



## SAN MIGUEL COMMUNITY SERVICES DISTRICT

### INJURY AND ILLNESS PREVENTION PLAN

*"NO JOB IS SO CRITICAL THAT TIME CANNOT BE TAKEN TO DO IT SAFELY"*

#### SECTION I: POLICY STATEMENT

It is the goal of the San Miguel Community Services District ("District") to:

- A.** Establish guidelines and procedures for the maintenance of an on-going Injury and Illness Prevention Plan in compliance with State and Federal laws and regulations;
- B.** Decrease the number of safety and health related accidents, injuries, property damage and losses throughout the District thereby reducing the pain, suffering and associated costs of employee injury and illnesses and reducing the liability exposure due to harm of members of the public; and
- C.** Decrease operating costs through conservation of District property, equipment and facilities.

The District hereby recognizes that a good safety and health program is the key to meeting this goal and that it is the responsibility of the District, department heads and officials, supervisors and employees, to maintain a good safety and health program to control economic losses.

#### SECTION II: RESPONSIBILITIES

**A. District:** It shall be the responsibility of the District to:

1. Provide safe working conditions for its employees. Under no circumstances will the risk of serious injury or death of employees be considered an acceptable risk.
2. Give prime consideration to safety in the design of buildings, facilities and the specifications for equipment.

**B. Risk Manager:**

1. The District's General Manager shall be named Risk Manager and shall have the authority to, and be responsible for, implementing the Injury and Illness Prevention Program.
2. The Risk Manager shall assist departments in developing safety and accident prevention programs and training designed to meet the specific needs throughout the District departments.

**C. Department Heads:** It shall be the responsibility of Department Heads to:

1. Ensure departmental compliance with District policies and procedures, including those set forth in the Injury and Illness Prevention Program;
2. Ensure that safety training within their department is developed and carried through;
3. Ensure that materials, equipment and machines to be used in their department are hazard free or that adequate control measures have been provided. They must make certain that equipment, tools and machinery are being used as designed and are properly maintained; and
4. Ensure departmental compliance with applicable Federal, State or OSHA regulations.

**D. Supervisors:** It shall be the responsibility of Supervisors to:

1. Keep abreast of safety and health regulations affecting the operations they supervise;
2. Encourage the proper attitudes toward safe job performance in themselves and in their subordinates;
3. Train and instruct employees under their direction in general safe and healthy work practices and provide specific instructions with respect to hazards specific to each employee's job assignment;
4. Require all employees to comply with the Occupational Safety and Health Standards and all rules, regulations and orders applicable to their own actions and conduct;
5. Set an example that employees can follow;
6. Make sure appropriate protective equipment and clothing is utilized by employees under their direction;
7. Give clear and concise job instructions;
8. Conduct frequent inspections (at least semi-monthly) to detect equipment in need of repair, replacement, lubrication and cleaning;
9. Correct unsafe and unhealthful conditions within their power;
10. Cooperate with District's Risk Management in investigating promptly and thoroughly every accident to determine cause and to prevent recurrence; and
11. Report immediately to the Fresno District Office, of the Division of Occupational Safety and Health, (559) 445-5302, or contact [DOSHFRE2@dir.ca.gov](mailto:DOSHFRE2@dir.ca.gov) for instructions on how to file reportable injures in accordance with subsection A.2. of Section IV: Incident/Loss Reporting and Investigation.

**E. Employees:** It shall be the responsibility of all employees to:

1. Develop and exercise safe work habits in the course of their work to prevent injuries to themselves, their co-workers, and to preserve and protect the District's materials, equipment and facilities;
2. Discontinue any specific activity that the employee feels or knows could lead to injury, illness or damage to property, and promptly seek guidance from their supervisor regarding the operation;
3. Keep work areas clean and orderly at all times;
4. Use and/or wear all personal protective clothing and equipment needed for a particular job;
5. Observe safe operating procedures for all equipment;
6. Follow proper lifting procedures at all times;

7. Make sure all guards and other protective devices are in proper condition and in their proper place prior to operating any equipment or machinery;
8. Complete any training programs the District deems appropriate and maintain current certification in mandatory training programs required for their job class;
9. Report to their supervisor the existence of any activity, behavior or unsafe condition that could cause injury or illness to others or damage property;
10. In accordance with Section VI: Employee Hazard Report Program, report previously unrecognized hazards that could cause employee injury/illness or death, damage to District property or injury/accident to members of the public on District property;
11. Promptly report any occupational injury, illness or property damage to the Risk Manager and their supervisor; and
12. Comply with the reporting and investigations requirements set forth in Section IV: Incident/Loss Reporting and Investigations.

### **SECTION III: HEALTH, SAFETY AND LOSS CONTROL INSPECTIONS**

**A. Purpose:** The purpose of periodic health, safety and loss control inspections is to identify any risks or occupational health and safety concerns and to correct them, thereby reducing the risk of accident, injury and other forms of loss.

**B. Policies:**

1. The Risk Manager shall inspect, or cause to be inspected, on an annual basis, all District facilities.
2. Each Department shall conduct an in-house self-inspection and evaluation of their facilities and equipment on a semi-annual basis.
3. The District cooperates with the Federal or State government in any Occupational Safety and Health Administration (OSHA) related inspections of the District. The Risk Manager or their designee shall accompany OSHA personnel on any inspections.
4. Employees shall assist and cooperate in all inspections to ensure that all areas are reviewed and that all hazards are identified.

**C. Procedures:**

1. Risk Manager Inspections: Inspections shall be conducted in a manner designated by the Risk Manager, drawing upon the assistance of staff or consultants, as needed. Risk Manager's inspections may address any area of loss control. Upon written notice to correct from the Risk Manager, responsible department heads will have two weeks from receipt to advise the Risk Manager of what action has been taken or will be taken to remove identified hazard.
2. Semi-Annual Department Inspections: On a semi-annual basis, each Department Head or their designee will conduct an in-house self-inspection and evaluation of their facilities and equipment, utilizing applicable inspection forms (attached hereto as **Exhibit 1**). Each item will be completed with a corrective date noted for any "No" answers.

(a) The individual completing the inspection must sign and date said form. The department shall maintain a copy of the report and the original shall be sent to the Risk Manager.

(b) The necessary actions shall then be taken to remove all "No" responses by the corrective date.

3. OSHA Inspections: In the event a State or Federal OSHA inspector visits a District facility or job site, the Risk Manager shall be notified as soon as possible. In accordance with law, these inspections may be made on a "no notice" basis. The affected District department head or supervisor shall:

(a) Notify the Risk Manager and invite him/her to accompany the State or Federal Inspector on the inspection tour when any District building or other facility is being inspected;

(b) Record violations detected by the Inspector for advance planning purposes;

(c) In the event of receipt of a citation, ensure that it is posted on a bulletin board nearest to the violation site until it has been abated;

(1) If the violation is a minor housekeeping problem, the General Manager will have the area cleared or otherwise modified to comply with standards;

(2) If abatement of the citation will require more extensive work, the General Manager will coordinate with appropriate personnel to determine if the job can be done within the abatement period or if an extension of time will be needed.

(d) Ensure that when correction of a violation can be accomplished within the abatement period, it is done without delay;

(e) Notify the Risk Manager when modifications require the expenditure of funds so that appropriate action can be taken;

(f) Prepare any requests for extensions needed, indicating why it is needed and how long the delay will be, with a copy to the Risk Manager;

(g) Prepare timely requests for a variance or for a hearing when the citation is questionable and should be aggrieved; and

(h) Upon actual completion of corrective action, certify by date and signature at the bottom of the citation form that each violation has been abated. Mail form to the State with a copy to the Risk Manager.

#### **SECTION IV: INCIDENT/LOSS REPORTING AND INVESTIGATION**

This policy shall govern general and specific procedures to be followed in incidents resulting in bodily injury or property damage from: 1) industrial accidents; 2) vehicular accidents; 3) incidents involving property; and 4) liability claims.

##### **A. General Procedures For All Incidents:**

1. Any time an incident causes injury that requires treatment by a physician, an Incident Report (attached hereto as **Exhibit 2**) shall be filed with the Risk Manager.

2. In the case of a fatality, or if two or more employees are hospitalized, or if an injury or illness requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement, the immediate Supervisor shall be responsible for immediately reporting the accident to the Risk Manager and the nearest District Office of the Division of Occupational Safety and Health, (559) 445-5302. The report shall include the following information, if available:

- (a) Time and date of accident;
- (b) Employer's name, address and telephone number;
- (c) Name and job title of person reporting the accident;
- (d) Address of site of accident or event;
- (e) Name of person to contact at site of accident;
- (f) Name and address of injured employee;
- (g) Nature of injury;
- (h) Location where injured employee was moved;
- (i) List and identity of law enforcement agencies present at incident site; and
- (j) Description of accident and whether accident scene or instrumentality has been altered.

A written memorandum confirming the report shall be provided Risk Management.

3. Upon request of the District Counsel, through a form that preserves attorney/client privilege, the Risk Manager or their designee shall investigate serious incidents as soon as possible after the incident has occurred. The depth of the investigation shall be commensurate with the severity of the incident.
4. All employees shall fully cooperate and assist in the investigation as needed.
5. Fact finding, not fault finding, shall be emphasized in all investigative proceedings. However, discipline may be a necessary part of corrective action.
6. District employees involved in the incident and/or investigation shall not discuss details with anyone other than the immediate supervisor, Risk Manager, District Counsel, or law enforcement agency.
7. District employees shall refer any request for information, whether oral or written, regarding an incident that may result in liability to the District to Risk Management.
8. District employees shall not admit liability or state the District will take care of damages.
9. District employees shall report to their immediate supervisor(s) and Risk Management all incidents involving bodily injury or property damage as soon as possible and in no event later than the end of the immediate shift.

**B. Specific Procedures:**

1. Industrial Injury - In the event of an on-the-job injury to an employee of the District:
  - (a) The injured employee shall be provided with an Employee's Claim for Workers' Compensation Benefits within one (1) working day of notice or knowledge of the injury. Employee Claim Forms may be obtained from the District General Manager.

It shall be the responsibility of the immediate supervisor to see that this form is provided in a timely manner. This form need not be provided to an employee with a first aid only injury, defined as a one-time treatment of minor scratches, cuts, burns or splinters.

- (b) The immediate supervisor shall be responsible for notifying Risk Management as soon as possible and in no event later than the end of the immediate shift. If the supervisor is unable to reach Risk Management, they shall report the injury to the District General Manager.

(c) A Supervisor's Report of Accident (attached hereto as **Exhibit 3**) shall be completed by the injured employee's immediate supervisor and forwarded to Risk Management within 48 hours of the incident.

(d) The immediate supervisor shall be responsible for having employees who witnessed the injury complete the Employee Witness Report (attached hereto as **Exhibit 4**) and forward to Risk Management within 48 hours of the accident.

(e) An employee injured on the job shall receive full wages for the date of the injury.

(f) The immediate supervisor shall be responsible for reporting to the nearest District Office of the Division of Occupational Safety and Health any reportable injury in accordance with Section V, subsection A. 2.

2. Vehicle Accident - In the event of a vehicle accident:

(a) The driver of the vehicle shall complete the Vehicle Accident Report (attached hereto as **Exhibit 5**). Copies of this form shall be kept in all District vehicles. This form shall be forwarded to Risk Management within 48 hours of the accident.

(b) All minor vehicular collisions (defined as collisions not resulting in bodily injury or serious property damage) involving District vehicles, or personal vehicles used on District business, shall be reported by the involved employee to their immediate supervisor as soon as physically able and in no event later than the end of the immediate shift. The immediate supervisor shall be responsible for notifying Risk Management within 48 hours of the incident.

(c) In the event of an accident that results in bodily injury or serious property damage, the driver of the vehicle shall notify Risk Management as soon as possible and in no event later than the end of the immediate shift.

(d) All collisions involving District vehicles, or personal vehicles on official business, will be reported to and investigated by the appropriate police agency.

(e) The involved employee, if physically able, shall call for a police officer. The employee shall also request that all parties and properties concerned remain at the scene of the accident if possible until a law enforcement representative has released them.

3. Property Damage - In the event of an incident which results in property damage to District property or property owned by third parties:

(a) The employee shall complete the Incident Report (Exhibit 2) and forward to Risk Management within 48 hours of the incident. If the incident results in serious property damage (over \$5,000), the employee shall notify Risk Management by telephone as soon as possible and in no event later than the end of the immediate shift.

4. Liability Claims - In the event of an incident, which may result in litigation against the District:

(a) The employee shall complete the Incident Report (Exhibit 2) and forward to Risk Management within 48 hours of the incident. In the event of a serious incident (death or serious injury to third party), Risk Management shall be contacted immediately by telephone.

## SECTION V: EMPLOYEE HAZARD REPORT PROGRAM

This policy is established to provide a means for individual employees to report (without fear of reprisal) previously unrecognized hazards, which could cause employee injury/illness death, damage to District property or injury/accident to members of the public on District property.

### Responsibilities:

1. The Risk Manager shall maintain a supply of Employee Hazard Report forms (attached hereto as **Exhibit 6**) for use by employees.
2. Each Department Head shall be responsible for keeping an adequate supply of Employee Hazard Report forms in their departments.
3. Department Heads shall be responsible to initiate all necessary action to correct hazards reported in their area of responsibility.

### Procedure:

1. **Employees** who report a hazard shall do so in accordance with the following:
  - (a) Complete the form by describing the hazard and your recommended corrective action.
  - (b) Give the completed forms to your supervisor for corrective action.
  - (c) If corrective action is not considered satisfactory when the report is returned, request that it be elevated to the Risk Manager for review (appeal procedure).
2. **Supervisors** shall be responsible for all hazard reports submitted to them. Your responsibilities are:
  - (a) Within 5 workdays, record on the form your analysis of the reported hazard and the corrective action taken.
  - (b) If necessary, involve upper level supervisors and department management in hazard analysis or corrective action. Notify the reporting employee if response will be delayed and document the reason for the delay and the method of notification.
  - (c) After action is completed, return a copy of the form to the reporting employee and forward the original to the Risk Manager. A copy should be retained in the department's file to be made available upon request.

## SECTION VI: HAZARDOUS MATERIALS

A hazardous material is one which by reason of being explosive, flammable, toxic, poisonous, corrosive, oxidative, irritative, radioactive, infectious or otherwise harmful is likely to cause illness, disease, impairment, disfigurement or loss of function of any part of the body, as well as symptoms and signs of significant adverse effects or damage to employees.

**A.** The Department Head or Supervisor shall be responsible for obtaining from manufacturers, producers or sellers all Safety Data Sheets (SDS) on hazardous materials acquired by and used in their Department. The Department Head is also responsible to ensure that copies of SDS received by their departments are immediately forwarded to the Risk Manager for recordation and retention in the master file in accordance with OSHA regulations.

Safety Data Sheets (SDS): No hazardous substance will be placed in use until Safety Data Sheets have been received and employee training has been conducted. The employee training must be documented by completing the Safety Training Certificate (attached hereto as **Exhibit 7**). Copies of the Safety Data Sheets shall be retained by the user department for reference and display in the work areas.

- (a) List Posted - A list of hazardous substances in use in the work area, specifying the location and manner in which the SDS's are available, will be prominently posted on a bulletin board in major work areas.
- (b) Reference Binders - Binders containing the SDS's for hazardous substances shall be maintained by each department and prominently displayed in major work areas so that employees have access to them.

**B. Labeling:** The Department Head or their designee shall be responsible for ensuring that any hazardous substance placed in use is properly labeled with:

1. Identity of the hazardous substance;
2. Chemical and physical warnings;
3. Name and address of the manufacturer or supplier. If the hazardous substance is placed in another container, e.g., transfer container for use by your employees, the "new" container must be labeled with:
  - (a) Identity of the hazardous substance; and
  - (b) Chemical and physical warnings.

**C. Medical Records and Exposure Records:** In accordance with State regulations, the District shall retain exposure and medical records of employees exposed to toxic substances or harmful physical agents.

1. Access -- A present employee, a former employee, or an employee who has been assigned or transferred to a work area where exposure will or may take place, or the designated representative, are entitled to access all information relating to hazardous substances.
2. Medical Records Retention -- Each exposed employee's medical records shall be preserved and maintained by the District for the duration of employment plus thirty (30) years.
3. Exposure Reporting -- The immediate supervisor of an employee exposed to a hazardous substance shall be responsible for immediately notifying by telephone the Risk Manager. The supervisor shall prepare a written report within two (2) working days after occurrence.
4. Definition of exposure or exposed -- Employee subjection to a toxic substance or harmful physical agent in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.) includes past exposure and potential exposure, but does not include situations where the toxic substance or harmful physical agent is not used, handled, stored, generated, or present in the workplace in any manner different from typical non-occupational situations.

**D. Information and Training:** The Department Head or their designee shall initiate employee training and information programs on specific hazardous substances used in District workplaces.

1. Information: The source document for identification of substances shall be the list of hazardous substances published by the State Director of Industrial Relations. Copies of the hazardous substance list shall be maintained by the Risk Manager and available to employees upon request. The source document

for training and education shall be the Safety Data Sheets. When SDS's are not available for a substance, the Department Head or their designee shall immediately request a SDS from the manufacturer. The Department Head, at his discretion, may direct that training be conducted using the information on the label.

2. Training: All employees shall be trained by the Department Head or their designee within ten days of assignment to a job where hazardous substances are used or where new substances are introduced. Employees shall be informed of:

- operations in their work area where hazardous substances are present;
- location and availability of the Injury and Illness Prevention Programs which contains the hazard communication program;
- methods and observations that may be used to detect the presence or release of a hazardous substance in the work area;
- physical and health hazards of substances in the work area and the measures employees can take to protect themselves from these hazards, including specific procedures the department has implemented to protect employees such as appropriate work practices, emergency procedures and personal protective equipment;
- explanation of the labeling system and SDS and how employees can obtain and use the appropriate hazard information;
- emergency procedures for accidental spills, fire disposal and first aid; the right to personally receive information, if exposures occurs; and,
- the right of the designated representatives or physicians to receive information.

3. Request for Information: Employees and their designated representatives have the right to access relevant exposure and medical records. A written request for such access shall be provided to employee's department head which shall coordinate with Risk Management in providing the information. Nothing in this section shall affect existing legal and ethical obligations concerning the maintenance and confidentiality of employee medical information.

## **SECTION VII: TRAINING**

**A.** Appropriate training benefits far outweigh the time and cost and are essential to maximize the skills and knowledge of employees. The Department Head shall be responsible for assessing the training needs of all employees under their direction. Training shall be provided:

- 1) To all new departmental employees;
- 2) To all employees given a job assignment for which they have not previously received training. If the position is supervisory, such training shall include a familiarization with hazards and risks faced by employees under their direction;
- 3) To all employees whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
- 4) Whenever the Department receives notification of a new or previously unrecognized hazard; and
- 5) Periodically to all employees in general workplace safety, job specific hazards and/or hazardous materials as applicable.

**B.** In addition to on-going job specific training provided by a department head or their designee, additional training programs provided include, but are not limited to:

- 1) Adult CPR, Infant and Child CPR, and Community CPR courses provide training in how to deal with respiratory emergencies such as choking that can lead to cardiac arrest and how to give first aid for a cardiac emergency.
- 2) Standard First Aid courses provide training in helping people in emergencies; including, but not limited to: rescue breathing for adults, CPR for adults, how to control bleeding and give first aid for shock, burns, eye and nose injuries, bites, stings, fractures and diabetic emergencies.
- 3) Back Safe Program provides training in proper lifting, twisting, bending and carrying techniques.
- 4) "Tailgate" Safety Sessions: Cal/OSHA regulations require "tailgate" safety sessions for specified employees. In accordance with these regulations, "tailgate" safety sessions shall be conducted every ten (10) days. The topics for such sessions shall be pertinent to the risks the employees face.
- 5) Driver Awareness instruction is designed to build employees' and volunteers' safety awareness of safe driving habits, both on and off the job.

**C.** The District requires employees to successfully complete, and maintain certification in, any training program mandated by Federal or State statutes or regulations. It is the department head's responsibility to ensure compliance with applicable Federal or State statutes or regulations. The District through the Risk Manager may require employees to successfully complete any additional training deemed appropriate.

**D.** All training programs provided shall be documented by completion of the Safety Training Certificates (Exhibit 7). The Risk Manager shall retain copies of each Safety Training Certificate for each employee.

## **SECTION VIII: PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING**

Effective personal protection is essential for employees who may be exposed to potentially hazardous substances or operations, or who perform jobs that have an inherent injury potential. Employees shall utilize proper personal protective equipment and clothing as deemed appropriate by their supervisor. The District shall supply the following items:

1. Hard hats;
2. Reflective clothing;
3. Sound suppressors;
4. Face shields and goggles;
5. Respirators;
6. Gloves;
7. Rubber boots; and
8. Safety shoes - Employees who are required to wear safety shoes and who have been reimbursed for the cost of such safety shoes shall wear them at all times. Failure to wear safety shoes may result in discipline.

## **SECTION IX: VEHICLE FLEET SAFETY POLICY**

The operation of vehicles is required in many aspects of local government employment. The purpose of the Vehicle Fleet Safety Policy is to ensure that acceptable standards of proficiency and safety are maintained by each public official, department head, and employee who operates a vehicle on District business. For the purposes of Section X, the term "employee" shall include any public official, department head or employee.

### **A. Responsibilities:**

1. Selection of employees who will be required to drive full or part-time shall be done with care and coordinated between the District General Manager and department head.
2. Motor Vehicle Records Check: The District General Manager may run a Motor Vehicle Records Check on any employee or volunteer driving a vehicle on District business. Vehicle Operator Records shall be maintained by the District General Manager.
3. The District General Manager or their designee shall coordinate District Vehicle Fleet Safety and Loss Control programs.
4. The District General Manager or their designee shall be responsible for the maintenance and repair of motor pool vehicles and shall coordinate the maintenance and repair of vehicles with the department head or their designee.

### **B. Guidelines for Use of Vehicles by Employees:**

1. Only District officials and employees may operate or ride in District vehicles.
2. All vehicles used for District business shall be operated in a safe and economical manner and District vehicles shall not be used for activities that may damage the vehicles.
3. Driver's License: All drivers shall have a valid California Driver's license for the vehicle operated and personal vehicle insurance coverage policy in force and effect.
4. Motor Vehicle Laws: All applicable motor vehicle laws shall be adhered to. The driver shall pay fines or penalties levied for violations for which the driver is directly responsible.
5. Authorized Persons: No unauthorized person shall be allowed to either operate or ride in District vehicles. Transporting family members in District vehicles shall be allowed only when an immediate family member is accompanying an employee on official out-of- District business and only upon the prior written approval of the Department Head and District General Manager.

This provision does not prevent the transportation of independent contractors or members of the public in District vehicles when such transportation is provided in accordance with a specific District program and for a public purpose (e.g., water, wastewater, fire and/or lighting transporting members of the public to medical appointments).

6. Seat Belt Use: All District-owned vehicles shall be equipped with seat belts and restraint systems. Private vehicles being used on District business shall also be equipped with seat belts. All persons in a District vehicle or in a private vehicle being used on District business must use seat belts any time the vehicle is in motion. The driver of the vehicle is responsible for ensuring that all occupants of the vehicle are wearing seat belts before the vehicle is put into motion.
7. Personal Liability: Employees may be held personally liable for damage to District equipment and other penalties may be assessed if damage occurs to a District vehicle through negligence or illegal

activity. Employees may also be held personally liable when, outside the course and scope of their employment, they cause damage to other persons or property while driving a District vehicle.

8. Keys shall not be left in unattended vehicles, even when parked in secured enclosures.
9. Personal property such as radios or air conditioners shall not be attached to a District vehicle.
10. All vehicle collisions or property damage accidents will be reported and investigated as per policy.
11. District vehicles shall be used for official use only.
12. Vehicles will be operated only when they are in safe operating condition. Each employee driving a vehicle on business shall inspect the vehicle to ensure that the vehicle is in sound operating condition. A checklist (attached hereto as Exhibit 8) is included in each vehicle.
13. Any employee performing work which requires the operation of a District vehicle or piece of equipment must notify their immediate supervisor in those cases where their license is expired, suspended or revoked; and/or is unable to obtain an operational permit from an appropriate State department or agency. Failure to report an expired, suspended or revoked license shall be cause for disciplinary action.
14. No employee shall drive a District vehicle or piece of equipment unless certified to operate it by the employee's supervisor.
15. Insurance Requirements for Personal Vehicle Use: Any employee using a personal vehicle on District business shall be required to maintain auto liability insurance with minimum coverage levels of \$300,000 combined single limit or \$100,000/person \$300,000/occurrence for bodily injury liability and property liability. In the event of a non-preventable vehicle accident or an accident in which the District employee is not at fault, the District will reimburse the employee's personal deductible to a maximum of \$250.00.

#### C. General Vehicle Policies:

1. Driver's Awareness Training: The District may require that employees or volunteers driving vehicles on District business satisfactorily complete a driver's awareness class.
2. Hearing and Vision Test: The District may require that employees or volunteers driving vehicles on District business satisfactorily complete a yearly hearing and vision test and answer a medical questionnaire.
3. Storage of Vehicles: Except upon prior written approval of the District General Manager and Department Head, District vehicles shall be stored at District yard(s) as designated by District General Manager. An employee may be granted permission to take a District vehicle home overnight when attendance at official District business takes place late at night after normal working hours or early in the morning prior to normal working hours. This policy shall not apply to those departments where alternative storage arrangements are necessary to promote public health and safety.
4. Each driver's privilege to operate a vehicle on official business extends only as long as the driver operates the vehicle in a safe and efficient manner. A record of "preventable" accidents shall be cause for appropriate disciplinary action.
5. Vehicles shall contain appropriate warning and safety devices as needed.
6. All vehicular accidents involving District vehicles or personal vehicles used on District business, no matter how minor, shall be investigated and reported promptly in accordance with Section V: Incident/Loss Investigations.

## **SECTION X: VIOLENCE IN THE WORKPLACE - ANTI-VIOLENCE POLICY**

The District is committed to providing a safe and secure working environment to its public officials and employees, and has established this anti-violence policy.

### **A. DEFINITIONS:**

- **Workplace violence:** any assault or battery, or stalking as prohibited by Penal Code section 646.9 at the workplace. Workplace violence does not include lawful acts of self-defense or defense of others.
- **Abuse:** language that condemns or vilifies usually unjustly, intemperately, and angrily; or physical maltreatment.
- **Battery:** the unlawful touching of another without their consent.
- **Assault:** Any willful attempt or threat to inflict injury upon another person, when coupled with an apparent present ability so to do, and any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm. An assault may be committed without actually touching, or striking, or doing bodily harm to the person of another (e.g., lifting a fist in a threatening manner).
- **Threat:** a knowing and willful statement or course of conduct that would place a reasonable person in fear for their safety, or the safety of their immediate family, and that serves no legitimate purpose.
- **Intimidation:** to make timid or fearful; frighten; to compel or deter by or as if by threats. Such fear must arise from the willful conduct of the accused, rather than from some mere temperamental timidity of the victim; however, the fear of the victim need not be so great as to result in terror, panic or hysteria.

### **B. GENERAL POLICIES:**

Any form of violence is not tolerated, whether obvious and overt, such as physical assault and verbal abuse; or subtle, such as intimidation and threatening body language that are more difficult to quantify. It is mandatory that employees report any instances or threats of workplace violence. Examples include, but are not limited to:

1. Hitting or shoving an individual, or threatening to do so.
2. Verbal abuse in person or by telephone, including voice mail.
3. Written abuse by U.S. mail, intra- or inter-office mail, or by e-mail.
4. Harassing surveillance or stalking.
5. Unauthorized possession or implied use of firearms or any type of weapon.
6. Destruction or threat of destruction of District property.
7. Making either direct or veiled verbal threats of harm (i.e., predicting that bad things are going to happen to a co-employee or supervisor).
8. Words or actions that are extremely unusual, disruptive and/or completely inconsistent with the workplace.

Any violent act or threat against a person's life, health, family, or property, directly or indirectly, regardless of intent, made by or to any District employee is unacceptable. Such act, if caused by a District employee, will result in discipline, up to and including separation from District employment. This policy applies to all

threats or acts of violence made on District property, owned or leased, or which arise out of District employment.

If a violent act results in an injury to a District employee, the District may report the incident to the appropriate law enforcement agency. Nothing in this policy shall be construed as prohibiting an employee from reporting an incident to a law enforcement agency.

C. PROCEDURE: In the event of an incident, the target employee shall, if possible:

1. IMMEDIATE DANGER: Dial 9-1-1 or 9-9-1-1 for emergency assistance. The District is responsible for training employees on how to summon emergency help from their particular offices or work sites.

2. POTENTIALLY VIOLENT SITUATION:

- (a) Stay calm;
- (b) Speak in a calm voice, businesslike, and clearly;
- (c) Be careful of your language - do not be verbally abusive;
- (d) Be non-threatening;
- (e) Keep a distance;
- (f) Attempt to position yourself so that office furniture or other objects separate you and the perpetrator;
- (g) Position yourself so that an exit route is accessible;
- (h) Do not touch the perpetrator;
- (i) Do not attempt to physically disarm a perpetrator holding a weapon;
- (j) Obey the perpetrator's orders when you are physically in danger.

3. POST INCIDENT:

- (a) The target employee shall immediately notify their department head and Risk Manager. If the employee's department head is the perpetrator, the notification shall be made only to Risk Manager.
- (b) A "Workplace Violence Report" (attached as **Exhibit 9**) shall be completed by the target employee and forwarded to Risk Management within twenty-four hours of the incident.
- (c) Upon notification from the target employee and receipt of the "Workplace Violence Report", the Risk Manager shall conduct an investigation. The depth of the investigation shall be commensurate with the severity of the incident.
- (d) The Risk Manager shall make a decision whether to convene the Threat Management Team for review and appropriate action. The Risk Manager may request assistance from one or more members of the Threat Management Team without convening the entire Team.
- (e) The Risk Manager's findings shall be put in writing. Copies of said findings shall be provided to affected employees.
- (f) To the extent possible, confidentiality of the facts and circumstances surrounding an incident of workplace violence will be maintained. All employees involved in the incident and/or

investigation, whether the target employee, perpetrator or witnesses, shall not discuss the incident with anyone other than the Risk Manager, District Counsel, or Threat Management Team. Any requests for information, whether verbal or written, shall be referred to Risk Management.

## **SECTION XI: ERGONOMICS**

Ergonomics is the science of fitting workplace conditions and job demands to the capabilities of employees. Ergonomics principles are used to improve the “fit” between the worker and workplace using worksite evaluation, engineering controls, administrative controls and training.

### **A. DEFINITIONS:**

**Administrative Controls:** Policies or work practices that prevent or minimize exposure to risk factors (i.e., job rotation, mini-breaks, varying work tasks, limiting overtime).

**Engineering Controls:** Improving the physical design of the workstation or work area, providing necessary equipment and accessories, changing the way a job is done, or adjusting the workstation layout and equipment.

**Musculoskeletal Disorders, Repetitive Motion Injuries (RMIs):** Clinically diagnosed repetitive injury of the muscles, tendons, ligaments, peripheral nerves, joints, cartilage, bones and/or supporting vessels in either the upper/lower extremities or back, which are associated with ergonomic risk factors and which are not the result of acute or instantaneous events.

**Worksite Evaluation:** Safety and health review that identifies jobs and workstations that may contain musculoskeletal hazards, the risk factors that pose the hazards, and the causes of the risk factors.

### **B. RESPONSIBILITIES:**

**Department Heads and Supervisors:**

1. Ensure implementation of the ergonomics program within their Department;
2. Provide corrective action as necessary and practical to modify or replace equipment, machinery and tools which are found to create RMIs;
3. To the extent feasible, ensure employees are provided with and use appropriate tools, equipment and materials that minimize the risk of RMIs;
4. Implement to the extent possible administrative controls to limit the risk of RMIs within their department;
5. Implement to the extent possible engineering controls to limit the risk of RMIs within their department.

**Employees:**

1. Follow procedure to ensure equipment is properly maintained in good condition;
2. Attend ergonomic training as required and apply the knowledge and skills acquired to actual job tasks or work activities;
3. Utilizing the Injury or Illness Incident Report (Exhibit 2), report signs and symptoms of RMIs and perceived work related hazards to supervision.
4. Report damaged, malfunctioning tools and equipment or materials to supervision.

### **C. WORKSITE EVALUATION:**

1. Worksite evaluations shall be conducted when a job, process or operation has caused a RMI diagnosed by a licensed physician to more than one employee performing a job process or operation of identical work activity (e.g., word processing), and occurring within a twelve-month period.
2. Worksite evaluations shall be conducted when employees have reported signs and symptoms of RMIs to supervision.
3. Department Heads shall designate a supervisor responsible for conducting worksite evaluations within their department. Such supervisor shall work with the Risk Manager or their designee in conducting such evaluation.

### **D. TRAINING:**

Employees shall receive training that includes:

1. The Ergonomics Program;
2. Exposures that have been associated with RMIs;
3. The symptoms and consequences of injuries caused by repetitive motion;
4. The importance of reporting symptoms and injuries to their supervisor;
5. Methods used to minimize RMIs.

### **E. RECORDKEEPING:**

Accurate records will be maintained by Risk Management of:

1. Reports from employees of symptoms of RMIs and any perceived work related ergonomic risks;
2. Ergonomic worksite evaluations conducted in the workplace;
3. Prevention or control measures implemented to prevent or minimize exposure to work related ergonomic risk factors; and
4. Training records.

## **SECTION XII: EMERGENCY EVACUATION PROCEDURES**

The following evacuation procedures can be used for a variety of events such as fire, bomb threat, and earthquake. It is the responsibility of all District personnel to be familiar with the general evacuation procedure for their location. During an evacuation, all District personnel must assist members of the public, visitors and contractors to exit the premises. The San Miguel Fire Department and Facilities have implemented specific evacuation procedures for their facilities and personnel of those facilities must be familiar with those procedures.

### **A. Responsibilities (Department Head):**

1. Department Heads shall be responsible for appointing an Evacuation Coordinator at each separate location. Department Heads and Evacuation Coordinators shall oversee the evacuation of their own department.

2. Department Heads shall be responsible for assessing whether any employee requires assistance in an evacuation. If an employee requires assistance, the Department Head shall assign at least two employees to assist in the event of an evacuation or other emergency that may occur.
3. Department Heads and/or the departmental Evacuation Coordinator are responsible for making sure all employees are accounted for at the assembly area. The assembly areas are set forth on **Exhibit 10**
4. Department Heads are responsible for conducting emergency evacuation drills on an annual basis.

**B. Responsibilities (Employees):**

1. If an evacuation alarm sounds or it becomes necessary to evacuate due to smoke, a bomb threat, or other emergency, evacuate immediately in a safe and orderly manner and walk to your assembly area (Exhibit 10).
2. Know the location of the nearest emergency exit in all areas you may enter.
3. Assist any employee who is disabled.
4. Assist visitors who are on District property during emergencies.
5. Do not use elevators.
6. Stay assembled by department until further instructions are received.

**SECTION XIII: BOMB THREAT PROCEDURE**

**A. Receiving a Bomb Threat by Telephone:**

1. Remain calm and be courteous. Listen, do not interrupt the caller. Keep the caller talking. If the caller seems agreeable to conversation, ask questions like the following and write down their responses.
  - a. What kind of bomb or device is it?
  - b. How many devices did you place?
  - c. When will it/they go off? At a certain hour?
  - d. How much time remains until it goes off?
  - e. Where is it located?
2. Use the Threatening Call Checklist (attached hereto as **Exhibit 11**) to record information concerning the bomb threat. Provide this checklist to law enforcement when they arrive.
3. If possible, pass a note to another employee asking them to contact law enforcement while on the telephone with the individual making the bomb threat. If not possible, the employee receiving the bomb threat shall immediately contact law enforcement by dialing 9-911 or 911.
4. Evacuate the building in accordance with the Evacuation Procedure.
5. Re-enter the building **ONLY AFTER** clearance from law enforcement.

**B. Receiving or Discovering a Suspicious Object or Package:**

1. Letters and Parcel Bomb Recognition Points:
  - Foreign mail, airmail, and/or special delivery.
  - Excessive postage.

- Handwritten or poorly typed address.
- Incorrect titles or title but no name.
- Misspellings of common words.
- Oily stains, discolorations or odors.
- No return address.
- Excessive weight.
- Lopsided or uneven envelope.
- Protruding wires or aluminum foil.
- Excessive security material such as masking tape, string, etc.
- Visual distractions or ticking sound.
- Marked with restricted endorsements such as “Personal” or “Confidential.”
- Parcel or letter that is left outside the door or placed in an office that cannot be identified and nobody knows where it came from.

2. Protocol:

- Do not attempt to touch or move the object.
- Notify law enforcement by dialing 9-911 or 911.
- Do not change your environment (e.g., do not answer the telephone or turn lights off).
- Evacuate the building in accordance with the Evacuation Procedure.
- Re-enter the building ONLY AFTER clearance from law enforcement.

**SECTION XIV: ANTHRAX AND OTHER BIOLOGICAL AGENT THREATS:**

**A. Handling of Suspicious Packages or Envelopes**

1. Identifying Suspicious Package or Envelope: Inappropriate or Unusual Labeling:

- Excessive postage.
- Handwritten or poorly typed addresses.
- Misspellings of common words.
- Strange return address or no return address.
- Incorrect titles or title without a name.
- Not addressed to a specific person.
- Marked with restrictions, such as “Personal,” “Confidential,” or “Do not x-ray.”
- Marked with any threatening language.
- Postmarked from a city or state that does not match the return address.

Appearance:

- Powdery substance felt through or appearing on the package or envelope.
- Oily stains, discolorations, or odor.
- Lopsided or uneven envelope.
- Excessive packaging material such as masking tape, string, etc.

Other Suspicious Signs:

- Excessive weight.

- Ticking sound.
- Protruding wires or aluminum foil.

If a package or envelope appears suspicious, DO NOT OPEN IT.

2. Protocol for Handling Suspicious Packages or Envelopes:

- Do not shake or empty the contents of any suspicious envelope or package.
- Do not carry the package or envelope, show it to others or allow other to examine it.
- Put the package or envelope down on a stable surface; do not sniff, touch, taste, or look closely at it or at any contents that may have spilled.
- Cover the envelope or package with anything (e.g., clothing, paper, trash can, etc.) and do not remove the cover.
- Alert others in the area about the suspicious package or envelope. Leave the area, close any doors, and take actions to prevent others from entering the area. If possible, shut off the ventilation system.
- WASH hands with soap and water to prevent spreading potentially infectious material to face or skin. Seek additional instructions for exposed or potentially exposed persons.
- Notify law enforcement, your supervisor, and the Risk Manager.
- If possible, create a list of persons who were in the room or area when this suspicious letter or package was recognized and a list of persons who also may have handled this package or letter. Give this list to your supervisor, Risk Manager and law enforcement agency.

3. Envelope or Package with Powder and Powder Spills Out onto Surface:

- DO NOT try to clean up the powder. COVER the spilled contents immediately with anything (e.g., clothing, paper, trash can, etc.) and do not remove this cover.
- Leave the room and close the door, or section off the area to prevent others from entering.
- Wash your hands with soap and water to prevent spreading any powder to your face.
- Report the incident to law enforcement, your supervisor and Risk Management.
- Remove heavily contaminated clothing as soon as possible and place in a plastic bag or other container that can be sealed. This bag should be given to the emergency responders for proper handling.
- Shower with soap and water as soon as possible.
- If possible, list all people who were in the room or area, especially those who had actual contact with the powder. Give this list to Risk Management and law enforcement.

4. Evacuation Procedure:

- All employees shall in a safe and orderly manner exit the building. However, employees shall remain in the vicinity of the building until released by Public Health and Law Enforcement.
- The employee(s) who handled the envelope or package or were in the immediate vicinity of the envelope or package shall exit the building in a safe and orderly manner, but shall separate themselves from other employees who were not in the immediate vicinity of the envelope or package. All employees shall not leave until released by Public Health and Law Enforcement.

## **SECTION XV: HEAT ILLNESS PREVENTION**

These guidelines apply to employees that are exposed to environmental risk factors for heat illness.

### **A. DEFINITIONS:**

- **Acclimatization:** Temporary adaptation of the body to work in the heat that occurs gradually when a person is exposed to it. Acclimatization peaks in most people within four to fourteen days of regular work for at least two hours per day in the heat
- **Heat Illness:** A serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion, heat syncope and heat stroke.  
**Environmental Risk Factors for Heat Illness:** Working conditions that create the possibility that heat illness could occur, including air temperature, relative humidity, radiant heat from the sun and other sources, conductive heat sources such as the ground, air movement, workload severity and duration, protective clothing and personal protective equipment worn by employees.
- **Personal Risk Factors for Heat Illness:** Factors such as an individual's age, degree of acclimatization, health, water consumption, alcohol consumption, caffeine consumption, and use of prescription medication that affect the body's water retention or other physiological responses to heat
- **Preventative Recovery Period:** A period of time to recover from the heat in order to prevent heat illness
- **Shade:** Blockage of direct sunlight. Canopies, umbrellas and other temporary structures or devices may be used to provide shade. One indicator that blockage is sufficient is when objects do not cast a shadow in the area of blocked sunlight. Shade is not adequate when heat in the area of shade defeats the purpose of shade, which is to allow the body to cool. For example, a car sitting in the sun does not provide acceptable shade to a person inside it, unless the car is running with air conditioning.

**B. ACCLIMATIZATION:** The ability to acclimatize varies among workers. Generally, individuals in good physical condition acclimatize more rapidly than those in poor condition. Approximately one week of gradually increasing the workload and time spent in the hot environment will usually lead to full acclimatization. On the first day the individual performs 50 percent of the normal workload and spends 50 percent of the time in the hot environment. Each day, an additional 10 percent of the normal workload and time is added; so that by day six, the worker is performing the full workload for an entire day. The exposure time should be at least two hours per day for acclimatization to occur.

**C. PROVISION OF WATER:** The District will provide access to potable drinking water for employees. When environmental risk factors for heat illness exist, water shall be provided in sufficient quantity at the beginning of the work shift to provide one quart per employee per hour for drinking for the entire shift (one gallon every four hours). Employees may begin the shift with smaller quantities of water if they have effective procedures for replenishment during the shift as needed to allow employees to drink one quart or more per hour. The frequent drinking of water shall be encouraged. Employees are also encouraged to begin drinking water prior to work.

**D. ACCESS TO SHADE:** Employees suffering from heat illness, or believing a preventative recovery period is needed, shall be provided access to an area with shade that is either open to the air or provided with

ventilation or cooling for a period of no less than five minutes. Such access to shade shall be permitted at all times. Examples of shade areas are offices or shop buildings or vehicles with air conditioning.

When working in remote areas where shade is not readily available, supervisors shall ensure that vehicles with operative air conditioners are available at the remote worksite or an alternative device (canopy, umbrella) is available at the remote worksite.

#### E. HEAT ILLNESS SYMPTOMS AND FIRST AID:

##### 1. Heat Cramps:

- Symptoms: Painful spasms, usually in leg and abdominal muscles; heavy sweating.
- First Aid: Get the victim to a cooler location. Lightly stretch and gently massage affected muscles to relieve spasms. Give sips of up to a half glass of cool water every 15 minutes (do not give liquids with caffeine or alcohol). Discontinue liquids if victim is nauseated.

##### 2. Heat Syncope:

- Symptoms: Faintness, dizziness, headache, increased pulse rate, restlessness, nausea, vomiting, brief loss of consciousness.
- First Aid: Get the victim to lie down in the shade or cool area, elevate the feet, drink fluids, and refrain from vigorous activities.

##### 3. Heat Exhaustion:

- Symptoms: Heavy sweating, but skin may be cool, pale or flushed; weak pulse. Normal body temperature is possible, but temperature will likely rise. Fainting or dizziness, nausea, vomiting, exhaustion and headaches are possible.
- First Aid: Get victim to lie down in a cool place. Loosen or remove clothing. Apply cool, wet clothes. Fan, or move victim to air-conditioned place. Give sips of water if victim is conscious. Be sure water is consumed slowly. Give half a glass of cool water every 15 minutes. Discontinue water if victim is nauseated. Seek immediate medical attention if vomiting occurs.

##### 4. Heat Stroke:

- Symptoms: High body temperature (105+); hot, red, dry skin; rapid, weak pulse; and rapid shallow breathing. Victim will probably not sweat unless victim was sweating from recent strenuous activity; possible unconsciousness.
- First Aid: Call 911 or emergency medical services immediately or immediately get the victim to a hospital. Delay can be fatal. Move victim to a cooler environment. Remove clothing. Try a cool bath, sponging, or wet sheet to reduce body temperature. Watch for breathing problems.

F. TRAINING: Training in the following topics shall be provided to all supervisory and non-supervisory employees who have exposure to environmental risk factors for heat illness.

- Environmental and personal risk factors for heat illness;
- The District's policy for dealing with heat illness;

- The importance of frequent consumption of small quantities of water, up to 4 cups per hour under extreme conditions of work and heat;
- The importance of acclimatization;
- The different types of heat illness and the common signs and symptoms of heat illness;
- The importance of immediately reporting to the employer, directly or through the employee's supervisor, symptoms or signs of heat illness in themselves or in co-workers;
- The procedures for responding to symptoms of possible heat illness;
- Procedures for contacting emergency medical services and if necessary for transporting employees to a point where they can be reached by emergency medical services;
- How to provide clear and precise directions to the worksite.

In addition to the training set forth above, supervisors who are assigned to the supervision of employees working in the heat, shall be trained regarding the procedures necessary to implement the heat illness policy and the procedures the supervisor is to follow when an employee exhibits symptoms consistent with possible heat illness including emergency response procedures.

## **SECTION XVI: DISCIPLINE**

Appropriate disciplinary action may be imposed upon an employee whenever reasonable cause exists justifying such disciplinary action. Any disciplinary action warranted shall be in accordance with the Personnel Policies, Rules and Regulations of the San Miguel Community Service District. The employee retains the right to challenge the disciplinary action through the regular grievance procedure.

## EXHIBIT 1 Department Inspection Form

Use this checklist to help you identify and prevent workspace and surface hazards in your workplace. Once all items have passed final inspection, keep the final checklist (with the latest date) as a record of passed inspection for five years after the completion date. If any of the inspection options do not apply, cross them off the list.

**Inspection Date:** \_\_\_\_\_

- Inspection Type:**
- Initial  Post-Incident
- Periodic  Change in Process
- Final (upon completion of correction action – **keep only this copy in the file**)

### General Safe Work Practices

- | Pass                     | Fail                     |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are office work sites clean and orderly?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are work surfaces kept dry or are appropriate means taken to ensure the surfaces are slip-resistant?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are covered metal waste cans used for oily and paint-soaked waste?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all work areas adequately illuminated?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all spilled materials or liquids cleaned up immediately?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are combustible scrap, debris and waste stored safely and removed promptly from the work areas?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all oil- and gas-fired devices equipped with flame failure controls that will prevent flow of fuel if pilots or main burners are not working? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all floor openings covered or otherwise guarded?  |

**Corrective Action Required** (list action to be taken, by whom and by what date)

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### Walkways

- | Pass                     | Fail                     |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are aisles and passageways kept clear?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Are aisles or walkways that pass near moving or operating machinery arranged so employees will not be subjected to potential hazards?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Is adequate headroom provided for the entire length of any aisle or walkway?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are bridges provided over conveyors and similar hazards?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are aisles and walkways marked as appropriate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are materials or equipment stored in such a way that sharp projections will not interfere with the walkway?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 30-inches above any adjacent floor or the ground? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are changes of direction or elevation readily identifiable?  |

**Corrective Action Required** (list action to be taken, by whom and by what date)

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### Floor and Wall Openings

Pass      Fail

- Are floor openings guarded by a cover, guardrail or equivalent on all sides (except at entrances to stairways and ladders)?
- Are skylight screens of such construction and mounting that they will withstand a load of at least 200 pounds?
- Are grates or similar type covers over floor openings of such design that foot traffic or rolling equipment will not be affected by the grate spacing?
- Is the glass in windows, doors and glass walls of sufficient thickness and type for the condition of use?
- Are toeboards installed around the edges of permanent floor openings (where persons may pass below the opening)?

**Corrective Action Required** (list action to be taken, by whom and by what date)

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### Stairs and Stairways

Pass      Fail

- Are standard handrails used on all stairways having four or more risers?
- Do stairs have at least a 6'6" overhead clearance?
- Are step risers on stairs uniform from top to bottom, with no riser spacing greater than 7.5 inches?
- Where stairs or stairways exit directly into any areas where vehicles may be operated, are adequate barriers and warnings provided to prevent employees stepping into the path of traffic?
- Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads?
- Is the vertical distance between stairway landings limited to 12 feet or less?
- Are all stairways at least 22 inches wide?
- Do stairs angle no more than 50 and no less than 30 degrees?
- Are steps on stairs and stairways designed with a surface that renders them slip-resistant?
- Do stairway handrails have at least 1.5 inches of clearance between the handrail and the wall or surface they are mounted on and capable of withstanding a load of 300 pounds applied in any direction?
- Do stairway landings have a dimension measured in the direction of travel, at least equal to the width of the stairway?

**Corrective Action Required** (list action to be taken, by whom and by what date)

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### Elevated Surfaces

Pass      Fail

- Are signs posted, when appropriate, showing the elevated surface load capacity?
- Are dock boards or bridge plates used when transferring materials between docks and trucks or rail cars?
- Are surfaces elevated more than 30 inches above the floor or ground provided with standard guardrails?

Pass      Fail

- Is a permanent means of access and egress provided to elevated storage and work surfaces?
- Are all elevated surfaces (beneath which people or machinery could be exposed to falling objects) provided with standard 4-inch toeboards?
- Is required headroom provided where necessary?
- Is material on elevated surfaces piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading?
- Is there a means (i.e., crossover) to allow employees to safely cross over a horizontal belted or live roller conveyor without the employees' feet coming into contact with moving or movable elements of the conveyor?
- Is there a means (i.e. crossover) to allow employees to safely crossover or cross a horizontal belted or live roller conveyor without the employee's feet coming into contact with moving or movable elements of the conveyor?

**Corrective Action Required** (list action to be taken, by whom and by what date)

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### Workstations

Pass      Fail

- Are computer video display terminals (VDTs) positioned and movable to afford operator comfort?
- Is there excessive screen glare due to background lighting on VDT screens? Are filters available if requested by employees?
- Do employees complain of eyestrain or fatigue?
- Are keyboards moveable to allow operators to find comfortable positions?
- Are wrist rests and other protective devices available?
- Are chairs and other work station furniture capable of being adjusted to accommodate person dimensions and comfort preferences?
- Are any employees complaining of physical discomfort due to a workstation or repetitive task problem?

**Corrective Action Required** (list action to be taken, by whom and by what date)

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### Exiting or Egress

Pass      Fail

- Are all exits kept free of obstructions?
- Are all exits marked with an exit sign and illuminated by a reliable light source?
- Are doors, passageways or stairways that are neither exits nor access to exits and which could be mistaken for exits appropriately marked "NOT AN EXIT," "STOREROOM" and the like?
- Are exit signs provided with the word "EXIT" in lettering at least 5-inches high and the stroke of the lettering at least 1/2 inch wide?

Pass      Fail

- Is the number of exits from each floor of a building, and the number of exits from the building itself appropriate for the building occupancy load?
- When ramps are used as part of required exiting from a building, is the ramp slope limited to 1 foot vertical and 12 feet horizontal?
- Are there sufficient exits to permit prompt escape in case of emergency?
- Are the directions to exits, when not immediately apparent, marked with visible signs?
- Are exit stairways that are required to be separated from other parts of a building enclosed by at least two-hour fire-resistive construction in buildings more than four stories tall, and not less than one-hour fire-resistive construction elsewhere?
- Are there at least two means of egress provided from elevated platforms, pits or rooms where the absence of a second exit would increase the risk of injury from hazardous substances?
- Are special precautions taken to protect employees during construction and repair operations?
- When exiting will be through frameless glass doors, glass exit doors, storm doors and such, are the doors fully tempered and designed to meet the safety requirements for human impact?

**Corrective Action Required** (list action to be taken, by whom and by what date)

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**Exit Doors**

Pass      Fail

- Are doors that are required to serve as exits designed and constructed so that the way of exit travel is obvious and direct?
- Can exit doors be opened from the direction of exit travel without use of a key or any special knowledge or effort when the building is occupied?
- Are windows that could be mistaken for exit doors made inaccessible by means of barriers or railings?
- Is a revolving, sliding or overhead door prohibited from serving as a required exit door?
- Where exit doors open directly onto any street, alley or other area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees from stepping into the path of traffic?
- Where panic hardware is installed on a required exit door, will it allow the door to open by applying a force of 15 pounds or less in the direction of exit traffic?
- Are doors on cold storage rooms provided with an inside release mechanism that will release the latch and open the door even if it's padlocked or otherwise locked on the outside?
- Are doors that swing in both directions and located between rooms where there is frequent traffic provided with viewing panels in each door?

**Corrective Action Required** (list action to be taken, by whom and by what date)

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**Environmental Controls**

- | Pass                     | Fail                     |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are all work areas properly illuminated?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the HVAC system provide at least the quantity of outdoor air required by the state Building Standards Code, Title 24, Part 2 at the time the building was constructed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are inspection records retained for at least 5 years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the work area's ventilation system appropriate for the work being performed? Is the  |
| <input type="checkbox"/> | <input type="checkbox"/> | HVAC system inspected at least annually, and problems corrected?  |

**Corrective Action Required** (list action to be taken, by whom and by what date)

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**EXHIBIT 2**  
**Report of Occupational Injury or Illness**

[See CalOSHA Form on the Following Page]

State of California <b>EMPLOYER'S REPORT OF OCCUPATIONAL INJURY/ILLNESS</b>		Please complete in triplicate (type if possible) Mail two copies to: 2024-01-25 25 2024 - Version 2		OSHA CASE NO.		
				FATALITY <input type="checkbox"/>		
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within <b>five days</b> of knowledge every occupational injury or illness which results in lost time beyond the date of the incident <b>OR</b> requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within <b>five days</b> of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be <b>reported immediately</b> by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.				
EMPLOYER	1. FIRM NAME		1a. Policy Number		Please do not use this column	
	2. MAILING ADDRESS: (Number, Street, City, Zip)		2a. Phone Number			CASE NUMBER
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)		3a. Location Code			OWNERSHIP
	4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.		5. State unemployment insurance acct.no			
	6. TYPE OF EMPLOYER: Private                      State                      County                      City                      School District <input type="checkbox"/> Other Gov't, Specify: _____				INDUSTRY	
	7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)		8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM		9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM	
10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)		11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? Yes                      No		12. DATE LAST WORKED (mm/dd/yy)		
13. DATE RETURNED TO WORK (mm/dd/yy)		14. IF STILL OFF WORK, CHECK THIS BOX:		15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? Yes                      No		
16. SALARY BEING CONTINUED? Yes                      No		17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)		18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)		
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning				AGE		
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)		20a. COUNTY		21. ON EMPLOYER'S PREMISES? Yes                      No		
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.		23. Other Workers injured or ill in this event? Yes                      No		DAILY HOURS		
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold				DAYS PER WEEK		
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.				WEEKLY HOURS		
26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY				WEEKLY WAGE		
				COUNTY		
				NATURE OF INJURY		
				PART OF BODY		
				SOURCE		
				EVENT		
				SECONDARY SOURCE		
35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)						
37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours		37a. EMPLOYMENT STATUS regular, full-time                      part-time temporary                      seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED		
38. GROSS WAGES/SALARY \$ _____ per _____		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? Yes                      No		EXTENT OF INJURY		
Completed By (type or print)		Signature & Title		Date (mm/dd/yy)		

## EXHIBIT 3 Supervisor's Report of Accident

**I. INJURED/ILL EMPLOYEE**

Name:	Job Title:							
Address:	City:	State:	Zip:					
Home Phone No: (      )	Department:	Ext:						
Work Phone No: (      )	Usual schedule:	am / pm. TO:	am / pm					
# hrs Usually works:	Work days:	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Direct Supervisor:	Ext:							

**II. FACTS RELATED TO INJURY/ILLNESS**

Date/time of injury or onset of illness:    /    /    at :    am / pm	Any witness(es)?    No    Yes*	
	<u>*Witness Name(s)</u>	<u>Phone No.</u>
Date/time the employee began work:    /    /    at :    am / pm		
Date of supervisor's knowledge or notice of injury/illness:    /    /		
Where on campus did injury/illness occur (department/room/location outside):		
Were other employees injured?    Yes    No    If yes, who?	Was an outside agency/person responsible?    Yes    No If so, who?	
Did injury/illness result in First Aid?    Yes    No	If employee died, date/time of death:	
Specific injury/illness and part(s) of body affected: (i.e., broken finger on <u>right</u> hand, tendonitis in <u>left</u> elbow, etc.)		
What was employee doing when event occurred? (i.e., lifting, keyboarding, loading boxes on truck, cleaning classroom, driving tractor, etc.)		
What office equipment, chemicals, or tools was employee using when the event occurred (i.e., computer equipment, tools, machinery)?		
Describe how injury/illness occurred. If more space is needed, please attach separate sheet of paper:		
Could anything be done to prevent injuries/illnesses of this type?    What course of action do you propose?		

Signature of Supervisor

Date

**EXHIBIT 4**  
**Employee Witness Report**

[See CalOSHA Form on the Following Page]





## EXHIBIT 5 Vehicle Accident Report

<b>This report is to be completed if you are in an accident while driving a District vehicle or while driving your personal vehicle on District business.</b>		
1. Date Report Prepared	2. Information Supplied By	3. Employer Name
4. Employer Phone Number	5. Date of Accident	6. Time of Accident
7. Location of Accident (city, state, cross streets, etc.)		

### DRIVER AND VEHICLE INFORMATION

DISTRICT VEHICLE		OTHER VEHICLE OR PROPERTY	
8. Name of Driver	9. Driver's DOB	20. Name of Driver	21. Driver's DOB
10. Driver's Address		22. Driver's Address	
11. Driver's Telephone No.	12. Driver's License No.	23. Driver's Telephone No.	24. Driver's License No.
13. District Vehicle Number (if applicable)		25. Vehicle owner's name and address (if different)	
14. Purpose for which vehicle was being used		Insurance company	
		Insurance agent name address and phone number	
15. Year, Make, and Model of Vehicle	16. License Plate No. and State	26. Year, Make, and Model of Vehicle	27. License Plate No. and State
17. Vehicle Identification No.	18. <input type="checkbox"/> District Vehicle <input type="checkbox"/> Personal Vehicle	28. Describe the Damage to the Vehicle	
19. Describe the Damage to the Vehicle			

### INJURED

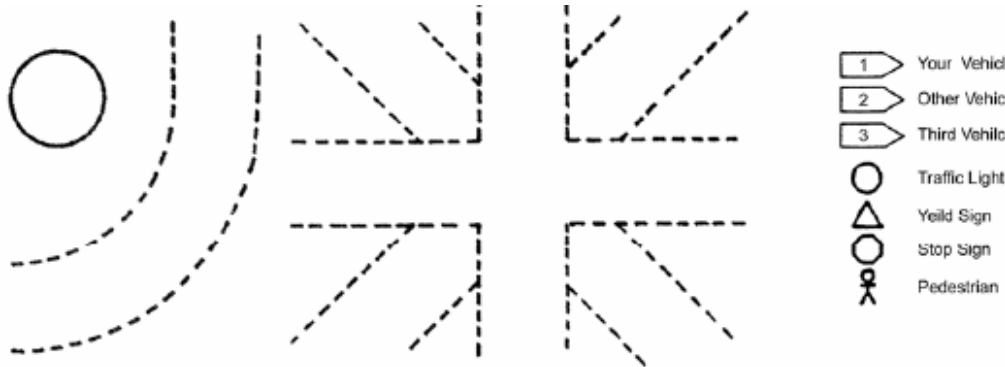
Name	Address	Phone Number
29.		
30.		
31.		

### WITNESSES OR PASSENGERS

Name	Address	Phone Number
32.		
33.		
34.		

Use one of these outlines to sketch the scene of your accident. Show names of streets, direction and position of the automobiles, and point of contact. Use a solid line to show the path before the accident and a dotted line to show the path after the accident.

Indicate North with an arrow in the circle



#### LIGHT

(check one)

- Dawn       Daylight
- Darkness- street lights
- Darkness-no street lights
- Dusk

#### ROAD CHARACTER

(check one)

- Level                       Curve
- Hillcrest                 Straight
- On grade

#### WEATHER

(check one)

- Clear                       Raining
- Snowing                 Fog

#### ROADSURFACE

(check one)

- Dry                         Muddy
- Wet                        Icy
- Snowy

35. Law enforcement agency notified

36. Case number

37. Citation issued, to whom and for what reason

38. Brief description of accident (give speeds, violations, etc.)

I authorize the release to my employer of all records relevant to this accident. It is understood that my employer will use the information to verify who was at fault and determine my eligibility for appropriate benefits. This authorization also applies to insurance companies, workers' compensation carriers, and organizations administering benefit programs. This authorization will remain in effect throughout the investigation of this accident. A photocopy of this authorization will be as valid as the original.

Employee Name

Date

Employee Signature

## EXHIBIT 6 Employee Hazard Report

<b>Employee Hazard Information</b>	<b>1. Date of Hazard Report:</b>	<b>2. Location of Hazard:</b>
	<b>3. Employee Name: (Optional)</b>	<b>4. Name of Supervisor Hazard Report Submitted to:</b>
	<b>5. Describe the hazard: (Attach additional pages, details, documents, photos, etc.)</b>	
	<b>6. Corrective action: (Propose a solution to remove or reduce the hazard)</b>	
	<b>For Supervisor Use</b>	
	<b>7. Review the Employee Hazard Report procedure to obtain applicable timelines and complete this form. Investigate and analyze the reported hazard. Review your conclusions with your manager and Risk Manager or designee. Record your analysis and response below:</b>	
<b>Supervisor Use Only</b>	<b>8. Manager's Name:</b>	<b>9. Date reviewed with Manager:</b>
	<b>10. Department Safety Coordinator's Name:</b>	<b>11. Date reviewed with Safety</b>
	<b>12. Responding Supervisor:</b>	<b>13. Date response to employee: (if not</b>

**EXHIBIT 7**  
**Safety Training Certificate**

Name of Trainer: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Training Materials Used:

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

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

Date of Hire: \_\_\_\_\_

I, the undersigned employee, hereby certify that I have received training in the following areas:

- The potential occupational hazards in general in the work area and associated with my job assignment.
- The Hazardous Materials Policy, 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 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 the employer will use to enforce compliance with Hazardous Materials Policy.

**I understand this training and agree to comply with the Hazardous Materials Policy for my work area.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EXHIBIT 8 Vehicle Inspection Checklist

<b>VEHICLE INSPECTION</b>					
<b>Exterior Inspection (360 Walk-around)</b>	Yes	No	N/A	Date Corrected	Comments
Is the vehicle exterior free of visible damage?					
Are there any signs of fluid leakage underneath vehicle?					
Is the vehicle clean in appearance?					
Are all four tires properly inflated to proper PSI?					
Is the tire tread depth and tread wearing acceptable?					
Are wiper blades adequate?					
<b>Interior Inspection</b>	Yes	No	N/A	Date Corrected	Comments
Is the vehicle's interior clean of debris?					
Is the interior of the vehicle free of visible damage?					
Are safety belts working properly?					
Is a first aid kit available?					
Is an emergency/accident kit available?					
Is the vehicle registration easily accessible?					
Is the vehicle insurance information accessible?					
Is a spare tire available and inflated?					
Is there a jack system available?					
Is the owner's manual available?					
<b>Operating Inspection</b>	Yes	No	N/A	Date Corrected	Comments
Are the headlights working?					
Are the taillights working?					
Are the brake lights working?					
Are the back-up lights working?					
Are the interior lights working?					
Are the windshield wipers working properly?					
Is the horn working?					
Are the proper mirrors available? (Rearview, side, instructor)					
Is the parking brake working?					
Do the turn signals work?					
Is the sun visor operable?					
Does the heating/cooling system work properly?					

<b>Under-the-hood Inspection</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date Corrected</b>	<b>Comments</b>
Is the engine oil within range?					
Is the windshield wiper fluid within range?					
Is the power steering fluid within range?					
Is the transmission fluid within range?					
Is the brake fluid within proper levels?					
Is the coolant within proper levels?					
Do all belts appear in good condition?					

**List any discrepancies during inspection:**

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**Additional Comments:**

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**EXHIBIT 9**  
**Workplace Violence Incident Report**

If you have experienced an incident you believe to be threatening or violent, complete the following and give this form to your supervisor.

Employer: \_\_\_\_\_

Name of individual completing form: \_\_\_\_\_

1. Date of incident: \_\_\_\_\_

2. Time of incident: \_\_\_\_\_

3. Who was involved in the incident?

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

4. What specific violent behaviors were observed and what action was taken (if any)?

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

5. Where did the incident occur (for example, in a particular office or common area of building, on the grounds or away from company premises, but on company business)?

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

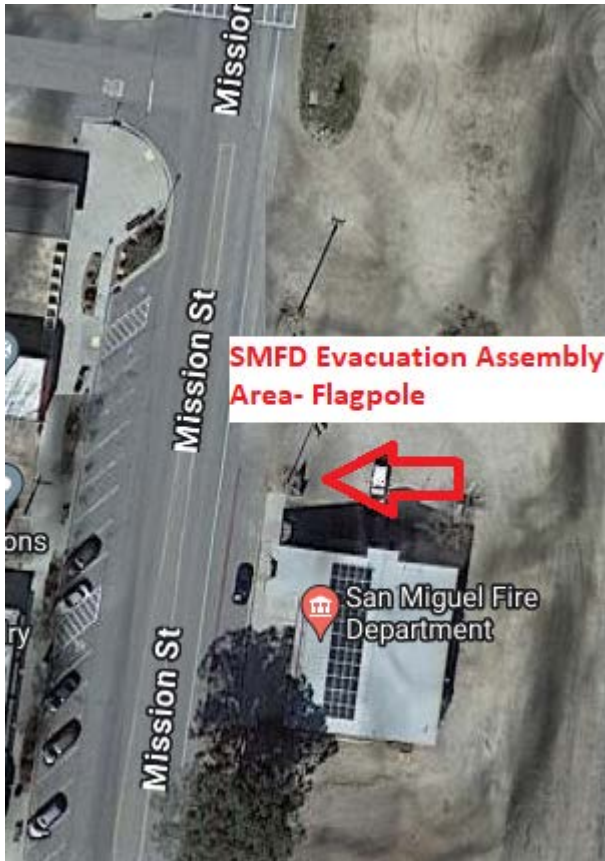
6. Why do you think the incident occurred (historical problems, personal differences, etc.)?

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

7. Please list all others that may have observed the incident:

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

### EXHIBIT 10 Assembly Area Maps/Diagrams



**EXHIBIT 11**  
**Threatening Call Checklist**

**Instructions:**

1. Be calm and courteous
2. Let the caller speak.
3. Keep the caller on the line as long as you can.
4. Record as much of the caller's conversation verbatim, as possible.
5. Notify your supervisor (or, if your supervisor is unavailable, the Risk Manager) immediately after the call.
6. Don't tell anyone else about the call or caller.

**Ask:**

1. Who are you?
2. Where are you?
3. What do you want from us?
4. What are you going to do?
5. Why are you doing this?

**Threatening Caller Profile Checklist**

Date: \_\_\_\_\_ Time of call \_\_\_\_\_ a.m./p.m.

Your name: \_\_\_\_\_

**Caller's Exact Words:**

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Male \_\_\_\_\_ Female \_\_\_\_\_

**Try to estimate the following while speaking to the caller:**

Adult \_\_\_\_\_ Teen \_\_\_\_\_ Child \_\_\_\_\_

Approx. Age. \_\_\_\_\_

**Circle any and all characteristics that apply to the caller:**

**Voice:**

Loud

Highly pitched

Raspy

Soft

Deep

Pleasant

Monotone

**Speech:**

Fast

Distinct

Stutter

Slurred

Slow

Distorted

Nasal

Lisp

**Accent:**

Local

Foreign

Race

Region

**Word Choice:**

Very educated

Average

Poor

Foul

Other \_\_\_\_\_

**Manner:**

Calm  
Rational  
Coherent  
Deliberate  
Righteous  
Angry  
Irrational  
Incoherent  
Laughing  
Crying

**Background Noise:**

Talking  
Laughing  
Music (describe \_\_\_\_\_)  
Machinery  
Typing  
Traffic  
Trains  
Planes  
Boats  
Restaurant/Bar  
Party  
Quiet

**Building Knowledge:**

Very familiar  
Some familiarity  
No familiarity