

INJURY AND ILLNESS PREVENTION PROGRAM

MODEL PROGRAM
2010



INJURY AND ILLNESS PREVENTION PROGRAM

Sample Form 1

Company Name:
Company Address:

Company Phone Number:
Other Locations Address:

Written By: _____

Approved by: _____ Date: _____

Personnel responsible for implementing and maintaining the Injury and Illness Prevention Program:

| Name | Title | Date |
|------|-------|------|
|------|-------|------|

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The Model Injury and Illness Prevention Program is a tool to help you develop an Injury and Illness Prevention Program for you business. The IIPP can be edited to customize the program to your procedures and operations. Sections of this document are printed in blue to identify them as comments and explanations that can be deleted.

Specific programs will have to be included in your IIPP according to your specific operations and hazards. The following are some of the required programs: Chemical Hazard, Bloodborne Pathogen, Lock Out Tag Out, Confined Space, Fall Prevention, Hearing Conservation, Respirator, and Ergonomics. You can find many program guides and models on the CalOSHA site, www.dir.ca.gov/DOSH/PubOrder.asp

**POLICY STATEMENT
AND
ASSIGNMENT
OF
RESPONSIBILITY**

SAFETY POLICY STATEMENT

Sample Policy

It is the policy of _____

Company Name

that injury and illness prevention shall be considered of primary importance in all phases of operations and administration. It is the intention of the company's top management to provide safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees. The prevention of injury and illness is an objective affecting all levels of the organization and its activities. It is therefore, a basic requirement that each supervisor make the safety of employees an integral part of his or her regular management function. It is equally the duty of each employee to accept and follow established safety regulations and procedures.

Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt how to do a job safely, it is their duty to ask a qualified person for assistance.

Employees are expected to assist management in injury and illness prevention activities. Unsafe conditions must be reported. Fellow employees that need help should be assisted. Everyone is responsible for the housekeeping duties that pertain to their jobs

Any injury that occurs on the job even a slight cut or strain must be reported to management as soon as possible. In no circumstance except an emergency, should an employee leave a shift without reporting an injury that occurred.

When you have an injury or illness everyone loses; you, your family, your fellow workers and the company. Please work safely. It's good for everyone.

President/Owner

Date

Assignment of Responsibility

Sample Form 2

The employer accepts the responsibility for leadership of the safety and health program, for its effectiveness and improvement and for providing the safeguards required to ensure safe conditions.

Supervisors are responsible for developing proper attitude toward safety and health in themselves and in those they supervise, and for ensuring that all operations are performed with the utmost regard for the safety and health of all personnel involved.

Employees are responsible for total and genuine cooperation of all aspects of the safety and health program including compliance with all rules and regulations and for continuously practicing safety while performing their duties.

Designated Safety Program Coordinator, the overall administration and oversight of the safety program is assigned to:

Name

Title

(Multiple persons can be assigned to the safety coordinator position)

Name

Title

Name

Title

Responsibilities will include, but not be limited to:

- Review safety policy and procedures
- Develop a sound technical knowledge of all applicable Cal/OSHA Safety Orders and Federal Regulations
- Maintain an occupational training program covering hazards basic to all types of employment and those unique to each worker's job assignment
- Schedule and conduct regular safety training meetings with all employees
- Provide necessary personal protective equipment, and instructions for use and care
- Conduct safety and health inspections to find, eliminate or control safety and health hazards as well as unsafe working conditions
- Correct unsafe and unhealthy work practices in a timely manner and document corrections on the (Hazard Correction form #.)
- Schedule and conduct regular safety training meetings with all employees.
- Keep records of all employee training, corrections of unsafe conditions, dates and results of workplace inspections.

Employee Compliance

Employee Compliance

Cal/OSHA requires employers to have a system for ensuring compliance with work practices and promoting safety and health in the workplace. Compliance with this provision should include recognition of employees who follow safe and healthful practices. Examples of systems: incentive programs; training and retraining programs; disciplinary actions; and infraction notices.

Employee Compliance Policy

Outline your procedures for ensuring compliance. For example:

Employees who fail to follow the company's code of safe work practices will be subject to disciplinary actions outlined in Sample Form 3, "Notice of Safety Infraction", page number 12.

An incentive program is an opportunity to motivate employees to comply with safety rules, safety policy and correct unsafe acts. *(Describe how your incentive program works)*

Methods for Communicating Safety Policy & Procedures

All employees shall receive safety training and instruction:

- During orientation for job specific and general safety rules. This shall include but, not be limited to emergency preparedness and evacuation procedures, and hazard communication
- If an employee is given a new job assignment, safety training for the new assignment will be given at orientation
- Whenever new substances, processes, procedures or equipment are introduced to the workplace
- During regularly scheduled safety meetings

Refresher safety training will be conducted on a regular basis and retraining shall be available for employees demonstrating a deficit in safety knowledge.

CODE OF SAFE PRACTICES

Sample

It is our policy that everything possible will be done to protect employees, customers and visitors from accidents. Safety is a cooperative undertaking requiring participation by every employee. Failure by any employee to comply with safety rules will be grounds for corrective discipline. Supervisors shall insist that employees observe all applicable Company, State and Federal Safety Rules and Practices and take action as is necessary to obtain compliance and carry out this policy.

Employees shall:

1. Report all unsafe conditions and equipment to your supervisor or safety coordinator
Immediately
2. Report all incidents, injuries and illnesses to your supervisor or safety coordinator immediately
3. Means of egress shall be kept unblocked, well-lighted and unlocked during work hours.
4. In the event of fire, sound alarm and evacuate
5. Upon hearing fire alarm, stop work and proceed to the nearest clear exit. Gather at the designated location.
6. Only trained workers may attempt to respond to a fire or other emergency.
7. Exit doors must comply with fire safety regulations during business hours.
8. Stairways should be kept clear of items that can be tripped over and all areas under stairways that are egress routes should not be used to store combustibles.
9. Materials and equipment will not be stored against doors or exits, fire ladders or fire extinguisher stations.
10. Aisles must be kept clear at all times.
11. Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.
12. All spills shall be wiped up promptly.
13. Files and supplies should be stored in such a manner as to preclude damage to the supplies or injury to personnel when they are moved. Heaviest items should be stored closest to the floor and lightweight items stored above.
14. All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.

Employee Compliance

15. Never stack material precariously on top of lockers, file cabinets or other high places.
16. Never leave desk or cabinet drawers open that present a tripping hazard. Use care when opening and closing drawers to avoid pinching fingers.
17. Do not open more than one upper drawer at a time, particularly the top two drawers on tall file cabinets.
18. Always use the proper lifting technique. Never attempt to lift or push an object which is too heavy. You must contact your supervisor when help is needed to move a heavy object.
19. When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material, etc.
20. All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of ground.
21. Individual heaters at work areas should be kept clear of combustible materials such as drapes or waste from waste baskets. Newer heaters which are equipped with tip-over switches should be used.
22. Appliances such as coffee pots and microwaves should be kept in working order and inspected for signs of wear, heat or fraying of cords.
23. . Fans used in work areas should be guarded. Guards must not allow fingers to be inserted through the mesh. Newer fans are equipped with proper guards.
24. Equipment such as scissors, staplers, etc., should be used for their intended purposes only and should not be misused as hammers, pry bars, screwdrivers, etc. Misuse can cause damage to the equipment and possibly injury to the user.
25. Cleaning supplies should be stored away from edible items on kitchen shelves.
26. Cleaning solvents and flammable liquids should be stored in appropriate containers.
27. Solutions that may be poisonous or not intended for consumption should be kept in well-labeled containers.

Employee Compliance

(The following is a sample that can be used as a guide and may not be legally applicable for your operations; it is recommended that you consult a labor attorney before instituting any employee disciplinary policy. If a collective bargaining agreement is enforce these disciplinary measures should be reviewed in context to the agreement)

Notice of Safety Infraction

Sample Form 3

We consider the safety of our employees to be very important. Therefore, to prevent accidents, it is our policy to strictly enforce company safety rules. Infractions of safety rules will result in the following:

- 1st Infraction: Written/Verbal Warning
- 2nd infractions: Written Warning
- 3rd Infraction: 3 to 5 Day Suspension
- 4th Infraction: Dismissal

_____ you have been observed working
Name

In the following unsafe manner, contrary to company safety rules:

This is your

First Infraction Second Infraction Third Infraction Fourth Infraction

Action taken, Therefore Is:

Supervisor

Date

Employee

Date

INCENTIVE PROGRAM

Incentive programs are positive and successful ways to motivate employees to work safely and comply with the general safety rules and procedures.

Consider the following activities when you set up your program

Special meetings for:

- Presentation of safety awards

- Announcements of safety policy and procedures

- Announcements of contests winners for safety record improvement, or safety poster design

- Displaying safety solutions or new safety equipment

- Display of sign showing days worked without a lost-time accident

Involve the workers and change the program when motives and attitudes change. When results change reassess the program and make changes that fit the current situation

Emphasize that the program is designed to reward employees for working safely, not for refusing to report and injury

Employees need to understand the rules as well as their potential gain to have a successful program.

**EMPLOYEE
COMMUNICATION**

EMPLOYEE COMMUNICATION

Cal/OSHA requires a system for communicating occupational safety and health issues be included in your Injury and Illness Prevention Program. The flow of safety and health information between management and staff is required to be in a form that is readily understandable (including language). Compliance with this provision includes the following measures:

- Meetings
- Training Programs
- Postings
- Written Communication
- Anonymous Hazard Reporting by Employees
- Labor/Management Safety & Health Committees
- Formal & Informal Training

SAFETY COMMUNICATION POLICY

Sample Policy

The company recognizes that open two-way communication between management and staff on health and safety issues is essential to an injury-free productive workplace. Your thoughts regarding safety are considered important, and we encourage your active participation in our company safety program. Please feel free to express any of your safety concerns or suggestions in safety meetings or discussions with your supervisor,

Notification of hazards, potential hazards or safety suggestions can be made anonymously by depositing form in _____ (safety suggestion box) _____ (Consider that anonymous reporting will make recognition or reward for safety suggestions difficult). All suggestions will be considered seriously and will receive a response. No employee will be retaliated against for reporting hazards or potential hazards, or for making suggestions related to safety.

Other forms of safety communication will be provided: (see previous page for a list of requirements)

- New Employee Safety Orientation
- Anonymous Suggestion Box
- A Labor/Management Safety Committee
- Current Safety News And Activities
- Safety Reading Material Distributed By Pay Envelope Inserts And Or Newsletter Published (*Pick One: Monthly, Quarterly, Yearly*)
- Signs And Posters
- Safety Bulletin Board For Posting Safety Materials And Communications

Safety meetings will be held every Weekly, Monthly providing an opportunity for employees to voice opinions regarding safety and receive safety training.

President/Owner

Date

EMPLOYEE SAFETY INFORMATION FORM

Sample Form 4

This form can be used by employees who wish to provide a safety suggestion, or report and unsafe workplace condition or practice.

Description of Unsafe Condition or Practice:

Causes or Other Contributing Factors:

Employee's Suggestion for Improving Safety:

Has this matter been reported to the area Supervisor? Yes No

Employee Name (Optional) _____

_____ Department

_____ Date

For Office Use

| | | | | |
|--------------------------|---------------|--|--------------------------|--|
| <input type="checkbox"/> | Accepted Date | | Proposed Completion Date | |
| <input type="checkbox"/> | Denied Date | | Actual Completion Date | |

| |
|------------------------------|
| Reason(s) |
| Signature: _____ Date: _____ |

(Employees are advised that the use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving)

LABOR/MANAGEMENT SAFETY COMMITTEES

If you choose to use a labor/management safety committee, Cal/OSHA requires that the committee:

- Meet regularly, but not less than quarterly;
- Prepare and make available to the affected employees, written records of the safety and health issues discussed at the committee meetings and maintain for review by Cal/OSHA upon request.
- Review results of the periodic, scheduled worksite inspections;
- Review investigations of occupational injuries and illnesses and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substance, and where appropriate, submit suggestions to management of the prevention of future incidents;
- Review investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;
- Submit recommendations to assist in the evaluation of employee safety suggestions; and
- Upon request from Cal/OSHA, verify abatement action taken by the employer to abate citations issued by Cal/OSHA.

SAFETY COMMITTEE MEETING MINUTES

Sample Form 5, (2 Pages)

Company Name: _____

Date/Time: _____

Attendees:

| Name | Position/Department |
|------|---------------------|
| | |
| | |
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| | |

The meeting was called to order at _____ by _____.

The minutes for the meeting were reviewed by _____ and approved by the Committee.

Status of old business:

Employee Communication

Details of Employee Accidents/Injuries:

| | | | | |
|---|----------------------------------|--|-----------------------------------|------------------------------------|
| Date _____ Depart. _____ Position _____ | <u>Describe Incident</u> | Unsafe Act <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Combination <input type="checkbox"/> | <u># Lost</u> <u>Work Days</u> | <u>Preventative Action</u> |
| Date _____ Depart. _____ Position _____ | <u>Describe Incident</u> | Unsafe Act <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Combination <input type="checkbox"/> | <u># Lost</u> <u>Work Days</u> | <u>Preventative Action</u> |

Safety Committee Topics:

- a. Safety disciplinary action
- b. Employee Safety Meeting Minutes (training), by department/topic
- c. Results of premise safety inspections, by department
- d. Security issues
- e. Safety incentive program results
- f. Employee safety suggestions
- g. Other business discussed
- h. Executive Safety Committee Meeting update
- i. Comments from Safety Committee members and guests
- j. Next Committee meeting date and time
- k. Adjournment

SUGGESTIONS FOR EMPLOYEE SAFETY MEETINGS

Safety lessons learned during new employee orientation may be forgotten over time and unsafe work habits may develop. Complacency may occur when working with machinery or potentially hazardous conditions day after day. Brief safety meetings are reminders to recognize potential hazards and work safely.

POINTS TO CONSIDER

- Meetings should be brief and cover only one subject.
- Meetings can be more interesting if employees participate in the discussion.
- The focus of the meetings should be prevention and not criticism of employees.
- Have a bilingual person translate for non-English speaking employees

Set up a schedule for safety meetings and conduct them on a regular basis. Documentation of the meeting is required. Also, the safety training topic provided and employee participation is required to be recorded.

EMPLOYEE SAFETY MEETING SIGN UP SHEET

Sample Form 6

Date _____

Name of Trainer _____

Location _____

Department _____

Subject _____

Incident Reviewed (If Applicable) _____

Suggestions/Recommendations _____

Attendees (Please print your name legibly)

Name

Department

* In addition, note this training on the individual employee training records

TRAINING

TRAINING REQUIREMENTS

Cal/OSHA requires that training be provided:

- to all employees and those given new job assignments when training has not previously been received
- whenever new substances, processes, procedures or equipment are introduced to the work place and represent a new hazard
- whenever the employer is made aware of a new previously unrecognized hazard

Records of training should be kept by an assigned person

The following are possible indicators that training or retraining may be needed:

- High turnover.
- An increase in near misses which could have resulted in injuries or illnesses
- An increase in reported injuries.
- High Injury or Illness incidence.
- A request for personal protective equipment not currently provided, such as ear plugs or respirators.
- Expansion of operations

SAFETY TRAINING POLICY

Sample Policy

(Assigned Person)

Shall be responsible for assuring training is provided that familiarizes supervisors with the safety and health hazards the employees under their immediate direction and control may be exposed.

Supervisors are responsible to see that those under their direction receive training on general work place safety as well as specific instructions with regard to hazards unique to any job assignment.

When a supervisor is unable to provide the required training, he/she should notify the assigned person and request that such training be given to the employee by others.

All company employees will participate in:

- Training whenever job duties or work assignments are expanded or changed
- Training whenever employees are exposed to new processes, machinery, chemicals, and/or previously unrecognized hazards
- Initial and ongoing employee safety training will be provided when new substances processes or procedures are introduced into the work environment
- Scheduled safety meetings
- Other training programs as appropriate

EMPLOYEE SAFETY TRAINING CHECKLIST

Sample Form 7

This form is to be completed by the supervisor, _____, and the new or reassign employee within _____ days after employment or reassignment and filed by _____

Name

Employee Name: _____ Date of Hire: _____

Department: _____

Type of Work: _____

Past Work Experience: _____

Ask Employee "Can you perform this job with or without reasonable accommodations? If a reasonable accommodation is necessary, please describe the type of accommodation needed."

Did the employee have a pre-placement physical? Yes ____ No ____

If yes, any work restrictions indicated

Safety and Health Orientation Training

Review the following safety policies and procedures; check and discuss those that are included in the orientation

___ The Company, State, and Federal safety policies and programs

Date Completed _____

___ General and specific safety rules and regulations pertaining to hazards associated with The employee's job assignment; including the Code of Safe Work Practices

Date Completed _____

___ The required personal protective equipment is necessary for safe work Performance

Date Completed _____

___ Procedures for the prompt reporting of accidents and/or "near misses"

Date Completed _____

___ The Company's first-aid program

Date Completed _____

___ The immediate reporting of hazardous conditions and/or unsafe work practices or conditions to your Supervisor without fear of reprisal.

Date Completed _____

___ The Employee Suggestion Box for reporting unsafe conditions and/or unsafe work Practices openly or anonymously

Date Completed _____

___ The Company's safety rule enforcement procedures (disciplinary policy)

Date Completed _____

___ Positive safety incentives for good safety record

Date Completed _____

___ The Company's Hazard Communication Program, emergency preparedness

Date Completed _____

___ Location of fire extinguishers and emergency procedures

Date Completed _____

___ Use of tools and equipment

Date Completed _____

___ Proper guarding of equipment

Date Completed _____

___ Material handling and lifting procedures

Date Completed _____

___ Special hazards of the job

Date Completed _____

___ Employee responsibility for prevention of injuries and illnesses

Date Completed _____

___ Safe Operations of vehicles

Date Completed _____

Add other items that apply to your specific operations or other Cal/OSHA required training

I have received the above training. I fully understand the items that were discussed, and agree to comply with the Company's safety policies and procedures with respect to the Company and my department.

Supervisor

Date

Employee

Date

Assigned Person

Date

**HAZARDS
INSPECTIONS
AND
CORRECTIONS**

IDENTIFICATION AND CONTROL OF HAZARDS

Cal/OSHA requires that employers maintain a healthful workplace by: using the Safety and Health Standards to help identify hazards which exist now or could develop later; and instituting procedures to control hazards and take action to eliminate them

Employers are required to:

- Indicate the frequency of inspections; identify the person responsible for conducting inspections and correcting unsafe conditions in all work areas
- Conduct inspections whenever new substances, processes procedures or equipment are introduced into the workplace that represent a new occupational safety and health hazard
- Conduct inspections whenever a new or previously unrecognized hazard is identified.

Whenever an unsafe or unhealthy condition, practice, or procedure is observed, discovered, or reported, the assigned person must take appropriate corrective measures in a timely manner based upon the severity of the hazard. Employees must be informed of the hazard and interim protective measures taken until the hazard is corrected.

Cal/OSHA guidelines can be used to assist employers to develop hazard control procedures eliminating hazards from machines, processes, material or work site structures.

1. Abating hazards by controlling exposures to it or guarding against it.
2. Training personnel to be aware of the hazards and to follow safe work practices and procedures
3. Using signs and personal protective equipment for warning and shielding employees against hazards.

Identification and Corrections of Hazards

Hazard Sample Policy 1

Initial and ongoing employee safety training will be provided when new substances processes or procedures are introduced into the work environment

Investigation of accidents and/or “near miss” incidents will be conducted to determine causation and the controls necessary to prevent a recurrence.

Scheduled inspections will be conducted _____
Weekly/Monthly/Quarterly

by _____ to identify unsafe conditions and work practices,
Name or Committee
and develop controls to eliminate or control noted deficiencies/hazards.

Inspection results will be discussed during the _____ safety meetings.
Weekly/Monthly

Control Procedures following identification of a new or previously unrecognized hazard:

- Eliminate hazards from machines, processes, material, or work site structure
- Abate hazards by controlling exposures to it or guarding against it at its source
- Train employees to be aware of hazards and to follow safe work practices and procedures.
- Prescribe signs and personal protective equipment for warning and shielding employees against hazards
- The program administrator or designee shall:
 1. Evaluate the severity of the hazard identified, and determine if it can be abated immediately
 2. Determine hazard priority for implementing corrective procedures and actions.

Identification of a New or Previously Unrecognized Hazard Hazard Sample Policy 2

Control Procedures:

- Eliminate hazards from machines, processes, material or work site structure
- Abate hazards by controlling exposures to it or guarding against it at its source
- Train employees to be aware of hazards and to follow safe work practices and procedures.
- Prescribe signs and personal protective equipment for warning and shielding employees against hazards

The program administrator or designee shall:

- Evaluate the severity of the hazard identified, and determine if it can be abated immediately
- Suggest priority of corrective actions for identified hazards

Correction of Unsafe or Unhealthy Conditions and/or Work Practices

Unsafe or unhealthy work conditions or practices must be corrected immediately. Employees must be removed from affected area(s) until hazard(s) are corrected and new training implemented.

Defective equipment and/or work areas are to be taken "out of service" until hazards are corrected. This should be done by physically tagging-out and locking-out equipment, and removing employees from affected work areas.

Supervisors are responsible for assuring the proper controls have been implemented To correct hazardous conditions prior to employees resuming work.

Injury and Illness Investigation

Sample Policy

Incident investigation is an essential element of the Injury and Illness Prevention Program. The purpose of the investigation is to determine what factors, and conditions, and/or work practices contributed to the event, so that appropriate action can be taken to prevent a recurrence. Minor incidents or “near miss” incidents will be investigated because they are a warning of a potential hazard

To assure that meaningful data will be obtained, all management personnel should be familiar with injury and illness investigation techniques. In particular, each line supervisor should be well versed in injury and illness investigation procedures, as well as being the key person in the accident investigation

Injury and Illness Investigation Procedures

All accidents or near miss incidents will be investigated by: (fill in appropriate names and job titles such as; department supervisor, safety coordinator, safety officer, human resources

Name/Job Title

The investigation will be documented on the Supervisor’s Report of Injury or Exposure Form. The Employee’s Report of Injury or Exposure will be completed by the employee

The following are the basic rules for injury and illness investigation:

- Finding the cause of injury is the purpose of an investigation and not finding fault. An unbiased approach is necessary to obtain objective findings.
- Visit the scene of the incident as soon as possible (when it is safe to do so) to get important details from witnesses while they are fresh in their minds.
- If possible interview the injured worker at the scene.
- All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the injury and illness even if they did not actually witness it.
- Consider taking signed statements in cases where facts are unclear or there is disagreement about the facts

Hazards

- Document details graphically. Use sketches, diagrams and photos as needed and take measurements when appropriate
- Focus on causes and hazards. Develop an analysis of what happened how it happened and how it could have been prevented.
- Determine what caused the incident itself, not just the injury, and the controls necessary to prevent a recurrence.
- Follow up safety training is appropriate in many cases
- Include an action plan. How can the injury or illness be prevented in the future?
- If a third party or defective product contributed to the injury, save any evidence. It could be critical to the recovery of claims costs.

Serious injuries, illnesses, or death of an employee must be reported to the nearest District Office of the Division of Occupational Safety and Health **within 8 hours**. Serious injury or illness means an injury or illness which requires: Inpatient hospitalization for more than 24 hours for other than observation; a loss of any member of the body or; any serious degree of permanent disfigurement.

Hazards



CareWest
CLAIMS MANAGEMENT
Administered By Pegasus

P.O. BOX 5038, MODESTO, CA 95352

Phone: 888-312-5246 Fax: 209-574-2900

SUPERVISOR'S
INVESTIGATION REPORT
SAMPLE FORM 9

ALL ITEMS MUST BE ANSWERED FULLY

WARNING: "WORKER'S COMPENSATION INSURANCE FRAUD IS A CRIME PUNISHABLE BY LAW."

EMPLOYEE

Location (print) _____ State _____ Department _____ Phone Number _____

Employee Name _____ Date of Birth _____ Employee # _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Length of Service with Company _____ Yrs.

Hourly Wage Rate _____ Job Being Performed at Time of Injury _____

Description of Incident:

Employee Signature _____ Date _____

SUPERVISOR

INCIDENT DETAILS

PART OF BODY INJURED – MARK ALL THAT APPLY

- | | | | | |
|----------------------------------|--|--|------------------------------------|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> Arm R-L | <input type="checkbox"/> Trunk | <input type="checkbox"/> Hip R-L | <input type="checkbox"/> Foot R-L |
| <input type="checkbox"/> Face | <input type="checkbox"/> Elbow R-L | <input type="checkbox"/> Shoulder R-L | <input type="checkbox"/> Thigh R-L | <input type="checkbox"/> Toe Identify |
| <input type="checkbox"/> Eye R-L | <input type="checkbox"/> Forearm R-L | <input type="checkbox"/> Chest | <input type="checkbox"/> Knee R-L | <input type="checkbox"/> Ribs R-L |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Hand R-L | <input type="checkbox"/> Back: Lower-Upper | <input type="checkbox"/> Leg R-L | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Finger – Identify _____ | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Ankle R-L | <input type="checkbox"/> Other (describe) |

NATURE OF INJURY – MARK ALL THAT APPLY

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Puncture | <input type="checkbox"/> Exposure – Chemical | <input type="checkbox"/> Inhalation | <input type="checkbox"/> Burn: Heat – Chemical |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Crushed | <input type="checkbox"/> Fracture – Dislocation | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Fatality) |
| <input type="checkbox"/> Laceration – Cut | <input type="checkbox"/> Poisoning – Systemic | <input type="checkbox"/> Sprain | <input type="checkbox"/> Exposure – Heat/Cold | <input type="checkbox"/> Human Bite |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Strain | <input type="checkbox"/> Foreign Object | <input type="checkbox"/> Other (describe) |

SUPERVISOR

INVESTIGATION

Date of Investigation _____ Person(s) Making Investigation _____

Employee's Supervisor (*print name*) _____ Supervisor's Phone # _____

Who was immediately in charge at the time of injury _____

Was Employee Task Trained? Yes No If Yes, explain _____

Were Safety Codes/Rules Violated? Yes No If Yes, explain _____

Equipment Involved: Type _____ Model No. _____ Manufacturer _____

CAUSE OF INJURY – MARK ALL THAT APPLY

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Body Motions | <input type="checkbox"/> Hot/Cold Temperature | <input type="checkbox"/> Flame/Fire/Smoke | <input type="checkbox"/> Ladders | <input type="checkbox"/> Slip/trip/fall |
| <input type="checkbox"/> Bldg/Structures | <input type="checkbox"/> Conveyers | <input type="checkbox"/> Furniture/Fixtures | <input type="checkbox"/> Machine – Misc | <input type="checkbox"/> Flying Objects |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Electrical – HV | <input type="checkbox"/> Hand Tools – Non-Power | <input type="checkbox"/> Noise <input type="checkbox"/> Flash | |
| <input type="checkbox"/> Infectious Agents | <input type="checkbox"/> Electrical – LV | <input type="checkbox"/> Hand Tools – Power | <input type="checkbox"/> Particles <input type="checkbox"/> Other | |
| <input type="checkbox"/> Vehicles | <input type="checkbox"/> Falling Objects | <input type="checkbox"/> Hoisting Apparatus | <input type="checkbox"/> Sharp Objects | |

CAUSE OF INCIDENT – MARK AND EXPLAIN ALL THAT APPLY

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Improper Material Handling | <input type="checkbox"/> Excessive Speed | <input type="checkbox"/> Poor Housekeeping | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Lack of Attention | <input type="checkbox"/> Wet Slippery Uneven Surface | <input type="checkbox"/> Procedure Failure | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Other (explain) |

ANALYSIS

Description of Incident

STEPS TAKEN TO PREVENT SIMILAR OCCURRENCE – MARK AND EXPLAIN ALL THAT APPLY

- | | |
|---|---|
| <input type="checkbox"/> Reinstruction of Employee Involved | <input type="checkbox"/> Formal Disciplinary Action |
| <input type="checkbox"/> Reminder Instruction of all Employees | <input type="checkbox"/> Installation of Guard Device |
| <input type="checkbox"/> Personal Protective Equipment Required | <input type="checkbox"/> Counseling of Employee |
-
-
-

Supervisor Signature _____ Date _____

DEVELOPING A HAZARD CHECKLIST

The following blank Hazard Checklist form can be used to develop an inspection check list. The form is also useful whenever: new equipment, new substances, new processes, new procedures, new hazards or previously unrecognized hazard are introduced into the workplace.

1. The employer should use their own experience to develop a hazard inspection checklist for their operations
2. The items should be specific and clear enough so that anyone in your department can check off the items listed
3. Once you have completed the list, make copies so that a new list does not have to be made every time you do an inspection
4. This list should be made part of your Injury and Illness Prevention Program
5. When doing the inspection, check either box, "Satisfactory (indicating that the item was in good repair or working order) or "Needs Attention" (indicating the item was not in good repair and needs correction).
6. The "Target Date for Correction" and "Date Corrected" boxes are used for follow up inspections or to note that the item has been corrected. Follow-up inspections and corrections should be made on a timely basis
7. Once the inspection is done, a copy of it should be kept in the safety file. All inspections, accident investigations, findings, and recommendations, should be communicated to the employees. Records of the inspections should be maintained by your company for a minimum of 3 years.

Safety and Health Recordkeeping

Injury and Illness Records

These records provide information to help you measure and evaluate the success of your safety and health activities.

Periodic reviews of your records will help monitor the success of your IIPP. Review the records to identify where your injuries are occurring and in what numbers; look for patterns or repeat situations. These records can help you identify hazardous areas in your workplace and pinpoint where immediate corrective action is required.

Five important steps are required by the Cal/ OSHA recordkeeping system:

1. Each employer (unless exempt by size or industry) must record each fatality, injury, or illness that is work-related, a new case, or meets one or more of the general recording criteria specified in Title 8, Section 14300.
2. Record each injury or illness on the Cal/ OSHA Log of Occupational Work Related Injuries and Illnesses (Form 300) according to the instructions.
3. Prepare an Injury and Illness Incident Report (Form 301), or equivalent.
4. Annually review and certify the Cal/OSHA Form 300 and post the Summary of Work-Related Injuries and Illnesses (Form 300A) no later than February 1 and keep it posted where employees can see it until April 30.
5. Maintain the last five years of these records in your files.

NOTE: Additional information on recordkeeping can be found on the Internet at: <http://www.californiaosha.info> or www.dir.ca.gov/DOSH

Exposure Records

Injury and illness records may not be the only records you need to maintain. Cal/ OSHA standards concerning toxic substances and hazardous exposures require records of employee exposure to these substances and sources, physical examination reports, employment records, and other information. Employers using any regulated carcinogens have additional reporting and recordkeeping requirements. See Title 8 of the California Code of Regulations for details.

Essential records, including those legally required for workers' compensation, insurance audits, and government inspections, must be maintained for as long as required. For most employers, Cal/OSHA standards also require that you keep records of steps taken to establish and maintain your Injury and Illness Prevention Program. They must include:

Records of scheduled and periodic inspections as required by the standard to identify unsafe conditions and work practices. The documentation must include the name of the person(s) conducting the inspection, the unsafe conditions and work practices identified, and the action taken to correct the unsafe conditions and work practices. The records are to be maintained for at least one year. However, employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

Documentation of safety and health training is required for each employee. The documentation must specifically include employee name or other identifier, training dates, type(s) of training and the name of the training provider. These records must also be kept for at least one year, except training records of employees who have worked for less than one year. Records need not be retained beyond the term of employment if they are provided to the employee upon termination of employment.

Also, employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employees' job assignment when first hired or assigned new duties. Some relief from documentation is available for employers with fewer than 20 employees who are working in industries that are on the Department of Industrial Relations (DIR's) designated list of low-hazard industries, and for employers with fewer than 20 employees who are not on DIR's list of high-hazard industries and who have a Workers' Compensation Experience Modification Rate of 1.1 or less. For these industries, written documentation of the Injury and Illness Prevention Program may be limited to:

- Written documentation of the identity of the person or persons with authority and responsibility for implementing the program;
- Written documentation of scheduled periodic inspections to identify unsafe conditions and work practices; and
- Written documentation of training and instruction.

GUIDELINES FOR RECORDKEEPING

Sample Form 11

Records will be kept for all safety program activities, and may include:

- Training schedule for each employee
- Initial orientation training
- Job descriptions and /or job analysis
- Safety Meetings
- Safety Committee Meetings
- Vehicle inspections forms
- DMV driving records
- CPR/First Aid training
- Injury and illness Investigations
- Employee and employer claim forms
- Cal/OSHA required records (Form 300, medical exposure records, and form 301 injury reports)
- Inspections performed, in-house, and any performed by outside agencies
- Disciplinary actions

A copy of all the above records will be maintained and filed by

Name: _____

Location: _____

Disclaimer

California Occupational Safety and Health (Cal/OSHA) regulation 3203 requires all employers to have a written safety program called an Injury and Illness Prevention Program (IIPP). An IIPP is important to protect your employees and business profitability. The following sample 'Safety Manual and Injury and Illness Prevention Program' has been prepared to assist with preparation of an IIPP that will effectively reduce the potential for workplace accidents.

Although reasonable care has been taken in the assembling of this information, Care West Insurance makes no representations or warranties, either express or implied, as to the accuracy of information contained in this manual or the applicability of this manual to your specific industry or business. Furthermore, Care West Insurance makes no representations or warranties that the use of any or all of the materials contained in this manual will result in compliance with such laws or regulations. This sample IIPP is believed to comply with the requirements of Cal/OSHA regulation 3203. However, codes and regulations change regularly. It is the employer's responsibility to make sure that its IIPP complies with the law.

You MUST individually tailor your IIPP to meet the needs of your specific work environment. Businesses with special workplace hazards, such as those engaged in construction, agri-business, ship building, trenching and excavating operations should take particular care to include in the IIPP the additional requirements mandated for such industries by Cal/OSHA regulations. The IIPP you eventually use in your business should be reviewed with your attorney. Care West Insurance is not providing legal advice regarding compliance with Cal/OSHA regulation 3203. It is ultimately the responsibility of the employer to develop policies and procedures for safe work practices.

By using this 'Safety Manual and Injury and Illness Prevention Program' you hereby agree to indemnify, defend and hold-harmless Care West Insurance and any of its employees and agents from any fines, penalties, liabilities or losses imposed resulting from the use of this manual in connection with the implementation or failure to properly implement an IIPP.