- Ability to communicate and motivate others.

Your safety committee's effectiveness is directly proportional to your administrator's support of committee activities and suggestions. A safety committee should meet on a regular basis, usually weekly or monthly. Regular meetings add to the organization of a safety committee. By keeping them on an unbending schedule, the sense of high priority that administration places on their activities will be confirmed.

Your committee should maintain minutes of its meetings. Minutes are an effective means of communication committee activities to administration and other employees. Minutes also provide a media to assure conclusion of topics. A Safety Committee Meeting Minutes Form follows this section. Controls should be set on your safety committee meetings to prevent them from becoming complaint sessions or nonproductive through lack of organization. Methods to control these difficulties can include regularly scheduled meetings, an agenda made up prior to the meeting, and controlling the membership makeup of the committee.

## **SAFETY COMMITTEE GOALS**

The Safety Committee may meet on a weekly/monthly basis and may perform the following functions:

- 1) Recommend annual goals and objectives. These goals should be measurable, so that success or failure can be determined.
- 2) Recommend policies that affect each department.
- 3) Recommend “Plans of Action” to achieve established objectives.
- 4) Review the on-going effectiveness of the safety program’s organization and implementation.

## **AGENDA**

The following may be used as a guide in assisting the set-up of the Safety Committee’s meeting agenda:

- 1) All Accident Investigation Reports since the previous meeting should receive a careful review by the Committee. Recommendation follow-up for any changes suggested by the Accident Investigation Reports should be assigned to a particular Committee member.
- 2) All recommendations from previous meetings that have still not received compliance should be reviewed. Also, the individual assigned the responsibility for compliance should give a short report on the progress that has been achieved.
- 3) The results of the 90-day and/or 24-month inspections should be reviewed. Noted hazards should generate corrective recommendations, and particular Safety Committee members may be assigned responsibility for follow-up.
- 4) The school district’s documented safety objectives should be reviewed. It should be determined if the progress already achieved is sufficient. If the school district does not seem to be achieving the objectives, recommendations should be generated to help improve compliance, or the objectives should be changed to become more realistic.
- 5) All new processes, machinery, and equipment should be reviewed by the Committee to make sure they meet the safety standards of the school district.
- 6) There should be a general discussion of possible new objectives and/or recommendations that could help improve the safety of the school district. If the committee decides to implement such recommendations, specific individuals should be assigned responsibility

to carry out the recommendations or come up with a recommended plan of action so everyone can be involved in carrying out the suggestions.

- 7) Minutes of every safety meeting should be kept on file. A Safety Committee Meeting Minutes form follows.

## **SUMMARY**

An effective committee can positively influence attitudes toward safety by stimulating awareness and participation in activities designed to control losses from injury and accidents. The safety committee, by providing an open forum discussion of the topics relevant to safety issues also provides a vehicle where administration can express its concern for the well being of employees.

## **SAFETY COMMITTEE REQUIREMENTS**

- ↳ Meet at least Quarterly.
- ↳ Prepare, distribute and maintain written records of the meetings.
- ↳ Review Results of the periodic worksite inspections (from Section 3).
- ↳ Review investigations of occupational accidents and causes of incidents and submit suggestions to prevent future incidents.
- ↳ Review reports of hazardous conditions or work practices and assist with remedial actions.
- ↳ Review and submit recommendations regarding employee safety suggestions.
- ↳ Verify abatement action taken to abate OSHA citations.

## **DUTIES OF THE SAFETY COMMITTEE MEMBERS**

### **DUTIES OF THE RESPONSIBLE PERSON—**

- A. Arrange for meeting place
- B. Notify members of meeting
- C. Arrange program
- D. Make time schedule for meeting
- E. Review previous minutes
- F. Prepare materials for meetings
- G. Refreshments
- H. Informal atmosphere
- I. New business

### **DUTIES OF THE SECRETARY—**

- A. Prepare minutes of meeting
- B. Distribute minutes
- C. Report status of recommendations
- D. (Secretary may assume Chairman's duties)

### **DUTIES OF THE COMMITTEE MEMBERS—**

- A. Establish safety objectives and policies. Work to accomplish these objectives and policies by obtaining management's support.
- B. Review all accident reports and investigation to monitor thoroughness and to determine development and completion of adequate corrective action.
- C. Analyze accidents to develop trends. Analysis can be done by department, occupation, cause, length of employment, and/or body parts, etc.
- D. Investigate serious accidents.
- E. Perform regular plant inspections. These are usually conducted on a weekly or monthly basis.
- F. Perform employee work practice observations in conjunction with plant inspections to identify unsafe work practices.
- G. Review 90-day and 24-month inspections.
- H. Follow up on recommendations generated from previous inspections.
- I. Establish safety topics for training of supervisors and line employees. These topics are taught to the safety committee members who in turn will teach the same topic to other company personnel.

# SAFETY MEETING REPORT

Instructions: This form must be completed for each safety meeting. All persons attending the meeting should sign in the section: "Attended By."

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ AM/PM

**Conducted by:** \_\_\_\_\_  
Name Title

**Co-conducted by:** \_\_\_\_\_  
Name Title

**SUBJECT DISCUSSED:** \_\_\_\_\_

---

---

---

---

---

---

---

---

**ATTENDED BY:** \_\_\_\_\_

---

---

---

---

---

---

---

---

**APPROVED BY:**

\_\_\_\_\_  
Name Title

Date: \_\_\_\_\_

# SAFETY COMMITTEE MEETING MINUTES

Location or Committee Name: \_\_\_\_\_

The use of this form facilitates compliance with 8 CCR §3203(c). If credit is claimed for the safety communication requirement, these minutes are to be made available to affected employees. Continue narratives on another sheet, if necessary.

Date: \_\_\_\_\_ Time Opened: \_\_\_\_\_ AM/PM Time Closed: \_\_\_\_\_ AM/PM

Date of next scheduled meeting: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Chairperson: \_\_\_\_\_ Title: \_\_\_\_\_

Labor Members Present:	Management Members Present:

Others Attending (include title and affiliation):

\_\_\_\_\_  
\_\_\_\_\_

1. Old Business:

\_\_\_\_\_  
\_\_\_\_\_

2. Occupational Injury and Illness Incident Reports:

\_\_\_\_\_  
\_\_\_\_\_

3. Alleged Hazards Reported to Members:

\_\_\_\_\_  
\_\_\_\_\_

4. Inspection Reports:

\_\_\_\_\_  
\_\_\_\_\_

5. Safety Communication (notices, procedures, in-service training, etc):

\_\_\_\_\_  
\_\_\_\_\_

6. Enforcement of Safe Practices and Rules:

---

---

---

7. Recommendations for Hazard Control:

---

---

---

8. Other:

---

---

---

\_\_\_\_\_Signature of Preparer

## **SECTION 5**

### **EMPLOYEE SAFETY TRAINING**

Employee safety training is one of the most important tools schools can employ to maintain a safe and healthful work place. Injury prevention is directly tied to safety awareness. All employees and staff members should understand that certain hazards are associated with some job tasks. All employees should be trained in the hazards of the job. Additionally, any time a new job task or hazardous task is introduced to the workplace training is required.

This section of the program is intended to promote safety training and safety awareness. It is critical that all employees understand that they have responsibilities regarding safety, such as using the correct tool for the job task, using the proper personal protective equipment or protective materials. It is the employer's responsibility to provide the equipment, tools and training as part of California Code of Regulations Title 8, Section 1509 and 3203.

# CERTIFICATION BY EMPLOYEE

I have received and will read the Specific Safety Programs and Rules listed below. I understand that supplements and revisions of those rules may be developed from time to time, and I will be furnished copies of such supplements. I know that if I have difficulty understanding any of these programs and rules that I can ask for and receive an explanation from my supervisor.

I understand and will be guided by these rules during my employment.

SPECIFIC PROGRAMS AND RULES: (Line out any that do not apply)

- Chemical Hygiene Plan
- Code of Safe Practices
- Confined Space Program
- Emergency Action Plan
- Fire Prevention and Suppression in Welding
- Fire Prevention Plan
- General Safety Rules
- Hazard Communication Program
- Hazardous Materials Emergency Response Plan
- Lockout Policy
- Injury and Illness Prevention Program
- Respiratory Protection

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Interpreter or Witness Signature (if any)

\_\_\_\_\_  
Printed Name

Date \_\_\_\_\_

# EMPLOYEE TRAINING CHECKLIST

(This report is to be completed with the Supervisor and New Employee within five working days of employment or new job assignment and filed with Personnel.)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Date Employed:** \_\_\_\_\_ **Department Assigned:** \_\_\_\_\_

**Type of Work:** \_\_\_\_\_ **Employee Past Work Experience:** \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING		Yes	No
A.	Was Medical Questionnaire form completed?		
B	Has Employee taken pre-employment physical?		
C.	Are there any physical limitations?		
	If answer to "C" is yes, please explain:		
I HAVE BEEN INSTRUCTED IN THE FOLLOWING THAT ARE CHECKED		Yes	No
1.	Company safety policies and programs		
2.	Safety rules, both general and specific to the job assignment		
3.	Safety rule enforcement procedures		
4.	Use of tools and equipment		
5.	Proper work shoes and other personal protective equipment, as needed		
6.	Handling of product		
7.	Lifting and use of lifting equipment such as hoists and cranes		
8.	How, when and where to report injuries		
9.	Importance of housekeeping		
10.	Special hazards of job		
11.	When and where to report unsafe conditions		
12.	Safe operation of vehicle		

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

Follow up on employee will be observed by: \_\_\_\_\_

**Employee has performed operation to the satisfaction of the undersigned. An observation was made at time of 30-day employment.**

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

**IMPORTANT:** If this employee is transferred to another type of job, a new safety instruction report must be completed.

# INDIVIDUAL EMPLOYEE TRAINING REPORT

TYPE OF TRAINING:

INITIAL

NEW JOB

REFRESHER

OTHER

Name of Employee: \_\_\_\_\_ Job: \_\_\_\_\_

Trainer: \_\_\_\_\_ Position: \_\_\_\_\_

Subject(s): \_\_\_\_\_

Material Used: \_\_\_\_\_

I have received training as described above and in the following:

- The potential general occupational hazards and safe practices of the company and particular hazards and practices associated with my job assignment.
- My right to obtain information pertinent to my work regarding:
  - Hazardous substances, if any.
  - Government regulations.
  - My individual medical records, if any.
  - Records, if any, of exposure monitoring.
  - Company safety and health policies, programs and procedures.
- My right to ask any questions, or provide any information to my employer on safety, either directly or anonymously, without my fear of reprisal.
- Disciplinary procedures the employer will use to enforce compliance with safe practices.

I understand this training and agree to observe the safe practices for my work.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interpreter or Witness (if any)

## **DISCIPLINARY PROCEDURES**

***NOTE: All disciplinary procedures should be negotiated with bargaining units and included in their bargaining unit agreement.***

Employees who fail to comply with safety rules will be subject to disciplinary action up to and including termination. Supervisors will follow the normal disciplinary procedures as follows:

- 1) Verbal counseling – must be documented in the employee’s personnel file.
- 2) Written warning – outlining nature of offense and necessary corrective action.
- 3) Suspension without pay or a separate disciplinary action resulting from a serious violation.
- 4) Termination – if an employee is to be terminated, specific and documented communication between the supervisor and the employee, as outlined, must have occurred.

Supervisors will be subject to disciplinary action for the following reasons:

- 1) Repeated safety rule violation by their department employees.
- 2) Failure to provide adequate training prior to job assignment.
- 3) Failure to report accidents and provide medical attention to employees injured at work.
- 4) Failure to control unsafe conditions or work practices.
- 5) Failure to maintain good housekeeping standards and cleanliness in their departments.

Supervisors who fail to maintain high standards of safety within their departments will be demoted or terminated after three documented warnings have been levied during any calendar year.

# EMPLOYEE SAFETY REMINDER

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Employee: \_\_\_\_\_

Today you were observed in an activity that violates \_\_\_\_\_  
School District safety rules, which are designed to protect you! Please protect  
yourself and do not repeat the offense described below. It will prevent you from  
being seriously injured. Disregard or noncompliance of \_\_\_\_\_  
\_\_\_\_\_ School District Safety Rules will result in disciplinary action or  
termination of employment.

Description of the activity and potential accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is considered a:  Minor  Serious offense.

Employee explanation of above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of witness(es): \_\_\_\_\_

\_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>ST</sup> OFFENSE

2<sup>ND</sup> OFFENSE

3<sup>RD</sup> OFFENSE