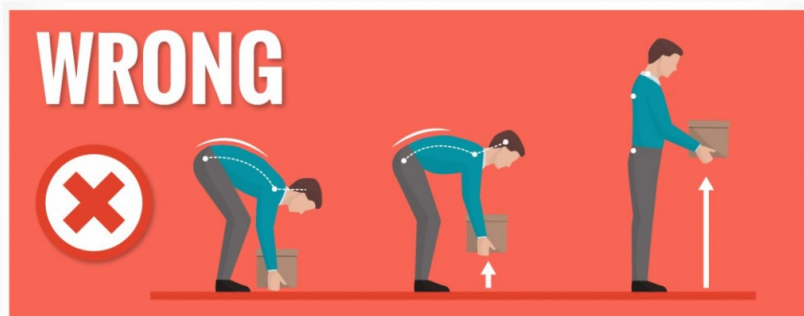


PROPER LIFTING

NOVEMBER 2022



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.

WHAT IS THAT SMELL?

NOVEMBER 2022

It's been a long hot summer, and the weather is changing, if you haven't noticed. Pretty soon, it will be time to turn on the heaters. As building heaters sit dormant throughout the spring and summer months, dust particles, debris, and dried skin cells collect on the heating coils inside the furnaces. At the start of the cold season, when the furnaces are turned on for the first time, those settled particles burn off and can create a rather unpleasant smell for the first few weeks (The odor may resemble burning hair or fabric).

A burning smell coming from your heater doesn't necessarily mean you have to call the fire department. But here are some things you should know about burning smells when the heat is on:

Clogged Air Filter

⇒ The dust and dirt on a clogged air filter might cause a burning smell from the heat passing through it. We constantly remind you to change your air filters regularly, and this is especially important when using your heater. Replacing your old air filter with a clean, new filter could get rid of that nasty burning smell.

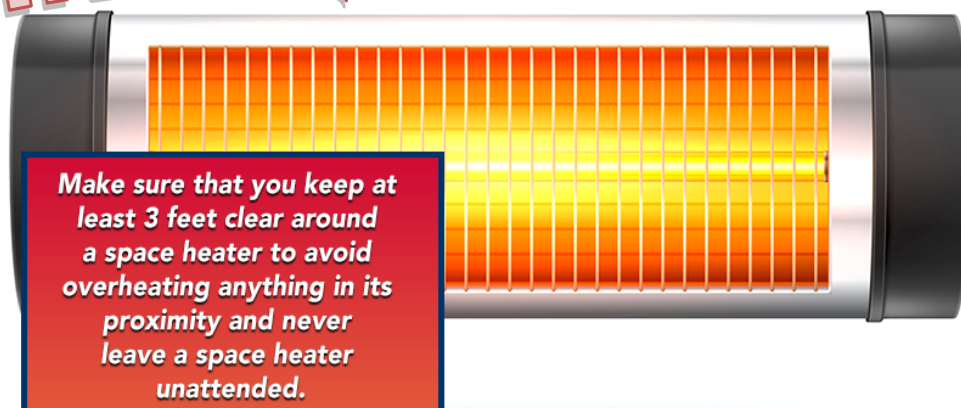
Burning Plastic or Rubber Smell

⇒ Another smell coming from your heater could be that of burning plastic or rubber. Usually this means a foreign object such as a toy has found its way into your heating system. A plastic or rubber object burning will give off fumes and can be hazardous to breathe in. If you smell burning plastic or rubber, immediately shut off your furnace or heater and find the object that is burning. And if you can't find the culprit in your heating system, vents or ductwork after a thorough inspection, call us immediately so we can locate the source and eliminate the problem. The smell of burning plastic or rubber is more serious than a misplaced object. It can mean electrical failure, so don't run your heater if you can't find what's causing it to smell.

Proximity

⇒ Anything near your heating unit or vents can cause a burning smell when the heat is on. If you haven't used your heater in a while, it's possible you may have placed flammable objects where they don't belong. Whether it's fabrics, plastics or any other flammable material, check to make sure they're not in close proximity to your heating unit or register vents. In other words, make sure there is plenty of distance between objects that can burn and the heating elements that can burn them.

REMINDER



IMPAIRED DRIVING PROTECTION

NOVEMBER 2022



**2022 Thanksgiving Impaired Driving Prevention
November 23-27, 2022**

This Thanksgiving is just around the corner. As we prepare for festivities with family and friends, we want to remind all drivers the dangers of impaired driving. Buzzed driving is prevalent over Thanksgiving due in part to cultural phenomena like “Blackout Wednesday”, which highlights and even encourages the heavy consumption of alcohol and drugs throughout this holiday weekend. Impaired-driving-related crashes spike during the Thanksgiving holiday season.

Our goal is to assist our traffic safety advocates, and to educate the public on the dangers and consequences of impaired driving.

Buzzed Driving is Drunk Driving

You have to choose your role before drinking begins: will you drink or will you drive? Remember, even if you just had one drink and you think you are "okay to drive", you could still be driving impaired.



If You Feel Different, You Drive Different.



Drug-impaired driving is also a problem on our nation's highways. Like drunk driving, drug-impaired driving is also impaired driving. So, whether legally or illegally obtained, driving under the influence of drugs poses a threat to the driver, vehicle passengers, and other road users.

On behalf of the NHTSA team, thanks for your proactive support in this Thanksgiving impaired driving prevention initiative.



VEHICLE INCIDENT FORM

NOVEMBER 2022



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 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
 Safety Loss Control 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			14b. WORK TELEPHONE NUMBER		
15a. DRIVER'S HOME ADDRESS			15b. HOME TELEPHONE 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																																		
COUNTY VEHICLE	<table border="1"> <tr> <td>Front Side Panel</td> <td>Drivers Door</td> <td>Rear Door</td> <td>Rear Panel</td> </tr> <tr> <td colspan="4"></td> </tr> </table>	Front Side Panel	Drivers Door	Rear Door	Rear Panel					<table border="1"> <tr> <td>Front Bumper</td> <td>Hood</td> <td>Top</td> <td>Trunk</td> <td>Rear Bumper</td> <td>PASSENGER SIDE</td> </tr> <tr> <td colspan="6"></td> </tr> <tr> <td>Front Bumper</td> <td>Hood</td> <td>Top</td> <td>Trunk</td> <td>Rear Bumper</td> <td>DRIVERS SIDE</td> </tr> </table>	Front Bumper	Hood	Top	Trunk	Rear Bumper	PASSENGER SIDE							Front Bumper	Hood	Top	Trunk	Rear Bumper	DRIVERS SIDE	<table border="1"> <tr> <td>Rear Side Panel</td> <td>Rear Door</td> <td>Passenger Door</td> <td>Front Panel</td> </tr> <tr> <td colspan="4"></td> </tr> </table>	Rear Side Panel	Rear Door	Passenger Door	Front Panel				
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Rear Side Panel	Rear Door	Passenger Door	Front Panel																																		

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	62. ACCIDENT OCCURRED
		a.m. p.m.	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. To Be Completed By Supervisor 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



What is a Serious Injury or Illness?

Title 8 section 330 of the California Code of Regulations defines a serious injury or illness as: “Serious injury or illness” means any injury or illness occurring in a place of employment or in connection with any

employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement.

According to the California Safety and Health Regulations: The provisions of section 342 “reporting Work-Connected Fatalities and Serious Injuries” apply. Paragraph (a) states the following:

“Every employer shall report immediately to the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment. The report shall be made by the telephone or through a specified online mechanism established by the Division for this purpose. Until the division has made such a mechanism available, the report may be made by telephone or email.”

“Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.”

What does this mean and how does it apply to you?

Every Department where an injury or illness has occurred must, as soon as practical report the incident to the HR-Safety Loss Control Division. The report must be made when there is reasonable anticipation that the employee may be hospitalized for a period longer than 8 hours. Once HR-Safety has received your report, we will gather as much specific information as is available and make a formal report to Cal/OSHA. Failure by the department to report the fatality and or injury or illness in a timely manner may, in all likelihood result in a Cal/OSHA citation of **\$5,000 minimum**. Because of this, it is important to quickly and accurately report all serious injuries or illnesses to the HR– Safety Loss Control Division to ensure proper reporting within the allotted time frame.

If in doubt, always call the **Safety Loss Control Office at (951) 355-3520**

WORK SAFE STAY SAFE