



## REPORT TO CITY COUNCIL

**Approved by:**

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**Council Meeting of:** August 5, 2020

**Agenda Number:** B-4

**SUBJECT:**

Update Administrative Policy 45: Injury and Illness Prevention Program to Include COVID-19 Supplement

**RECOMMENDATION:**

Adopt a Minute Order Approving Revisions to Administrative Policy (AP) No. 45: Injury and Illness Prevention Program (IIPP) to add a COVID-19 Supplement in compliance with Cal/OSHA Requirements

**SUMMARY:**

On May 14, 2020, Cal/OSHA revised the Interim General Guidelines on Protecting Workers from COVID-19. The new guidelines outline mandatory control measures most California employers must implement and document within their written IIPP. Under the hazard assessment requirement, employers are required to determine if COVID-19 infection is a hazard in their workplace. If it is a workplace hazard, then employers must implement infection control measures, including applicable and relevant recommendations from the Centers for Disease Control and Prevention (CDC). Amending the IIPP to include the COVID-19 Supplement will ensure the City of Madera (City) is in compliance with Cal/OSHA requirements as well as serve to protect employees and visitors to City facilities.

**DISCUSSION:**

In California, every employer is required by law to provide a safe and healthful workplace for its employees. Title 8 of the California Code of Regulations requires every California employer to have an effective Injury and Illness Prevention Program in writing that must be in accord with T8 CCR Section 3203 of the General Industry Safety Orders.

The City's current IIPP, which was last revised in 2011, meets all the requirements of the law except for the recent additional regulations related to COVID-19. These regulations require the City to conduct a hazard assessment to determine if COVID-19 infection is a hazard in the workplace. Because there is active community spread throughout the County of Madera, as well as the entire State of California, the infection is considered to be a potential workplace hazard for employees of the City. As such, the City must adopt and adhere to a COVID-19 Supplement, which includes implementing infection control measures in the workplace. These workplace control measures include CDC recommendations, many of which have already been implemented, such as:

- social distancing
- handwashing
- masking when appropriate
- disinfecting of commonly touched surfaces
- working from home when meaningful work exists, etc.

The supplement also requires that all employees receive training in a language that is readily understandable to them on topics related to COVID-19. Additionally, training, inspection, and investigation records must be retained pursuant to the existing Document Retention section of the IIPP.

The City's self-insurance pool, Central San Joaquin Valley Risk Management Authority, provided all member cities with a model IIPP COVID Supplement based on Cal/OSHA requirements. Staff used this model as a base and customized the policy to match the City of Madera's practices and preferences. The draft was circulated to all bargaining units, the City's Safety Committee, all Department Heads, and the City Attorney for review and comment. The draft was updated based on feedback received to ensure that the policy is usable and that the City is able to implement the identified prevention measures and operational practices. The General Bargaining Unit represented by Madera Affiliated City Employees' Association and the Mid Management Employee Group both requested to meet and confer over the IIPP COVID Supplement. Upon discussion, it was discovered that they had questions on implementation of CDC and California Department of Public Health (CADPH) guidelines, not the policy itself. These questions were resolved.

The new policy language being added can be found in the attached proposed AP No. 45: Injury and Illness Prevention Program, under Section 11 – COVID-19 Supplement.

#### **FINANCIAL IMPACT:**

The revision of AP No. 45 does not have a direct financial impact to the City. The City has already engaged in many of the CDC and CADPH's recommendations related to COVID-19 which have associated costs. Some of these costs include purchasing personal protective equipment (PPE), cloth face coverings, disinfectants, hand sanitizer, etc. These expenses would have been incurred regardless of an official policy because the City has an interest in, and obligation to, provide a

safe and healthy workplace for our employees. Staff is carefully tracking COVID-19 related expenses and will seek reimbursement through insurance; the Federal Emergency Management Agency (FEMA); and any funding made available through the Coronavirus Aid, Relief, and Economic Security (CARES) Act for eligible expenses.

**CONSISTENCY WITH THE VISION MADERA 2025 PLAN:**

Amendment of Administrative Policies is not addressed in the vision or action plan; the requested action is also not in conflict with any of the actions or goals contained in that plan.

**ALTERNATIVES:**

1. Council could direct staff to revise the policy based on additional input. Any revisions not required by law would potentially be subject to meet and confer with represented bargaining units.
2. Council could direct staff to not revise the policy, however this would result in the City being out of compliance with Cal/OSHA and the City could receive a citation.

**ATTACHMENT:**

1. Administrative Policy No. 45, with new COVID Supplement

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|---|--|
| <b>CITY OF MADERA<br/>Administrative Policy</b>       | <b>Policy No. 45</b>                       |
|   | <b>Date Adopted: 12/20/2000</b>            |
|   | <b>Date(s) Revised: 4/6/2011, 8/5/2020</b> |
| <b>Subject: Injury and Illness Prevention Program</b> |  |

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# SECTION 1

# Management Statement

## 1-1 Management Statement

The City of Madera is firmly committed to providing a safe and healthful working environment. To achieve this goal the City of Madera has developed a comprehensive Injury and Illness Prevention Program (IIPP). The goal of this program is to eliminate the frequency and severity of employee accidents and comply with the laws and regulations that are set forth in Title 8, California Code of Regulations General Industry Safety Orders section 3203. The program has been designed to help eliminate physical hazards from the work environment and train employees in safe work practices.

Accident prevention is an integral part of any successful organization. We recognize that accidents not only cause physical and mental pain to employees, but are also costly in terms of dollars and lost production. Providing hazard free work environments while ensuring the health and safety of our City employees is the primary purpose of this program. Efficient accident prevention can be directly related to decreased costs for the City.

The City's policy is aimed at minimizing the exposure of our employees, customers and other visitors to our facilities to health or safety risks. In order to accomplish this goal all City employees are expected to work diligently to maintain safe and healthful working conditions and to adhere to proper operating practices and procedures designed to prevent injuries and illnesses.

The responsibilities of all employees of the City in this regard include:

- Exercising maximum care and good judgment at all times to prevent accidents and injuries
- Immediate reporting to supervisors for all injuries regardless of severity
- Immediate reporting of unsafe conditions, equipment, or practices to supervisors and observing conscientiously all safety rules and regulations at all times

Although the ultimate responsibility for the safety program lies with the Department Heads and Supervisors, the program cannot succeed without the cooperation of all City employees. Everyone must be one hundred percent safety conscious in everything he or she does while on the job. We are confident that with a sincere and concentrated effort from everyone, our safety goals can be achieved.

## SECTION 2

## Designation of Responsibility

### 2-1 Designation of Responsibility

**Madera City Council** will provide support and resources necessary to accomplish the goals and objectives of the Program.

**Director of Human Resources** has been assigned the responsibility and authority to manage the Injury and Illness Prevention Program (IIPP) for the City. We realize the ultimate responsibility for safety and health in the workplace still rests with the following:

**Department Heads** have the ongoing responsibility to ensure departmental implementation of the IIPP and to ensure the health and safety of all employees. This is accomplished by effectively communicating with employees regarding the City's emphasis on health and safety, analyzing work procedures for high hazard identification and correction, ensuring regular workplace inspections, providing health and safety training, and encouraging prompt employee reporting of health and safety concerns without fear of reprisal.

**Supervisors and Lead Workers** have the most direct and influential control over an employee's behavior and observation of safety rules. Therefore, supervisors and lead workers are responsible for implementing and maintaining the IIPP Program in their divisions and for answering employee questions concerning the Program.

**All City Employees** are responsible for the timely reporting of safety hazards in the workplace. Employees are also responsible for following safe work practices as well as the safe work practices specific to their jobs.

## 2-2 Safety Committee

To ensure a safe and healthful working environment, the City has established a Safety Committee comprised of staff employees who serve on a voluntary basis. The Committee is responsible for fulfilling a variety of tasks such as reviewing workplace accidents and incidents and making recommendations to eliminate their recurrence and reviewing safety suggestions made by employees. The Committee shall work with Management to ensure that personnel privacy is maintained.

Specifically, **the Safety Committee** will:

- Review the results of periodic, scheduled workplace inspections to identify any needed safety procedures or programs and to track specific corrective actions
- Review supervisors' investigations of accidents and injuries to ensure that all causes have been identified and corrected
- Where appropriate, submit suggestions to management for the prevention of future incidents
- Review alleged hazardous conditions brought to the attention of any committee member, request management to address the alleged conditions, and recommend necessary corrective actions and correction deadlines
- When determined necessary by the Committee, the Committee may conduct its own investigation of accidents and/or alleged hazards to assist in establishing corrective actions
- Submit recommendations to assist management in the evaluation of employee safety suggestions

The City's Safety Committee has the ongoing responsibility to maintain and recommend changes to the IIPP, to assess departmental compliance with applicable regulations and City policies, to evaluate reports of unsafe conditions and to recommend any necessary corrective actions. The Safety Committee meets on a monthly basis, documents meeting discussions using IIPP Form 8 (*Safety Committee Meeting Minutes*), and includes representatives from:

- Human Resources
- IT
- Fleet
- Public Works
- Finance
- Grants
- City Clerk
- Administration
- Police Department
- Parks & Community Services
- Engineering
- Planning
- Building

The Safety Committee members are assigned by their respective department head.

## SECTION 3

## Statement of Compliance

### 3-1 Statement on Compliance

The City is committed to providing employees with a safe and healthful place to work. A Code of Safe Practices (Section 3-2) has been developed for the purpose of expressly outlining those practices which will help prevent workplace accidents. Each rule set forth in the Code of Safe Practices is applicable to each employee of the City without exception. All employees of the City are responsible for performing their duties in a manner consistent with these practices. Employees who violate these rules or knowingly permit violations may be subject to corrective action appropriate to the circumstances up to and including termination.



### 3-2 Code of Safe Work Practices

*These basic safety rules apply to all employees. In addition to department or work site specific safety rules and regulations, each employee is responsible for following these safe practice rules and reporting all unsafe conditions or practices.*

- a. All work related injuries or illnesses are to be immediately reported to the supervisor regardless of the need for medical attention.
- b. Read and follow all warning signs, tags and instructions. Check labels and follow instructions carefully. When appropriate refer to the material safety data sheet. Do not deface or destroy labels and/or instructions on signs, equipment, or containers.
- c. Maintain a safe and hazard free work environment which will ensure the safety of all employees and the general public. Lead workers, supervisors and management staff shall require all employees to observe and obey safety rules, regulations and take such action as necessary to ensure compliance.
- d. Tools, equipment, and machinery are to be operated only if appropriate guards are in place and functioning. All movement must cease before guards are removed for maintenance or repair. When not in use tools and equipment are to be properly stored.
- e. Exits, aisles, stairways and emergency equipment must be kept clear of obstructions.
- f. Horseplay, scuffling and other similar acts that tend to have an adverse influence on the safety and well being of employees and the public are prohibited.
- g. Work assignments and tasks are to be planned, arranged and conducted in a manner to minimize and prevent possible injuries, especially when handling materials or working with equipment.
- h. No one shall knowingly be permitted or required to work while their ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose the employee or others to injury.
- i. When lifting heavy objects, the large muscles of the legs are to be used, as bending at the waist and using the smaller muscles of the back can lead to injury. Employees are to seek and obtain assistance when the object is too heavy or of unusual shape or size for any one person to lift safely.
- j. Appropriate attire and personal protective equipment is to be worn and maintained in good condition at all times so as to help prevent and minimize harm or injury.
- k. Observe the rules of the road when driving. Remember to drive courteously and defensively.
- l. No use of wireless telephone devices while driving unless the device is specifically designed and configured to allow hands-free listening and talking, and is used in that manner while driving, unless operated due to a public safety emergency consistent with the California Vehicle Code.

- m. Materials, tools and other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.
- n. Entry into a confined space will only be made when it has been determined that it is safe to enter and the employee(s) has received training on Confined Space. All Confined Space entry must comply with the applicable department's Confined Space Policy.
- o. The City's system for ensuring that all employees comply with the Code of Safe Work Practices includes one or more of the following:
  - 1. Informing City employees of the provisions of our IIPP
  - 2. Providing training to employees on safe work practices
  - 3. Disciplining employees who fail to comply with safe and healthful work practices
- p. Any employee who has caused an accident because of gross negligence, carelessness or horseplay will be subject to corrective action, up to and including termination.
- q. Any employee who is discovered to be in possession of or under the influence of alcohol or illegal narcotics (drugs) will be immediately dealt with in accordance with applicable City policies.
- r. Any unauthorized violation of or deviation from the City's safety rules and regulations may result in corrective action appropriate to the circumstances up to and including termination.

## SECTION 4

## Statement on Safety Training

### 4-1 Statement on Safety Training

Employee safety training is provided at no cost to the employee and is conducted during the employee's normal working hours. Safety training will be presented by a knowledgeable supervisor, a representative of the Safety Committee or an outside consultant. Regardless of the instructor, all safety training will be documented using the "Safety Training Attendance Sheet" (IIPP Form 3) or an equivalent record that includes all the information required on IIPP Form 3.

Each department will maintain and adhere to a safety training calendar/program applicable to their department's risk exposure.

## 4-2 Initial Safety & Health Training

All department personnel will be trained on the structure of the IIPP, including individual responsibilities under the program and the availability of the written program. All employees, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training will also be provided on how to report unsafe conditions, how to access the Safety Committee and where to obtain information on workplace safety and health issues.

Training and instructions are to be provided as follows:

- When the IIPP is first established
- To all new employees, including temporary employees
- To all employees who are given new job assignments or transfer to another department for which training has not previously been provided
- Whenever new processes, procedures or equipment are introduced to the workplace
- Whenever the employer is made aware of a new or previously unrecognized hazard
- To supervisors on how to thoroughly investigate and complete an employee accident report
- To supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed
- To all employees with respect to hazards specific to each employee's job assignment
- When necessity dictates the reinforcement of material or training introduced/conducted previously and when there are changes in the law that affect the IIPP or require the City to implement new safety rules or procedures.

Individual training sessions will be documented using *IIPP Form 1, "Employee Safety Orientation"*, or the equivalent.

### 4-3 Workplace Safety and Health Practices

General workplace safety and health practices that are to be included in training include but are not limited to the following:

- Implementation and maintenance of the IIPP
- Emergency Evacuation Plan
- Provisions for medical services and first aid, including emergency procedures
- Prevention of musculoskeletal disorders, including proper lifting techniques and proper workstation set-up
- Proper housekeeping such as keeping stairways and aisles clear, work areas neat and orderly and promptly cleaning up spills
- Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety
- Proper storage to prevent stacking of material in an unstable manner as well as to prevent storage of material against doors, exits, fire extinguishing equipment and electrical panels
- Proper reporting of hazards and accidents to supervisors
- Hazard communication, including employee awareness of potential chemical hazards such as those found in solvents, cleaning aids, toner cartridges and liquid paper

#### 4-4 Training on Specific Hazards

Supervisors are required to be trained on the hazards to which employees under their immediate control may be exposed. This training aids a supervisor in understanding and enforcing proper protective measures.

All supervisors are responsible for ensuring that the personnel they supervise receive appropriate training on the specific hazards of work they perform and the proper precautions for protection against those hazards. Training is particularly important for new employees and whenever a new hazard is introduced into the workplace. Such hazards may include new equipment, hazardous materials, or procedures. Safety training is also required when employees are given new job assignments on which they have not previously been trained and whenever a supervisor is made aware of a new or previously unrecognized hazard. This training will be documented and facilitated using *IIPP Form 2, "Job Safe Practice Orientation"*.

Specific topics to be reviewed between supervisors and department employees include but are not limited to the following:

- Fire prevention and fire extinguisher use
- Obtaining emergency medical assistance and first aid
- Disaster preparedness and response, including building evacuation procedures
- Health and safety measures for computer users
- Back care, body mechanics, proper lifting techniques and proper housekeeping

#### 4-5 Safety Videos

Videos are available on a wide range of topics, including hazard communication, ergonomic issues and various physical hazards. If videos are used as a way of providing safety related training they may only be used to **supplement**, not replace, face-to-face safety instructions, so that trainees have an opportunity to ask questions of a knowledgeable instructor.

## SECTION 5 System for Identifying Unsafe Conditions and Practices

### 5-1 System for Identifying Unsafe Conditions and Practices

The methods used to identify unsafe conditions and practices will include several different techniques including at least one of the following: self-inspection checklists, review of accident statistics and information developed by outside consultants.

#### **The City uses the following method for identifying hazards:**

##### Periodic Safety Inspections (*IIPP Form 6*)

Regular periodic workplace safety inspections shall be conducted throughout the City to identify and evaluate hazards. These inspections shall be performed by a member of the Safety Committee or by a knowledgeable manager, supervisor or lead worker. The condition of the equipment, facilities and records will be documented and corrective action shall be taken to eliminate any unsafe condition.

Periodic inspections are performed according to the following schedule:

- When the City initially establishes or makes changes to the IIPP
- When new processes, procedures or equipment which present potential new hazards are introduced into the workplace
- When new, previously unidentified hazards are recognized
- When occupational injuries and illnesses occur and whenever workplace conditions warrant an inspection

Inspection frequency will depend on the type of inspection to be completed and the department in which the inspection is to be performed. Comprehensive inclusive inspections will be conducted on a bi-annual basis unless otherwise determined the frequency should be shorter by the Safety Officer. Various other inspections will be conducted throughout the year by a member of the Safety Committee, or other qualified personnel in order to follow up on reported accidents and injuries.



## SECTION 6      Correcting Unsafe or Unhealthy Conditions

### 6-1      Correcting Unsafe or Unhealthy Conditions

Hazards discovered either as a result of a scheduled periodic inspection or during normal operations must be corrected by the supervisor in control of the work area or by cooperation between the department in control of the work area and the supervisor of the employees working in that area. Supervisors of affected employees are expected to correct unsafe conditions as quickly as possible after discovery of a hazard based on the severity of the hazard.

Unsafe working conditions, practices, or procedures shall be corrected in a timely manner. Specific procedures that can be used to correct hazards include, but are not limited to the following:

- Tagging unsafe equipment “**Do Not Use**” and providing a list of alternatives for employees to use until the item is repaired. It is also encouraged to utilize “Lock Out/Tag Out” procedures for this purpose.
- Stopping unsafe work practices and providing retraining on proper procedures before work resumes.
- Clearing aisles and walkways of boxes or other obstructions that are blocking access through a particular area.

If an imminent hazard exists, work in the area should cease and the appropriate supervisor should be contacted immediately. If the hazard cannot be immediately corrected without endangering employees or property, all personnel need to be removed from the area except those qualified and necessary to correct the condition. These qualified individuals will be equipped with necessary safeguards before addressing the situation.

## **6-2 Documentation of Hazard Correction**

Supervisors and/or a member of the Safety Committee should use the "Management/Safety Committee Investigation..." form (*IIPP FORM 5*) to document corrective actions, including projected and actual completion dates. If necessary, supervisors and/or employees can seek assistance in developing appropriate corrective actions by submitting an "Employee Report of Unsafe Condition" (*IIPP FORM 4*) to the Safety Committee. If the Safety Committee requires assistance from other resources, the Safety Officer will assist the committee.

## SECTION 7

## Injury Reporting

### 7-1 Injury Reporting

All accidents shall be reported immediately, but no later than the end of the injured employee's shift and BEFORE the injured employee leaves the premises. This rule will be strictly enforced. Failure to comply may result in disciplinary action up to and including termination. **If emergency medical care is needed, call 911.**

Employees who are injured at work must report the injury immediately to their supervisor. If the supervisor is not available, report it to another supervisor or notify the Human Resources Department. The supervisor/injured worker will immediately call the Company Nurse injury hotline. Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.

The supervisor/manager of the injured employee is responsible for working with the HR/Safety Officer of the City to ensure the "**Employer's Report of Occupational Injury or Illness**" and a "**Worker's Compensation Claim Form (DWC-1)**" are completed properly and submitted to the Human Resources Department promptly. These forms are located on the city's shared drive in the "Injury Forms" folder.

If the injured employee saw a physician the supervisor should obtain a Work Status Report from the physician before allowing the employee to return to work. The health care provider may stipulate work tasks that must be avoided or work conditions that must be altered and/or modified before the employee resumes his or her full duties. Any and all modified work must be assigned in accordance with Administrative Policy #52, Modified Duty/Return to Work Policy.

The injured employee's immediate supervisor is responsible for performing an initial investigation to determine and correct the cause(s) of the incident. An investigating supervisor is expected to submit a thorough report with attachments as appropriate. Examples of attachments include photographs and/or diagrams indicating measurements and witness statements. This investigation should be completed within 24 hours of the occurrence. Specific procedures to be used to investigate workplace accidents and hazardous substance exposures include:

- Interviewing injured personnel and witnesses
- Examining the injured employee's work area for causative factors
- Reviewing established procedures to ensure they are adequate and were followed
- Reviewing training records of affected employees
- Determining all contributing causes to the accident (i.e., equipment, material, people)
- Taking corrective actions to prevent the accident/exposure from re-occurring and recording all findings and actions taken
- Ensuring all hazardous spills are cleaned up
- Ensuring employees are wearing the appropriate PPE

## 7-2 Documentation of Investigation

The supervisor's findings and corrective actions should be documented and presented to the Safety Committee using the "*Supervisor's Investigation Report*" (IIPP FORM 7).

The purpose of the investigation is to identify the cause of the illness or injury and prevent similar incidents from occurring in the future. It is imperative that the investigator focus on the causes and hazards that led to the incident. As a result of the objective fact finding process the investigating supervisor shall develop an analysis of what happened, the cause and how it could have been prevented. Upon conclusion of the investigation the supervisor shall make recommendations for preventing similar incidents.

The investigating supervisor will immediately correct the unsafe condition that created the situation. If an imminent hazard exists, work in the area should cease and the appropriate supervisor should be contacted immediately. If the hazard cannot be corrected without endangering employees, the public or property, the supervisor has the authority to remove all personnel from the area except those trained and equipped to correct the adverse condition(s).

Observed, discovered and/or reported unsafe or unhealthy working conditions, practices and/or procedures will be investigated in the same fashion and appropriate remedial action will be taken to mitigate or correct the unsafe situation. If the supervisor is unable to determine the cause(s) and appropriate corrective action, assistance from the Safety Officer should be sought.

Investigation reports shall be filed with the Human Resources Department within twenty-four hours of the illness or injury. Reports filed in a timely manner will be more credible when and if disputes arise and will also assist the City in meeting reporting timelines established by law.

A member of the Safety Committee or the Safety Officer will review each accident or injury report immediately after it's received to ensure that the investigation was thorough and that all corrective actions are completed. The Safety Committee will review all accident/injury reports during their meetings. Investigations and/or corrective actions that are found to be incomplete will be routed back to the supervisor for further follow-up with specific recommendations noted by the committee. The Safety Committee will bring corrective actions that are not implemented in a reasonable period of time to the attention of the Human Resources Department and/or Safety Officer.

## SECTION 8

## Communication Resources

### 8-1 Communication Resources

Supervisors/Managers are responsible for communicating safety and health issues with all of their employees. All employees are encouraged to communicate safety concerns to their supervisor without fear of reprisal.

The Safety Committee is another resource for communication regarding health and safety issues for City employees. In addition, employees will be informed about safety matters through one or more of the following ways:

- e-mail
- voice-mail
- departmental or HR orientation, including a discussion of safety and health policies and procedures
- posting or distribution of written safety information
- training programs

Supervisors are responsible for ensuring that employees are supplied access to hazard information pertinent to their work assignments. Information concerning the health and safety hazards of tasks performed by department staff is available from a number of sources. These sources include, but are not limited to:

- equipment operating manuals
- container labels and work area postings
- internet
- MSDS

## **8-2 Equipment Operating Manuals**

All equipment is to be operated in accordance with the manufacturer's instructions as specified in the equipment's operating manual. Copies of operating manuals will be kept in the department or with each piece of equipment in the department. Employees who are unfamiliar with the operation of a piece of equipment and its potential hazards must at least read the operating manual before using the equipment. Training should also be sought from an experienced operator or supervisor.

## SECTION 9

## Document Retention

### 9-1 Document Retention

Documents related to the City-Wide IIPP are maintained in the City's Human Resources Department.

The following documents related to the IIPP should be retained by the department:

- Records of scheduled and periodic workplace inspections, including the persons conducting the inspection, any identified unsafe conditions or work practices, and corrective actions recommended and taken (*IIPP FORMS 5, 6*).
- Employee safety training records, including the names of all attendees and instructors, the training date, and material covered (*IIPP FORMS 1, 2, 3*).

Other documents related to the IIPP that will be kept on file include:

- Reports of Unsafe Conditions or Hazards (*IIPP FORM 4*)
- Safety Committee Meeting Documentation (*IIPP FORM 8*)
- Supervisor's Investigation Report (*IIPP FORM 7*)

## SECTION 10

## General Rules and Regulations

### 10-1 General Rules and Regulations

These health and safety rules are for the protection of all City of Madera employees. Read them carefully and if you do not understand something ensure you get clarification from your supervisor.

- Smoking is prohibited in all departments and buildings. Smoking is not allowed within 20 feet of the main entrance to any facility or in any piece of city equipment.
- Alcohol and drugs (controlled substances) are not allowed at the worksite. **DO NOT** come to work under the influence of alcohol, controlled substances, prescription medications which alter your ability to safely perform work, or recreational marijuana, or use them at work. Failure to comply with this rule can result in immediate discharge.
- Report every accident. If you become ill or injure yourself at work report it immediately to your supervisor.
- Unless you are an electrician do not tamper with electrical circuits or switches.
- Horseplay, throwing objects and/or fighting at work will not be tolerated.
- **DO NOT** attempt to lift or push objects that may be too heavy for you. Ask for help when needed or use appropriate carts, dollies, etc.
- Keep your workstation clean, neat and free of clutter. Keep the floors clean and wipe up any and all spills immediately.
- Make safety a part of your job everyday. Report all unsafe conditions or hazards to your supervisor immediately.
- Falls are the most common office injury. Pay close attention to slip, trip and fall hazards.
- Keep cords and wires clear of walkways.
- When using stairs hold on to the handrails.
- When it is necessary to access high shelves, use a ladder or step stool. **DO NOT** use chairs or boxes to stand on.
- Before using a ladder check to see that safety feet are free from defects. Have another employee hold the bottom of the ladder if there is danger of slipping.
- **DO NOT** overload electrical circuits.
- All City employees need to be familiar with emergency procedures and rules for evacuation. To report all life threatening emergencies, call 911 immediately.
- **DO NOT** attempt to operate or make repairs to office equipment unless you have been trained to do so.



- Report any frayed or damaged electrical cords.
- Use chemicals cautiously and be sure to read the MSDS and labels. Hazardous chemicals that may be found in our workplace include cleaning fluids, photocopier inks, toner cartridges and liquid paper.
- An MSDS must be available for every chemical used in each department.

## **10-2 Occupational Safety and Health Administration (OSHA)**

Upon arrival or notification by an OSHA Inspector, the following protocols must be followed:

- Ask for an identification badge in order to verify that the person is an OSHA Inspector
- Immediately contact the HR Department for assistance and guidance; preferably have the OSHA Inspector call HR directly to coordinate any inspections with the applicable department
- Take the inspector to an office and/or conference room until HR arrives
- Do not discuss the reason for the visit with the inspector until HR arrives, unless otherwise directed to do so after consulting with HR
- Document and record everything the inspector does
- Immediately upon written notification from OSHA, contact and fax all related documents to HR for assistance

## SECTION 11

## COVID-19 Supplement

### 11-1 Supplement

This COVID-19 IIPP Supplement has been established in accordance with the Cal/OSHA Interim General Guidelines on Protecting Workers from COVID-19 and the Injury & Illness Prevention Program (Title 8 Section 3203) requirements.

Under the IIPP hazard assessment requirements, it has been determined exposure to the COVID-19 virus is a potential hazard in our workplace. Therefore, infection control measures as directed in the Cal/OSHA mandatory guidance have been developed and implemented.

## 11-2 Responsibilities

The Safety Officer/Human Resources has the authority and responsibility for:

- Implementing the infection control measures as outlined in this supplement
- Ensuring the outlined sanitation and disinfection efforts are conducted
- Conducting regular inventories to ensure all needed supplies and personal protective equipment (PPE) are available
- Making certain COVID-19 training (as outlined in the training section) is conducted and documented for all employees
- Ensuring our entity is aware of, and complying with, the COVID-19 employee requirements in the Families First Coronavirus Response Act

### **Department Heads & Supervisors**

Department Heads and Supervisors are responsible for implementing and maintaining the infection control measures in their work areas. They are responsible for answering employee questions and setting a good example by following the guidance in this supplement. Department Heads and Supervisors must ensure all employees received training identified by the Safety Officer/Human Resources and must also identify necessary PPE for their area of responsibility.

### **Employees**

All employees are responsible for understanding and following the infection control measures and for asking questions when direction is unclear. Employees are expected to report any unsafe conditions to their supervisor. Employees are also expected to wear PPE as appropriate.

### 11-3 Compliance

Our primary goal is to prevent the spread of COVID-19 and protect our employees and customers. All managers, supervisors, and employees are required to strictly adhere to all the outlined infection control measures in this supplement. Our compliance measures include, but are not limited to, the following:

- Informing employees of these requirements in a readily understandable language
- Training all employees on the infection control measures
- Disciplining employees for failure to comply with the requirements in this supplement

#### **11-4 Communication**

All employees will be trained on the infection control measures in a form readily understandable by all. Our communication system encourages all employees to inform their managers and supervisors of any unsafe working conditions without fear of reprisal. Employees can report COVID-19 specific or any workplace hazards anonymously by calling the Employee Reporting Line at 1-800-576-5262 or visiting the anonymous reporting website at [www.employeeprotectionline.com](http://www.employeeprotectionline.com) and entering Entity Code 10129.

## **11-5 Hazard Assessment & Infection Control Measures**

The IIPP regulation requires us to conduct a hazard assessment to identify, evaluate, and implement control measures whenever we are made aware of a new or previously unrecognized hazard. It has been determined that exposure to the COVID-19 virus is a potential hazard in our workplace. Therefore, infection control measures as directed in the Cal/OSHA mandatory guidance have been developed and implemented.

## 11-6 Infection Control Measures

### Administrative Controls

- Consistent with normal illness prevention practices, employees who are ill must stay home to prevent the spread of illness within the workplace.
- Employees will be immediately relieved of duty if they have a cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, or recent loss of taste or smell.
- The City will follow Centers for Disease Control (CDC) guidance on when ill employees should return to work. The most recent guidance, dated June 7, 2020, provides that employees who are out ill with fever or respiratory symptoms are not allowed to return to work until both of the following occur:
  - At least three full days pass with no fever (without the use of fever-reducing medications) and no acute respiratory illness symptoms; and
  - At least 10 days pass since the symptoms first appeared.
  - The above may be modified by the Safety Officer/Human Resources should the CDC provide updated guidance. Current guidance can be found on the California Department of Public Health COVID-19 Workplace Outbreak Employer Guidance page:  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Workplace-Outbreak-Employer-Guidance.aspx>
- Also consistent with CDC guidance on minimum criteria for employees to return to work, employees who have direct, close contact with a known COVID-19 positive case must quarantine at home for fourteen (14) days, regardless of testing status. Direct, close contact will be as defined by CDC on their COVID-19 Public Health Guidance for Community-Related Exposure page, found here: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>
- Employees who return to work following an illness are required to report any recurrence of symptoms.
- Teleworking options will be supported when appropriate, meaningful work can be identified.
- Non-essential travel will be suspended until further notice (conferences, off-site training, etc.). Essential travel is subject to the approval of the City Manager.

### Physical Distancing

- Physical distancing will be practiced by using video or telephonic meetings when possible.
- In-person meetings may only be held when social distancing can be maintained.
- A distance of at least 6 feet between persons will be maintained at the workplace when possible.
- Shared workspaces (desks, offices, and cubicles) and work items (phones, computers, other work tools and equipment) will be avoided when possible. If workspaces and work items must be shared, they will be cleaned and disinfected before and after use.

### Face Covering

Employees will be provided with cloth face covers or encouraged to use their own face covers whenever they may be in workplaces with other persons. Cloth face coverings are not PPE, but combined with physical distancing of at least six feet, they may help prevent infected persons without symptoms from unknowingly spreading COVID-19.

Per California Public Health Guidance as of June 18, 2020, employees must wear face coverings when they are engaged in work, whether at the workplace or performing work off-site, when:

- Interacting in-person with any member of the public;



- Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;
- Working in any space where food is prepared or packaged for sale or distribution to others;
- Working in or walking through common areas, such as hallways, restrooms, break rooms, stairways, elevators, and parking facilities;
- In any room or enclosed area where other people (except for members of the person's own household or residence) are present when unable to physically distance.

### **Cleaning & Disinfection**

Procedures have been established to routinely clean and disinfect commonly touched objects and surfaces such as elevator buttons, handrails, copy machines, faucets, and doorknobs. These procedures should include:

- Using disinfectants that are EPA-approved for use against the virus that causes COVID-19.
- Providing EPA-registered disposable wipes for employees to wipe down commonly used surfaces before use.
- Following the manufacturer's instructions for all cleaning and disinfection products (e.g., safety requirements, PPE, concentration, contact time).
- Ensuring there are adequate supplies to support cleaning and disinfection practices.

### **Confirmed Cases of Employee Exposure to COVID-19**

If an employee is confirmed to have COVID-19 infection, the following measures will take place in addition to any other noted controls:

- Inform employees who may have had direct contact with the COVID-19 positive individual of their possible exposure to COVID-19 in the workplace, but maintain confidentiality as required by the Americans with Disabilities Act (ADA) and the California Department of Fair Employment and Housing.
- Temporarily close the general area where the infected employee worked until cleaning is completed.
- Conduct deep cleaning of the entire general area where the infected employee worked and may have been, including breakrooms, restrooms and travel areas, with a cleaning agent approved for use by the EPA against coronavirus.
  - Any person cleaning the area will be equipped with the proper PPE for COVID-19 disinfection in addition to PPE required for cleaning products.

### **Engineering Controls for Customer Service Areas**

For employees who have frequent contact with the public, the following measures will be implemented that take into account the possibility that the public is a possible contamination source, including:

- Conducting frequent cleaning and disinfection of surfaces touched by the public such as credit card machines, touch screens, doorknobs, etc.
- Where feasible, employees who have frequent interaction with the public will be protected with engineering controls such as Plexiglas screens, tables, or other physical barriers, or spatial barriers of at least six feet.
- If exposures to the general public cannot be eliminated with engineering controls, customers will be required or encouraged to wear face coverings and practice physical distancing.
- Employees will be encouraged to frequently wash their hands with soap and water for 20 seconds.
- Hand sanitizer stations will be provided.
- Physical distancing will be enforced by limiting the number of customers in the space, where feasible.

- Disposable gloves will be offered to employees who handle items touched by the public.

## **11-7 Hazard Correction**

Any reported COVID-19 related unsafe or unhealthy work conditions, practices, or procedures will be investigated and, if warranted, corrected in a timely manner.

## **11-8 Accident/Incident Investigations**

Accident/incident investigations, for potentially work-related COVID 19 illnesses, will be conducted as required by Cal/OSHA.

Cal/OSHA's reporting requirements are outlined at <https://www.dir.ca.gov/dosh/coronavirus/Reporting-Requirements-COVID-19.html>

Cal/OSHA's Q&A on Executive Order N-62-20 is available at <https://www.dir.ca.gov/dwc/Covid-19/FAQs.html>

## 11-9 Training

All employees will receive training in a language that is readily understandable to them. Training will include a review of this IIPP - COVID-19 Supplement and the following topics:

- General description of COVID-19, symptoms, when to seek medical attention, how to prevent its spread, and the employer's procedures for preventing its spread at the workplace.
- How an infected person can spread COVID-19 to others even if they are not sick.
- How to prevent the spread of COVID-19 by using cloth face covers, including:
  - CDC guidelines that everyone should use cloth face covers when around other persons.
  - How cloth face covers can help protect persons around the user when combined with physical distancing and frequent hand washing.
  - Information that cloth face covers are not protective equipment and do not protect the person wearing a cloth face cover from COVID-19.
  - Instructions on washing and sanitizing hands before and after using face coverings, which should be washed after each shift.
- Cough and sneeze etiquette.
- Washing hands with soap and water for at least 20 seconds after interacting with other persons and after contacting shared surfaces or objects.
- Avoiding touching eyes, nose, and mouth with unwashed hands.
- Avoiding sharing personal items with co-workers (i.e., dishes, cups, utensils, towels).
- Providing tissues, no-touch disposal trash cans, and hand sanitizer for use by employees.
- Safely using cleaners and disinfectants, which includes:
  - The hazards of the cleaners and disinfectants used at the worksite.
  - Wearing PPE (such as gloves).
  - Ensuring cleaners and disinfectants are used in a manner that does not endanger employees.

## **11-10 Record Keeping**

All COVID-19 related training records, inspections, and investigations will be maintained as outlined in our IIPP Document Retention section.

**FORM 1 INJURY AND ILLNESS PREVENTION PROGRAM  
EMPLOYEE SAFETY ORIENTATION**

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Employees Name: \_\_\_\_\_

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

Department: \_\_\_\_\_

Division: \_\_\_\_\_

The following items should be discussed during orientation with a supervisor/manager: *(Check Off (✓) each item discussed.)*

- Company safety policies and programs *(Employee was given a copy of the Injury and Illness Prevention Program as well as the Departmental IIPP. Content was discussed by the supervisor or safety representative and the employee was required to read, understand and sign it.)*
- Location of Safety Posters *(OSHA poster), Company Nurse Flyer and Employee Protection Line*
- Safety rules both general and specific to job assignment
- Safety rule enforcement policy
- Where, when and how to report injuries
- Where, when and how to report unsafe conditions
- Review of fire and emergency evacuation plan
- Location and use of fire extinguishers
- Location of all exits and stairways *(caution when using stairs: use handrails)*
- Requirements for safe work clothing and footwear
- Importance of housekeeping *(clean up spills immediately, etc.)*
- Location of first aid kit/supplies
- Special job hazards *(hazardous equipment or chemicals such as liquid paper, toner cartridges, etc.)*
- Location of MSDS
- Proper lifting procedures *(include demonstration)*
- Employee is certified in the following: *(Please indicate if employee is certified in first aid, CPR and include expiration date.)*

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM 2**

**INJURY AND ILLNESS PREVENTION PROGRAM  
JOB SAFE PRACTICE ORIENTATION**

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

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

- New Hire
- Transfer/Change

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

Supervisor Name: \_\_\_\_\_

**SECTION I - FACILITY DISCUSSION** *(Please check-off {✓} all items reviewed)*

- Location of Safety Bulletin Boards/Posters
- Location of all exits, stairs
- Location and proper use of all fire extinguishing equipment
- Location and use of alarms *(how and when to activate)*
- Location of first aid supplies
- Emergency evacuation procedures
- Proper storage of supplies *(i.e., use foot stools or ladders for hard to reach areas; **DO NOT** use chairs or boxes for hard to reach areas)*

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

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

**SECTION II - TOOLS, MACHINES, AND EQUIPMENT**

In addition to a thorough discussion of safety rules, regulations and practices, supervisors are required to conduct "hands on" demonstration(s) on the safe use of ALL tools, machines and equipment to be used by City employees.

| TOOL, MACHINE, OR EQUIPMENT NAME | DATE  | SUPERVISOR'S INITIALS |
|----------------------------------|-------|-----------------------|
| 1. _____                         | _____ | _____                 |
| 2. _____                         | _____ | _____                 |
| 3. _____                         | _____ | _____                 |

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

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

I have received demonstration(s) on the safe use of the tools, machines and equipment listed above and I am aware that the use of guards and safety devices are MANDATORY. I understand that I may be subject to corrective action if I attempt to operate any tool, machine, or equipment that is locked-out, tagged-out, being repaired or is otherwise designated as "out-of-service".

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FORM 3**

**INJURY AND ILLNESS PREVENTION PROGRAM  
SAFETY TRAINING ATTENDANCE SHEET**

TRAINING TOPIC: \_\_\_\_\_

TRAINING PRESENTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIFIC ITEMS DISCUSSED:

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

**THOSE IN ATTENDANCE**

|     | <b>NAME (<i>print</i>)</b> | <b>DEPARTMENT/DIVISION</b> | <b>SIGNATURE</b> |
|-----|----------------------------|----------------------------|------------------|
| 1.  | _____                      | _____                      | _____            |
| 2.  | _____                      | _____                      | _____            |
| 3.  | _____                      | _____                      | _____            |
| 4.  | _____                      | _____                      | _____            |
| 5.  | _____                      | _____                      | _____            |
| 6.  | _____                      | _____                      | _____            |
| 7.  | _____                      | _____                      | _____            |
| 8.  | _____                      | _____                      | _____            |
| 9.  | _____                      | _____                      | _____            |
| 10. | _____                      | _____                      | _____            |
| 11. | _____                      | _____                      | _____            |
| 12. | _____                      | _____                      | _____            |
| 13. | _____                      | _____                      | _____            |
| 14. | _____                      | _____                      | _____            |
| 15. | _____                      | _____                      | _____            |
| 16. | _____                      | _____                      | _____            |
| 17. | _____                      | _____                      | _____            |
| 18. | _____                      | _____                      | _____            |
| 19. | _____                      | _____                      | _____            |
| 20. | _____                      | _____                      | _____            |

Attach any worksheets that were used or discussion outlines

\_\_\_\_\_

**FORM 4**

**INJURY AND ILLNESS PREVENTION PROGRAM  
EMPLOYEE REPORT OF UNSAFE CONDITION OR HAZARD**

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Name: *(optional)* \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: *(OPTIONAL)* \_\_\_\_\_

1. Date and time the condition or hazard was observed: \_\_\_\_\_

2. Description of unsafe condition or hazard:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Location of unsafe condition or hazard:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What changes would you recommend to correct the condition or hazard?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee signature: *(optional)* \_\_\_\_\_

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

**Submit to Supervisor or Human Resources**

**FORM 5**

**INJURY AND ILLNESS PREVENTION PROGRAM  
MANAGEMENT/SAFETY COMMITTEE INVESTIGATION OF  
EMPLOYEE REPORT OF UNSAFE CONDITION OR HAZARD**

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1. Name of person investigating unsafe condition or hazard: \_\_\_\_\_

2. Documented Observations:

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3. Results of investigation? Attach additional sheets if necessary:

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4. Recommended Action(s) to be taken to correct hazard or unsafe condition:

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Signature of Investigating Party: \_\_\_\_\_

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

**FORM 5**

**INJURY AND ILLNESS PREVENTION PROGRAM  
MANAGEMENT/SAFETY COMMITTEE INVESTIGATION OF  
*EMPLOYEE REPORT OF UNSAFE CONDITION OR HAZARD***

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Attach photos, diagrams, and any other relevant material to demonstrate depth of the investigation

**FORM 6**

**INJURY AND ILLNESS PREVENTION PROGRAM  
SAFETY INSPECTION REPORT**

Location: *(Department/Division)* \_\_\_\_\_

Date of inspection: \_\_\_\_\_

Inspection conducted by: \_\_\_\_\_

Purpose of Safety Inspections: To identify and abate hazardous conditions and unsafe practices.

Procedure: The individual conducting the inspection should answer all questions listed and provide detailed comments on all problem or potential problem areas. The completed checklist is to be submitted to the Safety Committee Member of that department for follow-up and maintained by the department and available to the Safety Officer upon request.

**POSTING REQUIREMENTS:**

| QUESTION   | YES                      | NO                       | COMMENTS                |
|--|--------------------------|--------------------------|-------------------------|
| ➤ Are updated OSHA notices posted on employee bulletin boards?           | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |
| ➤ Are emergency telephone numbers posted for police, fire and ambulance? | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |

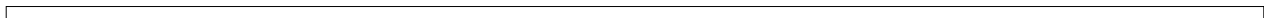
\_\_\_\_\_

**FORM 6**

**INJURY AND ILLNESS PREVENTION PROGRAM  
SAFETY INSPECTION REPORT**

**SAFETY:**

| <b>QUESTION</b>  | <b>YES</b>               | <b>NO</b>                | <b>COMMENTS</b>   |
|--|--------------------------|--------------------------|-------------------|
| ➤ Are there an adequate number of exits provided?                        | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> <hr/> <hr/> |
| ➤ Are all exits properly marked?   | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> <hr/> <hr/> |
| ➤ Are exits free from obstructions?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> <hr/> <hr/> |
| ➤ Are the aisles and work areas kept clean and free of tripping hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> <hr/> <hr/> |
| ➤ Is the width of the aisle at least 28 inches?                          | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> <hr/> <hr/> |



**FORM 6**

**INJURY AND ILLNESS PREVENTION PROGRAM  
SAFETY INSPECTION REPORT**

**ELECTRICAL:**

| <b>QUESTION</b>   | <b>YES</b>               | <b>NO</b>                | <b>COMMENTS</b>   |
|---|--------------------------|--------------------------|-------------------|
| ➤ Are extension cords and plugs properly grounded?  | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> <hr/> <hr/> |
| ➤ Is the use of extension cords limited?  | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> <hr/> <hr/> |
| ➤ Of the extension cords being used are the overall conditions of the cords satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> <hr/> <hr/> |



**FIRE PROTECTION (IF APPLICABLE):**

| QUESTION  | YES                      | NO                       | COMMENTS                |
|---|--------------------------|--------------------------|-------------------------|
| ➤ Are all flammable chemicals properly stored in an approved flammable storage cabinet? | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |
| ➤ Are there an adequate amount of fire extinguishers available?                         | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |
| ➤ Are fire extinguishers inspected annually?  | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |
| ➤ Are "No Smoking" signs posted and enforced?   | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |
| ➤ Are all employees instructed in the proper use of fire fighting equipment?            | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |

**STAIRS:**

| QUESTION                     | YES                      | NO                       | COMMENTS                |
|------------------------------|--------------------------|--------------------------|-------------------------|
| ➤ Is the lighting adequate?  | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |
| ➤ Are the handrails secured? | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |





**FLOORS:**

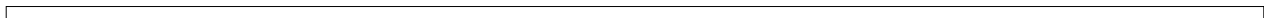
| QUESTION  | YES                      | NO                       | COMMENTS                |
|---|--------------------------|--------------------------|-------------------------|
| ➤ Are all walking and working surfaces kept clear?            | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |
| ➤ Are all holes and/or damage to carpets repaired or covered? | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |

**LADDERS AND STEP STOOLS:**

| QUESTION  | YES                      | NO                       | COMMENTS                |
|---|--------------------------|--------------------------|-------------------------|
| ➤ Is the proper type available for use?                               | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |
| ➤ Are the ladders and/or step stools used in good condition?          | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |
| ➤ Are ladders and/or step stools used instead of chairs, boxes, etc.? | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____<br>_____ |

**FIRST AID:**

| QUESTION  | YES                      | NO                       | COMMENTS       |
|---|--------------------------|--------------------------|----------------|
| ➤ Are all first aid kits fully stocked and readily available to all | <input type="checkbox"/> | <input type="checkbox"/> | _____<br>_____ |



employees?

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**EMERGENCY EVACUATION  
PLAN**

| <b>QUESTION</b>   | <b>YES</b>               | <b>NO</b>                | <b>COMMENTS</b>   |
|---|--------------------------|--------------------------|-------------------|
| ➤ Is there a written<br>Emergency Evacuation<br>Plan?                   | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> <hr/> <hr/> |
| ➤ Is the plan communicated<br>to all employees?                         | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> <hr/> <hr/> |
| ➤ Are the Emergency<br>Evacuation Maps posted<br>within the department? | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> <hr/> <hr/> |

General Remarks or Observations:

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**FORM 7**

**INJURY AND ILLNESS PREVENTION PROGRAM  
SUPERVISOR'S INVESTIGATION REPORT**

DEPARTMENT NAME: \_\_\_\_\_

LOCATION/ADDRESS (*where injury occurred*): \_\_\_\_\_

NAME OF INJURED EMPLOYEE: \_\_\_\_\_

JOB TITLE OF INJURED EMPLOYEE: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_ a.m./p.m.  
(*circle one*)

DID INJURED EMPLOYEE RETURN TO WORK?  YES  NO

DATE EMPLOYEE RETURNED TO WORK: \_\_\_\_\_

NATURE OF INJURY (*scratch, cut, bruise, etc.*):  
\_\_\_\_\_

PART OF THE BODY INJURED (*left ring finger, right ankle, etc.*):  
\_\_\_\_\_

WHERE AND HOW DID THE ACCIDENT HAPPEN? (*please be specific*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INJURY LOCATION DIAGRAM:

**FORM 7**

**INJURY AND ILLNESS PREVENTION PROGRAM  
SUPERVISOR'S INVESTIGATION REPORT**

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WAS EMPLOYEE PERFORMING IN THE LINE OF DUTY?    YES    NO

WHAT PERSONAL PROTECTIVE EQUIPMENT (PPE) WAS EMPLOYEE WEARING AT THE TIME OF THE ACCIDENT? \_\_\_\_\_

SPECIFY MACHINE TOOL, OBJECT, OR SUBSTANCE CONNECTED WITH ACCIDENT (*if none specify none*):: \_\_\_\_\_

MEASURES RECOMMENDED TO PREVENT A SIMILAR ACCIDENT:

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

SUPERVISOR'S NAME AND TITLE (*please print*): \_\_\_\_\_

SUPERVISOR'S SIGNATURE:: \_\_\_\_\_      DATE: \_\_\_\_\_

***PLEASE RETURN COMPLETED FORM TO HUMAN RESOURCES DEPARTMENT***

**FORM 8**

**INJURY AND ILLNESS PREVENTION PROGRAM  
SAFETY COMMITTEE MEETING MINUTES**

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

Time: \_\_\_\_\_

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

Those in attendance:

| Print Name | Signature |
|------------|-----------|
|            |           |
|            |           |
|            |           |
|            |           |
|            |           |
|            |           |
|            |           |
|            |           |
|            |           |

**Topics Discussed:** (Include Previous Recommendations Not Acted Upon - list and indicate why not, what to do now, etc.; Losses Since Last Report - list and indicate corrective action necessary; Other Items Discussed - based on inspections, recommendations, etc.; Summary of New Recommendations – indicate what is to be done, etc.; Future Plans - list items to be studied, reports to be made for next meeting, etc.)

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