

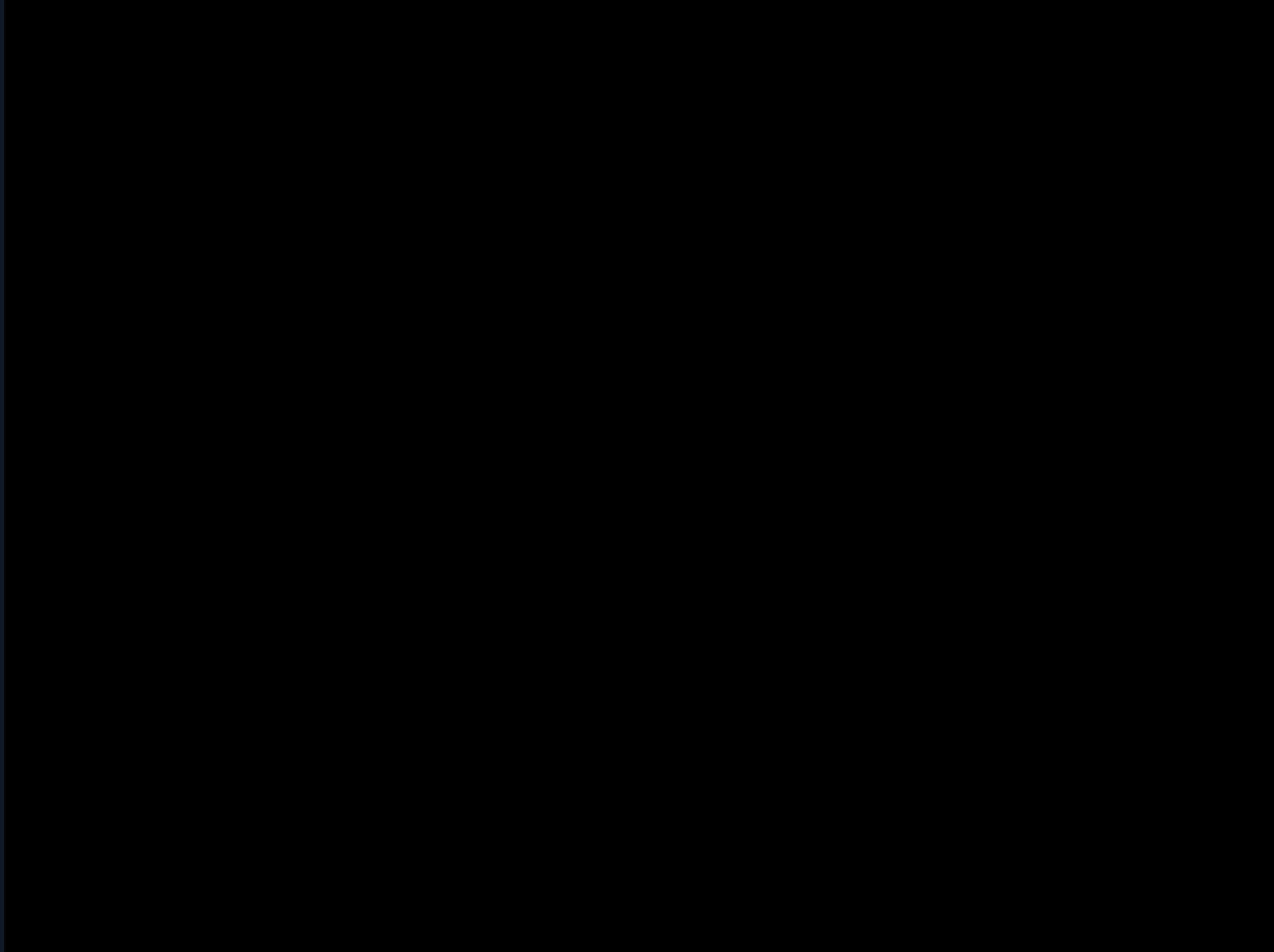


# Safety Division

Department Safety Representative Academy

# OSHA We Can Do This!

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## *Topics To Be Covered:*

### Session 1

- The Injury and Illness Prevention Program (IIPP)
- Safety Reporting requirements
- County Safety Training requirements.
- DSR Safety Responsibilities

### Session 2

- Safety Programs Required at Worksite
- Emergency Action Plan and Disaster Preparedness

### Session 3

- Hazard Identification – Safety Inspections

# Injury & Illness Prevention Program (IIPP)

## Reference:

California Code of Regulations, Title 8, General Industry Safety Order 3203; Construction Safety Order 1509

<https://www.dir.ca.gov/title8/index/T8index>

Written safety programs must contain the following sections:

- 1) Responsibilities
- 2) Communications
- 3) Compliance
- 4) Hazard Assessment
- 5) Accident, Injury and Exposure Investigation
- 6) Hazard Correction
- 7) Training and Instruction of Employees
- 8) Recordkeeping

<https://www.dir.ca.gov/dosh/etools/09-031/index.htm>

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**Guide to Developing**

# **Your Workplace Injury & Illness Prevention Program**



**with checklists for  
self-inspection**



CS-1 Reviewed/Updated May 2011 Cal/OSHA Consultation Service

State of California-Department of Industrial Relations- Division of Occupational Safety & Health

# Injury & Illness Prevention Program (IIPP)

## 1) Management Commitment / Assignment of Responsibilities:

Department Head, Manager or Supervisor is responsible for implementing the IIPP at their worksites and for answering worker questions about the IIPP. Responsibilities of maintaining the IIPP may be delegated to the DSR.

The person or persons with the authority and responsibility for your safety and health program must be identified by name and given management's full support.

## 2) System of Communications

- Be easily understandable to all employees
- Safety bulletin boards (Posted in common area)
- Encourage employees to report hazards without fear of retaliation
- Read file distribution of safety materials (County Safety Newsletter)
- Safety meetings/topics for office areas recommended monthly
  - Bimonthly for maintenance, construction operations
- Records of safety meetings/topics should be documented for inspection purposes (Sign in log for all employees) safety topic/article should be attached to the signature sheet.

# Safety Bulletin Board

## (FEDERAL, STATE, CAL/OSHA and COUNTY Required Postings)

**EMPLOYEE RIGHTS UNDER THE FAIR LABOR STANDARDS ACT**  
FEDERAL MINIMUM WAGE: **\$7.25**  
1-866-4-USWAGE WND  
WWW.WAGEHOUR.DOL.GOV

**SAFETY AND HEALTH PROTECTION ON THE JOB**

**EMPLOYEE COMMUNICATIONS UNDER THE INJURY AND ILLNESS PREVENTION STANDARD**

**CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION AND HARASSMENT**

**THE FAIR EMPLOYMENT AND HOUSING ACT**

**EMERGENCY**  
AMBULANCE: (951) 261-1021  
FIRE - RESCUE: (951) 261-1021  
HOSPITAL: (951) 353-4333 / (951) 353-1021  
PHYSICIAN: (951) 353-1021  
ALTERNATE: (951) 773-3419 / (951) 353-1021  
POLICE: (951) 261-1021  
CAL/OSHA: 9-400-1-3733 / 4321

**NOTICE TO EMPLOYEES**  
Riverside County  
COUNTY OF RIVERSIDE, OCCUPATIONAL SAFETY AND HEALTH DIVISION

**ACCESS TO MEDICAL AND EXPOSURE RECORDS**  
BY CALIFORNIA REGULATION - GENERAL INDUSTRY SAFETY ORDER 1304 - YOU HAVE THE RIGHT TO SEE AND COPY

**NOTICE TO EMPLOYEES: EDD**  
UNEMPLOYMENT INSURANCE

**YOUR RIGHTS UNDER USERRA**  
THE UNITED STATES EMPLOYERS' LIABILITY AND REEMPLOYMENT RIGHTS ACT

**THE COUNTY OF RIVERSIDE AS MAINTAINING A SAFE ENVIRONMENT FOR CLIENTS, AND COUNTY**



# Handout - HAZARD REPORTING FORM

## Form 401

Preferred method to report and address hazardous conditions and unsafe actions.

Employee completes the top section and turns it into supervision signed or anonymously.

Copies to DSR and the HR/Safety Division.

Supervision has 5 days to complete the form and return a copy to the employee.

If anonymous, a copy is to be posted on **Safety Bulletin Board** for 5 days.

### HAZARD REPORTING FORM

(Attach additional pages as needed)

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

TO: Human Resources Safety Division Mail Stop 2170

FROM: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

To report a hazard anonymously, please call the Safety Office Hotline at (951) 955-5868

Please indicate type of hazardous circumstances:  Hazardous Condition  
 Hazardous Act (Procedure or Practice)

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

Description of unsafe condition or act:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Suggestion for Improving Safety: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SUPERVISOR'S RESPONSE – WITHIN 5 WORK DAYS

I agree this is a hazard

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

Estimated Date of Correction: \_\_\_\_\_

Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not agree that this is a hazard

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. The employer is prohibited from taking any action against an employee in reprisal for exercising rights to participate in the reporting of hazards. The employer will investigate all hazard reports as required by the Injury and Illness Prevention Program Standard (T8CCR & 3203) and advise the person who reported it of the employer's response. If the report was made anonymously, the employer will advise employees of the area affected.

**EMPLOYEE:** Complete Hazard Reporting Form and send copy of form to your immediate supervisor. Provide a copy to Department Safety Representative/Coordinator and County Safety Division.

**SUPERVISOR:** Send a copy of the Hazard Reporting Form Response to employee, Safety Representative/Coordinator and County Safety Division. Keep original copy for review by Department Head and required record-keeping.

# Injury & Illness Prevention Program (IIPP)

(Falls under Supervisor's Responsibilities)

## 3) Compliance:

Supervision must implement a system to ensure employees comply with safe and healthy work practices that includes:

- Documented progressive discipline, verbal/written warning, directive, etc.
- Employee Recognition: Supervisors should promptly recognize employees who practice and perform safe and healthful work practices.

## 4) Hazard Assessment – All Worksites:

Your program should include procedures to identify and evaluate workplace hazards, including scheduled periodic inspections to identify unsafe conditions and work practices.

The County requires worksites to be inspected at least monthly. Inspections must be documented.

# What Causes Accidents - Safety Training Video - Preventing Accidents & Injuries



# Injury & Illness Prevention Program (IIPP)

## 5) Accident Investigations:

Your program should include procedures to investigate occupational injuries, illnesses and vehicle accidents. (Supervisors are responsible for this area)

Every accident (including near miss incidents) should undergo an accident investigation that is documented in writing.

(Department Safety Representatives may assist Supervision in accident investigations but the primary responsibility falls on the Supervisor)

### Forms



Vehicle Accident Reporting



Immediate Supervisors Report of Employee Injury

# Injury & Illness Prevention Program (IIPP)

## Employer's Report of Occupational Injury or Illness

State of California <b>EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS</b>		Please complete in triplicate (type if possible) Mail two copies to: <b>County of Riverside Workers' Compensation Division</b> P.O. Box 1120, Riverside, CA 92502 Phone: (951) 955-3530   Fax: (951) 955-3544	
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within <b>five days</b> of knowledge every occupational injury or illness which results in lost time beyond the date of the incident <b>OR</b> requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported illness, the employer must file within <b>five days</b> of knowledge an amended report indicating death. In addition, every serious injury, illness must be reported <b>immediately</b> by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.	
EMPLOYER	1. FIRM NAME County of Riverside		1a. Policy Number N/A Permissably Self-Insured
	2. MAILING ADDRESS: (Number, Street, City, Zip) P.O. Box 1120, Riverside, CA 92502		2a. Phone Number (951) 955-3530
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)		3a. Location Code
	4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc. County Government		5. State unemployment insurance acct.no
	6. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____		
	7. DATE OF INJURY/ONSET OF ILLNESS (mm/dd/yy)		8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. DATE LAST WORKED (mm/dd/yy)	13. DATE RETURNED TO WORK (mm/dd/yy)
15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. DATE OF EMPLOYER'S KNOWLEDGE/NOTICE OF INJURY/ILLNESS (mm/dd/yy)
18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (mm/dd/yy)			
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning			
INJURY	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)		20a. COUNTY
	21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OR	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.		23. Other Workers injured or ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> No
	24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold		
ILLNESS	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.		
	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY		



# Handout – Immediate Supervisors Report of Employee Injury/Accident Investigation, Safety form 674

Injured Employee Information										
Department:					Location Address:					
Injured Employee:				Job Title:			Employee #:			<input type="checkbox"/> M <input type="checkbox"/> F
D.O.B.:			Date of Injury / Incident:				Time of Incident:			<input type="checkbox"/> am <input type="checkbox"/> pm
Employee Work phone:			Work Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary... <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer							
Date Reported:			Reported to:				Work Phone:			
Injury / Incident: (Please describe the injury/incident in detail below)										
(Check all that apply) <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss <input type="checkbox"/> Treated on-site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Hospitalized										
Name Witnesses:					Work Phone:			Emp. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name Witnesses:					Work Phone:			Emp. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Injured Body Part / Type of Injury										
<input checked="" type="checkbox"/>	Body Part	R	L	<input checked="" type="checkbox"/>	Body Part	R	L	Type of Injury: (Check most serious one)		
<input type="checkbox"/>	Head			<input type="checkbox"/>	Torso			<input type="checkbox"/> Sprain	<input type="checkbox"/> Rash	
<input type="checkbox"/>	Face			<input type="checkbox"/>	Upper Back			<input type="checkbox"/> Strain	<input type="checkbox"/> Overexertion	
<input type="checkbox"/>	Neck			<input type="checkbox"/>	Lowers Back			<input type="checkbox"/> Puncture	<input type="checkbox"/> Dislocation	
<input type="checkbox"/>	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crushed	<input type="checkbox"/> Fracture	
<input type="checkbox"/>	Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thighs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contusion	<input type="checkbox"/> Amputation	
<input type="checkbox"/>	Upper Arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Whiplash	
<input type="checkbox"/>	Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower Legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Burn	<input type="checkbox"/> Other: _____	
<input type="checkbox"/>	Forearms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ankles	<input type="checkbox"/>	<input type="checkbox"/>	Type specific body part → _____		
<input type="checkbox"/>	Wrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot/Feet	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toes	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>			
What was employee doing prior to the incident? What equipment, tools or apparatus were being used?										
What personal protective equipment was used (if any)?										



**Nature of injury: (Check most serious one)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Struck by                   | <input type="checkbox"/> Contact with chemical            | <input type="checkbox"/> Object being lifted or handled      |
| <input type="checkbox"/> Struck against              | <input type="checkbox"/> Contact with hot or cold surface | <input type="checkbox"/> Contact with chemical               |
| <input type="checkbox"/> Caught in / under / between | <input type="checkbox"/> Repetitive motion                | <input type="checkbox"/> Contact with hot or cold surface    |
| <input type="checkbox"/> Fall, same level            | <input type="checkbox"/> Foreign body in eye or skin      | <input type="checkbox"/> Inhalation, ingestion or absorption |
| <input type="checkbox"/> Fall, different level       | <input type="checkbox"/> Electrical shock                 | <input type="checkbox"/> Vehicle accident                    |
|  |   | <input type="checkbox"/> Other: _____                        |

**Unsafe workplace conditions: (Check all that apply)**

- Inadequate / unguarded hazard
- Uneven or obstructed walking surface
- Safety device is defective
- Leaving defective tool or equipment in service
- Workstation / area layout is hazardous
- Inadequate lighting
- Inadequate ventilation
- Required personal protective equipment not provided
- Lack of appropriate equipment / tools
- Improper clothing worn
- No training or insufficient training
- Other: \_\_\_\_\_

**Unsafe acts by people: (Check all that apply)**

- Operating without permission
- Operating at unsafe speed
- Servicing equipment that has power to it
- Making a safety device inoperative
- Using defective tool or equipment
- Using tool / equipment in an unapproved way
- Improper lifting or material handling technique
- Taking an awkward position or posture
- Distraction, teasing, horseplay, inattention
- Failure to wear / use required personal protective equipment
- Failure to use the appropriate equipment / tools for job
- Other: \_\_\_\_\_

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Why did the unsafe condition(s) exist?

Y  N

Why did the unsafe act(s) occur?

Y  N

**How can future injuries / incidents be prevented?**

**Corrective Action Taken**

**Attachments:**  Yes  No

Totals to the right →

Written witness statements: #

Photographs: #

Maps / drawings: #

Employee Signature

Date

Signature of Dept. Head

Date

Supervisor Signature

Date

Safety Coordinator

Date



# Injury & Illness Prevention Program (IIPP)

## 6) Hazard Correction:

Your program should include methods and/or procedures for correcting unsafe or unhealthy conditions, unsafe work practices and operations in a timely manner based on the severity of the hazard. (It may be putting in a work order)

- Corrective actions must be documented.
- Safety self-inspection forms are the best place.

# Injury & Illness Prevention Program (IIPP)

## 7) Provide Training and Instruction:

- When the Safety Program is first established.
- For all newly hired employees. (during Orientation)
- For employees given new job assignments (to use a new chemical or machine)
- When new substances, procedures, processes or equipment are introduced.
- When new or previously unrecognized hazards are identified.
- (All staff should know where your IIPP binder is located at your location)

# Safety Training

The County Safety Office conducts the following types of Safety Training classes for employees and supervisors:

- Drivers Training
- Repetitive Motion Injury Prevention (RMI)
- Workplace Violence Prevention
- Airborne Pathogens, Bloodborne Pathogens
- Forklift Training
- First Aid/CPR/AED Training
- Hazard Communication Training
- Department Safety Representative Orientation

# Injury & Illness Prevention Program (IIPP)

## 8) Recordkeeping:

Cal/OSHA and County Safety Policy requires written records of:

- Scheduled & periodic safety inspection reports
- Safety and health training classes
- Accident, injury, hazards and near miss reports
- Safety meeting records
- OSHA 300 Log

**Safety meetings, inspection, hazard reports and corrective action records should be kept for 3 years.**

**Safety program manuals should be kept in a central location available to all employees.**

# A Great Recordkeeping example: Indio Arabia Probation Office



County of Riverside  
Information Technology

INJURY AND ILLNESS PREVENTION PROGRAM  
(Department Safety Program)

For

*Riverside County Innovation Center*



*3450 14<sup>th</sup> Street, Riverside*

*Alessandro Communications Facility*



*7195 Alessandro Ave., Riverside*

Prepared by  
County of Riverside  
Human Resources Safety Division

Effective: June 2014

Revised: \_\_\_\_\_

# Handout – DSR Safety Responsibilities

## Some Common Duties May Include:

- **Maintaining/updating required written safety programs**
  - Written Injury and Illness Prevention Programs
  - Emergency Action Plan
  - Hazard Communication Program/Safety Data Sheets
- **Maintaining safety bulletin board**
- **Planning/conducting safety meetings, safety topic during staff meetings, and/or distributing Read files**
- **Conducting safety self inspections of work areas**

# Handout – DSR Safety Responsibilities

## Some Common Duties May Include:

- Review injury and accident reports for completion
- Review safety inspection reports, track hazard elimination or mitigation efforts, track updates
- Coordinate emergency response training and evacuation drills
- Assist with safety training program
- Assist with accident investigations
- Act as safety liaison/advocate between HR/County Safety Division and Department Administration



# Handout - Safety and Health Program Resources

RIVERSIDE COUNTY  
VISIT US AT: [www.CountyofRiverside.us](http://www.CountyofRiverside.us)

County Departments:

Safety

Home Accidents Training Newsletter DSR Safety Center

Serious Injuries Hazard Reporting SDS Online Safety Division

- <http://safety.rc-hr.com/Home>
  - <http://safety.rc-hr.com/SafetyCenter>
  - <http://safety.rc-hr.com/SafetyCenter/SafetyManual>
- <https://www.dir.ca.gov/dosh/consultation.html>
  - [https://www.dir.ca.gov/dosh/REU/REU\\_Resource.html](https://www.dir.ca.gov/dosh/REU/REU_Resource.html)
- <https://www.osha.gov/>
- <http://www.cdc.gov/niosh/>

LUNCH TIME  
Please be back  
by 12:45

