

## Office Odors



No one likes a musty, foul odoriferous (safety speak for just plain nasty smelling) office. Occasionally, County buildings harbor such odors. There can be a myriad of causes for these odors such as furnishings, Volatile Organic Compounds (VOCs), dampness, food, sewage, outside elements, etc...

**Sometimes, County employees take matters into their own hands and bring personal air fresheners to improve the odor which is not always the best solution... when faced with indoor air odors, this initially may sound like a good idea but it is strongly discouraged for several reasons:**

- Olfactory systems are not created equal. What you deem as "fragrant" may not be shared with your coworker and may be worse than the actual odor to him or her.
- Some food items carry strong odors, this should be taken into consideration if you are a brown bagger.
- Air-fresheners masks odors as opposed to removing them. This response may exacerbate physiological symptoms (e.g. coughing, sneezing, etc.) in sensitive individuals.
- Many air-fresheners and restroom odor blockers contain para-dichlorobenzene; a chlorinated aromatic hydrocarbon. This compound is a known carcinogen and can cause irritation in sensitive individuals.
- In addition to para-dichlorobenzene, many Volatile Organic Compounds (VOCs) (over 100) such as formaldehyde (a Sensitizer) are found in many air fresheners.
- Many county buildings are equipped with their own indoor air fresheners in the restrooms, lobbies and work areas. Using other fresheners could potentially create an antagonistic effect where the effectiveness of both products is reduced.

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***Q: Has your department conducted the annual review of your Emergency Action Plan, Injury & Illness Prevention Plan or any of the other required Cal-OSHA plans?***

Annual reviews of required safety plans is a best practice and keeps safety issues in the forefront.

## Safe Employees = Safe County

# Office Odors

*Safety Newsletter*

**Although interior odors are more a nuisance than a major health issue in most cases, the following are recommendations to consider if your office experiences any episodes of foul odors:**

- Patience is a virtue! In most cases serious foul odors are episodic for durations lasting between several minutes to a few days for a multitude of reasons and are usually resolved with time coupled with the building's ventilation system.
- That awesome Christmas gift you've been wanting for work is finally here! Well, keep in mind new products can emit VOCs for several months which can irritate others.
- Don't over-dab, splash, slap or spray! Deodorants, antiperspirants, perfumes, colognes and other body fragrances can irritate hypersensitive individuals and emit VOCs.
- Be respectful of others; what you consider a great smell may not be shared by your coworkers. This also applies to those with private offices. Whenever possible, unscented products are the favorable choice.
- The best way to reduce VOCs in a building is to not bring them in to begin with. Low-VOC products should be selected whenever possible. Two organizations that certify products as being low-VOC are GREENGUARD and GreenSeal (<http://greenguard.org/en/index.aspx>; <http://www.greenseal.org>). Consider purchasing products with either of these certifications.
- Be aware of foods you bring around your workstation or heat in the microwave. Foods such as fish, cooked broccoli and cabbage, hard-boiled eggs, onions and garlic, strong cheeses (e.g. limburger), peanut butter, etc. have strong distinct odors that linger and may trigger allergic reactions. When done, avoid throwing these foods in your workstation or breakroom waste receptacle. Wrap up the item and discard in an outdoor trash bin. If this is not possible, place in a location outside of the work area to be discarded at the end of the day.

## **Just Remember...**

- ⇒ ***If you detect an unusual odor in your office, inform your supervisor.***
- ⇒ ***If odors persist beyond several days, management should contact the Safety Division Industrial Hygienist at (951) 955-3520.***



**According to HuffPost's Kate Bratskeir, the biggest "Office Olfactory Offenders" are:**

**3.) Fish of any kind**

**2.) Hot Dogs**

**And #1 is.....**

***Reheated fish in the shared office microwave***

[https://www.huffpost.com/entry/smelly-office-foods-dont-eat-in-public\\_n\\_6770324](https://www.huffpost.com/entry/smelly-office-foods-dont-eat-in-public_n_6770324)

# Vehicle Accidents



Are you authorized to drive a County or personal vehicle while conducting County business? After completion of the "Authorization to Drive Riverside County Vehicle or Private Vehicle for County Business" Form or "Gen 30" as the Safety Division calls it, you can officially drive County or personal vehicles while conducting County business. Just like the general public, County employees are from time to time involved in reportable accidents (FYI- all vehicle accidents involving County vehicles or personal vehicles used for County business **MUST BE REPORTED to the Safety Division within 48 hrs.**) If you've ever been involved in one, you know how stressful the incident can be.

## County Safety Manual Section 403

The County has established a required procedure to be followed in the event any vehicle driven in the course and scope of County business Division is involved in an accident, regardless of how minor. A copy of the procedure and a copy of the County of Riverside Confidential Report of Vehicle Accident (Form 942.6) should be in the glove compartment of every County vehicle and other vehicles used in the course and scope of County business. The following is the Vehicle Accident Procedure. This is applicable to all Agencies, Departments and Districts Governed by The Board of Supervisors for the County of Riverside

**County of Riverside Confidential Report of Vehicle Accident Form 942.6**  
 \* Located in your County vehicle's glove compartment or center counsel \*

**County of Riverside Confidential Vehicle Accidents/Incidents Report**  
 County of Riverside • Safety Division  
 3403 10<sup>th</sup> Street, Suite 501 • Riverside, CA 92501 • Mail Stop 2170  
 Phone 951.955.3500 • Fax 951.955.9300

*This Form Should be Provided to the Safety Division and to your Department Safety Representative Within 48 Hour of any Accidents.*

*Please use this form to - report all vehicle accidents/injuries. DO NOT Use this form to - report employee (on-the-job) injuries.*

**SECTION I - COUNTY VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle) 2. EMPLOYEE NUMBER 3. DRIVER'S LICENSE NO./STATE/STATUS 4. NAME OF AGENCY  
 5. DEPARTMENT/AGENCY/DISTRICT 6. DIVISION/PROGRAM 7. OFFICE ADDRESS 8. WORK TELEPHONE NUMBER  
 9. COUNTY VEHICLE NUMBER 10. Non Code (Use Enforcement File Only) 11. YEAR OF VEHICLE 12. MAKE 13. MODEL 14. SEAT BELTS USED (YES/NO)  
 15. DESCRIBE VEHICLE DAMAGE

**SECTION II - OTHER VEHICLE DATA**

17. DRIVER'S NAME (Last, first, middle) 18. DRIVER'S LICENSE NUMBER/STATE/STATUS  
 19. DRIVERS WORK ADDRESS 20. WORK TELEPHONE NUMBER  
 21. DRIVERS HOME ADDRESS 22. MOBILE TELEPHONE NUMBER  
 23. DESCRIBE VEHICLE DAMAGE  
 24. YEAR OF VEHICLE 25. MAKE OF VEHICLE 26. MODEL OF VEHICLE 27. LICENSE PLATE NUMBER AND STATE  
 28. DRIVERS INSURANCE COMPANY NAME AND ADDRESS 29. POLICY NUMBER  
 30. TELEPHONE NUMBER  
 31. VEHICLE IS:  SO OWNED  RENTAL  LEASED  PRIVATELY OWNED  
 32. OWNER'S NAME - IF DIFFERENT FROM DRIVER (Last, first, middle) 33. TELEPHONE NUMBER  
 34. OWNER'S ADDRESS

**SECTION III - INJURIES**

34. NAME (Last, first, middle) 35. SEX 36. DATE OF BIRTH  
 37. ADDRESS  
 A. 38. MARK "X" IN THE APPROPRIATE BOXES 39. PART OF BODY INJURED 40. TYPE/EXTENT OF INJURY 41. FIRST AID GIVEN BY  
 DRIVER  PASSENGER  
 HELPER  PEDESTRIAN  
 42. TRANSPORTED BY 43. TRANSPORTED TO  
 B. 34. NAME (Last, first, middle) 35. SEX 36. DATE OF BIRTH  
 37. ADDRESS  
 B. 38. MARK "X" IN THE APPROPRIATE BOXES 39. PART OF BODY INJURED 40. TYPE/EXTENT OF INJURY 41. FIRST AID GIVEN BY  
 DRIVER  PASSENGER  
 HELPER  PEDESTRIAN  
 42. TRANSPORTED BY 43. TRANSPORTED TO  
 C. 44. Position a. NAME OF STREET OR HIGHWAY b. DIRECTION OF PEDESTRIAN (Don't conform 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, talking, etc.)

Form No: 942.6 Revised Date: January 11, 2017

**SECTION IV - ACCIDENT TIME AND LOCATION**

44. PLACE OF ACCIDENT (Street address, city, state, ZIP Code, nearest landmark, distance nearest intersection, kind of facility industrial, business, residential, open roadway, etc.), Road description

45. INDICATE AREA(S) OF IMPACT

**DRIVERS SIDE** **TOP VIEW** **PASSENGER SIDE**

**COUNTY VEHICLE** **OTHER VEHICLE**

46. DESCRIBE WHAT HAPPENED (State in 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 motor vehicles, traffic control (warning lights, stop sign, etc.), condition of lights (change, flash, right, open, broken light, etc.) and show actions (braking, steering, changing in traffic, etc.)

**SECTION V - WITNESS/PASSENGER**

47a. NAME (Last, first, middle) 47b. WORK TELEPHONE NUMBER 47c. MOBILE TELEPHONE NUMBER  
 48a. NAME (Last, first, middle) 48b. WORK TELEPHONE NUMBER 48c. MOBILE TELEPHONE NUMBER

**SECTION VI - PROPERTY DAMAGE**

49a. NAME OF OWNER 49b. WORK TELEPHONE NUMBER 49c. MOBILE TELEPHONE NUMBER  
 49d. PROPERTY ITEM DAMAGED 49e. ADDRESS OF DAMAGED PROPERTY/ITEM  
 49f. NAME OF INSURANCE COMPANY 49g. TELEPHONE NUMBER 49h. POLICY NUMBER

**SECTION VII - POLICE INFORMATION**

50a. NAME OF POLICE OFFICER 50b. BADGE NUMBER 50c. TELEPHONE NUMBER  
 50d. PRECINCT OR HEADQUARTERS 50e. POLICE REPORT NUMBER

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

51. EXACT PURPOSE OF TRIP 52. DESTINATION  
 53. TRIP BEGAN DATE TIME 54. ACCIDENT OCCURRED DATE TIME (Circle one) a.m. p.m.  
 55. WAS AUTHORITY FOR THE TRIP GIVEN TO THE OPERATOR ORALLY? YES/NO  
 56. WAS THERE ANY DRIVER FROM DIRECT ROUTE? YES/NO  
 57. DID THE TRIP BEGIN WITHIN ESTABLISHED WORKING HOURS? YES/NO  
 58. DID THE OPERATOR LET ANOTHER LANGUAGE MANUFACTURER OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? YES/NO  
 59. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY? YES/NO (Signature)  
**To Be Completed By Supervisor**  
 60a. NAME AND TITLE OF EMPLOYER/SUPERVISOR 60b. EMPLOYEE SIGNATURE DATE 60c. TELEPHONE NUMBER  
 60d. NAME AND TITLE OF SUPERVISOR 60e. SUPERVISOR SIGNATURE DATE 60f. TELEPHONE NUMBER  
 60g. NAME AND TITLE OF SAFETY REPRESENTATIVE 60h. SAFETY REPRESENTATIVE SIGNATURE DATE 60i. TELEPHONE NUMBER  
 61a. DEPUTY DIRECTOR/DEPT HEAD IF REQUIRED 61b. DEPUTY DIRECTOR/DEPT HEAD SIGNATURE DATE 61c. TELEPHONE NUMBER

Form No: 942.6 Revised Date: January 11, 2017

**Safety Pro Tip:**  
 All required fields, shown in red, must be completely filled out or the report will be rejected upon receipt.

# Vehicle Accidents

*Safety Newsletter*

## WHAT TO DO IN CASE OF A VEHICLE ACCIDENT

**In the event of an accident, the employee operating the vehicle shall take the following actions:**

- For every accident, request the local police or the California Highway Patrol to conduct an investigation. Some agencies have a policy of not responding to minor non-injury traffic collisions. If the police refuse to come to the accident scene, advise them that this accident involves a government vehicle and their presence is requested.

**If the police still refuse to come to the accident scene, proceed with the remaining items below:**

- Immediately notify your supervisor/department head, County Safety Office, County Risk Management and, if the vehicle is owned or maintained by County Fleet Services, notify them as well.
  - ◆ County Safety Office: (951) 955-3520
  - ◆ County Risk Management Office: (951) 955-3540
  - ◆ County Fleet Service: (951) 955-4660

**DO NOT discuss details of the accident or the events leading thereto with anyone other than brief factual answers to questions of investigating officers-**

- DO NOT embellish
- DO NOT argue or try to place or accept blame for the accident
- DO NOT attempt to negotiate or make any promise to other involved parties
- DO NOT admit liability

**Identify yourself to other parties by:**

- Showing your driver's license to the other parties involved.
- Giving the name of your Agency/Department/District or a Business Card if available
- Giving your work telephone number
- Giving them the number of the County's Risk Management office as the point of contact at (951-955-3540)

**Always Make Sure To...**

- Identify the driver(s) of the other vehicle(s) involved through their driver's license(s)
- Ask for the other drivers license and ask if the address shown is current
- Ask for their insurance information card and take down the following:
  - ◆ *Name on the card*
  - ◆ *Insurance Company*
  - ◆ *Policy number*
  - ◆ *Any contact information*
- Write this information on the County Confidential Report of Vehicle Accident Form 942-6 attached

***Last thing to remember:***

**The law enforcement department with jurisdiction, the Agency/Department/District using the vehicle, County Risk Management and the County Safety Office may investigate circumstances surrounding the accident. Your cooperation with investigators representing the County is required. Inquiries from any other sources must be referred to County Risk Management.**

# Required Postings

*Safety Newsletter*

## OSHA 300 Logs & 300A Summaries



February is upon us once again. Our credit card statements are starting to go down after the holiday season, the decorations are put away (well, almost,) March Madness is around the corner and... it's time to post the CAL-OSHA 300A Summaries in our offices from

**FEBRUARY 1st until APRIL 30th.**

**So what are CAL-OSHA 300 Logs & 300A Summaries?**

**According to the State Compensation Insurance Fund website:**

*"The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work related injuries and illnesses. In fulfillment of this requirement, OSHA developed a series of specific record keeping forms: OSHA's Form 300, 300A, and 301. The OSHA 300 series forms are written in plain language and are intended to simplify work-related injury and illness record keeping and enhance company safety and health programs. The resulting data collected by these forms will be used to track and compile statistics on work-related injuries, illnesses, and deaths so that employers and Cal/OSHA can develop a picture of the extent and severity of work-related incidents."*

### So what are your department's responsibilities in posting the CAL-OSHA 300 Logs and 300A Summaries?

#### 300 logs

- **300 Logs SHOULD NOT BE POSTED.**
- **Place them into a binder and keep in a secure place. Remember, 300 Logs may contain sensitive HIPAA information.**
- **By regulatory requirement, we must maintain 5 years of 300 Logs at the office site.**

#### 300A Summaries

- **Must be posted between February 1st and April 30th.**
- **It must be displayed in a conspicuous location where notices to employees are customarily posted.**
- **At the end of the three-month period, the "Summary" should be taken down and kept on file for a period of five years following the year to which it pertains.**