



SAN JOAQUIN COUNTY OFFICE OF EDUCATION
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**INJURY & ILLNESS PREVENTION
PROGRAM
7/12/2023**

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INTRODUCTION

In order to maintain a safe and healthful work environment the San Joaquin County Office of Education has developed this Injury & Illness Prevention Program for all employees to follow. This document describes the goals, statutory authority, and the responsibilities of all employees under the Program. It addresses Compliance, Hazard Identification, Accident Investigation, Hazard Mitigation, Training, Hazard Communication, and Program Documentation. By making employee safety a high priority, for every employee, we can reduce injuries and illnesses, increase productivity, and promote a safer and healthier environment for all individuals at San Joaquin County Office of Education. You can request a hard copy of the Illness & Injury Prevention Program from the Operations Department or on our webpage: www.sjcoe.org/operations.

GOALS

Diligent implementation of this program will reap many benefits for the San Joaquin County Office of Education. Most notably it will:

1. Protect the health and safety of employees. Decrease the potential risk of disease, illness, injury, and harmful exposures to County Office personnel.
2. Reduce workers' compensation claims and costs.
3. Improve efficiency by reducing the time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement employees.
4. Improve employee morale and efficiency as employees see that their safety is important to management.
5. Minimize the potential for penalties assessed by various enforcement agencies by maintaining compliance with Health and Safety Codes.

STATUTORY AUTHORITY

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

RESPONSIBILITY

The ultimate responsibility for establishing and maintaining effective environmental health and safety policies specific to county office facilities and operations rests with the Director of Operations. General policies, which govern the activities and responsibilities of the Injury & Illness Prevention Program, are established under the Superintendent's final authority.

It is the responsibility of Site Administrators, Supervisors, and Managers to implement procedures which ensure effective compliance with the Injury & Illness Prevention Program as well as other health and safety policies related to operations under their control. Responsibilities are more specifically identified as follows:

Site Administrators, Supervisors, and Managers

- Providing job-specific and general safety and hazard training to employees.
- Documenting all safety trainings.
- Providing safe and healthy working conditions for all employees.
- Purchasing appropriate protective equipment, distributing it to employees, training employees on its proper use, and ensuring employee compliance and usage of the equipment.
- Conducting periodic site inspections and taking immediate action in rectifying dangerous work conditions, work procedures, and/or attitudes that adversely affect the health and safety of employees.
- Investigating accidents, injuries, illnesses and near miss incidents and determining the cause of the incident and the corrective actions needed to prevent its recurrence.
- Communicating with employees on occupational health and safety issues.
- Evaluating and ensuring employee compliance.

Immediate responsibility for workplace health and safety rests with each individual employee. Employees are responsible for following the established work procedures and safety guidelines in their area, as well as those identified in this Program. Employees are also responsible for using the personal protective equipment issued to protect them from identified hazards, and for reporting any unsafe conditions to their supervisors (Appendix A or equivalent).

All Employees

- Comply with all County and departmental safety policies and procedures.
- Notify their supervisor if they do not fully understand County and/or departmental safety policies and procedures and/or the hazards associated with their job.
- Report all dangerous work conditions and/or defective tools, equipment and safety devices to their supervisor immediately.
- Report all accidents, near misses and injuries to their supervisor immediately.
- Keep working areas clean and orderly at all times.
- Avoid disorderly conduct such as horseplay, fighting and practical jokes.
- Wear required protective safety equipment and clothing as required by departmental safety rules and procedures or as directed by their supervisor.
- Attend/participate in County provided training and information programs.

COMPLIANCE

Compliance with this Injury & Illness Prevention Program will be achieved in the following manner:

1. Site Administrators, Supervisors and Managers will set positive examples for working safely and require that all staff under their direction work safely.
2. Site Administrators, Supervisors and Managers will use all disciplinary procedures available to them to ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings, and other forms of disciplinary action are available.
3. Site Administrators, Supervisors and Managers will identify the resources necessary to provide a safe work environment for their employees and include them in budget requests.

San Joaquin County Office of Education has developed this comprehensive Injury & Illness Prevention Program to enhance the health and safety of its employees.

HAZARD IDENTIFICATION

A health and safety inspection program is essential in order to reduce unsafe conditions, which may expose employees to incidents that could result in personal injuries or property damage. It is the responsibility of the Director of Operations to ensure that appropriate, systematic safety inspections are conducted periodically. Site Administrators, Supervisors and Managers will assign personnel at each location to conduct or assist with these inspections. The Director of Operations will track all completed safety inspections to ensure compliance with this IIPP program. The Director of Operations will coordinate with the appropriate departments to implement necessary corrective actions.

Scheduled Safety Inspections

All inspections will be documented using the attached forms (Appendixes D-E or equivalent) with appropriate abatement of any hazards detected.

Safety inspections will be conducted at the frequency described below:

1. Annual inspections of all county facilities will be conducted to detect and eliminate any hazardous conditions that may exist. Site Administrators, Supervisors and Managers will take timely and appropriate action to address any unsafe conditions noted in inspection reports and will forward a copy of the reports to the Director of Operations.

Unscheduled Safety Inspections

1. Additional safety inspections will be conducted whenever new equipment or changes in procedures are introduced into the workplace that presents new hazards.
2. The Director of Operations or their designee will conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace.
3. Safety reviews will be conducted when occupational accidents occur to identify and correct hazards that may have contributed to the accident.

ACCIDENT INVESTIGATIONS

Site Administrators, Departmental Supervisors, and Managers will investigate all accidents, injuries, occupational illnesses, and near-miss incidents to identify the root cause. Site Administrators, Supervisors and Managers will take timely and appropriate action to make necessary repairs or procedural changes to correct the root causes of these occurrences.

To ensure timely accounting for Workers' Compensation procedures, both the employee and supervisor must complete their respective portions on the Employee/Supervisor Report of Accident/Incident and/or Injury Form (Appendix B or equivalent) available in the Attendance Unit located in Business Services at the County Office.

HAZARD CORRECTION

All hazards identified will be promptly investigated and alternate procedures implemented as indicated. The County Office recognizes that hazards range from imminent dangers to hazards of relatively low risk. Corrective actions or plans, including suitable timetables for completion, are the responsibility of the Site Administrator or Departmental Managers.

TRAINING

Effective dissemination of safety information lies at the very heart of a successful Injury & Illness Prevention Program. All employees must be trained in general safe work practices. In addition, specific instruction with respect to hazards unique to each employee's job assignment will be provided.

General Safe Work Practices

At a minimum, employees will be trained in the following:

1. Fire Safety, Evacuation, and Emergency Procedures
2. Bloodborne Pathogens – employees exposed to blood/bodily fluids
3. Injury & Illness Prevention Program
4. Hazard Communication/Material Safety Data Sheets – employees exposed to hazardous materials
5. Heat Illness Prevention Program – employees working outdoors

Specific Safe Work Practices

In addition to this general training, each employee will be instructed how to protect themselves from the hazards specific to their individual job duties. At a minimum this entails how to use workplace equipment, safe handling of hazardous materials and use of personal protective equipment. Training must be completed before beginning to work on assigned equipment, and whenever new hazards or changes in procedures are implemented.

The Director of Operations or their designee is responsible for providing Site Administrators, Supervisors, and Managers with the training necessary to familiarize themselves with the safety and health hazards their employees are exposed to.

It is the responsibility of each Site Administrator, Supervisor, and Manager to know the hazards related to his/her employee's job tasks, and ensure they receive appropriate training.

1. Supervisors will ensure that all employees receive general and job-specific training prior to initial or new job assignments.
2. Supervisors will ensure that employees are trained whenever new substances, processes, procedures or equipment are introduced to the workplace, which may create new hazards. Training must also be given when new or previously unrecognized hazards are brought to a supervisor's attention.
3. All training will be documented and kept in employee files or the Operations department as appropriate. The attached Safety Training and Instruction Record (Appendix C or equivalent) will be used for this purpose.

COMMUNICATION

Effective two-way communication, which involves employee input on matters of workplace safety, is essential to maintaining an effective Injury & Illness Prevention Program. To foster better safety communication the following guidelines will be implemented:

The County Office will use Employee Bulletin Boards for posting information on safety in a location accessible to all employees. Changes in protocol, safety bulletins, training announcements, and other safety information will be posted, as they become available.

Site Administrators, Managers, and Supervisors will provide time at periodic staff meetings to discuss safety topics. Status reports will be given on safety inspections, hazard correction projects, and accident investigation results, as well as feedback to previous employee suggestions. Employees will be encouraged to participate and give suggestions without fear of reprisal. The attached attendance sheet (Appendix C or Equivalent) should be used to document attendance and topics covered at meetings and trainings. Additional communication methods may include but are not limited to emails, meetings, manuals, newsletters, bulletins, warning labels, etc.

Employees are encouraged to bring to the County Office's attention any potential health or safety hazard that may exist in the work area. The attached Report of Unsafe Condition or Hazard form (Appendix A or equivalent) can be used for this purpose. These forms are available in the Operations Department and online. Employees may also submit health or safety hazards through email to SJCOEMaintenanceRequests@sjcoe.net. Supervisors will follow up on all suggestions and investigate the concerns brought up through these communication methods. Feedback to the employees is critical, and must be provided for effective two-way communication.

EMPLOYEE ACCESS TO THE PROGRAM

All employees have the right and opportunity to receive and review their employer's IIPP. The SJCOE will provide access to the Program by doing one of the following:

1. Provide access in a reasonable time, place, and manner, but in no event later than five business days after the request for access is received from an employee or designated representative.
 - One printed copy of the plan must be free of charge, although the employer may charge a reasonable administrative fee for additional copies within (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided
2. Provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program.

The SJCOE will communicate the right and the procedures to access the Program to all employees.

Employees of the SJCOE can receive and review our IIPP by making a written request themselves or designating an authorized representative that they give written authorization to make the request on their behalf. The written authorization request must include:

- The name and signature of the employee who is authorizing a designated representative to access the Program on their behalf
- The name of the designated representative authorized to receive the Program for the employee
- The date of the request
- The date when the written authorization will expire (if less than (1) year).

DOCUMENTATION

Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities relevant to occupational health and safety. To comply with these regulations, as well as to demonstrate that the critical elements of this Injury & Illness Prevention Program are being implemented, the following records will be kept on file at the County Office for at least the length of time indicated below:

1. Copies of all IIPP Safety Inspection Forms. Retain 5 years.
2. Copies of all Accident Investigation Forms. Retain 5 years.
3. Copies of all employee safety related training records, checklists and related training documents. Retain for duration of each individual's employment.

The County Office will ensure that these records are maintained and available for presentation to Cal/OSHA or other regulatory agency representatives if requested. A review of these records will be conducted by the Director of Operations or their designee during routine inspections to measure compliance with the Program.

A safe and healthy workplace must be the goal of everyone at the San Joaquin County Office of Education, with responsibility shared by management and staff alike. If you have any questions regarding this Injury & Illness Prevention Program, please contact the Operations Department at (209) 468--9061. The Injury & Illness Prevention Program document can be found on the County Office website or by contacting the Operations Department.

APPENDIX A

REPORT OF UNSAFE CONDITION OR HAZARD

REPORT OF UNSAFE CONDITION OR HAZARD

Optional: Employees may submit this form anonymously

Employee's
Name:

Job
Title:

Location of condition believed to be unsafe or hazardous:

Date and time condition or hazard observed:

Description of unsafe condition or hazard:

What changes would you recommend to correct the condition or hazard?

Optional:

Signature of Employee: _____ Date: _____

San Joaquin County Office of Education's Response:

Name of Person Investigating Report:

Results of investigation (what was found? was condition unsafe or a hazard?): *(attach additional sheets if necessary)*

Action taken to correct hazard or unsafe condition, if appropriate (or, alternative, information provided to employees as to why condition was not unsafe or hazardous): *(attach additional sheets if necessary)*

Signature of Person Investigating Report: _____ Date: _____

Please submit completed form to the Operations Department (WEC – 2707 Transworld Drive)

Revised: 17/18

APPENDIX B

**EMPLOYEE /SUPERVISOR REPORT OF
ACCIDENT/INCIDENT AND/OR INJURY**

QUICK REFERENCE GUIDE

for

ACCIDENT INVESTIGATION

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

- Step 1:**
- A.** Act at once. Talk with the injured employee immediately if possible (one on one is best). Use fact-finding, not fault-finding questions to determine what occurred. Ask the injured person or a witness to show you how the accident happened. Use the Accident Investigation Checklist for a list of sample questions that you may need to ask during an investigation.
 - B.** Review physical causes, such as poor housekeeping, improper guards, improper apparel (such as a lack of properly soled shoes or safety shoes, eye, hand, or head protection), defective equipment, slippery floors, or other working conditions. Completely describe location of incident; including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident.
 - C.** Review personal causes, such as dangerous practices, inability, inexperience, poor judgment, and disobeying rules.
 - D.** Trace down each item of information to find every contributory cause. Decide the necessary preventive measures to prevent similar accidents in the future. Report any defective equipment to the person responsible.
 - E.** Non-injury accidents (an accident that nearly caused an injury of any severity) should also be investigated and reported.
- Step 2:** Complete the Accident Investigation Reporting form within 24 hours. Describe how the incident occurred; state facts, contributing factors, site witnesses, and support evidence. Keep a copy for your records and send original to the Worker’s Comp. control point (Attendance Unit) for San Joaquin County Office of Education.
- Step 3:** Contact the San Joaquin County Office of Education Worker’s Comp. control point (Attendance Unit) if you have any questions or need for additional instructions.
- Step 4:** Follow-up with employee after they receive treatment to find out if they are doing well. In addition, ensure contributing factors to the accident, if any fixed (work orders sent), and all exposed employees are aware of the contributing causes of the accident.

**San Joaquin County Office of Education
Employee/Supervisor Report of Accident/Incident and/or Injury**

PART I: To Be Completed By Employee

Employee Name _____ SSN _____ - _____ - _____ Date of Birth _____
 Employee Address _____ Phone(____) _____
 Sex : ___M___F Job Title _____ Work Location _____ Hire Date _____
 Where did accident occur? (Be Specific) _____
 Description of accident (Task being performed, step by step detail of incident, tool or object involved) _____

* Complete these items if an injury occurred:	
*Normal Work Shift: From _____ to _____	Date of Injury _____ Time of Injury _____
Unable to work at least one full day? ___Yes___No	Date Last Worked _____ Date Returned to Work _____
*Specific Injury (Part of body injured, medical diagnosis if available i.e. second degree burn right arm, tendentious left elbow) _____	
*Name(s) of witness(s) _____	

Employee Signature _____ Date _____

PART II: To Be Completed by Administrative Supervisor:

Description of Incident _____

Cause of Incident (See legend below) _____ Other _____

Date and Time Employer Became Aware of Injury/Illness Date _____ Time _____

Did injured: 1. Receive First Aid? Yes ___No___ Describe _____

2. Visit Doctor? or Emergency Room? Yes ___No___ Name/Address _____
(Circle one if answer is Yes)

Phone _____

What has been done or will be done to prevent similar injuries? _____

Comments _____

Administrator's Signature _____ Date _____

NOTE: Accidents just don't happen, they have causes. Please use the following list to indicate possible reason for this accident. They are meant only as guidelines to help you in making an effective accident investigation.

LEGEND:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Haste or short cuts. 2. Equipment such as barrel trucks, skids, hoists, etc., provided but not used or available. 3. Goggles, respirators, masks, etc. provided but not used or available. 4. Improper or unsafe tool or equipment used 5. Instructions or rules disregarded. 6. Inattention. 7. Action of fellow employee. 8. Improper clothing. | <ol style="list-style-type: none"> 9. Light, ventilation. 10. Improper piling or storing. 11. Exits or emergency escapes inadequate or not provided. 12. Tools, equipment or materials scattered around. 13. Slippery floors or other surfaces. 14. Equipment ineffectively guarded. 15. Unguarded equipment. 16. Defective materials, tools or equipment. 17. Improper type or design. 18. Other (Expand Above) |
|---|--|

Please submit completed form to the Attendance Unit (Nelson Center Business Office (2922 Transworld Drive))

APPENDIX C
SAFETY TRAINING AND INSTRUCTION RECORD

APPENDIX D

OFFICE SAFETY INSPECTION CHECKLIST

SAN JOAQUIN COUNTY OFFICE OF EDUCATION

OFFICE SAFETY INSPECTION CHECKLIST

Date: _____ Location: _____ Phone: _____

Supervisor: _____ Department: _____

Inspector: _____ Job Title: _____

ADMINISTRATION AND TRAINING

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the department have a written Injury & Illness Prevention Plan? Are all departmental safety records maintained in a centralized file for easy access? Is it current? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have all of the employees attended an IIPP training class? If not, what percentage has received training? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the department have a completed Emergency Action Plan? Percentage completed? _____ Is training being provided to employees on its contents? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are chemical products used in the office? (Are Material Safety Data Sheets maintained?) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are the Cal/OSHA Information Poster, Workers' Compensation Bulletin, and Emergency Response Guide flipchart posted? Is the Safety Briefs newsletter being sent to the area? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Are annual workplace inspections being performed? Are records being maintained? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Has there been any employee accidents from this department? Are there Accident Investigation Reports completed for each accident? |

GENERAL SAFETY

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Are all exits, fire alarms, pull boxes, extinguishers, sprinklers, and fire notification devices clearly marked and unobstructed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Are all aisles/corridors unobstructed to allow unimpeded evacuations? |

-
-
-
- 10. Is a clearly identified, charged, currently inspected and tagged, wall-mounted fire extinguisher available within 75 feet of all work areas? (No empty wall hooks, charge needles in the red, missing plastic pin tabs or extinguishers on the floor.)

GENERAL SAFETY (CONTINUED)

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Are ergonomic issues being addressed for administrative personnel using computers? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Is a fully stocked first-aid kit available? Do all employees in the area know its location? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Are all cabinets, shelves, or furniture above 5 feet in height secured to prevent toppling during an earthquake? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Are all books and supplies stored so as not to fall during an earthquake? (Store heavy items low to the floor, shelf lips on shelves above work areas.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Is the office kept clean of trash and other recyclable materials removed promptly? |

ELECTRICAL/MECHANICAL SAFETY

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are all plugs, cords, electrical panels, and receptacles in good condition (no exposed conductors or broken insulation)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are all circuit breaker panels accessible with each breaker appropriately labeled? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Is lighting adequate throughout the work environment? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Are extension cords being used correctly? (They must not be run through walls, doors, ceilings; not represent a trip hazard running across aisle ways; not to be used as a permanent source of electrical supply--use fused outlet strips or have additional outlets installed; not to be linked together. No "thin" zip cords.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Are portable electric heaters being used? (If so, use fused power strips and locate away from combustible materials.) |

Comments

APPENDIX E
FACILITY SAFETY INSPECTION CHECKLIST

SAN JOAQUIN COUNTY OFFICE OF EDUCATION

FACILITY SAFETY INSPECTION CHECKLIST

Date: _____ Location: _____ Phone: _____

Supervisor: _____ Department: _____

Inspector: _____ Job Title: _____

ADMINISTRATION AND TRAINING

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have all employees received General Safety Training (fire, earthquake, VDTs, lifting, emergency evacuation, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are all employees familiar with the use of MSDSs? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have all employees been instructed in how to operate the equipment they are required to use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have all employees been trained in how to protect themselves from the hazards identified in their work area? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are all employees current on any specialized training (lockout, confined space, respirators, etc.) needed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Are all training records up to date for each employee? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Do all employees have access to the Departmental Emergency Action Plan and know their responsibilities? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is the Cal/OSHA information poster and Workers' Compensation Bulletin posted? |

FIRE SAFETY

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Are all fire exits clearly marked and unobstructed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Is trash, debris, and oily rags removed from the shop daily? Are metal cans available for storage of oily rags? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Are all aisles cleared for at least a 44-inch pathway and building exit corridors completely clear for safe egress? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Are all flammable solvents in excess of 10 1-gallon containers stored in approved flammable storage cabinets? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Are spray-painting operations, which employ flammable materials, conducted inside spray booths? |

FIRE SAFETY (continued)

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Are flammable and combustible materials stored at least 25 feet away from heat or ignition sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Are flammable gas cylinders are stored at least 25 feet away from oxygen cylinders or ignition sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are fire separators intact (no holes in firewalls, no doors to exit corridors propped open, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are charged, wall-mounted fire extinguishers (of the appropriate type) available within 75 feet of all workstations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Are employee workstations arranged to be comfortable without unnecessary strain on backs, arms, necks, etc.? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Is there an inspection card attached to each fire extinguisher and are monthly inspections properly documented? |

ELECTRICAL SAFETY

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Are all plugs, cords, panels, and receptacles in good condition (no exposed conductors or broken insulation)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Are all circuit breaker panels accessible with labels identifying each switch's function? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Are plug adapters banned? (Install additional outlets or properly rated fused power strips in lieu of plug adapters.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Is permanent building wiring installed away from public contact (in conduit, raceways, or walls)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Are Ground Fault Circuit Interrupters available for use in wet areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Are the wheels on rolling files or other mobile equipment free from binding when rolled? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Are extension cords in use? (These are not to be run through walls, ceilings, or doors, and are not safe for permanent equipment. Unplug extension cords daily or replace with fused power strips if current demand is within the strip's rating; otherwise, install additional outlets to reach equipment. Do not link extension cords together.) |

MECHANICAL SAFETY

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Is defective equipment promptly repaired? (If defects pose an imminent danger, then remove out of service.) |
|--------------------------|--------------------------|--------------------------|---|

MECHANICAL SAFETY (continued)

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Are all the machine guards for belts, gears, and points of operation in place and adjusted properly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Are machine and tool switches safe (easy access to disengage, stay off if de-energized and re-started)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Are gas welding torches equipped with flashback arrestors? Are arc welders properly grounded with safe wiring? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Are air tanks greater than 1.5 cubic feet (11.22 gal.) capacity inspected as evidenced by a current posted Cal/OSHA permit? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Are cranes, slings, ropes, hoists, jacks, jack stands, etc., inspected prior to each use and used safely? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Are floors maintained clean, spills wiped up promptly, and anti-slip materials used where moisture is prevalent? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. Are all cabinets, shelves, and equipment greater than 5 feet high secured to prevent injury to custodial personnel? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. Are cutting blades disposed of in rigid containers to prevent injury to custodial personnel? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36. Are guardrails installed around floor openings and lofts, along catwalks, etc., to prevent employee falls? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37. Are potable water, soap, and towels available for hand washing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38. Are all plumbing fixtures served by Industrial Water labeled to prohibit drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39. Are forklifts inspected frequently for defects, equipped with proper safety devices and operated safely? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40. Are excessive noise levels adequately controlled? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41. Is an approved first aid kit available and its location known to all employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42. Are stacked and shelved items stored to prevent falling during an earthquake? (Advise installing 2 inch shelf lips or other means of restraining items, especially above exits and employee workstations.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. Are cross-connections between potable water and sewer inlets promptly abated (remove hoses which extend into sinks or down drains), and leaking backflow protection devices promptly repaired? |

HAZARDOUS MATERIALS/PERSONAL PROTECTION

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Are chemicals stored to prevent spills?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Are carcinogens handled safely to reduce employee exposure?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Are chemicals separated by Hazard Class (acids, bases, oxidizers, flammables, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Are chemicals inventoried with copies provided to the Personnel Office?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Are chemical wastes properly segregated and stored with Waste Pickup Tags attached to the containers?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Are all hazardous wastes disposed of and not poured into the sewer system?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Is a plumbed emergency shower available within 100 feet of all areas where chemicals may splash onto an employee's body?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Are gloves suitable for the hazard warranting protection (chemicals, heat, friction, etc.) available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Is eye protection suitable for the hazard warranting protection (welding, chemicals, particulates, etc.) available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Is a plumbed emergency eyewash station available within 100 feet of all chemical splash or mechanical hazards such as grinding operations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Is hearing protection suitable for the hazards warranting protection available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. Are safety shoes available for those employees subject to falling objects and other foot impact hazards?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56. Are hard hats available for employees subject to falling objects, low overhead obstructions, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. Are aprons or other suitable clothing available for employees subject to chemicals, oil, grease, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. Are lockout locks and tags available for employees who work on equipment served by hazardous energy sources?

COMMENTS
