

# CITY OF REDLANDS

## INJURY AND ILLNESS PREVENTION PROGRAM

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### 1.0 PURPOSE

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#### 1.1 BACKGROUND

This City-wide Injury and Illness Prevention Program (IIPP) establishes written procedures for the implementation of the Redlands Safety Program. The IIPP assigns responsibility towards preventing, controlling, and eliminating hazardous or potentially hazardous conditions in the workplace and serves as the foundation for all City Safety Programs.

The Cal/OSHA IIPP requirements are found in Title 8, California Code of Regulations, Section 3203, *Injury and Illness Prevention Program*. This regulation requires that every IIPP address eight areas:

1. Responsible Persons
2. Employee Recognition & Discipline
3. Communicating Safety
4. Inspections
5. Correcting Hazards
6. Employee Safety Training
7. Accident Investigation
8. Recordkeeping

#### 1.2 SCOPE

This IIPP shall apply to all City departments and offices directly responsible to the City Manager. It is also requested that elective offices and other independent offices and departments comply with the IIPP in the interest of safety and administrative uniformity.

This IIPP shall cover all City employees and all other workers controlled, directed, or directly supervised by the City on the job to the extent that the workers are exposed to work-related hazards associated with their job assignments.

#### 1.3 POLICY

It is the policy of the City of Redlands that all aspects of Cal/OSHA'S requirements for an injury illness prevention program under Title 8 of California General Industry Safety Orders subchapter 7, section 3203 shall be implemented and maintained.

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## **2.0 DEFINITIONS**

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- 2.1 Accident/Incident: An event that results in unintended harm or damage (i.e., injury, illness, death, property damage, or loss in productivity).
- 2.2 Employer: Any person in a business who has employees, either paid or unpaid, where the employer receives a benefit from the work of the employee.
- 2.3 Employee: Any person who works on behalf of an employer, whether paid or unpaid.
- 2.4 Employer-Employee Relationship: The employer of an employee is determined more by who supervises the work, rather than who pays the employee.

Note: Temporary employees and contractors may become the responsibility of the employer rather than the agency or contracting company under the employer-employee relationship. Also included are volunteers, workers in roles of charity and disaster relief.

- 2.5 Hazard: Any unsafe practice, procedure, or condition that, if left uncontrolled, may contribute to an accident/incident.
- 2.6 Near-Miss: An event where harm to employees or the public or where property damage was narrowly avoided and might not be successfully avoided in the future. Examples of such cases include, but are not limited to, a slip on a wet surface with no injury, chemical spill with no exposure, or a mechanical failure such as dropping a load from a crane or forklift with no injuries.
- 2.7 Qualified Instructor: Unless otherwise specified, a qualified instructor shall be defined as any person who can effectively communicate, instruct, and train employees in the hazards and safe-work practices associated with a work-related task or job assignment through specific training, certification and/or job experience.

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## **3.0 RESPONSIBLE PERSONS (IIPP – 8 CCR 3203(a)(1))**

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- 3.1 Human Resources/ Risk Management Director, shall be responsible for the City's overall health and safety program and require that all departments and offices comply with the requirements of City's Injury and Illness Prevention Program (IIPP).
- 3.2 DEPARTMENT HEADS: Department Heads shall have the ongoing responsibility to implement the IIPP and to ensure the health and safety of employees under their control. This is accomplished by communicating the City's emphasis on safety, analyzing work activities for hazard identification and correction, ensuring regular workplace inspections, providing safety training, and encouraging prompt employee reporting of safety concerns without fear of reprisal.

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3.3 ASSISTANT DIRECTORS, COORDINATORS, DIVISION MANAGERS, LINE SUPERVISORS AND SUPERINTENDENTS (Field Operations): Assistant Directors, Coordinators, Division Managers, Line Supervisors, and Superintendents shall be responsible to implement the IIPP and safety programs in their work areas. These duties are to include:

- Review safety policies and procedures to improve departmental health and safety performance;
- Coordinate and audit basic department safety inspections on a monthly basis;
- Review the reports from Safety Committee meetings and ensure material discussed at these meetings is posted on bulletin boards and disseminated to employees in their department;
- If designated, attend Safety Committee meetings
- Assist with department safety training;
- Work with department supervisors to ensure appropriate personal protective gear is available to department employees;
- Maintain department safety records and documents;
- Assist with department safety inspections and investigations;
- Actively promote safety in the workplace.

Line supervisors shall also ensure that a current copy of the IIPP is maintained at each establishment and available for employees to review, and be available to answer employee questions about the Program.

3.4 EMPLOYEES: All employees shall be responsible to follow general safe work practices as well as any Code of Safe Work Practices and comply with OSHA and California Labor Codes applicable to their own actions and conduct. All employees are responsible to promptly report health and safety hazards and injuries in the workplace, refrain from entering into work tasks that require specialized training, protect themselves from recognized and uncontrolled hazards, and not remove, displace, damage, or destroy any safety device, safeguard, notice or warning used in any work area.

3.5 CITY SAFETY OFFICER: The City Safety Officer shall verify that the Redlands IIPP remains current. Tasks include, but are not limited to, providing safety related support to departments, collecting OSHA 300 and 300A logs from the City's Workers Compensation Third Party Administrator in order to track, analyze, measure, and report accident prevention performance, implement safety training programs for all employees, assessment of training needs to ensure OSHA compliance, coordination of safety training sessions, identification of personal protective gear and training on appropriate use, and the maintenance of safety training files and records.

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### **4.0 EMPLOYEE RECOGNITION & DISCIPLINE (IIPP – 8 CCR 3203(a)(2))**

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#### **4.1 DISCIPLINARY ACTION**

- 4.1.1 Failure to comply with safety rules and procedures may result in disciplinary action, including verbal and written warnings that may ultimately lead to termination.
- 4.1.2 Any employee discovered to be in possession of, or under the influence of alcohol or any controlled substance, may be subject to disciplinary action.
- 4.1.3 Improper handling or misuse of City of Redlands equipment (vehicles, tools, property, personal protective equipment, safety devices, industrial hygiene devices, etc.) by an employee shall be cause for disciplinary action.
- 4.1.4 Failure to report accidents and/or injuries in accordance with safety rules and procedures may result in disciplinary action.

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4.1.5 Any violation or deviation from safety rules, procedures, or regulations may be may be subject to any and all disciplinary actions listed as follows:

- Verbal warning;
- Written warning;
- Suspension with/without pay;
- Suspension subject to termination, reassignment or demotion.

### **4.2 EMPLOYEE EVALUATIONS**

4.2.1 Supervisors are given the responsibility to evaluate their employees' safety performance as part of the employee appraisal process. A specific health and safety factor on the performance appraisal form has been provided to allow supervisors the opportunity to rate their employees work habits, as they relate to safety.

4.2.2 Supervisors are required to accurately reflect the employees approach towards safety by marking the appropriate box on the form. Accurate completion of the performance evaluation assists the City in providing recognition to those employees who perform their work assignments in a safe manner. The evaluation also assists the City in informing employees that need to improve their work habits as they relate to safety.

### **4.3 RECOGNITION PROCEDURE**

4.3.1 Department Heads may incorporate into their occupational health and safety program measures that motivate employees' continuous improvement of performance on desired safe behaviors.

4.3.2 Letter of Recognition – Employees who enhance the City's Safety Program through the development of safety devices, area or equipment specific safety procedures; or employees who participate in significant environmental, health and safety activities will be formally recognized by the City for their efforts. The procedure for employee recognition will be completed as outlined below.

4.3.3 Any employee wanting to recognize a co-worker's extraordinary efforts to improve safety through successfully raising the level of safety awareness in their work area, may nominate in writing the co-worker for a Letter of Recognition.

4.3.4 The written nomination must include:

- A description of the honorable action that makes the employee a candidate for the Letter of Recognition;
- The date the action was taken;
- A description of the positive effect the action has had on co-workers.

The written nomination must be forwarded to the City Safety Officer for review and consideration.

4.3.5 If the City Safety Officer feels that the act by the employee merits formal recognition, the City Safety Officer will prepare the Letter of Recognition.

4.3.6 The City Manager, or their designee shall sign the Letter of Recognition.

4.3.7 Whenever possible, the Letter of Recognition will be formally presented to the employee at a recognition meeting or department safety committee meeting scheduled at the employee's work location.

4.3.8 The Department Head shall forward a copy of the Letter of Recognition to Human Resources for placement into the "recognized employee's" personnel file.

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### 5.0 COMMUNICATING SAFETY (IIPP - 8 CCR 3203(a)(3))

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#### 5.1 BULLETIN BOARD POSTINGS

- 5.1.1 Bulletin boards are located at worksites throughout the City. Many questions regarding worker rights and responsibilities can be answered by reviewing the materials contained on these bulletin boards.
- 5.1.2 Supervisors are responsible for the maintenance and updating of work area bulletin boards.
- 5.1.3 The Code of Safe Work Practices shall be posted on the bulletin boards.
- 5.1.4 The OSHA 300A Summary of Work-Related Injuries and Illnesses shall be posted on this bulletin board during the time period of February 1 through April 30 of each year.
- 5.1.5 Employees are to be directed to read and become familiar with the location of, and the materials posted on the bulletin boards on a monthly basis.

#### 5.2 DEPARTMENT SAFETY/ TAILGATE MEETINGS

- 5.2.1 All Departments are required to have a monthly safety meetings to discuss any safety concerns brought to their attention by Risk Management, recent accidents that may have occurred, safe work procedures, and new/current Cal/OSHA safety policies & regulations.
- 5.2.2 Managers/ Supervisors will keep a record of subjects discussed and the employees present at the meeting within their department.
- 5.2.3 Records may be audited periodically by Risk Management to ensure compliance and accurate record keeping.
- 5.2.2 Departments with Field Personal shall conduct these meetings as part of their bi-weekly Tailgate Meetings.

#### 5.3 ANONYMOUS HAZARD NOTIFICATION BY EMPLOYEES

- 5.3.1 Open communication between employees and supervisors is encouraged. However, in order to provide all employees with an opportunity to inform the City of environmental, health and safety concerns without fear of reprisal, two methods of anonymous notification have been implemented. These methods are:
  - Providing a written notice of health and safety concern via interoffice mail to the City Safety Officer using form 1, “***Employee Hazard Notification***”, or
  - Anonymously informing the City Safety Officer at (909) 798-7540 Ext. 1728, of the existence of a safety concern.

The “***Employee Hazard Notification***” form shall be posted near the Personnel Bulletin Boards.

- 5.3.2 Whether contacting the City Safety Officer or using the “***Employee Hazard Notification***” form, employee notifications must indicate:
  - The nature of the concern;
  - The location;
  - Where appropriate, the names of individuals involved.
- 5.3.3 The City Safety Officer will notify the site supervisor of concerns that are received. All notices (corrected and uncorrected) are to be submitted, via the site supervisor, to the City Safety Committee for review and proposed corrective action.

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### 5.4 HAZARD COMMUNICATION

- 5.4.1 Specialized training may be required before performing certain jobs within the City. Some of these jobs may include sewer work where entry into confined space is required, equipment repair where energy sources must be locked out, industrial truck operation, etc. Employees who are uncertain of their job training requirements or training qualifications are required to discuss their concern(s) with their direct supervisor, or City Safety Officer before proceeding with the assignment.
- 5.4.2 Assistant Directors, Coordinators, Division Managers, Line Supervisors, and Superintendents shall ensure that new employees or transferred employees are trained on the IIPP and the general hazards of the employee's job. Training must also be given whenever new substances, processes, or procedures, or new equipment are introduced to the workplace and represent a new. This training must be documented.
- 5.4.3 Safety Data Sheets (SDS) provide information on the potential hazards of products or chemicals. Hard copies of SDSs for the chemicals used at a site shall be readily available to employees. If an SDS is found to be missing, a new one must be obtained through a written request to the manufacturer. A copy of this request should be kept until the SDS arrives. Online sources of SDSs are acceptable provided that information is readily accessible to employees. Copies of all SDSs shall be provided to the City Safety Officer.
- 5.4.4 All equipment shall be operated in accordance with the manufacturer's instructions as specified in the equipment's operating manual. Copies of operating manuals must be kept with each piece of equipment at each site. Employees who are unfamiliar with the operation of a piece of equipment or its potential hazards must read the operating manual and receive training before using the equipment and verify their understanding to be correct through an experienced operator, supervisor, or designated competent person. All training pertaining to the operation of equipment must be documented using the appropriate safety training forms.

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## **6.0 INSPECTIONS (IIPP – 8 CCR 3203(a)(4) & (6))**

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### 6.1 FORMAL INSPECTIONS

- 6.1.1 Two types of formal inspections shall be conducted on a regular basis:
- Monthly inspections, and
  - Annual site environmental, health, and safety inspections.
- 6.1.2 In addition to the identification and correction of safety concerns through the monthly or annual inspection process, all employees must understand that the informal identification of hazards must also be addressed.
- 6.1.3 Supervisors shall conduct daily inspections of their areas that are considered to be high hazard

### 6.2 MONTHLY CHECKLIST INSPECTION PROCEDURE

- 6.2.1 Certain types of safety equipment (e.g., fire extinguishers, safety showers, eyewashes, etc.) are to be inspected monthly. Each department shall use IIPP Form 2, "***Inspection Checklist***" or IIPP Form 3, "***Office Inspection Checklist***." All findings shall then be documented using IIPP Form 4, "***Hazard Correction Report***." A copy of the departmental checklist should also be submitted to the City Safety Officer for review and comment each month for the previous month's inspection.
- 6.2.2 The site supervisor shall ensure that the area/site checklist is completed monthly. The area/site checklist shall be reviewed and signed by the Department Head. A copy of the inspection findings shall be submitted to the City Safety Officer.

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- 6.2.3 Upon completion of the inspection, the Department Head ensures that all deficiencies identified are corrected, and any uncorrected safety deficiencies are appropriately addressed in a timely manner.
- 6.2.4 The City Safety Officer shall keep statistics on each division.
- 6.2.5 Monthly safety inspection checklists may be disposed of after two years.
- 6.3 ANNUAL SITE ENVIRONMENTAL, HEALTH, AND SAFETY INSPECTIONS
- 6.3.1 Annual inspections will be completed to ensure that:
- All necessary safety records are appropriately maintained;
  - Health and safety inspections have been completed in accordance with this document;
  - Employee training is current and consistent with the appropriate training matrix.
- 6.3.2 The annual inspection will be completed by site supervisors with the following individuals assisting:
- 1) City Safety Officer;
  - 2) A supervisor or manager from another facility who is familiar with the area/facility operation.
- 6.4 ANNUAL INSPECTION PROCEDURE
- 6.4.1 Review the previous year's accidents, accident trends, and accident statistics for the division and the facility being inspected.
- 6.4.2 Review safety records (e.g., facility inspections, training records).
- 6.4.3 Determine if corrective actions for safety deficiencies identified on the Monthly Health and Safety Inspection Checklist have been addressed.
- 6.4.4 Conduct a physical inspection of the area/facility and list deficiencies, with corrective actions on the annual Inspection Report.
- 6.5 INFORMAL IDENTIFICATION AND CORRECTION OF HEALTH AND SAFETY CONCERNS
- 6.5.1 The informal identification and correction of health and safety concerns allows employees, who identify a potentially hazardous situation, the opportunity to report the hazardous condition to their supervisor and to correct the noted condition
- 6.5.2 All employees, during their daily work activities, shall look for any condition that may lead to a hazardous situation.
- 6.5.3 The employee identifying a potentially hazardous condition that may lead to injury, illness, or death, shall take appropriate action to immediately correct the identified safety deficiency. The employee shall notify their supervisor of any corrective action needed or taken.
- 6.5.4 Supervisors shall ensure that known safety deficiencies are appropriately addressed.
- 6.6 IMMINENT HAZARDS
- 6.6.1 If a condition poses an immediate danger of serious harm or bodily injury and cannot be corrected immediately, the operation must be stopped until the necessary corrections/repairs can be made. In all cases, the supervisor controlling the work area must be notified immediately. All affected work in the area should cease and affected personnel notified of the situation. All affected equipment must be properly locked-out/blocked-out and tagged.
- 6.6.2 If the hazard cannot be immediately corrected without endangering employees or property, all personnel must be evacuated except those qualified personnel required to abate the hazard. Such individuals shall be equipped with necessary safeguards and personal protective equipment before addressing the situation. The City Safety Officer shall be notified as soon as possible

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### 6.7 PREVENTATIVE MAINTENANCE PROGRAMS (PM)

- 6.7.1 Preventative Maintenance Programs present the opportunity to identify health and safety hazards, before serious situations arise.
- 6.7.2 All sites are required to follow their established Preventative Maintenance schedules.
- 6.7.3 When employees identify health and safety concerns of a potentially recurring nature they should investigate the need, with the assistance of their supervisor, to regularly inspect the process or equipment contributing to the concern, as part of the Preventative Maintenance Program.

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## **7.0 INVESTIGATION OF ACCIDENTS/INCIDENTS/NEAR-MISSES (IIPP- 8 CCR 3203 (a)(5))**

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### 7.1 REPORTING

- 7.1.1 Employees who are injured at work must report the injury immediately to their supervisor. If non-emergency medical treatment for work-related injuries or illnesses is needed, employees must seek treatment at the City's designated medical treatment facility. If emergency medical treatment is needed, call 911. The injured party will be taken to the appropriate hospital or medical center.
- 7.1.2 Upon becoming aware of an employee injury or illness, the supervisor will:
  - Seek the assistance of emergency services if the injury or illness is of a serious or life threatening nature, or
  - Assess the need for medical attention if the injury or illness does not appear to be of a serious nature. If the supervisor determines that the employee should seek medical attention then the employee is to be directed to the City's designated medical treatment facility.
    - Fox Occupational Medical Center:  
1375 Camino Real, Suite 130, San Bernardino, CA 92408  
(909) 884-1500
- 7.1.3 The direct supervisor must complete IIPP Form 5, "***Report of Incident, Accident and Injury***" and forward to the City Safety Officer and the Senior HR/ Risk Management Analyst **within 24 hours** of the incident.
- 7.1.4 Refer to Addendum B for accident/injury paperwork guidelines.

### 7.2 INJURY AND ILLNESS INVESTIGATION

- 7.2.1 For each injury or illness reported, the supervisor must investigate the accident to determine the root cause and implement the corrective action needed to prevent recurrence.
- 7.2.2 Supervisors shall be trained in accident investigation.
- 7.2.3 Supervisors may seek the assistance of the City Safety Officer when conducting an accident investigation.
- 7.2.4 All near-miss incidents must be reported by employees and investigated by Supervisors.

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## **8.0 TRAINING (IIPP – 8 CCR 3203 (a)(7))**

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### 8.1 SAFETY TRAINING

- 8.1.1 Employee health and safety training shall be provided at no cost to the employee.
- 8.1.2 Videos and online training are available on a wide range of topics, including hazard communication, chemical safety, and other hazards. Depending on the nature of the hazard, and the individual employee's potential for exposure, face-to-face safety instruction may be required in addition to video and online training, as long as trainees have an opportunity to ask questions of a qualified instructor.



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8.1.3 All health and safety training must be documented either by using an attendance sheet that includes the time, place, instructor, and attendees or via online training management software.

### **8.2 NEW EMPLOYEE TRAINING**

8.2.1 Before beginning their job assignment, all new employees shall complete the following instruction:

- Review the City’s IIPP
- Review City safety policies and procedures,
- Safety rules, both general and specific to the job assignment,
- Safety rule enforcement policy,
- Where, when, and how to report injuries,
- Where, when, and how to report unsafe conditions,
- Review emergency action plan,
- Requirements for personal protective equipment,
- Importance of housekeeping, and
- Proper lifting procedures

### **8.3 COMPREHENSIVE SUBJECT STUDY**

8.3.1 The City Safety Officer shall develop the City’s Health and Safety Training Schedule. Supervisors shall be trained on the hazards to which employees under their immediate control are likely to be exposed. This training is intended to aid the supervisor in understanding and enforcing proper safety measures.

8.3.2 Supervisors shall ensure that each employee receives appropriate training to identify the potential hazards associated with their job duties, and implement the proper safety procedures.

8.3.3 Safety training is also required when employees are given new job assignments that include potential hazards, and whenever a supervisor is made aware of a new or previously potential hazard.

8.3.4 Specific hazard safety orientation shall be given to all employees. The intent of this training is to ensure that employees have received training and instruction on all safety hazards associated with their current position.

8.4.1 Videos and online training are available on a wide range of topics, including hazard communication, chemical safety, and other hazards. Depending on the nature of the hazard, and the individual employee’s potential for exposure, face-to-face safety instruction may be required in addition to video and online training, as long as trainees have an opportunity to ask questions of a qualified instructor.

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## **9.0 RECORD KEEPING (IIPP- 8 CCR 3203 (b)(1) & (2))**

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### **9.1 TRAINING RECORDS**

9.1.1 Each Department is responsible for providing employee safety training records to City Safety Officer. Departments are also responsible for maintaining a set of department employee safety training records.

### **9.2 INJURY AND ILLNESS REPORTS**

9.2.1 Copies of the “*Report of Incident, Accident and Injury*” shall be forwarded to the City Safety Officer for review and retention. A copy of the report should also be maintained at the site where the injured/ill employee works.

### **9.3 MEDICAL EXAMINATIONS & RECORDS**

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- 9.3.1 Employee medical information and exposure records must be maintained for the duration of employment, plus 30 years. These records shall be kept in a secured medical file, separate from other personnel records.

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### **10.0 SAFETY COMMITTEE (IIPP – 8 CCR 3203(c))**

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#### 10.1 CITY SAFETY COMMITTEE

- 10.1.1 A City Safety Committee shall to be established and maintained in accordance with this section, and shall meet not less than quarterly.

#### 10.2 COMMITTEE MEMBERSHIP

- 10.2.1 A representative from the City's Fire, Police, Municipal Utilities and Engineering, and Quality of Life Departments shall serve as a member of the City Safety Committee. Additional representatives shall be selected through an application process. Selection shall be based on employee interest and commitment to safety. If more than one employee from a division applies for the position, the selection shall be made by the Committee Chair, City Safety Officer, and Human Resources Manager.

- 10.2.2 In the event there are no applicants, appointments shall be made by the Committee Chair, City Safety Officer, and Human Resources Manager.

- 10.2.3 The Committee Chair is responsible for reporting and discussing committee issues with management.

- 10.2.4 Safety Committees shall consist of:

- Committee Chair, as elected by City Safety Committee;
- A Secretary, as elected by City Safety Committee;
- Human Resources Manager;
- City Safety Officer
- A representative from the Redlands Fire Department
- A representative from the Redlands Police Department
- A representative from the Municipal Utilities and Engineering Department
- A representative from the Quality of Life Department

#### 10.3 COMMITTEE PURPOSE

- 10.3.1 The purpose of the City Safety Committee is to:

- Promote safety in the workplace.
- Review results of the periodic scheduled work site inspections, and address corrective actions needed;
- Review incident and accident reports to follow-up on corrective actions needed to reduce the likelihood of future incidents;
- Develop and submit suggestions to management for preventing future incidents;
- Review City and Department Codes of Safe Work Practices;
- Review alleged hazardous conditions brought to the attention of any committee member, and propose methods for the correction of safety concerns;
- Assist with the development and implementation of the annual safety training calendar;
- Conduct and audit safety training sessions;
- Audit work site safety inspections;
- Make recommendation regarding the City's safety incentive program;

#### 10.4 PROCEDURE FOR CONDUCTING SAFETY COMMITTEE MEETINGS

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- 10.4.1 The chair of the City Safety Committee:
- Ensures that the Committee meets, no less than quarterly;
  - Maintains meeting summaries and “Action Items.”
- 10.4.2 The Secretary shall prepare and distribute the agenda and meeting minutes. The Secretary shall also take attendance to note excused absences.
- 10.4.3 The City Safety Officer shall gather inspection reports, accident reports, and employee suggestions for corrective action prior to the meeting. The City Safety Officer shall track committee action items as appropriate.

## EMPLOYEE HAZARD NOTIFICATION REPORT

This form shall be used by all City employees to report safety hazards and/or concerns. Once completed submit this form to Risk Management; retain a copy for the department files.

### TO BE COMPLETED EMPLOYEE:

NAME:		DATE:	
DEPARTMENT:		DIVISION:	
JOB TITLE:			

### DESCRIPTION OF HAZARD:

(Include area and task involved, any equipment, tools, people involved. Use sketches if necessary):

### POSSIBLE REMEDIES:

(List any suggestions you may have for reducing or eliminating the problem. e.g. re-design mechanical devices, procedures, training, maintenance work, etc.):

### CORRECTIVE ACTION TAKEN AND TIMELINE (ATTACH ADDITIONAL SHEET IF NEEDED):

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

# MONTHLY SAFETY INSPECTION CHECKLIST

## MONTHLY SAFETY CHECK

FACILITY:		LOCATION:			COMMENTS
DATE:		STATUS			
INSPECTED BY:		A	B	C	
<b>I. FIRE PROTECTION:</b>					
1. Fire Extinguisher					
2. Hose Racks					
3. Exits, Stairs, & Dead-ends Properly Marked					
<b>II. HOUSE KEEPING:</b>					
1. Aisles, Stairs, & Floors					
2. Storage of Materials					
3. Wash & Locker Room					
4. Lights & Ventilation					
5. Areas Around Building					
6. Stair Maintenance: Treads, Handrails, Illumination					
7. Sanitation & Food Storage					
<b>III. TOOLS:</b>					
1. Power Tools: Frayed Wires, Properly Grounded Guards					
2. Hand Tools: Worn Wrenches, Cracked Hammer Heads					
3. Bench Grinder: Alignment of Tool Rest, Wheels Dressed					
4. Tool Storage					
5. Ladders					
<b>IV. PERSONAL PROTECTIVE EQUIPMENT:</b>					
1. Eye Wash & Showers; Clean, Operational, Protective Covers					
2. Self-Contained Breathing Units, Location					
3. Respirators, Location, Storage					
4. Protective Clothing & Equipment					
5. Eye Protection					
<b>V. HAZARDOUS SUBSTANCES &amp; PROCESSES:</b>					
1. Spill Control & Overflow					
2. Storage of Industrial Chemicals					
3. Dispensing Devices					
4. Labels & MSDS, Warning Signs					
5. Changing & Charging Storage Batteries					
6. Chemical Mixing & Use Areas					
<b>VI. FLAMMABLE LIQUIDS AND GASES:</b>					
1. Flammable Liquid Storage					
2. Dip & Wash Tanks					
3. Labels & Warnings					
4. Storage, Handling, Markings & Use of Cylinders					
5. Spray Coating Operations					

**STATUS:**

**A = SATISFACTORY**

**B = NEEDS SOME ATTENTION**

**C = NEEDS IMMEDIATE ATTENTION**



# OFFICE INSPECTION CHECKLIST

## MONTHLY SAFETY CHECKLIST

FACILITY:		LOCATION:			COMMENTS
DATE:		STATUS			
INSPECTED BY:		A	B	C	
<b>I. FIRE PROTECTION:</b>					
1. Fire Extinguisher					
2. Hose Racks					
3. Exits, Stairs, & Dead-ends Properly Marked					
<b>II. HOUSE KEEPING:</b>					
1. Aisles, Stairs, & Floors					
2. Storage of Materials					
3. Wash & Locker Room					
4. Lights & Ventilation					
5. Areas Around Building					
6. Stair Maintenance: Treads, Handrails, Illumination					
7. Sanitation & Food Storage					
<b>III. TOOLS:</b>					
1. Power Tools: Frayed Wires, Properly Grounded Guards					
2. Hand Tools: Worn Wrenches, Cracked Hammer Heads					
3. Bench Grinder: Alignment of Tool Rest, Wheels Dressed					
4. Tool Storage					
5. Ladders					
<b>IV. PERSONAL PROTECTIVE EQUIPMENT:</b>					
1. Eye Wash & Showers; Clean, Operational, Protective Covers					
2. Self-Contained Breathing Units, Location					
3. Respirators, Location, Storage					
4. Protective Clothing & Equipment					
5. Eye Protection					
<b>V. HAZARDOUS SUBSTANCES &amp; PROCESSES:</b>					
1. Spill Control & Overflow					
2. Storage of Industrial Chemicals					
3. Dispensing Devices					
4. Labels & MSDS, Warning Signs					
5. Changing & Charging Storage Batteries					
6. Chemical Mixing & Use Areas					
<b>VI. FLAMMABLE LIQUIDS AND GASES:</b>					
1. Flammable Liquid Storage					
2. Dip & Wash Tanks					
3. Labels & Warnings					
4. Storage, Handling, Markings & Use of Cylinders					
5. Spray Coating Operations					

**STATUS:**

**A = SATISFACTORY**

**B = NEEDS SOME ATTENTION**

**C = NEEDS IMMEDIATE ATTENTION**





## HAZARD CORRECTION REPORT

This form shall be used by all City employees assigned to investigate safety hazards and/or concerns. Once completed submit this form to Risk Management; retain a copy for the department files.

**TO BE COMPLETED BY INVESTIGATING SUPERVISOR:**

NAME:		DATE:	
DEPARTMENT:		DIVISION:	
JOB TITLE:			

**HAZARD/CONCERN REPORTED:**

**RESULTS OF INVESTIGATION** *(ATTACH ADDITIONAL SHEET IF NEEDED):*

**CORRECTIVE ACTION TAKEN AND TIMELINE** *(ATTACH ADDITIONAL SHEET IF NEEDED):*

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

**For Risk Management use only**

Date Report Received:			
Corrective action taken:	Yes	No	Date Corrective action completed:
Comments			

## REPORT OF INCIDENT, ACCIDENT, AND INJURY

Complete information and forward to Human Resources/Risk Management within **24 hours** of incident via fax, e-mail, or hard copy.

**SECTION 1: Type of Incident:**

	Injury		Accident - Vehicle		Near – Miss		Private Property Damage
	Injury & Property		Accident Equipment		City/Public Property Damage		

**SECTION 2: Employee Information (all field required):**

Employee Name		Employee Contact Number	
Employee Position		Department	
Supervisor		Supervisor Contact Number	
Time Employee Began Work		Employment Status (FT, PT)	
Unable to Return to Work		Date Last Worked	

Date of Incident		Time of Incident	
Address/Location			
Person Notified			

**SECTION 3: Incident Information**

*Detailed description of employee’s actions at time of incident (how, what, why):*

*Direct cause(s) of incident:*

*Were other employees involved? If so provide name(s) and contact number(s):*

*Witness Name/Telephone Number:*

Did the employee receive basic first aid?	Yes	No
Was the employee sent to FOX Occupational Clinic?	Yes	No
Was the employee sent to emergency room?	Yes	No
Name and address of hospital?		
Was employee sent to another occupational clinic?	Yes	No
Name and address of clinic?		
Was treatment refuse?	Yes	No
Comments:		

**SECTION 4: Indicate injured body part**

Ankle	R	L	Fingers	R	L	Torso	Teeth	
Foot	R	L	Thumb	R	L	Neck	Throat	
Toes	R	L	Hand	R	L	Back - Lower	Mouth	
Knee	R	L	Wrist	R	L	Back - Middle	Nose	
Leg	R	L	Arm	R	L	Face	Internal	
Calf	R	L	Forearm	R	L	Head	Nose	
Thigh	R	L	Elbow	R	L	Heart	Internal	
Hip	R	L	Shoulder	R	L	Teeth		
Buttocks			Ear	R	L	Throat		
Groin	R	L	Eye	R	L	Mouth		
			Other:					

**SECTION 5: Indicate type of injury**

Abrasion	Compound Fracture	Numbness
Amputation	Crushed	Pain
Bite/Sting	Cut/Laceration	Puncture
Blister	Crushed	Repetitive Motion
Break/Fracture	Dermatitis	Swelling
Bruise/Contusion	Hearing	Splinter
Burn – Chemical	Illness	Sprain/Strain
Chemical Exposure	Loss of Consciousness	
Exposure to		
Other		

**SECTION 6: Damage Information (Vehicle/Equipment)**

Redlands Police Report Number			
Other Agency		Report or Reference Number	
City Vehicle Identification Number		City License Number	
Make & Model of Vehicle/Equipment			
Extent of damage to equipment/vehicle			
Is the vehicle/equipment out of service?			
If yes, is it:	Temporarily out of service		Permanently out of service
Where will the repairs be made?	City Garage		Other
Additional information/comments			

**SECTION 7: Corrective Action(s)**

*What corrective actions have been taken to prevent recurrence?*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

## SUPERVISORS ACCIDENT INVESTIGATION REPORT

This form shall be used by all supervisors assigned to investigate accidents or injuries. Once completed submit this form to Risk Management; retain a copy for the department files.

### TO BE COMPLETED BY INVESTIGATING SUPERVISOR

EMPLOYEE NAME:		CONTACT NUMBER:	
JOB TITLE:		DEPARTMENT:	
SUPERVISOR:		CONTACT NUMBER:	

DATE OF INCIDENT:		TIME OF INCIDENT:	
LOCATION OF INCIDENT:			
PERSON NOTIFIED:			

### DESCRIBE ACCIDENT:

(What task was the employee assigned? What tools or equipment was being used?)

### NAMES(S) OF ANY WITNESSES:

### SAFETY GUIDELINES/PROCEDURES:

(Were safety guidelines/procedures in place and used, please describe?)

**RECOMMENDATION:**

(Recommended preventative action to take in the future to prevent a reoccurrence?)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date