



CAMBRIA COMMUNITY SERVICES DISTRICT

ILLNESS & INJURY PREVENTION PROGRAM



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ILLNESS AND INJURY PREVENTION PROGRAM

Program Goal and Outline

The goal of the District is to provide safe and healthful working conditions for all of its employees. Therefore, the District will maintain a safety and health program conforming to the best practices of agencies of this type. The District's safety and health program will include:

- 1) Providing mechanical and physical safeguards to the maximum extent possible.
- 2) Conducting a program of safety and health inspections to find and eliminate unsafe working conditions or practices, to control health hazards, and to comply fully with the safety and health standards and law for every job.
- 3) Training all employees in good safety and health practices.
- 4) Providing necessary personal protective equipment, and instructions for use and care.
- 5) Developing and enforcing safety and health rules, and requiring that employees cooperate with these rules as a condition of employment.
- 6) Investigating promptly and thoroughly, every accident to determine its cause and correct the problem so it will not happen again.
- 7) Developing a system of recognition and awards for outstanding safety service and/or performance.

Program Responsibility

Although the District recognizes that the responsibility for safety and health is shared, the General Manager shall be responsible and have full authority for implementing this policy and the District's Injury and Illness Prevention Program.

- 1) The District accepts responsibility for leadership of the safety and health program, for its effectiveness and improvements, and for providing the safeguards required to ensure safe conditions.
- 2) Supervisory personnel are responsible for developing proper attitudes toward safety and health for themselves and in those they supervise, and for ensuring that all operations are performed with the utmost regard for the safety and health of all personnel involved, including them-selves.
- 3) No employee will be required to work at a job he/she knows is not safe or healthful. Employees are responsible for wholehearted, genuine operation of all aspects of the safety and health program - including compliance with all rules and regulations - and for continuously practicing safety while performing their duties. Any employee found not practicing safety while performing their duties will be subject to appropriate discipline.

Injury and Illness Records

The District's record keeping system for its Injury and Illness Prevention Program shall conform to Cal/OSHA standards. Records shall be used to measure and evaluate the success of said program.

- 1) A report shall be obtained on every injury or illness requiring medical treatment. (See also Code of Safe Practices)
- 2) Each injury or illness shall be recorded on the "Cal/OSHA Log of Work-Related Injuries and Illnesses," Cal/OSHA Form 300, "Cal/OSHA Summary of Work-Related Injuries and Illnesses," Cal/OSHA Form 300A, "Cal/OSHA Injury and Illness Incident Report," Cal/OSHA Form 301, according to its instructions.
- 3) A supplementary record of the occupational injuries and illnesses shall be prepared on OSHA Form 5020, "Employer's Report of Injury or Illness," with the same information as recorded in the Cal/OSHA Log and Summary of Occupational Injuries and Illnesses.
- 4) Annually, the summary Cal/OSHA Form 200 shall be prepared and posted no later than February 1 in a place easily observable by employees. Said form shall remain posted until March 1.
- 5) All records specified in this section shall be maintained in the District's files for a minimum of five years after their preparation.

Documentation of Activities

Records shall be maintained of steps taken to establish and maintain the District's Injury and Illness Prevention Program. They shall include:

- 1) Records of scheduled and periodic inspections as required by Cal/OSHA [California Code of Regulations, Title 8, Chapter 4] to identify unsafe conditions and work practices. The documenta-

tion must include the name of the person(s) conducting the inspection, the unsafe conditions and work practices identified, and the action taken to correct the unsafe conditions and work practices. The records are to be maintained for at least three (3) years.

- 2) Documentation of safety and health training required by Cal/OSHA [California Code of Regulations, Title 8, Chapter 4] for each employee. The documentation must specifically include employee name or other identifier, training dates, type(s) of training and the name of the training provider. These records must also be kept for at least three years.

Program Communication System

- 1) Readily understandable communication shall be maintained with all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the District of hazards at the worksite without fear of reprisal. Communications with employees shall include meetings, training programs, posted written information, and a system of anonymous notification by employees about hazards.
- 2) Written communications to employees shall be in a language they can understand. If an employee cannot read in any language, said communication shall be made orally in a language he/she can readily understand.
- 3) The District's Code of Safe Practices, below, shall be posted at a conspicuous location in the District's maintenance office, and shall be provided to each supervisory employee who shall keep it readily available.
- 4) Periodic meetings (at least one per quarter) of supervisory employees shall be held under the direction of the General Manager for the discussion of safety problems and accidents that have occurred. Documentation of these meetings shall be maintained for three years.
- 5) Supervisory employees shall conduct "toolbox" or "tailgate" safety meetings, or equivalent, with their crew(s) at least every ten working days to emphasize safety. Documentation of these meetings shall be maintained for three years. Water, Wastewater and Maintenance departments may conduct "tailgate Safety Meetings or equivalent, Fire department briefing/regular training sessions shall meet this requirement.
- 6) General employee meetings shall be conducted (at least one per quarter) at which safety is freely and openly discussed by those present. Such meetings should be regular, scheduled, and announced to all employees so that maximum employee attendance can be achieved. Documentation of these meeting shall be maintained for three years. Discussions at these meetings should concentrate on:
 - a. Occupational accident and injury history within the District, with possible comparisons to other similar agencies.
 - b. Feedback from employees.
 - c. Guest speakers from the District's workers' compensation insurance carrier or other agencies concerned with safety.
 - d. Brief audio-visual materials that relate to the District's operations.

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- 7) Training programs shall be conducted when new equipment, machinery or tools are purchased. Employees shall be instructed in the safe operation of said equipment, machinery or tools. Documentation of training programs shall be maintained for three years.
 - a. New employees shall be trained by their supervisor in the safe operation of the equipment, machinery and tools with which they will be working prior to being allowed to work independently. Documentation of new employee training shall be maintained for three years.
 - 8) Posters and bulletins relating to and encouraging safe and healthy practices shall be posted on a rotational basis at a conspicuous location in the District's maintenance office.
 - 9) News articles and publications devoted to safety shall be distributed to employees. This policy shall also be distributed to all employees upon its adoption, to all new employees at the time of their hiring, and annually thereafter.
 - 10) A safety suggestion box shall be maintained where employees, anonymously if desired, can communicate their concerns to the District's General Manager.

Hazard Assessment and Control

Periodic safety inspections shall be conducted to identify existing hazards in the workplace, or conditions, equipment and procedures that could be potentially hazardous. The inspections shall be conducted by personnel who, through experience or training, are able to identify actual and potential hazards and who understand safe work practices.

- 1) Safety inspectors will observe if safe work practices are being followed and will ensure that unsafe conditions or procedures are identified and corrected properly.
- 2) Safety inspections will be conducted at least annually. The frequency of the inspections will depend on the operations involved, the magnitude of the hazards, the proficiency of employees, changes in equipment or work processes, and the history of workplace injuries and illnesses.
- 3) A written assessment shall be prepared after said inspections which will document identified hazards and prescribe procedures for the elimination of same, and measures that can be taken to prevent their recurrence.
- 4) The General Manager or Fire Chief will review written inspection reports and/or assessments and will assist in prioritizing actions and verify completion of previous corrective actions. He/she shall also review the overall inspection program to determine trends.

Accident Investigation

All accidents shall be thoroughly and properly investigated by the person designated by the General Manager, who shall be a supervisory level employee or other designated employee trained in accident investigation, with the primary focus of understanding why the accident or near-miss occurred and what actions can be taken to preclude recurrence. A written report of said investigation shall be prepared which adequately identifies the cause(s) of the accident or near-miss occurrence.

- 1) The investigation must obtain all the facts surrounding the occurrence: what caused the situation to occur; who was involved; was/were the employee(s) qualified to perform the functions involved

in the accident or near-miss; were they properly trained; were proper operating procedures established for the task involved; were procedures followed, and if not, why not; where else this or a similar situation might exist, and how it can be corrected.

- 2) The accident investigator must determine which aspects of the operation or process require additional attention (what type of constructive action can eliminate the cause(s) of the accident or near-miss).
- 3) Actions already taken to reduce or eliminate the exposures being investigated should be noted, along with those remaining to be addressed.
- 4) Any interim or temporary precautions should also be noted. Any pending corrective action and reason for delaying its implementation should be identified.
- 5) Corrective action should be identified in terms of not only how it will prevent a recurrence of the accident or near-miss, but also how it will improve the overall operation. The solution should be a means of achieving not only accident control, but also total operation control.

Code of Safe Practices

General

- 1) All employees shall follow these safe practices rules, render every possible aid to safe operations, and report all unsafe conditions or practices to the department supervisor or the General Manager.
- 2) Supervising employees shall insist on employees observing and obeying every rule, regulation, and order as is necessary to the safe conduct of the work, and shall take such action as necessary to obtain observance.
- 3) Anyone known to be under the influence of drugs or intoxicating substances which impair the employee's ability to safely perform the assigned duties shall not be allowed on the job while in that condition, and will be subject to the discipline as provided in the District's Personnel Policies, Procedures and Rules.
- 4) Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees shall be prohibited.
- 5) Work shall be well planned and supervised to prevent injuries in the handling of materials and in working together with equipment.
- 6) No one shall knowingly be permitted or required to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose the employee or others to injury.
- 7) Employees shall not enter manholes, underground vaults, chambers or other similar places that receive little ventilation, unless it has been determined that it is safe to enter.
- 8) Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to the department supervisor or the General Manager.

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- 9) Crowding or pushing when boarding or leaving any vehicle or other conveyance shall be prohibited.
 - 10) Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received instructions from the department supervisor.
 - 11) All injuries shall be reported promptly to the department supervisor and the Administrative Services Officer so that arrangements can be made for medical or first aid treatment.
 - 12) When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
 - 13) Materials, tools, or other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.
 - 14) Employees shall cleanse thoroughly after handling hazardous or unhealthy substances, and follow special instructions from authorized sources.
 - 15) Work shall be so arranged that employees are able to face a ladder and use both hands while climbing.
 - 16) Gasoline shall not be used for cleaning purposes.
 - 17) No burning, welding, or other source of ignition shall be applied to any enclosed tank or vessel, even if there are some openings, until it has first been determined that no possibility of explosion exists, and authority for the work is obtained from the department supervisor.
 - 18) Any damage to scaffolds, falsework, shoring or other supporting structures shall be immediately reported to the department supervisor.

Slips, Trips & Falls

Avoid Slips, Trips and Falls By:

- 1) Looking before you walk; making sure your pathways are clear.
- 2) Wearing slip-resistant and well-fitted footwear.
- 3) Keeping materials off the floor.
- 4) Storing everything in its proper place.
- 5) Closing drawers immediately after each use.
- 6) Cleaning up debris, tools and equipment after each job.
- 7) Reporting accidental spills immediately.
- 8) Bundling and strapping wires, cords and cables together, and securing them up and out-of-the-way.

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- 9) Posting WARNING signs to make sure others are aware of a slip or trip hazard.
 - 10) Inspecting the area around you for slip and trip hazards.
 - 11) Correcting those problems you can fix yourself.
 - 12) Reporting those hazards requiring funds or more skilled people and equipment to fix.
 - 13) Carrying a flashlight when you know you will be working in an area with low lighting or where you will be walking where there is insufficient lighting.
 - 14) Walk, don't run!

Use of Tools and Equipment

All tools and equipment shall be maintained in good condition.

Damaged tools or equipment shall be removed from service and tagged "DEFECTIVE."

Pipe or Stillson wrenches shall not be used as substitute for other wrenches.

Only appropriate tools shall be used for the job.

Wrenches shall not be altered by the addition of handle-extensions or "cheaters."

Files shall be equipped with handles and not used to punch or pry.

Screwdrivers shall not be used as chisels.

Wheelbarrows shall not be used with handles in an upright position.

Portable electric tools shall not be lifted or lowered by means of the power cord. Ropes shall be used for this purpose.

In locations where the use of a portable power tool is difficult, the tool shall be supported by means of a rope or similar support of adequate strength.

Machinery and Vehicles

- 1) Only authorized persons shall operate machinery or equipment.
- 2) Loose or frayed clothing, or long hair, dangling ties, finger rings, etc., shall not be worn around moving machinery other sources of entanglement.
- 3) Machinery shall not be serviced, repaired or adjusted while in operation, nor shall oiling of moving parts be attempted, except on equipment that is designed or fitted with safeguards to protect the person performing the work.
- 4) Where appropriate, lock-out procedures shall be used.

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- 5) Employees shall not work under vehicles supported by jacks or chain hoists, without protective blocking that will prevent injury if jacks or hoists should fail.
 - 6) Air hoses shall not be disconnected at compressors until hose line has been bled.
 - 7) All excavations shall be visually inspected before backfilling, to ensure that it is safe to backfill.
 - 8) Excavating equipment shall not be operated near tops of cuts, banks, and cliffs if employees are working below.
 - 9) Tractors, backhoes and other similar equipment shall not operate where there is possibility of overturning in dangerous areas like edges of deep fills, cut banks, and steep slopes.

Portable Ladder Safety

1. All ladders:
 - a. Select the right ladder for the job.
 - 1) The ladder should be tall enough so you can reach the required objects without standing on the top or second-to-the-top rung/step of the ladder or putting the ladder on some other object to reach the required objects.
 - 2) The ladder should be made of a material conducive for the work to be performed, e.g., a wood or fiberglass ladder for working around electrical equipment rather than a metal ladder.
 - b. Use ladders for only their intended purpose, i.e., climbing up and down.
 - c. Maintain ladders in good condition. Ladders in disrepair should be either disposed or fixed.
 - d. Before climbing any ladder, check its condition:
 - 1) Nuts and bolts tight?
 - 2) Rungs secure?
 - 3) Spreaders working?
 - 4) Safety feet properly working?
 - e. Always face the ladder when ascending or descending, holding on with both hands.
 - f. While working and whenever possible, hold on to the ladder with one hand.
 - g. Use a tool belt or a bucket attached to a hand line to pull tools up.
 - h. The trunk of your body should not extend past the side of the ladder. Move the ladder if you have to reach outside of this area.
 - i. Wear slip-resistant footwear.
 - j. Keep the ladder rungs free of oil and grease.

2. Step Ladders

- a. Make sure the spreaders are locked open before climbing.
- b. Place a ladder only where it is safe to do so. For example, it is not safe to put a ladder in front of doors opening toward the ladder unless the door is blocked open, locked or guarded.
- c. Keep at or below the second rung from the top.

3. Straight Ladders

- a. Use the 4 to 1 rule. Position the base of the ladder one foot out from the wall for every four feet of the ladder's height up to the support point. For example, the base of a 16-foot ladder should be four feet out from the wall.
- b. Ensure the ladder extends at least 3 feet above the elevated surface to which you are climbing.
- c. Place the base of the ladder so the ladder will not slip.
- d. Lash the ladder at the top to hold it in place.
- e. Adjust extension ladders while standing at the base, not while standing on the ladder or from a position above the ladder.
- f. Keep at or below the third rung from the top on a straight ladder.

Ergonomics

1. Workstation

- a. Workstations should be arranged and adjusted properly so that they are comfortable and excessive force is not required to perform job tasks. The objective is to set up the workstation so that a comfortable neutral position is achieved. Unnatural postures or body position can lead to discomfort or, if not corrected, Repetitive Motion Injuries.

2. Chair

- a. Adjust your chair height so that your forearms are parallel to the floor when your fingers are resting on the keyboard's home keys.
- b. Your feet should rest flat and comfortably on the floor while working at your desk. This will promote circulation to the lower legs and will help reduce fatigue. If your feet do not reach the floor, a footrest should be used.
- c. The seat back and pan should be adjusted so that you are sitting in a comfortable upright position. Your back should be snug against the back of the chair to fit the contour of your spine. A lumbar support may be used if the chair does not provide adequate support for the lower back.

3. Monitor

- a. Position the monitor so that it is directly in front of you and the top line of the display is at, or slightly below, eye level when the chair is properly adjusted. This will allow you to keep your head in a neutral, upright position. It may be necessary to relocate the computer or use an object to elevate the monitor to the proper height.
- b. Locate the monitor so that it is approximately at arms length (18 to 24 inches) at a comfortable viewing distance.
- c. A document holder should be used to position materials at the same height, distance, and in the same plane as the monitor screen. Avoid looking continually from the desktop to the monitor. This will help reduce eyestrain and tension in the shoulders, upper back, and neck.

4. Keyboard and Mouse

- a. Proper placement of the keyboard will help keep the wrists in line with the forearms and limit bending of the wrists while keying. This will improve the comfort of your hands, wrists, and forearms.
- b. Avoid placing your wrists or forearms against hard objects such as the sharp edge of the desk. A keyboard wrist rest may be necessary to help keep the hands straight and off of hard surfaces.
- c. The mouse should be located next to the keyboard so that it is in a comfortable position during use, and you do not have to reach (extend the arm) in an unnatural or uncomfortable fashion.

5. Fire Department Ergonomics

- a. Due to the large number of injuries occurring during training exercises, training instructors shall be directed to evaluate their curriculums, courses and equipment for un-necessary risks and institute controls accordingly. Controls could include stretching, warm-up activities, and rest breaks between training exercises. Before training exercises begin, steps should be taken to evaluate the physical location and address any hazards found.
- b. Fire Department employees shall wear all personal protective equipment recommended by the training instructor.
- c. Fire Department employees who regularly engage in emergency response activities will have annual training in patient evacuation techniques. Training shall include appropriate body mechanics of assisted lifts, stretcher lift and carry protocols, and other techniques designed to reduce the risk injury while assisting unconscious, semi-conscious or otherwise injured persons.
- d. Loading and retrieving equipment from fire vehicles is hazardous primarily due to the weight and awkward nature of some of the equipment, coupled with the need to place and retrieve items at various heights. Controls such as utilizing more than one person to load and unload equipment; job rotation and regular rest breaks can be utilized in non-emergency situations to reduce the risk of injury.
- e. When kneeling is necessary for long periods, alternating between kneeling and squatting can reduce the risk of injury to the knees.

6. Lifting, Pushing and Pulling

- a. Before starting to lift or carry anything, check your entire walkway to make sure that your footing will be solid (your shoes should have good balance support and traction).
- b. Check the object to determine its center of gravity and weight. (Check to ensure objects are not loose in the container; this could cause an unexpected weight shift).
- c. Clear any movable obstacles out of your way and make sure you know where the stationary ones are.
- d. Face the object squarely and get as close to it as you can.
- e. Balance yourself solidly with one foot slightly in front of the other.
- f. Whenever possible get assistance lifting heavy or bulky items.
- g. Squat down, bending at the knees, and keeping your back straight and as nearly upright as possible.
- h. While keeping your back straight, use your legs to bring yourself to a standing position; make the lift smoothly and under control.
- i. Do not lift objects over your head; Do not twist your body when lifting or setting an object down; Do not reach over an obstacle to lift a load.
- j. It is easier on the back to push an object than it is to pull it. If you must pull something - face the object squarely with one foot at least 12 inches in front of the other, keep your back straight and your knees slightly bent, and pull with one smooth motion.

Cambria Community Services District

Acknowledgment of Receipt of the Injury & Illness Prevention Program

I understand it is my duty to become thoroughly familiar with and abide by the rules and regulations identified in the *Injury & Illness Prevention Program*.

I received the Cambria Community Services District's Injury & Illness Prevention Plan on ____/____/____(date), and I acknowledge I understand it.

Name:

Print

Signature

File: Employee Personnel File

Cambria Community Services District

Employee Safety Training and Meeting Report

Use of this Form

1. All safety training and meetings conducted for organization employees are documented on this form.
2. The completed form is distributed and filed as follows:

a. Training

- 1) One copy is filed with the master training file for each course or session in the IIPP Administrator's files. The master file includes this form, the training course curriculum, all training handouts, and anything else pertaining to the training program.
- 2) One copy is maintained in Human Resources where the following information is retrieved and inserted into each attendee's personnel file on the organization's *Record of Training Form*:
 - a) Employee name
 - b) Employee's department
 - c) Date of training
 - d) Training subject
 - e) Whether a certificate was issued

b. Safety Meetings

This form is filed with the master meeting file for each safety meeting in the IIPP Administrator's files. The master file includes this form, the safety meeting agenda, all safety meeting handouts and anything else pertaining to the safety meeting.

Check (✓) if the Program was <u>Training</u>		Check (✓) if the Program was a <u>Safety Meeting</u>	
Training/Safety Meeting Subject(s):			
Certificate Issued (circle answer): Yes No			
Training/Meeting Date:		Training Instructor/Meeting Leader Name(s):	
Description of Training Provided or Safety Meeting Topic(s):			
Course or Meeting Handouts (attach to this form):			

Cambria Community Services District

Record of Training Form

Employee Name (Print or Type)

Use of this Form
All training each employee receives is documented on this form.

Date of Training	Training Subject	Certificate Issued (√)

Date of Training	Training Subject	Certificate Issued (✓)

Cambria Community Services District

Employee Report Form

Use of this Form

Please use this form whenever you have something to report regarding a safety matter. Your report may be based on your observation of an unsafe practice, an unsafe condition, a problem associated with managerial policies and/or procedures or some other matter. *It is the policy of the Cambria Community Services District that employees will not be retaliated against for submitting a safety report.* Our goal is to eliminate accidents and your help is what it is all about. Please feel free to use additional sheets of paper to describe fully your identified problem and suggestion.

Identified Problem and Suggestion

Name of Employee Submitting Suggestion (optional*): _____

Complete Description of Identified Problem - If the problem is based upon a specific circumstance, please include the date and time you saw it:

Description of Suggestion(s) – What changes do you recommend to correct the problem?

Signature of Employee (optional*)

Date

* * *

Investigative Response

Investigator Submitting Report

Name of Person Investigating Problem and Suggestion: _____

Results of Investigation – What was found?

Recommended Steps to Correct the Identified Problem – The recommendations may be the same ones as the employee who submitted this form or something different.

Signature of Investigator

Date

* If you provide your name, you will be kept informed as to the status of your suggestion. Without this information, it will not be possible to keep you updated.

Cambria Community Services District

INVESTIGATION REPORT (Occupational Injury or Illness)

Time is of the essence. Please be as complete and concise as possible. If you need additional space, please use additional sheets of paper and note the paragraph number and letter. The information you provide should help prevent a similar occupational injury or illness in the future.

1. WHO

1.a. Name of Injured Employee: _____

1.b. Date of Hire: _____

1.c. Normal Occupation of Employee (Job Classification):

1.d. Name(s) of Witness(es):

2. WHEN

2.a. Date of Incident: ____/____/____

2.b. Time of Incident: ____ AM ____ PM

2.c. Work Start Time: ____ AM ____ PM

2.d. Date Reported to You: ____/____/____

2.e. Time Reported: ____ AM ____ PM

2.f. Did Employee Leave Work Due to Incident? ____ Yes ____ No

2.g. Did Employee Return to Work? ____ Yes ____ No

If Yes, When (Date and Time): ____/____/____
____ AM ____ PM

3. WHERE (Describe Where the Incident Happened):

4. WHAT

4.a. Describe the Injury or Illness, such as cut, strain, fracture, skin rash:

4.b. What Part of the Body was Affected, such as back, left wrist, right eye, lungs:

4.c. What was employee doing when injured? (Be specific by identifying tools, equipment or materials being used) Use additional paper, if necessary.

5. HOW AND WHY Did any of the following factors have anything to do with how and why the incident occurred? If you answer YES or PARTLY please provide further information. Do whatever you need to do to determine whether these factors were involved.

Factors	Yes	Partly	No
a. Lack of knowledge or skill			
b. Error			
c. Lack of (or incorrect) policies, procedures, rules			
d. Lack of (or insufficient) safety training			
e. Too many demands and/or pressures			
f. Lack of sufficient number of people to do the work			
g. Hazards			
h. Insufficient, improper, or unrepaired equipment and/or tools			
i. Incorrect design of facilities, equipment, materials			
j. Inattention			
k. In a hurry			
l. Anything else?			

6. PREVENTABILITY

In your opinion, was this incident preventable? (Circle your answer): Yes No
Why?

7. 7.a. What is the LOSS SEVERITY POTENTIAL? (Circle your answer):

Major Serious Minor

7.b. What is the PROBABLE RECURRENCE RATE? (Circle your answer):

Frequent Occasional Rare

8. CORRECTIVE ACTION What actions have or will be taken to prevent a recurrence?

	<u>Corrective Actions</u>	<u>Target Completion Date</u>	<u>Actual Completion Date</u>
8.a.			
8.b.			
8.c.			
8.d.			

9. 9.a. Investigator's Name (Print): _____
 9.b. Title: _____
 9.c. Investigator's Signature: _____
 9.d. Date: _____

10. File a copy in the employee's personnel file and any other investigation files.

Cambria Community Services District

Safety Inspection Form/Action Plan – Location (_____)

Page 1 of ____

Facility Inspected:	Name of Inspector (s):
Date of Inspection:	Date of Report:
# of items corrected from previous inspections:	____ out of ____
# of items uncorrected from previous inspections:	____
# of items uncorrected in <u>this</u> inspection:	____
# of items corrected on the spot in <u>this</u> inspection:	(____)
# of total items remaining uncorrected in this report:	____
Number (%) of total items uncorrected by priority:	
Priority – Life Threatening	____(____%)
Priority – I	____(____%)
Priority – II	____(____%)
Priority – III	____(____%)

Report Recipients: _____, _____, _____

For information regarding this inspection, please contact:

Key
 ✓ C = Check (✓) this column when the action is corrected
 P = Priority (LT-Life Threatening, I-Urgent, II-Necessary, III-Desirable)
 \$ = Estimated amount to correct (L = \$0 to \$250, M = \$251 to \$1000, H = \$1001 +, T = Time Only)

Cambria Community Services District

Safety Inspection Form/Action Plan – Location (_____)

Page 1 of ____

✓C	P	\$	Item # Yr-Mo-#	Observations	Recommendations	Current Status

Key
✓C = Check (✓) this column when the action is corrected
P = Priority (LT-Life Threatening, I-Urgent, II-Necessary, III-Desirable)
\$ = Estimated amount to correct (L = \$0 to \$250, M = \$251 to \$1000, H = \$1001 +, T = Time Only)

Cal/OSHA Form 300 (Rev.7/2007)
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health programs. See CCR Title 8 14300.29(b)(6)-(10)



Year: _____

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in CCR Title 8 Section 14300.8 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/ OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local Cal/ OSHA office for help.

Establishment name	City/State
---------------------------	-------------------

Identify the person	Describe the case	Classify the case					
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(A) Case #	(B) Employee's Name	(C) Job Title (e.g. welder)	(D) Date of injury or onset of illness (month/day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill. (e.g. Second degree burns on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness							
						Death (G)	Days away from work (H)	Remained at work		Away from work (K)	On the job transfer or restriction (L)	Injury (1)	Skin Disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)		
								Job transfer or restriction (I)	Other recordable cases (J)										
1										days	days								
2										days	days								
3										days	days								
4										days	days								
5										days	days								
6										days	days								
7										days	days								
8										days	days								
9										days	days								
10										days	days								
11										days	days								
12										days	days								
13										days	days								
14										days	days								
15										days	days								
Page Totals						0	0	0	0	0 days	0 days	0	0	0	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

Summary of Work-Related Injuries and Illnesses



Year: 2011

All establishments covered by CCR Title 8 Section 14300 must complete this Annual Summary, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the Cal/ OSHA Form 300 in its entirety. They also have limited access to the Cal/ OSHA Form 301 or its equivalent. See CCR Title 8 Section 14300.35, in Cal/ OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	0 (H)	0 (I)	0 (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0 (K)	0 (L)

Injury and Illness Types

Total number of... (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin Disorders	0	(5) Hearing loss	0
(3) Respiratory Conditions	0	(6) All other illnesses	0

Post this Annual Summary from February 1 to April 30 of the year following the year covered by the form.

Facility Information

Establishment name: _____

Street _____

City _____ State _____ ZIP _____

Industry description: _____

Standard Industrial Classification (SIC)
If known (e.g., SIC 3715) _____

Employment Information

(If you don't have these figures, use the optional Worksheet to estimate)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

() _____

Phone _____ Date _____

Cal/OSHA Form 301 Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29(b)(6)-(10)



Department of Industrial Relations
Division of Occupational Safety & Health

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of*

Work-Related Injuries and Illnesses and the accompanying *Summary*, these forms help the

employer and Cal/OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the instructions and information asked for on this form.

According to CCR Title 8 Section 14300.33

Cal/OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by	_____
Title	_____
Phone	_____ Date _____

Information about the employee

- 1) Full Name _____
- 2) Street _____
- City _____ State _____ Zip _____
- 3) Date of birth _____
- 4) Date hired _____
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional

- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ Zip _____
- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness _____
- 12) Time employee began work _____ AM/PM
- 13) Time of event _____ AM/PM Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spayed with chlorine when gasket broke during replacement";

"Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death _____