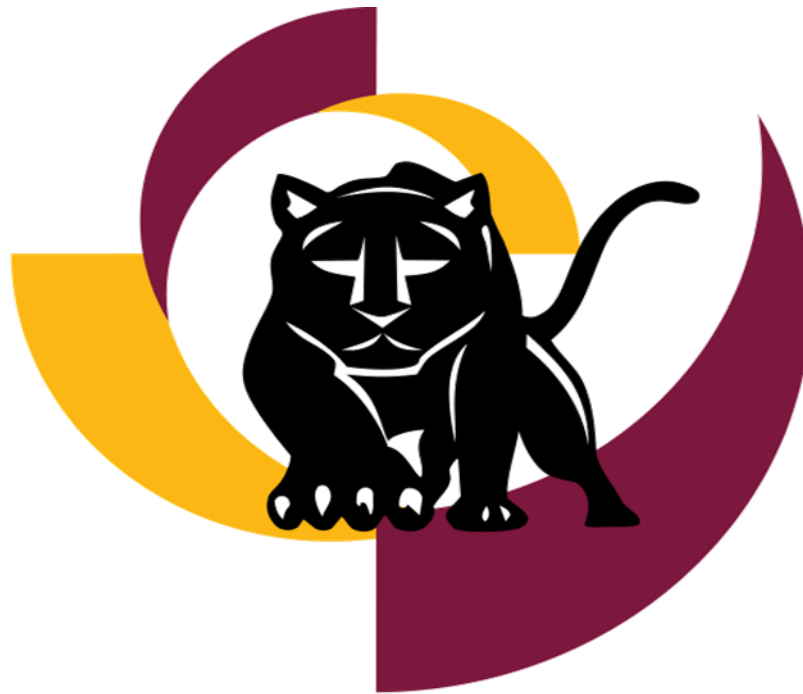


Hartnell Community College District



**HARTNELL COLLEGE**

INJURY AND ILLNESS PREVENTION PROGRAM

October 18, 2021

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# INTRODUCTION

In order to maintain a safe and healthful work environment Hartnell Community College District has developed this Injury & Illness Prevention Program (IIPP) for all employees to follow. This document describes the goals, statutory authority, and the responsibilities of all employees under the Program, as well as the District's responsibility as an employer to provide a safe and healthful work environment. The program includes, but is not limited to, the following: Hazard Identification and Correction, Steps taken to assure Employee Compliance, Injury Incident and Near Miss Investigations, Employee Safety Training, Safety Communication, Employee Access to the Injury and Illness Prevention Program, and Program Documentation. By making employee workplace safety a high priority for every administrator, supervisor and employee, the District will work together to reduce injuries and illnesses, increase productivity, and promote a safe and healthy environment for all individuals at Hartnell Community College District.

## GOALS

Implementation of this program will accomplish several notable goals for Hartnell Community College District. Most notably it will:

1. Protect the health and safety of employees and decrease the potential risk of disease, illness, injury, and harmful exposures to District personnel.
2. Reduce workers' compensation claims and costs.
3. Improve efficiency by reducing the time spent replacing with substitutes or reassigning injured employees to temporary modified duty, as well as reduce the need to find and train replacement employees for those employees who may no longer be able to return to work.
4. Improve employee morale and efficiency as employees see that their safety is important to management. Minimize the potential for penalties assessed by various enforcement agencies by maintaining compliance with Health and Safety Codes and Cal/OSHA standards.
5. Hartnell Community College District recognizes that as an employer it bears the responsibility for maintaining a safe and healthful work environment for all of its employees. The District takes this responsibility seriously and will do all it can to meet this requirement.

## STATUTORY AUTHORITY

- ◆ California Labor Code Section 6401.7.
- ◆ California Code of Regulations Title 8, Sections 1509 and 3203.

This manual is intended to provide each department at Hartnell Community College District with the information and guidance necessary to comply with the regulations. Following is a brief summary of the required activities to comply with these laws.

- A Program Coordinator will be responsible for the implementation and maintenance of this program. Any questions can be directed to the Program Coordinator's attention.
- Hartnell Community College District has developed, through its negotiated collective bargaining process, disciplinary procedures, and processes with regard to employee compliance with safety rules and safe work practices. It is the responsibility of managers and supervisors to ensure that the safety rules and work practices are implemented in a fair and non-discriminating manner, as well as offering positive reinforcement and recognition for employees who do an exemplary job of promoting a safe work environment by both example and who communicate to peers on safety issues.
- Employees or their designated representatives may access the Injury and Illness Prevention Program through the District website, which allows an employee to review, print, and email the current version of the Program.
- Managers and supervisors are required to ensure that safety and health information is communicated to the employees within their supervision. There are suggested methods to follow in the manual; however, methods may be expanded as special circumstances related to their area dictate.
- Injury and illness hazards in the workplace must be identified. A formal self-inspection program and an equipment evaluation system have been developed to meet this requirement.
- The immediate supervisor of the employee must investigate each work-related injury or illness. Forms and procedures for this investigation are included in the Appendices of this manual.
- Deficiencies or hazards identified during a self-inspection or in an Injury Incident/Near Miss investigation must be corrected. Supervisors/managers must ensure that employees adhere to the correction. The priority of the correction of the hazardous condition should be commensurate with the hazard. **Documentation is required.** Copies of documentation must be kept in each department as well with the coordinator.
- All employees should receive appropriate training in identifying and guarding against injury and illness hazards associated with their work. Documentation is required detailing the date of the training, the topic, presenters, and the signatures of those employees in attendance. Copies of training documentation must be kept in each department as well as with the Program Coordinator or designee.

Cooperation and support are important elements in making this a successful program. Your positive, cooperative attitude is appreciated.

# PROGRAM MANAGEMENT

## RESPONSIBILITY

### STANDARD:

The person with the authority and responsibility to implement and manage the Injury & Illness Prevention Program (IIPP) is identified as the Program Coordinator. All levels of the District administration have been informed and accept that the Program Coordinator has the authority to enforce the elements of this program, regardless of position of stature within the organization.

### REQUIRED ACTIVITIES:

1. Superintendent/President(**listed as having the final authority and responsibility in all matters of safety per AP 6800**), is identified as the Injury and Illness Program Coordinator for the District and is responsible for administering the requirements of the Program per section 3203 of Title 8 of the California Code of Regulations Industrial Safety Orders.
2. The Program Coordinator or designee will maintain overall control of the required activities, which have to occur at various intervals throughout the year. All managers and supervisors will implement the required Program activities for their respective area of responsibilities.
3. Failure on the part of managers and supervisors to implement required Program activities will result in appropriate disciplinary action.
4. The Program Coordinator, designee, or the appropriate area Manager/Supervisor will be available to answer technical questions involving self-inspections, employee training, and other aspects of the administration of this IIPP.
5. Some aspects of the IIPP will have to be implemented as appropriate at the time an Injury Incident/Near Miss occurs. For example, if an employee violates a work rule, a verbal warning should be given at the time; or if a work-related injury occurs, an Injury Incident/Near Miss Investigation Report should be completed immediately.
6. Department managers and supervisors must assure that all purchase requisitions for chemicals or products containing hazardous materials include a request for Safety Data Sheets (SDS). The Purchasing Department will request from vendors Safety Data Sheets for any and all chemicals as directed by specific departments. Department managers and supervisors must ensure that SDS are received and retained by the department.
7. The Purchasing Department will also request that all tools and equipment purchased for use by District employees meet the American National Standards Institute safety standards. The ANSI standards are the guidelines used by Cal OSHA as the benchmark for its enforcement group.

# MOTIVATION AND DISCIPLINE

## COMPLIANCE

### **STANDARD:**

A system should be in place to ensure that employees comply with safe and healthy work practices. This may include the use of incentives, training or retraining, and disciplinary action.

### **REQUIRED ACTIVITIES:**

1. To encourage safe behavior on the job, first line supervisors should acknowledge their employees for performing work safely. This provides positive affirmation and encourages cooperation with the program.
2. Department managers and supervisors are encouraged to recognize employees making an exceptional contribution to the Safety Program with a brief letter (with a copy to the employee's personnel file).
3. If a supervisor observes an employee performing in an unsafe manner, they should determine the reason. If disciplinary action is required, the procedure identified in item # 4 below should be used. If a lack of knowledge is involved, appropriate training should be provided.
4. When an employee is uncooperative and deliberately does not support the Program or does not follow safe work practices, disciplinary action in accordance with the collective bargaining agreement should be exercised.
5. All employees will receive training on general safe work practices and job specific safe work practices upon hire and when a new job assignment is undertaken.

# COMMUNICATION

## REQUIRED ACTIVITIES:

1. When conducting employee meetings for any purpose, subjects relating to on-the-job safety and health issues should be included as appropriate. Examples include:
  - An injury within the department could serve as an instructional topic.
  - An identified hazard and how to work with or around it to prevent injury.
  - An unsafe work behavior observed during normal work activities.
  - The directive for everyone to observe, identify, and report defects that could cause injury to themselves or to others.
2. If an employee is exposed to a new work activity that could cause problems either immediately or in the future, a hazard specific training program should be conducted. Training could either take place at the work site under the guidance of the supervisor or it could require an off-site program.
3. Employees can often benefit by information posted in the work area. This includes safety posters, instructional visual aids, warning signs, and other media directed at employee health and safety.
4. Other written communications on subjects which may be of importance can be provided to employees directly. (Example: earthquake preparedness, fire evacuation, how to handle bomb threats, and other appropriate subjects).
5. Employees may report safety concerns electronically through the Safety Reporting form available on the home page of the District and respective College websites. Employees may choose to report safety concerns anonymously.
6. Records or minutes should be kept of all meetings, training programs, postings, and other required activities in which safety issues are discussed. Copies should be sent to the Program Coordinator or designee.

# HAZARD IDENTIFICATION

## **REQUIRED ACTIVITIES:**

1. A workplace Self-Inspection Checklist has been developed for general work areas and laboratory spaces within the Hartnell Community College District.
2. At a minimum of semi-annual intervals, workplace safety inspections should occur at each work area. The inspection forms can be obtained from the Program Coordinator, designee, and in Appendix C. A knowledgeable, interested employee should be selected to perform the semi-annual self-inspection.
3. Prior to conducting the semi-annual safety inspection, the selected employee should review general and specific safe work practices for their department.
4. The safety inspection should be a continuous, uninterrupted activity designed for the sole purpose of identifying unsafe work conditions and practices. Whenever possible, immediate corrective action should be taken to remove hazards and correct unsafe work practices.
5. Once immediate corrective actions have been taken, a copy of the Self-Inspection Checklist should be forwarded to the Program Coordinator or designee for review and appropriate filing. The Program Coordinator may submit a work order request to the Maintenance Department to address specific corrective actions. A copy should also be provided to the department manager/supervisor for the purpose of documentation for follow-up on both completed and uncompleted items.
6. All conditions determined to be deficient should be corrected within a reasonable period of time. The corrections should be done in order of importance in relation to potential injury severity, most serious identified hazards first.
7. If for some valid reason a condition is not corrected or it is postponed to a future date, proper documentation of the reason for not taking corrective action or for postponement should be included in the record.
8. The Program Coordinator or designee will follow-up to ensure that all unsafe conditions and unsafe work practices have been corrected. Records should be retained for three years.
9. New equipment, tools, and materials to be used by District employees should first be evaluated for work related injury and illness hazards by the Department Manager or Supervisor. Identified hazards should be documented and addressed in a timely manner.



# INJURY INCIDENT/NEAR MISS INVESTIGATIONS

## REQUIRED ACTIVITIES:

1. All employees should know and understand that they are to report all work-related injuries, illnesses or near misses to their supervisor immediately at the time the injury, illness or near miss takes place. A near miss is defined as an activity or event in which an injury could have occurred, but did not (for example a tool falls from an elevated platform and narrowly misses an unprotected worker below). Please see the Injury Incident Investigation Quick Reference Guide & Checklists in Appendix B.1. – B.3.
2. As soon as possible following a work-related injury or illness, and after first aid treatment has been administered, the manager or supervisor should complete the Supervisor's Report of Employee Injury Incident form, Appendix A.1., and send it to Human Resources **within 24 hours** of the injury or incident. The manager or supervisor should conduct a comprehensive investigation of the injury incident by using the Injury Incident Reference Guide, Appendix B.1., Injury Incident Investigation Checklist, Appendix B.2., and/or Near Miss Investigation Checklist, Appendix B.3. The focus of the investigation should be to identify unsafe conditions or work practices that may have caused the injury or illness. A completed Supervisor's Injury Incident Investigation Report, Appendix A.2., should be sent to Human Resources within five (5) business days. Worker's Compensation forms (DWS-1 and Form 5020) should not be delayed pending completion of the above forms.
3. Whenever practical and necessary, corrective action should be identified. Corrective action can and should include training, retraining, physical alterations of the workplace, and in some cases disciplinary action.
4. The Program Coordinator or designee will maintain a log for all Injury Incident Investigation Reports so that a follow-up can be made to ensure that corrective action was taken. The log shall include the date reported, the location of the incident, a brief description of the incident, any action taken and the date such action is taken, and whether the matter is resolved.
5. The Supervisor's Report of Employee Injury Incident form and Supervisor's Injury Incident Investigation Report form for Hartnell Community College District can be found in Appendices A.1. and A.2. of this Injury & Illness Prevention Program. The Injury Incident Investigation Quick Reference Guide, Injury Incident Investigation Checklist, and Near Miss Investigation Checklist can be found in Appendices B.1. – B.3.

## HAZARD CORRECTION

### **REQUIRED ACTIVITIES:**

1. All employees, especially managers and supervisors, have the responsibility to observe, identify, and report unsafe conditions as part of their responsibilities.
2. Identifying and correcting unsafe work practices and conditions is a required activity within this program and must be taken seriously. No employee will be disciplined, retaliated against, or discriminated against for reporting an unsafe condition. When an unsafe condition or equipment is reported, the supervisor or manager shall prepare a written statement of the condition and correct it immediately, if appropriate, or notify the proper Department for corrective action. Assuring correction or replacement of unsafe equipment and/or conditions is the responsibility of the department administrator to which the condition and/or equipment belongs. Records of the correction of the unsafe condition and/or equipment, such as work orders, shall be maintained by the Department. The department administrator is responsible for assuring that a semi-annual Safety Inspection Report is completed each semester using the appropriate Self-Inspection Checklist found in Appendix C.
3. The Injury Incident Investigation Report shall be maintained by the Program Coordinator or designee for future reference. This documentation should include the corrective action to be taken or the decision not to take any action. Documentation should be retained for at least three years or as required by state and federal law.
4. When an imminent hazard exists, which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided with the necessary safeguards.

# TRAINING

## REQUIRED ACTIVITIES:

1. Safe work practices, which apply to job categories throughout the District, have been developed by managers and supervisors. Safe work practices are intended to be the core of the safety and health training at Hartnell Community College District.
2. Each existing employee shall receive training on safe work practices that applies to the employee's job upon hire, when a new job assignment is undertaken, and when there are changes to the IIPP. Option for Human Resources to confirm & record comprehension: The employee is required to read and understand the material and then sign the **Individual Employee Initial Training Documentation Form in Appendix D.2, and Receipt of Injury and Illness Prevention Program Form in Appendix D.3** as indication of receipt of a copy of the IIPP and safe work practices for the specific job.
3. It should be the responsibility of the immediate supervisor to provide each employee with a copy of the safe work practices, at which time the supervisor should determine whether or not the employee has a complete understanding of the material. Questions and discussion of the safe work practices are encouraged. Supervisors are required to be familiar with the job hazards of all employees for whom they are responsible.
4. Each new hire or existing employee assigned to a new department or job should receive a copy of the safe work practices prior to beginning work. The procedure should be similar to that discussed above (item 3); it is a requirement of this program that no employee actually perform any on-the-job activity without receiving a copy of the safe work practices, and having the opportunity for discussion and receiving proper safety training.
5. General workplace safety and health practices include, but are not limited to:
  - Implementation and maintenance of the IIPP.
  - Implementation and maintenance of the District's Emergency Operations Plan.
  - Provisions for medical services and first aid including emergency procedures.
  - Prevention of musculoskeletal disorders, including proper lifting techniques.
  - Proper housekeeping, (ex., keeping stairways and aisles clear, work areas neat and orderly, and spills promptly cleaned up.)
  - Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety.
  - Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment, and electrical panels.
  - Proper reporting of hazards and accidents to supervisors.
  - Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
  - Proper food storage and handling of toxic and hazardous substances.
6. The following methods are available for providing safety and health training to our employees.
  - Safe Work Practices – for all employees

- Safety Meetings
- Operator Certification Training for specific equipment
- Outside Seminars – In select situations
- Guest Speakers – Effective training for large groups
- Video recordings – Effective training medium available from varied sources in the area
- Online Safety Courses – Available through Keenan Safe Colleges

Record keeping is a very important aspect of the IIPP. Training is one of the subjects that require accurate documentation and record keeping.

Each department is responsible to document training of its employees.

Training documentation must contain:

- Name of Employee
- Date of Training
- Topic Covered
- Source or Provider
- Training records should be retained for at least three years or as required by state and federal law

7. A sample training documentation form is included in Appendix D.1 to the IIPP.

## EMPLOYEE ACCESS TO THE IIPP

### REQUIRED ACTIVITIES:

Hartnell Community College District employees, or their designated representatives, have the right to examine and receive a copy of our IIPP. This will be accomplished by:

1. The District will provide access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.
  - a. Whenever an employee or designated representative requests a copy of the Program, we will provide the requester a printed copy of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.
  - b. One printed copy of the Program will be provided free of charge. If the employee or designated representative requests additional copies of the Program within one (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided, we may charge reasonable, non-discriminatory reproduction costs for the additional copies.
2. Provide unobstructed access through the District website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

Managers and supervisors are required to ensure that safety and health information is communicated to the employees within their supervision. Annual manager and supervisor refresher training ensures they are prepared for this responsibility, and they can direct employees to the District website, electronic or printed copy.

Any copy provided to an employee or their designated representative need not include any of the records of the steps taken to implement and maintain the written IIP Program.

An employee must provide written authorization in order to make someone their “designated representative.” A recognized or certified collective bargaining agent will be treated automatically as a designated representative for the purpose of access to the District IIPP. The written authorization must include the following information:

- The name and signature of the employee authorizing the designated representative.
- The date of the request.
- The name of the designated representative.
- The date upon which the written authorization will expire (if less than 1 year).

## **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 & Illness Prevention Program are being implemented, the following records will be kept on file in the District Office or school site for at least the length of time indicated below:

1. Copies of all Self-Inspection Checklists should be retained for 3 years.
2. Copies of all Injury Incident/Near Miss Investigation Forms should be retained for 5 years.
3. Copies of individual Employee Training Checklists and related Training Documents should be retained for at least three years, or for the duration of each individual's employment, whichever is greater.
4. Copies of all Safety Meeting Attendance Sheets should be retained for 1 year.
5. The General Training Documentation form for Hartnell Community College District can be found in Appendix D of the Injury & Illness Prevention Program.

The District or College 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 Program Coordinator or designee during routine program reviews to measure compliance with the Program.

A safe and healthy workplace must be the goal of everyone at Hartnell Community College District, with responsibility shared by management and staff alike. If you have any questions regarding this Injury & Illness Prevention Program, please contact the District Office of Public Safety and Emergency Management at (831) 770-703.

## **RECORDKEEPING**

We are a local governmental entity (county, city, district, or and any public or quasi-public corporation or public agency) and we are not required to keep written records of the steps taken to implement and maintain our IIP Program. Public agencies including Community College Districts are not required to maintain OSHA 300 logs as long as an alternative method is available to review injury history, upon request. That resource is available from the District upon request.

**APPENDIX A.1 SUPERVISOR'S REPORT OF EMPLOYEE  
INJURY INCIDENT**

**APPENDIX A.2 SUPERVISOR'S INJURY INCIDENT  
INVESTIGATION REPORT**

**APPENDIX B.1 INJURY INCIDENT INVESTIGATION QUICK  
REFERENCE GUIDE**

**APPENDIX B.2 INJURY INCIDENT INVESTIGATION  
CHECKLIST**

**APPENDIX B.3 NEAR MISS INVESTIGATION CHECKLIST**

**APPENDIX C SELF-INSPECTION CHECKLIST**

**APPENDIX D.1 EMPLOYEE SAFETY TRAINING SIGN-IN  
SHEET**

**APPENDIX D.2 INDIVIDUAL EMPLOYEE INITIAL  
TRAINING DOCUMENTATION FORM**

**APPENDIX D.3 RECEIPT OF INJURY AND ILLNESS  
PREVENTION PROGRAM FORM**

# APPENDIX A.1

## SUPERVISOR'S REPORT OF EMPLOYEE INJURY INCIDENT

*To be completed by Supervisor to describe an incident that resulted in an employee injury:*

Employee's first & last name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Date of injury/illness: \_\_\_\_\_ Date reported: \_\_\_\_\_

Time of incident: \_\_\_\_\_  a.m.  p.m. Date/time reported: \_\_\_\_\_  a.m.  p.m.

Incident location: \_\_\_\_\_ Building/area: \_\_\_\_\_

Type of injury:

Was campus police contacted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/not at this time
Did EMT/fire department respond:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check here if employee was transported to hospital <input type="checkbox"/>
Did employee leave work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/not at this time
Was medical attention necessary: Did	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/not at this time
employee continue working:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown/not at this time

1. Describe how the incident occurred:

2. Describe what steps have been/will be taken to prevent similar incidents:

Completed by (please print): \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this completed form to [ ] in Human Resources or you may fax it to [ ]**



# APPENDIX A.2

## SUPERVISOR'S INJURY INCIDENT INVESTIGATION REPORT

Information contained in this form is to be kept **CONFIDENTIAL**. It is to be completed by the supervisor and provided to **HR in Human Resources** when a workers' compensation claim is filed.

Name of injured employee: \_\_\_\_\_

Job title: \_\_\_\_\_

Date of injury/illness: \_\_\_\_\_ Date reported: \_\_\_\_\_

Date/time reported: \_\_\_\_\_  a.m.  
 p.m.

Incident location: \_\_\_\_\_ Building/area: \_\_\_\_\_

Witnesses (name, phone numbers): 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Time reported: \_\_\_\_\_  a.m.  
 p.m. Time on scene: \_\_\_\_\_  a.m.  
 p.m. Time off scene: \_\_\_\_\_  a.m.  
 p.m.

### FIELD INVESTIGATION

Exact location of incident: \_\_\_\_\_

Building/area: \_\_\_\_\_

OTHER \_\_\_\_\_

Completely describe the location of the incident including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident:

Describe injuries/illnesses which you observed, or which were described to you:

Describe demeanor of person(s) involved and include statements made as "Excited Utterances":

Describe shoes, physical appearance or any other characteristics that would contribute to understanding how the accident occurred:

Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence:

Describe the steps taken to prevent similar incidents:

- Did the employee see medical care:
- None
  - Emergency Room
  - [Anthem?] Occupational Medicine
  - [Provider] Occupational Medicine

- Did the employee see medical care:
- Drove himself/herself
  - Ambulance
  - Family member/friend

FOR HR USE ONLY:

Date maintenance or responsible department notified:

Notes:

Date fixed/completed:

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print supervisor's name

# APPENDIX B.1

## INJURY INCIDENT INVESTIGATION QUICK REFERENCE GUIDE

This quick reference guide is information for Supervisors and Managers to use while investigating work related injuries and illnesses. Remember that prior to investigation an accident; employees should be trained to report injuries to their supervisor, no matter how minor it may be. “Near-accidents” should also be reported and investigated by the supervisor. Please follow these 4 easy steps when investigating work related injuries:

<b>Step 1:</b>	<ul style="list-style-type: none"><li>A. Act at once. Talk with the injured employee immediately if possible (one on one is best). Use fact-finding, not fault-finding questions to determine what occurred. Ask the injured person or a witness to show you how the accident happened. Use the Accident Investigation Checklist (attached) for a list of sample questions that you may need to ask during an investigation.</li><li>B. Review physical causes, such as poor housekeeping, improper guards, improper apparel (such as a lack of properly soled shoes or safety shoes, eye, hand, or head protection), defective equipment, slippery floors, or other working conditions. Completely describe location of incident; including lighting, walking surface, weather measurements, and any other condition that could have contributed to or prevented the incident.</li><li>C. Review personal causes, such as dangerous practices, inability, inexperience, poor judgement, and disobeying rules.</li><li>D. Trace down each item of information to find every contributory cause. Decide the necessary preventative measures to prevent similar accidents in the future. Report any defective equipment to the person responsible.</li><li>E. Non-injury accidents (an accident that nearly caused an injury of any severity) should also be investigated.</li></ul>
<b>Step 2:</b>	Complete a Supervisor’s Injury/Incident Investigation Report (Appendix A) form within 24 hours of the incident. Describe how the incident occurred; state facts, contributing factors, cite witnesses, and support evidence. <b>Keep a copy for your records and send the original to [contact] in Human Resources.</b>
<b>Step 3:</b>	Provide injured employee with a “Claim Packet for Injured Worker (all forms)” which includes the form DWC-1 to file a claim <b>within 24 hours of your knowledge of the injury/ illness.</b> If immediate medical attention was necessary, <b>notify [Human Resources contact] to discuss alternate ways to provide the packet to the injured/ill worker.</b>
<b>Step 4:</b>	Follow-up with the employee after he or she receives treatment to find out if they are doing well. In addition, ensure contributing factors to the accident, if any, are fixed (work orders sent), and all exposed employees are aware of the contributing causes of the accident.

## APPENDIX B.2

### INJURY INCIDENT INVESTIGATION CHECKLIST

When you are involved in an injury/incident investigation, the notes you take will be important to determine what happened and to give clues for avoiding future incidents. The information that you record should focus on *who, what, when, where, how,* and *why* facts of the incident. This list of sample questions is to be asked during an investigation to help you document the many aspects of the injury/incident scene.

#### WHO...

- Was involved in the incident?
- Was injured?
- Witnessed the incident?
- Reported the incident?
- Notified Campus Police?

#### WHAT...

- Happened?
- District property was damaged
- Evidence was found?
- Was done to secure the incident scene?
- Was done to prevent the recurrence of the incident?
- Level of medical care did the employee require?
- Was being done at the time of the incident? Tools were being used?
- Was the employee told to do?
- Machine was involved?
- Operation was being performed
- Instructions had been given?
- Precautions were necessary?
- Protective equipment should have been used?
- Did others do to contribute to the incident? Did witnesses see?
- Safety rules were violated?
- Safety rules were lacking?
- New safety rules or procedures are needed?

#### WHEN...

- Did the incident happen?
- Was it discovered?
- Was the incident reported?
- Did the employee begin the task?
- Were the hazards pointed out to the employees?
- Level of medical care did the employee require?
- Did the supervisor last check the employee's progress?

#### WHERE...

- Did the accident happen?
- Was the employee's supervisor when the incident occurred?
- Were co-workers when the incident occurred?
- Were witnesses when the incident occurred?
- Does this condition exist elsewhere in the facility?
- Is the evidence of this investigation going to be kept?

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#### HOW...

- Did the incident happen?
- Was the incident discovered? Were employees injured?
- Was the equipment damaged?
- Could the incident have been avoided?
- Could the supervisor have prevented the incident from happening?
- Could co-workers avoid similar incidents?

---

#### WHY...

- Did the incident happen?
- Were employees injured?
- Did the employee(s) behave that way? Was protective equipment not used?
- Weren't specific instructions given to the employee? Was the employee in that specific position or place? Was the employee using that machine or those tools? Didn't the employee check with the supervisor?
- Was the supervisor not there at the time?

# APPENDIX B.3

## NEAR MISS INVESTIGATION CHECKLIST

When you are involved in an investigation of a *near miss* incident, the notes you take will be important to avoid future incidents. The information that you record should focus on **who, what, when, where, how,** and **why** facts of the *near miss* incident. This list of sample questions is to be asked when investigating a near miss incident to assist you with documenting the many aspects of the incident to avoid recurrence which could include injury and/or loss of property and equipment.

### WHO...

- Was involved in the incident?
- Was almost injured?
- Witnessed the incident?
- Reported the incident?
- Notified Campus Police, if needed?

### WHAT...

- Happened?
- District property was damaged?
- Evidence was found?
- Was done to secure the incident scene?
- Was done to prevent the recurrence of the incident?
- Was being done at the time of the incident?
- Tools were being used?
- Was the employee told to do?
- Machine was involved?
- Operation was being
- performed Instructions had been given?
- Precautions were necessary?
- Protective equipment should have been used?
- Did others do to contribute to the
- incident? Did witnesses see?
- Safety rules were violated?
- Safety rules were lacking?
- New safety rules or procedures are needed?

### WHEN...

- Did the incident happen?
- Was it discovered?
- Was the incident reported?
- Did the employee begin the task?
- Were the hazards pointed out to the employees?
- Did the supervisor last check the employee's progress?

### WHERE...

- Did the incident happen?
- Was the employee's supervisor when the incident occurred?
- Were co-workers when the incident occurred?
- Were witnesses when the incident occurred?
- Does this condition exist elsewhere in the facility?
- Is the evidence of this investigation going to be kept?

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### HOW...

- Did the incident happen?
- Was the incident discovered?
- Was the equipment damaged?
- Could the incident have been avoided?
- Could the supervisor have prevented the incident from happening?
- Could co-workers avoid similar incidents?

---

### WHY...

- Did the incident happen?
- Did the employee(s) behave that way? Was protective equipment not used?
- Weren't specific instructions given to the employee? Was the employee in that specific position or place? Was the employee using that machine or those tools? Didn't the employee check with the supervisor?
- Was the supervisor not there at the time?

# APPENDIX C

## SELF-INSPECTION CHECKLIST

Site: \_\_\_\_\_ Building: \_\_\_\_\_ Room #/area: \_\_\_\_\_

Department inspected: \_\_\_\_\_ Name of inspector: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_ Date of inspection: \_\_\_\_\_

This check list is by no means all-inclusive. You should add items or delete items that do not apply to your operation. As you go through each item place a check mark in either the “Okay” or “Needs Attention” column. Please use the “**Comments**” box if you require more space. For all items that need attention write the corrective action and the completion date at the bottom of the list under “**Corrective Action**”.

	Okay	Needs Attention	N/A
<b>GENERAL: (THIS SECTION IS NOT OPTIONAL)</b>			
Keep inspection checklists for work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain training records for department employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain equipment inspection log as required <i>(varies by types of equipment).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure periodic safety training has been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

	Okay	Needs Attention	N/A
<b>HOUSEKEEPING: (THIS SECTION IS NOT OPTIONAL)</b>			
Inspect condition of extension cords for missing ground prong <i>(third), splices, deteriorations.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work area free of clutter and materials which can cause a trip and fall hazard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage areas free to move around without having to lift and reach over things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are clear aisle ways to move about the area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spilled materials or liquids are cleaned up immediately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Okay	Needs Attention	N/A
<b>HOUSEKEEPING: (CONTINUED)</b>			
All lofts and storage areas have guardrails to prevent someone from falling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor area is cleared of slipping and tripping hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Panels: area around panels is free of supplies, storage, and debris within 3 feet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single extension cord use only - connection of multiple extension cords is prohibited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No space heaters in work areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seismically brace all furniture/equipment higher than 5 feet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Items not stacked over 6 feet height.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect condition of Evac-Chairs, Emergency 2-Way Radios and/or Emergency backpacks, if equipped.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

	Okay	Needs Attention	N/A
<b>TRAININGS: (THIS SECTION IS NOT OPTIONAL)</b>			
Employees have been trained how to protect themselves from the hazards identified in their work area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees are current on any mandatory/specialized training ( <i>i.e. lockout, confined space, respirators, fume hoods, forklift, etc.</i> ) needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training records are up to date for each employee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

	Okay	Needs Attention	N/A
<b>SAFETY SUPPLIES: (THIS SECTION IS NOT OPTIONAL)</b>			
<b>Eyewash/Shower Stations:</b> <i>operating correctly, caps are working, clear of obstacles around station, and flushed monthly - and maintain inspection log.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Aid Kits</b> <i>are inspected and fully stocked; remove and replace expired items annually.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire Extinguishers:</b> <i>inspection tags are current, hanging on the wall and are not blocked by supplies.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Protective Equipment:</b> <i>safety supplies are available, equipment is clean, and in good condition</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employer Posters</b> <i>including emergency numbers, worker's compensation information and "It's the Law" posters are posted in a conspicuous and easily accessible place, such as a highly trafficked workplace area, where employees can see them.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Injury &amp; Illness Prevention Plan (IIPP)</b> <i>is accessible to all employees and employees are informed where it is located (District Website and/ or hardcopy in department)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safety Data Sheets (SDS)</b> <i>and chemical inventory are on file and accessible to all department employees.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safety Signs</b> <i>are posted in the work area such as no smoking, safety must be worn, flammable materials, moving equipment etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			

Do you have equipment or tools in your area? Skip this section if your answer is "NO."	YES	NO
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	Okay	Needs Attention	N/A
<b>EQUIPMENT:</b>			
<b>Fume Hoods</b> <i>are working properly and a decal for current certification is posted.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compressed gas:</b> <i>empty cylinders are stored separately from full, a cart is used for transport, incompatibles (i.e., oxygen and acetylene) are secured &amp; separated by 20 feet.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Do you have equipment or tools in your area? Skip this section if your answer is "NO."		YES	NO
	Okay	Needs Attention	N/A
<b>EQUIPMENT: (CONTINUED)</b>			
Hand Tools/Power tools have operator instructions and are inspected regularly, and safety guards are in place and working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-office Equipment: inspected periodically as required by law or per manufacturer, safety guards in place and working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladder: inspect conditions of ladders including cracks, rungs, feet. Remove unsafe ladders from service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forklift/aerial lift: drivers must be certified and document daily inspection before operating equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All employees are instructed on how to operate the equipment they are required to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Do you have equipment or tools in your area? Skip this section if your answer is "NO."		YES	NO
	Okay	Needs Attention	N/A
<b>HAZARDOUS MATERIALS/CHEMICALS:</b>			
Spill kits available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous waste is labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All hazardous substance containers are labeled, and secondary containers have the contents name and chemical and health warnings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDS binders are accessible to employees to use, updated binders, add start/end date of usage, store 30-years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paints and hazardous substance properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

**CORRECTIVE ACTION:**

*(Describe any corrective action taken and the date(s) such action was completed.)*

**Note: Please return this form to the Director of Public Safety and Emergency Management and keep a copy on file in the Department for one year.**

# APPENDIX D.1

## EMPLOYEE SAFETY TRAINING SIGN-IN SHEET

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_

Course: \_\_\_\_\_

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

	Signature	Name (printed)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**APPENDIX D.2 - OPTIONAL**  
**INDIVIDUAL EMPLOYEE INITIAL TRAINING DOCUMENTATION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_

Training Subject: \_\_\_\_\_

Date of Hire/Assignment: \_\_\_\_\_ Materials Used: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I received training as described above in the following areas:

- The potential occupational hazards in general in the work area and associated job assignment.
- The Code of Safe Practices which indicate the safe work conditions, safe work practices, and personal protective equipment required for my work.
- The hazards of any chemicals to which I may be exposed and my right to information contained on safety data sheets (SDS) for those chemicals, and how to understand this information.
- My right to ask any questions or provide any information to the employer on safety, either directly or anonymously, without any fear of reprisal.
- Disciplinary procedures which Hartnell Community College District may/will use to enforce compliance with the Code of Safe Practices.

I understand this training and agree to comply with the Code of Safe Practices for my work area.

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

This record must be kept by Hartnell Community College District for 3 years.

**APPENDIX D.3 - OPTIONAL**  
**RECEIPT OF INJURY AND ILLNESS PREVENTION PROGRAM**

I acknowledge receipt of a copy of Hartnell Community College District’s Injury and Illness Prevention Program. I understand following Hartnell Community College District safety rules and the work areas’ codes of safe work practices as a condition of my employment. I also understand that I have the obligation to comply with Hartnell Community College District’s Injury and Illness Prevention Program.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This record must be kept by Hartnell Community College District for 3 years.