

DOCUMENT NUMBER: 401

SUBJECT: Hazard Recognition & Loss Control Reporting Unsafe **Conditions**

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PURPOSE: To establish a process for reporting and controlling unsafe acts and conditions that have a potential to cause injury to people, damage to property, or the environment.

POLICY: All employees are encouraged, without fear of reprisal, to report unsafe acts and conditions when observed.

OBJECTIVE: To reduce costs, inefficiency and human suffering associated with accidents, and to improve safety and health conditions within the scope of County operations.

SCOPE: All County employees.

I. REPORTING UNSAFE CONDITIONS AND ACTS

- A. It is important for department heads and supervisory personnel to demonstrate a positive attitude toward the identification and correction of unsafe acts and conditions, and to educate all employees regarding their responsibility to report safety hazards observed.
- B. When an unsafe act or condition is discovered, prompt action must be taken by departments to correct the condition or act.
 - 1. Unsafe acts and conditions should be identified and immediately reported.
 - 2. Immediate correction of the unsafe act or conditions should take place.
 - 3. If budgetary or time restraints prevent prompt action to unsafe conditions, short-term measures must be initiated to prevent accidents until the condition can be corrected. Take appropriate precautions such as warning employees, posting signs, roping off areas, or temporarily shutting down equipment or an operation until the safety hazard is corrected.
 - 4. Adequate funding should be budgeted for safety repair and training.

II. GENERAL PROCEDURES

When employees see or receive information relating to unsafe acts or conditions, the following procedures should be used as a guide:

- A. The first person who sees the problem should correct minor conditions and their cause where possible.
- B. Employees should notify their immediate supervisor of the problem and whether the condition has been corrected or if additional measures are needed.
- C. The supervisor should then take remedial action, contact the Department Safety Representative and/or the County Safety Office for assistance.

II. GENERAL PROCEDURES - continued

- D. If the hazard **is not** or **cannot** be immediately corrected, complete Hazard Report Form Number 401 (located on the safety division intranet site), identifying the hazard, what actions have been taken, or what needs to be done to correct the situation. This form should be forwarded to employee's immediate supervisor and the County Safety Office.
- E. The employee's supervisor should review the hazard report and follow up to ensure that all responsible parties have taken action. Respond in writing to the employee regarding status of the hazard concern, including remedial action taken, as may be warranted, within five (5) workdays of receipt.

III. RESPONSIBILITIES

A. Employees

1. Immediately report all hazardous acts or conditions observed to your immediate supervisor.
2. Complete and provide all copies of the Hazard Report Form Number 401 your immediate supervisor. Make photocopies of the Hazard Report Form and provide a copy to the Department Safety Representative, the County Safety Office, and one copy for your own records.
3. When completing the hazard report form, describe in detail the nature of the hazard and suggestions for correction. Hazardous acts or conditions should be reported in accordance with instructions printed on the Hazard Report Form.

4. Safety Hotline

You may provide your name or remain anonymous and withhold your identity. The reporting of unsafe acts or conditions can be made by calling the "Safety Hotline" recorder. The Hotline number is (951) 955-5868. If the initiator of a hazard report or hotline call remained anonymous, supervisory responses should be provided to employees of the work area affected by posting it on the department or division bulletin board for 5 working days.

5. Appeal Process

If corrective action is not considered satisfactory when the report is returned, discuss it with your supervisor and the Department Safety Representative.

- a. If still unsatisfied, forward a copy of the report to the County Safety Office, with comments describing your dissatisfaction. The Safety Division Manager will evaluate it and recommend final disposition.

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III. RESPONSIBILITIES – continued

B. Departments

1. Hazard Report Forms and containers should be posted on department bulletin boards. Department heads and supervisory personnel are responsible for ensuring that an adequate supply of Hazard Report Forms is maintained in the posted containers at all times. Forms may be obtained from the County Safety intranet site safety.rc-hr.com.

2. Supervisory Personnel

Supervisors are responsible for initiating all necessary action to correct and abate hazards reported in their area of responsibility. Those hazards reported which are outside of the department's responsibility, should be immediately sent to the County Safety Office, to the attention of the County Safety Division Manager, for evaluation and necessary action. This adheres to published policy of the County Board of Supervisors that safety matters receive priority attention (refer to County Safety Policy).

- a. Within five (5) working days of receipt, a written response should be sent to the employee reporting the hazard. Responses should be written or typed in the appropriate section of the Hazard Report Form. Hazard report responses should indicate supervisor's agreement or disagreement with the hazard concern reported, corrective actions taken or reason for no action, and the actual or estimated date of correction. Supervisors must conduct monthly follow up until the hazard is corrected.
- b. Return one copy of completed Hazard Report Form with response to the reporting employee, a copy to the Department Safety Representative, and a copy to the County Safety Office. Keep the original copy for review by Department Head and required record keeping, and as necessary, follow up and review at department safety meetings.
- c. As may be necessary, involve upper level supervisors and/or department head in the analysis of hazard concerns and appropriate corrective actions to be taken.
- d. Notify the employee reporting the hazard if response will be delayed.
- e. Anonymously Submitted Hazard Reports: If the hazard report was made anonymously, provide response to employees of the work area affected. Completed Hazard Report form with response should be posted on bulletin board of the area affected for not less than five (5) workdays.

C. Human Resources Safety Division

1. Review, evaluate, and follow up to ensure that corrective actions are planned and taken. Conduct periodic safety review or inspection until hazard is corrected.

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III. RESPONSIBILITIES – continued

2. If the hazard concern cannot be resolved within the department, the County Safety Division Manager shall determine corrective action, or recommend review and resolution by the County Safety Committee.
3. Continually monitor the hazard reporting and response process for compliance and effectiveness. Provide semi-annual written reports to the County Safety Committee, summarizing major hazard concerns, actions taken, and program effectiveness.

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HAZARD REPORTING FORM

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.

SOP Form No. 401 (05/13)