

## PROPER LIFTING



According to the **Bureau of Labor Statistics (BLS)**, back injuries account for one of every five injuries and illnesses in the workplace. **Eighty percent** of these injuries occur to the lower back and are associated with manual materials handling tasks. Lifting-related injuries include sprains, strains, neural related, neuromuscular related injuries and/or bone related injuries. These injuries can affect any part of the body, but the majority occur to the lower back.

Back strain is probably the one most common type of injury. A back strain usually results from overstretching certain muscles. Another type of injury that can result from lifting incorrectly is a hernia, both injuries can be extremely painful. Both are usually the result of incorrect body mechanics and/or extreme exertion. The good thing is that all injuries that may result because of incorrect lifting are 100% preventable.

Safe lifting plays a major part in your effort to maintain a healthy back and prevent injury to it. Even though there doesn't seem to be just one right method to lift an object, there are lifting techniques that can reduce the strain on your lower back. Correct lifting techniques involve several common steps. They are:

- Size up the load. Look it over, decide if you can handle it alone or if you will need help. When in doubt, ask for help. Moving an object that is too heavy for one person to lift safely is not worth strained and sore back muscles.
- Size up the area. Check the surroundings in which you will be handling the object. Make sure the area is clear of obstructions if you must carry the object any distance.
- Get a good grip. While lifting and carrying an object it becomes an extension of your 2-safe lifting techniques body. You support and move the object. Your grip must be firm and sure.
- Position your feet to set a good foundation. Good foot position allows you to keep your balance and use your powerful leg muscles. The larger muscles of your legs are much more powerful and durable than your relatively weaker back muscles. Let your leg muscles do most of the work -- they can handle it.
- Keep the load close to your body. Think of your arms and the load as a pry bar. The further the load is from your body, the longer the bar and the more force it will place on your back. By keeping the load close to your body, you reduce the amount of stress placed on your lower back.
- Avoid twisting your upper body. Twisting compounds the stresses and forces of lifting and carrying an object. It affects your center of balance. Once you have established a good foundation with your feet, use them to change direction. This technique is especially important when moving an object a short distance, like from the floor to a conveyor line.
- Practice team lifting. Teamwork is critical when someone is helping you lift and carry a load. Both of you should discuss and decide, in advance, how you're going to handle the load. Decide and check your route—make sure there are no obstructions. Lifting, carrying, and lowering should be done in unison. Communicate with your lifting partner; let him or her know what's happening. If you feel that your grip is slipping, warn your partner. Don't let the load drop suddenly without warning your partner.

Vehicle Code section 16028(a) VC is the California statute that requires motorists to carry proof of financial responsibility when driving their vehicles. There is no exemption for government vehicles. Proof of financial responsibility is the legal term for proof of automobile insurance. A party must provide this documentation to law enforcement when requested to do so.

16028(a) VC states that “upon the demand of a peace officer...every person who drives a motor vehicle upon a highway shall provide evidence of financial responsibility for the vehicle that is in effect at the time the demand is made.”

**CUT OUT THE INSURANCE CARD BELOW AND PLACE INTO THE GLOVE COMPARTMENT OF YOUR COUNTY ASSIGNED VEHICLE**

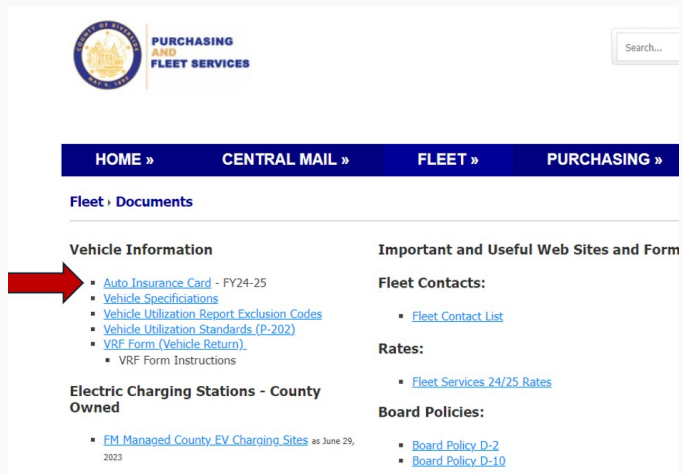


<p><b>CALIFORNIA INSURANCE IDENTIFICATION CARD</b></p> <p>COMPANY PRISM (Public Risk Innovation, Solutions and Management)</p> <p>POLICY NUMBER(S) PRISM 24 GL2-06      EFFECTIVE DATE 7/1/2024      EXPIRATION DATE 7/1/2025</p> <p>YEAR      MAKE/MODEL      VEHICLE IDENTIFICATION NUMBER</p> <p style="text-align: center;">Any Vehicle Owned by the County of Riverside</p> <p>AGENCY/COMPANY ISSUING CARD <b>Riverside County Risk Management</b> P.O. Box 1210 Riverside, CA 92502</p> <p>Coverage Subject to Self-Insured Retention</p> <p><b>INSURED: Riverside County</b></p>	<p>THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND</p> <p><b>IN CASE OF ACCIDENT:</b></p> <p>Report all accidents to your Claims Administrator as soon as Possible. Obtain the following information:</p> <ol style="list-style-type: none"> <li>1. <b>Do not admit responsibility.</b> Obtain name and address of each driver, Passenger and witness.</li> <li>2. Obtain name and address of each driver, Passenger and witness.</li> <li>3. Obtain name of Insurance Company and policy number for each vehicle involved.</li> </ol> <p>Claims Administration Contact Info: <b>Riverside County</b> P.O. Box 1210 Riverside, CA 92502 951-955-3540</p>
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Or Click the Link to Fleet Services “Document Page”

<https://intranet.purchasing.co.riverside.ca.us/Fleet/Documents>

The certificate below is provided by  
HR Risk Management every July 1st for use by  
County employees.



## VEHICLE INCIDENT FORM

AUGUST 2024



The Bureau of Transportation Statistics reported approximately **13** car accidents occur somewhere in the United States **every 60 seconds**. Yes, you read that correctly. Every minute of every day, someone is involved in a car accident. While not all of these accidents result in a fatality, the overwhelming majority of them result in some type of injury, or property damage.

If you are involved in a vehicle incident (minor or major) while conducting County of Riverside business, whether in your personal vehicle or a county vehicle ensure the [Vehicle Incident Form](#)

[942.6](#) is completed accurately and returned to your Supervisor. This report will be sent to the Safety Loss Control Division [SafetyDivision@rivco.org](mailto:SafetyDivision@rivco.org) with the **employee's name, date, and county vehicle number** in the SUBJECT line of the email. See the next two pages for examples of how to accurately complete & submit this form.



# VEHICLE INCIDENT FORM

Clear Form to

Click here to submit 

EMAIL

**County of Riverside Confidential Vehicle Accidents/Incidents Report** | Please use this form to - report all

All fields highlighted in red **MUST** be filled out completely

County of Riverside • Safety Loss Control Division  
 Division@rivco.org • Mail Stop# 2170  
 Phone: 951.955.3520 • Fax: 951.955.9200  
 Safety Loss Control Division and to your Department Safety Representative

When submitting reports to Safety **ALWAYS** update email subject line to reflect: **Drivers Name, Date of Accident & County Vehicle#**

**SECTION I - COUNTY VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle)		2. EMPLOYEE ID NUMBER		3. DRIVER'S LICENSE NO./STATE/LIMITATIONS		4. DATE OF ACCIDENT	
5a. DEPARTMENT/AGENCY/DISTRICT		5b. DIVISION/PROGRAM		5c. OFFICE ADDRESS		5d. WORK TELEPHONE NUMBER	
6. COUNTY VEHICLE NUMBER		6b Non Code (Law Enforcement/Fire Only)		7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE							

**SECTION II - OTHER VEHICLE DATA**

12. DRIVER'S NAME (Last, first, middle)			13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS		
14a. DRIVER'S WORK ADDRESS			NUMBER		
15a. DRIVER'S HOME ADDRESS			NUMBER		
16. DESCRIBE VEHICLE DAMAGE					
17. YEAR OF VEHICLE	18. MAKE OF VEHICLE	19. MODEL OF VEHICLE		20. LICENSE PLATE NUMBER AND STATE	
21a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS				21b. POLICY NUMBER	
				21c. TELEPHONE NUMBER	
22a. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		22b. OWNER'S NAME - IF DIFFERENT FROM DRIVER(S) (Last, first, middle)		22c. TELEPHONE NUMBER	
23. OWNER'S ADDRESS					

Section II - Other Vehicle Data Information should be received when swapping insurance information. Be sure to fill out all areas highlighted in red

**SECTION III - INJURIES (if applicable)**

A	24. NAME (Last, first, middle)			25. SEX	26. DATE OF BIRTH
	27. ADDRESS				
	28. MARK "X" IN THE APPROPRIATE BOXES <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		29. PART OF BODY INJURED	30. TYPE/EXTENT OF INJURY	31. FIRST AID GIVEN BY
	32. TRANSPORTED BY		33. TRANSPORTED TO		
B	34. NAME (Last, first, middle)			35. SEX	36. DATE OF BIRTH
	37. ADDRESS				
	38. MARK "X" IN THE APPROPRIATE BOXES <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		39. PART OF BODY INJURED	40. TYPE/EXTENT OF INJURY	41. FIRST AID GIVEN BY
	42. TRANSPORTED BY		43. TRANSPORTED TO		
44. Pedestrian	a. NAME OF STREET OR HIGHWAY			b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.)	
				FROM	TO
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)				

# VEHICLE INCIDENT FORM

## SECTION IV - ACCIDENT TIME AND LOCATION

45. DATE OF ACCIDENT		46. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (Industrial, business, residential, open country, etc.); Road description).
47. TIME OF ACCIDENT	AM <input type="radio"/>	
	PM <input type="radio"/>	

**All fields highlighted in red MUST be filled out completely**

48. INDICATE AREA(S) OF IMPACT

	DRIVERS SIDE	TOP VIEW	PASSENGER SIDE
<b>COUNTY VEHICLE</b>			
<b>OTHER VEHICLE</b>			

49. DESCRIBE WHAT HAPPENED (Refer to vehicles as "1", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.) and driver actions (making U-turn, passing, stopped in traffic, etc.). TO BE FILLED OUT BY DRIVER.

**Description: To Be Filled out by Driver.**  
Give as much detail as possible. Attach extra statements or additional pgs if more room is needed. (Statements must be signed when submitted).

## SECTION V - WITNESS/PASSENGER (if applicable)

A. 50a. NAME (Last, first, middle)	50b. WORK TELEPHONE NUMBER	50c. MOBILE TELEPHONE NUMBER
B. 51a. NAME (Last, first, middle)	51b. WORK TELEPHONE NUMBER	51c. MOBILE TELEPHONE NUMBER

## SECTION VI - PROPERTY DAMAGE (if applicable)

52a. NAME OF OWNER	52b. WORK TELEPHONE NUMBER	52c. MOBILE TELEPHONE NUMBER
53a. PROPERTY/ITEM DAMAGED	53b. ADDRESS OF DAMAGED PROPERTY/ITEM	
54a. NAME OF INSURANCE COMPANY	54b. TELEPHONE NUMBER	54c. POLICY NUMBER

## SECTION VII - POLICE INFORMATION (if applicable)

55a. NAME OF POLICE OFFICER	55b. BADGE NUMBER	55c. TELEPHONE NUMBER
56. PRECINCT OR HEADQUARTERS	57. POLICE REPORT NUMBER	

## SECTION VIII - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

58. ORIGIN		59. DESTINATION	
60. EXACT PURPOSE OF TRIP			
61. TRIP BEGAN	DATE	TIME a.m. p.m.	62. ACCIDENT OCCURRED DATE TIME (Circle one) a.m. <input type="radio"/> p.m. <input type="radio"/>
63. WAS AUTHORITY FOR THE TRIP GIVEN TO THE OPERATOR? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		64. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	
65. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		66. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	
67. <b>To Be Completed By Supervisor</b> a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)			
68a. NAME AND TITLE OF EMPLOYEE/DRIVER	68b. EMPLOYEE SIGNATURE	DATE	68c. TELEPHONE NUMBER
69a. NAME AND TITLE OF SUPERVISOR	69b. SUPERVISOR SIGNATURE	DATE	69c. TELEPHONE NUMBER
70a. NAME AND TITLE OF SAFETY LOSS CONTROL REPRESENTATIVE	70b. SAFETY LOSS CONTROL REP SIGNATURE	DATE	70c. TELEPHONE NUMBER
71a. DEPUTY DIRECTOR/DEPT HEAD (IF REQUIRED)	71b. DEPUTY DIRECTOR/DEPT HEAD SIGNATURE	DATE	71c. TELEPHONE NUMBER