

THE COUNTY OF EL DORADO



INJURY AND ILLNESS PREVENTION PROGRAM

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II. FORWARD

The El Dorado County Injury and Illness Prevention Program (IIPP), promotes the safety and health of employees, volunteers, and the general public and provides the tools for a safe and healthful workplace.

The El Dorado County IIPP provides guidelines of safety responsibilities, reinforces efforts to create and maintain workplace safety and provides guidelines and procedures to employees for working safely.

Sources used in preparation of the County IIPP include the California Occupational Safety and Health Agency (CalOSHA) Guide to developing your Workplace IIPP, CalOSHA Workplace Injury and Illness Prevention Sample Programs, Guide to CalOSHA Program and the El Dorado County Safety Committee.

In a constant effort to achieve excellence, recommendations for revisions are always welcome. Please forward any recommendations to your Department Head, Department Safety Coordinator, and/or the Risk Management Division (Risk Management).

III. PURPOSE

The El Dorado County Board of Supervisors Policy K-1 states that the County will provide a safe and healthful workplace by establishing guidelines and procedures for the maintenance of an ongoing IIPP in compliance with the California Code of Regulations and the California Labor Code. A safe and healthful workplace is accomplished through health and safety inspections, accident investigations and employee training. Response to safety concerns will be given the highest priority at every level of the County.

IV. GOVERNING AUTHORITIES

Injury and Illness Prevention Program, California Code of Regulations, Title 8, Subchapter 7 §3203; and California Labor Code §6401.7.

Injury and Illness Prevention Program, California Code of Regulations, Title 8, Subchapter 4, Article 3 §1509;

El Dorado County Board of Supervisor's Policy K-1

V. PROGRAM

California Labor Code Section 6401.7 requires that every employer shall establish, implement and maintain a written IIPP. The program must include the following eight elements:

1. Responsibility
2. Compliance
3. Communication
4. Hazard Identification
5. Incident Response and Investigation
6. Training

7. Correction
8. Recordkeeping

VI. **RESPONSIBILITY**

El Dorado County designates the following person(s) as responsible for implementing the IIPP.

Risk Manager: The Risk Manager or their designee is the authority responsible for the implementation of the County IIPP.

Risk Management Division: Risk Management Division (Risk Management) represents the County in program development and implementation, is the employee safety resource and is the authority responsible for the administration of the IIPP. Risk Management shall:

1. Ensure that all provisions of the IIPP are implemented and maintained.
2. Represent the County and departments in CalOSHA matters.
3. Advise Department Heads and Safety Coordinators on safety and health policy issues.
4. Act as the IIPP liaison to the Board of Supervisors.
5. Act as a safety official, in cooperation with complimentary authorities, when hazards are encountered, thus having authority to order any operation of equipment, job function, job site or facility be discontinued, stopped, vacated or closed when the continued operation or use of the equipment, performance of work, or occupation of the job site or facility constitutes an imminent hazard to employees.
6. Keep abreast of current information on federal, state and local safety and health laws, regulations and ordinances.
7. Provide and/or coordinate training for County departments. Assist Department Head's Safety Coordinators in providing department training.
8. Develop guidelines, organize and provide training for safe work practices, inspections and accident investigations.
9. Schedule safety and health inspections. Review safety and health inspection reports and confirm corrections and compliance.
10. Review significant accident investigations and make necessary recommendations.
11. Review injury and illness trends.
12. Establish a system for maintaining records of inspection, hazard abatement and training.
13. Assist departments in developing and implementing the department IIPP and the department Code of Safe Work Practices (COSWP).

Department Heads: Department Heads are responsible for implementation of the County's IIPP within their department. In order to fulfill this responsibility, the Department Head may delegate duties to one or more members of their staff. The Department Heads shall:

1. Provide safe and healthful working environments for their employees.
2. Encourage the participation of employees in the identification of safety hazards or concerns.
3. Review, evaluate and address identified safety hazards or concerns in a timely manner.

4. Participate in accident investigations.
5. Ensure that employees, managers and supervisors fulfill their IIPP responsibilities.
6. Train and document the training of employees, managers and supervisors on potential departmental safety and health hazards.
7. Ensure that each manager and supervisor recognizes, inspects and evaluates workplace hazards, new equipment and new processes on a continuing basis.
8. Ensure employees, supervisors and managers are held accountable for safety violations.
9. Designate department Safety Coordinator(s) to provide assistance with the IIPP.

County-wide Safety Committee: The County-wide Safety Committee is responsible for ensuring the County complies with federal, state and local laws, regulations and ordinances pertaining to safety. The Safety Committee consists of department representatives from all County departments.

The County-wide Safety Committee shall:

1. Promote safety and enhance the effectiveness of safety awareness, training, accident prevention and emergency preparedness.
2. Recommend to the Board of Supervisors, through Risk Management, County-wide safety policies, programs and priorities on safety.
3. Participate in and review the results of the scheduled worksite inspections.
4. Submit recommendations to the Department Head to assist in the evaluation of employee safety suggestions.
5. Upon request from Risk Management, verify abatement action taken to mitigate citations issued by CalOSHA.

County-wide Safety Committee Meetings:

1. Committee meetings are held quarterly and are facilitated by Risk Management.
2. A meeting agenda will be sent to each member prior to the meeting date.
3. A Safety Committee Secretary will take minutes of each meeting. Minutes will be distributed to the Committee members.
4. The meetings shall include a review of quarterly accident events, health/safety exposures and actions taken to prevent future occurrences. They will also address the elimination of risks found during safety inspections.
5. Records of the meetings will include a list of attendees, date of the meeting, name of the meeting moderator, brief description of items discussed and the identification of hazards, safety or health concerns expressed by any employee.

Safety Coordinators: Each department will designate a Safety Coordinator(s) who has the duty to assist their Department Head with IIPP related issues and coordinate activities associated with the IIPP. Safety Coordinator training will be provided annually by Risk Management. The Safety Coordinator shall:

1. Promote safety and educational programs.

2. Maintain accident reports and occupational injury and illness records for their department. Make recommendations to Department Heads to minimize or eliminate unsafe or unhealthful conditions in the work environment.
3. Participate in unscheduled safety inspections of the department's facilities.
4. Participate in accident investigations.
5. Act as a liaison to Risk Management.
6. Ensure employees are informed of identified hazards.
7. Assist Department Head to abate workplace hazards in a timely and effective manner.
8. Recommend, provide, and record safety training pursuant to CalOSHA Safety and Health Training and Instruction Requirements (Appendix E).
9. Maintain the Safety Resource Area and Safety Bulletin Board.
10. Participate as a member of the County-wide Safety Committee.

Safety Subcommittee: Safety Subcommittees operate as an extension of the County-wide Safety Committee. A Safety Coordinator may elect to establish a Safety Subcommittee. The Safety Subcommittee may participate in, but is not limited to:

1. Assist with the development of department safety rules and policies not covered by federal, state or local safety and health laws, regulations and ordinances.
2. Establish systems for identifying and evaluating workplace hazards. Recommend solutions for safety issues.
3. Establish procedures for correcting workplace hazards or safety issues.
4. Establish trainings for hazards that employees may be exposed to in their jobs.

Managers and Supervisors: Managers and supervisors are integral components in maintaining an injury and illness free workplace and complying with applicable laws and regulations governing workplace safety and ensuring a safe workplace. Employees in these positions are responsible for the safety of their subordinates and are responsible for ensuring that employees know and abide by the County's IIPP. Managers and supervisors shall:

1. Be aware of safety and health regulations affecting operations.
2. Schedule, conduct, and record safety orientation and safety training.
3. Instruct employees before beginning a new job or task as to the safe completion of assigned tasks. Instruction shall be documented.
4. Evaluate safety training needs and make recommendations to the Department Head, Safety Coordinator and/or Risk Management.
5. Determine necessary personal protective equipment and provide training for the proper selection, usage maintenance and disposal.
6. Train employees in the identification and reporting of safety hazards and concerns.
7. As needed, participate in investigations immediately upon notification of an injury, accident or safety hazard. If the employee did not provide written notification, the manager or supervisor shall initiate the written notification.

8. Correct or make written recommendations to the Department Head for the correction of unsafe conditions and practices.
9. Ensure the maintenance of materials and equipment in safe operating conditions per the manufacturer's specifications.
10. Work with the Department Head and Safety Coordinator on all safety related issues.

Employees: Employees are responsible for using safe work practices, immediately referring and reporting unsafe conditions, following all directives, policies and procedures and assisting in maintaining a safe work environment. In order to fulfill these responsibilities, employees shall:

1. Become familiar and comply with the County's IIPP.
2. Follow all safety instructions, verbal or written.
3. Immediately report all workplace injuries, accidents, exposures and safety hazards to your supervisor. If the immediate supervisor is unavailable, the report can be made to another supervisor, manager, Safety Coordinator, Department Head or Risk Management.
4. Accomplish job duties using safe work practices.
5. Attend all required safety trainings and meetings.
6. Do not perform any job duties for which safety training has not been provided. When employee feels an imminent and uncontrolled significant/serious risk exists, notify your manager/supervisor, Safety Coordinator, Department Head or Risk Management. In an emergency call 911.

VII. COMPLIANCE

Any employee found to be in violation of their responsibilities as outlined in this IIPP by their supervisor, manager, Department Head or Risk Management may face progressive discipline in compliance with the current and appropriate Personnel Rules, Memorandums of Understandings or Salary and Benefits Resolution for employees. Information concerning Personnel Rules, Memorandums of Understandings and/or Salary and Benefits Resolution can be found with Human Resources.

VIII. COMMUNICATION

El Dorado County shall encourage employees to inform the employer of perceived hazards without fear of reprisal. **No employee shall be disciplined for reporting any workplace hazard or unsafe condition or practice. Employees who wish to remain anonymous may report unsafe conditions or hazards without identifying themselves to Risk Management.**

Workplace Hazards:

Communication regarding workplace hazards is accomplished through the distributions of documents including:

1. Employee Hazard Report Form (Appendix C)
2. County Safety Inspection Checklist (Appendix F)

3. Supervisor Incident Follow Up Report (Appendix G)
Communication of hazards can also be done verbally to the Department Head, Department Safety Coordinator, Managers and Supervisors, and/or Risk Management, who is then responsible for communicating the hazard through the distribution of documents.

Safety Data Sheets (SDS) regarding hazardous materials that employees may be exposed to while working shall be maintained in the department's Hazard Communication binder (physical or on-line) and shall:

1. Include a Safety Data Sheet for every hazardous chemical or substance used or encountered as part of the job.
2. Be readily available for employees to review.

Individual departments are responsible for maintaining current hazardous chemical or substance SDS for their departments.

Safety Resource Area and Safety Bulletin Board:

Safety Resource Area shall include:

1. County IIPP
2. Management memorandums on safety topics
3. Safety Bulletin Board
4. Miscellaneous safety information

Safety Bulletin Board shall include:

1. Evacuation plan for the area
2. Identification of all fire extinguishers
3. Name and extension for the department's Safety Coordinator
4. Name and extension of Risk Management
5. Emergency and Safety phone numbers including, but not limited to: Fire, Law Enforcement, Poison Control and CalOSHA
6. Upcoming safety training classes and schedules

IX. HAZARD IDENTIFICATION

Workplace Hazards are identified the following ways:

1. Informal Inspections: Informal inspections can be done at any time. Department Heads, Safety Coordinators, managers and supervisors are responsible for ensuring safety inspections take place in their work areas daily; these inspections are unscheduled and informal.
2. Scheduled Inspections: Each department shall conduct scheduled inspections. The County Safety Inspection Checklist (Appendix F) shall be used to document scheduled inspections. If the department has a workplace with hazards that are not addressed in the County Safety Inspection Checklist, a specific inspection checklist shall be created by that department to address the work

area needs. Departments shall forward a copy of completed inspection checklists to Risk Management and retain originals for a minimum of one year. It is recommended that all County facilities be inspected at least once each year. Department Heads shall identify a set schedule for inspections of their facilities.

3. Employee Reporting of Workplace Hazards: All employees are encouraged to identify, correct if possible, and report hazards and poor safety practices. Employees shall report workplace hazards by submitting an Employee Hazard Report Form (Appendix C). If there is a danger of imminent harm to employees and/or property the employee shall immediately stop the process and vacate the area, report the hazard immediately to their Supervisor, Manager, Department Head, Safety Coordinator, or Risk Management.
 - a. The Employee Hazard Report form shall be routed to:
 - 1) Safety Coordinator
 - 2) Department Head and
 - 3) Risk Management
 - b. Distribution of the Employee Hazard Report form shall not be delayed until after the hazard has been abated.

No employee shall be disciplined for reporting any workplace hazard or unsafe condition or practice. Employees who wish to remain anonymous may report unsafe conditions or hazards without identifying themselves to Risk Management. When new hazards are found, they will be added to the inspection process as appropriate.

X. INCIDENT RESPONSE AND INVESTIGATION

Response to Reported Workplace Hazards: Department procedures shall be established for the timely inspection of and response to any reported hazard. Procedures shall:

1. Identify the party responsible for inspecting the reported hazard.
2. Specify the degree of participation of the Department Head, department staff and Risk Management in the inspection process.
3. Identify the party responsible for writing the Reported Hazard Response.
4. Describe the immediate and long term action(s) taken to abate the identified hazard and the steps initiated to prevent hazard recurrence, including projected and actual dates for completion.
5. Ensure the Employee Hazard Report and the Reported Hazard Response are distributed to the Department Head, Safety Coordinator and Risk Management.

Investigation: The purpose of an investigation is to determine the cause of the injury, illness or accident, not to assign blame. Serious risks shall be investigated immediately. All accidents, incidents and near miss investigations shall be initiated as soon as you are aware and corrective actions to prevent

reoccurrence documented.

Responsibility for the Investigation: The investigation shall be performed by the involved department unless otherwise mandated by statute. The Department Head shall designate the party(ies) responsible for the investigation and who shall document events related to the incident in order to identify what happened before and during the accident to prevent it from reoccurring.

1. In the event that an investigation involves more than one department, a joint and cooperative investigation shall be done, or a request may be made to Risk Management for assistance in the investigation.
2. In the event that an investigation involves outside agencies, Risk Management, with cooperation of complimentary authorities, shall provide any necessary assistance.

Basic Rules for Investigations: Basic rules for the investigation of reported work-related injuries, illnesses or accidents, including incidents and near misses:

1. Unbiased approach for obtaining objective findings.
2. Examination of the scene of the accident as soon as possible while the facts and evidence are fresh and before witnesses forget important details.
3. Interview the injured worker at the scene (if possible) and have them walk through a mock re-enactment of the accident. Interviews should be conducted privately. Reassure those interviewed that the purpose of the investigation is to find the cause, not to assign blame.
4. One-on-one interviews with witnesses. Talk with everyone who has knowledge of the accident, even if they did not witness it.
5. Signed statements in cases where facts are unclear or there is an element of controversy.
6. Photographs, sketches and diagrams including measurements when appropriate.
7. Concentrate on causes and hazards.
8. Analysis of what happened, how it happened, and how it could have been prevented. Determine what caused the accident itself, not just the injury.
9. Action plan including recommendations to prevent reoccurrence.
10. Preserve evidence.
11. Open-ended questions that do not elicit one-word answers, such as, "What did you see?" rather than "Did you see anything?"
12. Not accepting, denying, or promising anything. The purpose of the investigation is to gather facts to find the cause of the accident.

Basic Questions for Investigations: Questions that could be answered during investigations of reported work-related injuries, illnesses or accidents (including incidents and near misses) may include:

1. What was the person involved doing at the time of the accident?
2. What tools or equipment were involved, if any?
3. Where did the accident occur (be specific, including location, area or job site)?
4. What else was happening around the work area?

5. Did the person involved know what the hazard was?
6. Was the person involved trained on how to do the job?
7. What contributed to the accident, such as another work group, defective tool, faulty equipment?
8. Was more than one person involved? If so, who and how?
9. Were there any witnesses? If so, who are they and what did they see?
10. Was the accident preventable? If so, how?

XI. TRAINING

Safety training and instruction is conducted by the Department Head, Safety Coordinator, manager and/or supervisor with support from Risk Management. Training shall be provided:

1. To all new employees.
2. To employees given new job assignments who have not previously been trained.
3. Whenever a new substance, processes, procedure or equipment are introduced into the workplace and represent a new hazard.
4. Whenever the employer is made aware of a new or previously unrecognized hazard.
5. To familiarize supervisors with hazards to which employees under their immediate direction and control may be exposed.

New Employee Safety Orientation: When a new employee begins employment, their Manager or Supervisor shall ensure that they receive training on their work assignment while integrating safety instructions into each aspect of the job. This training is part of their new hire orientation. Training shall include:

1. Introduce the new employee to the workplace in general.
2. Review the County IIPP with an emphasis on safety.
3. Introduce the new employee to key safety personnel contacts for the department.
4. Show the new employee their work area and discuss what the employee will be doing, including any hazards.
5. Discuss safety and performance expectations.
6. Provide the new employee with the necessary personal protective equipment and training on how to use the equipment.
7. Monitor and counsel the new employee when tasks are not performed safely.
8. Show the new employee the emergency routes during an evacuation and the rally point.
9. Provide new employee with emergency contact phone numbers.

Employee Safety Training: Each department is responsible for providing safety training to their employees. Training shall include safety requirements designed to instruct each employee on general and job specific safety procedures. All employees shall receive initial training on the IIPP from the Department Head, Managers or Supervisors, Safety Coordinator, or their designee and additional training when the IIPP is updated. (Appendix D, Safety Orientation Checklist & Appendix E, Safety and Health Training & Instruction Requirements) Employees shall also receive safety training before exposure to a new risk or whenever the employee is given a job assignment for which safety training has not previously been provided.

XII. CORRECTION

El Dorado County shall correct work conditions, practices or procedures in a timely manner based on the severity of the hazards.

Corrective Action/Abatement of Reported Workplace Hazards:

1. If the reported hazard is considered to be of an imminent nature by the Safety Coordinator, Department Head, Manager or Supervisor or Risk Management, immediate action shall be taken to eliminate or abate the hazard.
2. If the reported hazard cannot be immediately eliminated or abated without endangering employees and/or property, personnel shall be removed from the area of potential exposure. Access shall be limited to personnel trained to correct the hazardous condition. Any employee(s) involved in correcting the hazardous condition shall have received appropriate training and shall be provided the necessary safeguards and protective equipment.
3. After an investigation has been completed and the facts relating to the occurrence are known, immediate action to eliminate or abate any identified hazard and to prevent a recurrence of the hazard is the responsibility of the Department Head, who may request assistance from Risk Management.
4. If a concealed hazard is identified, employees who have exposure to that hazard shall be informed immediately and the information shall be posted in the affected area. Immediate action shall be taken to eliminate or abate the hazard.

XIII. RECORDKEEPING & REPORTING

Recording Training: All safety training shall be documented. Sign-in sheets (Appendix A) are the recommended sources for this documentation and records shall be maintained for a minimum of three years in an accessible location. The documentation shall include:

1. Name of training
2. List of attendees
3. Description of subject material presented
4. Date(s) of training and length of training
5. A test with a pass or fail score (if applicable)

Employee Reporting of Work-Related Injuries, Illnesses and Accidents (including near misses):

Employees are responsible for immediately reporting all work-related injuries, illnesses and accidents (including near misses) to their Supervisor. A near miss is an incident that could have resulted in a serious injury or significant property damage. If their immediate Supervisor is unavailable, the report shall be made to another Supervisor, Manager, Safety Coordinator, Department Head or Risk Management.

All work-related injuries, illnesses and accidents (excluding near misses) shall be immediately called in to Company Nurse Injury Hotline at 1-877-545-9152 by the employee or their supervisor. Company Nurse

will gather information over the phone and assist the injured worker in accessing appropriate medical evaluation.

Provision of Workers' Compensation Claim Forms: An employee who reports being injured on the job or has a work-related illness shall be provided with a Workers' Compensation claim form within 24 hours of reporting the employee's injury or illness. The completed and signed claim form shall be forwarded to Risk Management within 24 hours of receipt by the department. (Appendix H)

Reporting to Risk Management: Departments shall immediately notify Risk Management of all serious injury illness or death by calling 530-621-6084 or 530-621-6633 and e-mailing riskmanagement@edcgov.us. If after hours, notify the Risk Manager.

Reporting to CalOHSa: Risk Management shall notify CalOSHA immediately of any serious injury, illness or death of an employee occurring in a place of employment or in connection with any employment. Immediately means as soon as practically possible but no longer than 8 hours after the County knows or with diligent inquiry would have known of the death or serious injury or illness.

XIV. DEPARTMENT INJURY AND ILLNESS PREVENTION PROGRAM AND DEPARTMENT CODE OF SAFE WORK PRACTICES (COSWP)

The County-wide IIPP provides general and global safety responsibilities and safety guidelines for all El Dorado County employees.

When needed, The Risk Management Division, Department Heads, Safety Coordinators, Managers, Supervisors and employees should work together in developing the department IIPP (appendix I) and COSWP. The department IIPP and COSWP, in conjunction with the County-wide IIPP, provide the guidelines for specific work tasks and equipment training for the department.

The information contained in the department IIPP and COSWP will change as processes, tasks and equipment changes are made. The department IIPP and COSWP should be reviewed annually and updated as needed. A copy of new versions shall be forwarded to Risk Management.

Questions regarding the development of your program shall go to Risk Management at 530-621-6633 or riskmanagement@edcgov.us.

XV. APPENDIX ITEMS

Appendix A- El Dorado County Record of Safety Meeting

Appendix B- IIPP Review Sheet

Appendix C- Employee Hazard Report Form

Appendix D- Safety Orientation Checklist

Appendix E- Safety and Health Training & Instruction Requirements

Appendix F- County Safety Inspection Checklist

Appendix G- Supervisor Incident Follow Up Report

Appendix H- Informational Employee Packet for Workplace Injury Reporting

Appendix I- Sample department IIPP

EL DORADO COUNTY RECORD OF SAFETY TRAINING

Department: _____

Date: _____

Conducted By: _____

Location: _____

SAFETY MEETING TOPICS

1. Injuries since last meeting.
2. Property damage since last meeting.
3. Near misses since last meeting.
4. Identified hazards.
5. What will we be doing in the next meeting.

ADDITIONAL SAFETY TOPICS DISCUSSED:

ACTIONS NEEDED TO ADDRESS SAFETY TOPICS DISCUSSED:

COMMENTS:

Injury & Illness Prevention Program Review Sheet

Use this sheet to review the Departmental IIPP. If you answer No to any of the questions you will want to either update the IIPP or provide the training indicated

Yes No

- Does the written Injury and Illness Prevention Program contain the elements required by Section 3203(a)?
See: <http://www.dir.ca.gov/title8/3203.html>
- Are the person or persons with authority and responsibility for implementing the program identified?
- Is there a system for ensuring that employees comply with safe and healthy work practices (i.e., employee incentives, training and retraining programs, and/or disciplinary measures)?
- Is there a system that provides communication with affected employees on occupational safety and health matter (i.e., meetings, training programs, posting, written communications, a system of anonymous notification concerning hazards and/or health and safety committees)?
- Does the communication system include provisions designed to encourage employees to inform the County of hazards at the worksite without fear of reprisal?
- Is there a system for identifying and evaluating workplace hazards whenever new substances, processes, procedures, or equipment are introduced to the workplace and whenever the employer receives notification of a new or previously unrecognized hazard?
- Are workplace hazards identified when the program was first established?
- Are periodic inspections for safety and health hazards scheduled?
- Are records kept of inspections made to identify unsafe conditions and work practices, if required?
- Is there an accident and near-miss investigation procedure?
- Are unsafe or unhealthy conditions and work practices corrected expeditiously, with the most hazardous exposures given correction priority?
- Are employees protected from serious or imminent hazards until they are corrected?
- Have employees received training in general safe and healthy work practices?
- Do employees know the safety and health hazards specific to their job assignments?

- Is training provided for all employees when the training program is first established?
- Are training needs of employees evaluated whenever new substances, processes, procedures, or equipment are introduced to the workplace and whenever the employer receives notification of a new or previously unrecognized hazard?
- Are supervisors knowledgeable of the safety and health hazards to which employees under their immediate direction and control may be exposed?
- Are records kept documenting safety and health training for each employee by name or other identifier, training dates, type(s) of training and training providers?
- Does the Department have a safety and health committee?
- Does the committee meet at least quarterly?
- Is a written record of safety committee meetings distributed to affected employees and maintained for Department review?
- Does the committee review results of the periodic, scheduled worksite inspections?
- Does the committee review accident and near-miss investigations and, where necessary, submit suggestions for prevention of future incidents?
- When determined necessary by the committee does it conduct its own inspections and investigations, to assist in remedial solutions?
- Does the committee verify abatement action taken by the County?



The County of El Dorado
Risk Management Division
"Together Providing Risk Management Solutions"

Employee Hazard Report Form

El Dorado County employees may use this form to report any unrecognized or uncontrolled safety issues to Risk Management. Risk Management will investigate the safety issue to determine if mitigations are needed. The form may be submitted anonymously. Employees are advised that it would be illegal for an employer to take any action against an employee for exercising their rights to report safety issues.

Name of person reporting hazard (optional): _____

Date Submitted: _____ Date Discovered: _____

Was there an injury?: Yes _____ No _____

Location of hazard (be specific): _____

Description of hazard: (Attach additional pages, details, documents, photographs, etc.)

Possible solutions/corrections: _____

The completed form can be provided to your supervisor, manager or department head. Or can be forwarded to Risk Management at 330 Fair Lane, Placerville. Or you may call Risk at ext. 5566

For Supervisor, Manager, Department Head use only:

Received by: _____ Date received: _____

Corrective action required: Yes _____ No _____

Date of corrective action: _____ (Please attach the Reported Hazard Responses)

For Risk Management use only:

Received by: _____ Date Received: _____

Safety Orientation Checklist

This form is to be completed by the supervisor of a new or reassigned employee and returned to Risk Management within five (5) days after employment or reassignment begins.

Employee: _____

Assigned Department: _____

Date Employed: _____

Supervisor/Manager should review, at a minimum, the following with the employee:

- Employee safety responsibilities and General Safety Rules.
- El Dorado County's Injury Illness and Prevention Program (IIPP).
- Department IIPP and Code of Safe Work Practices.
- Procedures for reporting work-related injuries/illnesses.
- Communication Procedures; ie safety meetings, bulletin boards, incident forms, hazard report forms.
- Use of tools and equipment, availability and use of personal protective equipment (PPE).
- Site specific Emergency Action Plan.
- If applicable, powered lifting equipment such as hoists, cranes and forklifts.
- Housekeeping and proper storage of hazardous materials and waste.
- How to find Safety Data Sheets (SDS). (If applicable)
- Additional training unique to department.

SAFETY AND HEALTH TRAINING AND INSTRUCTION REQUIREMENTS

REFERENCED IN SUBCHAPTER 4 & 7, TITLE 8, CALIFORNIA CODE OF REGULATIONS
(August 2006)

The following is a list of the *instruction and training* requirements contained in the **Construction Safety Orders** (Subchapter 4) and the **General Industry Safety Orders** (Subchapter 7) of Title 8, Division 1, Chapter 4 (with several references contained in Chapter 3.2) of the California Code of Regulations. Also included are references to both Competent Person and Qualified Person.

While every effort has been made to ensure the accuracy of the information presented, users are cautioned to refer to Title 8 and the specific sections of interest. This list is a guide only and not meant to be a substitute for –or a legal interpretation of – the occupational safety and health standards.

Users may review Title 8 Regulations at: <http://www.dir.ca.gov/samples/search/query.htm>

TRAINING TOPIC	T8 SECTION	FREQUENCY OF TRAINING	TYPICAL JOB CLASSIFICATION	Cal/OSHA PUBLICATION
Accident Investigation	3203(a)(7)(F)	Initial	Supervisors/Accident Investigators	Model Program(s) IIPP: For High Hazard Employers For Non-High Hazard Employers For Employers with Intermittent Employees For Employers with Intermittent Workers in Agriculture (English & Spanish) Guide to Developing IIPP
Accident Prevention Signs and Tags	3341(d)(5)	Initial	Impacted Employees	Lockout/Blockout
Acetylene & Fuel Gas Safety	1740(k)(1)	Initial	Users	
Acrylonitrile (AN)	5213(o) 5213 (appendix B)	Initial Annual	Exposed Employees Qualified Person	
Actinolite (Non-Asbestos)	5208.1	Initial Annual	Exposed Employees	
Agricultural Equipment & Tractors	3441(a) 3664(b)	Initial Annual	Involved Employees Operators	Agricultural-Industrial Tractors Farm Labor Contractors Guide

TRAINING TOPIC	T8 SECTION	FREQUENCY OF TRAINING	TYPICAL JOB CLASSIFICATION	Ca/OSHA PUBLICATION
Anthophyllite (Non-Asbestos)	5208.1(n)	Initial Annual	Exposed Employees	
Asbestos/Asbestos Awareness	1529(k)(9)(B) 5208(j)(7)(B) 1529	Initial Annual	Employees likely exposed =>PEL and those who perform Class I-IV operations	
Class I-IV Operations	1529(o)(4) 341.9	Initial Annual	Competent Person Qualified Person	
Building Inspector Project Designer	341.16	Initial	Assigned	
Cement Pipe	341.17	Initial	Exposed Employees	
Asbestos Consultant Site Surveillance Technician	341.15	Initial	Certified Persons	
Battery Handling/ Changing/Charging	5185(a)	Initial	Assigned Employees	
Benzene	5218(i) & (j)(3)	Initial Annual	Exposed Employees	
Bloodborne Pathogens	5193(g)(2)	Initial Annual	Potentially Exposed Employees	Best Practices Approach for Reducing Bloodborne Pathogens Exposure Exposure Control Plan for Bloodborne Pathogens
Boatswains Chair	1662(a)	Initial	Users	
1,3-Butadiene	5201(l)(2)	Initial Annual	Exposed Employees	
Cadmium	5207(m)(4) 1532	Initial Annual	Exposed Employees Competent Person	
Carcinogens As Listed	5209(e)(5)	Initial	Exposed Employees	
Chemical Hygiene for Laboratories	5191(f)(2)	Initial New Hazards Refresher	Laboratory Employees	
Coke Oven Emissions	5211(t)	Initial Annual	Exposed Employees	
Compaction Equipment	4355(a)(2)	Before Use	Users	
Confined Spaces	5157(g) 5158(c)(2)	Initial Program Update Changes	Affected Employees	Confined Space: Is It Safe To Enter
Marine Terminal Operations	3463(b)(5)(B)		Exposed Employees	
Cotton Gins/ Processing Mach.	4646		Qualified Person	
Control of Hazardous Energy	3314(j)	Initial	Authorized Employees	Lockout/Blockout

TRAINING TOPIC	T8 SECTION	FREQUENCY OF TRAINING	TYPICAL JOB CLASSIFICATION	Ca/OSHA PUBLICATION
Cranes & Other Hoisting Equipment Incl. Mobile/Tower/ Derrick	5006.1(a) 5006 4966,4994, 4999,5000, 5004, 5031,5043, 5044	Initial Mobile & Tower Cert. @ 5 yrs	Mobile and Tower Crane Operators Qualified Person Authorized Employees	
Cranes/Hoisting Equipment - Marine Terminals	3472(d)(3)	Initial	Operators	
Demolition	1734 1735(u) 1736		Qualified Person	
1,2 Dibromo-3-Chloropropane (DBCP)	5212(i)(3) & (n) 5212 (Appendix B)	Initial Annual	Exposed Employees Qualified Person	
Diving Operations	6052	Initial	Assigned Employees	
Elevating Work Platforms and Aerial Devices	3648(l)(7) 3648(c) 3646(c) 3638(d)	Before Use	Users Authorized Personnel	
Emergency Action Plan	3220(e)	Initial Plan Update	Impacted Employees	
Emergency Procedures (Construction)	1512(d)	Initial	Assigned Employees	
Equipment and Machinery (Construction)	1510(b)	Initial	Qualified Person	
Erection and Construction – Bolting/Riveting/ Plumbing Structural Wood/ Steel Frame Steel Erection	1716 1716.1 1716.1(f)(1) 1716.2(j) 1710	Initial	Assigned Employees Competent person Qualified Person	Pocket Guide for the Construction Industry (English/Spanish) (Spanish Update Sheet)
Ergonomics	5110(b)(3)	Initial – When Standard is Triggered	Employees in affected job classifications (identical jobs) when standard is triggered	Back Injury Prevention Guide in the Health Care Industry for Health Care Providers Easy Ergonomics Ergonomics in Action Fitting Task to the Person: Ergo for the Very Small Business Easy Ergo for the Computer User
Ethylene Dibromide (EDB)	5219(j)	Initial Annual	Exposed Employees	

TRAINING TOPIC	T8 SECTION	FREQUENCY OF TRAINING	TYPICAL JOB CLASSIFICATION	CaI/OSHA PUBLICATION
Ethylene Oxide	5220(j)(3) 5220 Appendix A	Initial Annual	Exposed Employees	
Excavation/ Trenching/Shoring	1541		Competent Person	Trenching Safety (Tailgate Topic) Pocket Guide for the Construction Industry
Explosives	5239 5322 5329 344.20, 344.21	Initial	Assigned Employees Competent Person Licensed Blaster	
Explosives – Deteriorated	5240		Competent Person	
Explosives Storage Magazines	5256		Competent Person	
Fall Protection	1671.1	Initial	Affected Employees Competent Person Qualified Person	
Fall Protection – Date Palm Ops.	3458		Competent Person	
Fire Brigades (Private)	3411(c)	Initial/Quarterly/ Annual Refresher	Assigned Employees	
Fire Extinguisher & Fire Fighting Equipment	6151(g)(1)-(2)	Initial Annual	Assigned Employees	
Fire Prevention Plan	3221(d)(1)-(2)	Initial New Hazards	Exposed Employees	
Fire Protection – Fixed Extinguishing Systems	6175(b)(10) 6181(b)(2)	Initial Annual	Employees Assigned Maintenance/Operation Exposed Employees	
Fire Protection – Standpipe & Hose System Inspection	6165(f)(2)(F)	Initial	Assigned Employees	
First Aid First Aid & CPR	3439(b) 6251(d)(2) 3400(b) 5157, 5158, 5193 3421, 6052	Initial Changes Every 2 years (or as specified by cert. organization)	Assigned Employees Supervisors	
First Aid (Construction)	1512(b) & (d)	Initial Updated	Assigned Employees	
Flaggers (Traffic)	1599(f) & (g)	Initial	Assigned Employees	
Flammable Liquids/ Gasses/Vapors – Industrial Plants	5561		Qualified Person	
Formaldehyde	5217(n)	Initial Annual	Exposed Employees	
Fumigation – General	5221(b)	Initial	Exposed Employees	

TRAINING TOPIC	T8 SECTION	FREQUENCY OF TRAINING	TYPICAL JOB CLASSIFICATION	Ca/OSHA PUBLICATION
Hazard Communication	5194(b)(1)	Initial New chemicals or processes	Exposed Employees	Guide to CA Hazard Communication Regulation
Hazardous Substance Containers Clean/Repair/Alter	5166(a)	Initial	Assigned Employees	
Hazardous Waste Operations & Emergency Resp.	5192 (e) & (q)(6)	Initial Annual Refresher	Assigned Employees Qualified Person	
Hearing (Noise) Protectors	5098(a)(4) 5097(d)(5)(A)&(B)	Initial Retraining	Employees Provided Protectors	
Conservation	5099(a)	Initial Annual	All Employees Exposed to =>85 dBA TWA	
Heat Stress	3395(e)	Initial	Exposed Employees	Protect Yourself from Heat Illness (English/Spanish)
Helicopter Operations	1901(c)	Daily Briefing	Involved Personnel	
Industrial/Lift Trucks (Forklifts) & Tractors	3657(i) 3664(b) 3668	Initial, Annual Observed Unsafe Operation Post Accident Equipment Change Workplace Change (Operator eval. @ 3 years)	Operators	Operating Rules for Industrial Trucks Poster (English/Spanish)
Injury & Illness Prevention Program	3203(a)(7) 1509(e)	Initial Updated	All Employees Supervisor Tailgates	Model Program(s) IIPP For High Hazard Employers For Non-High Hazard Employers For Employers with Intermittent Employees (English/Spanish) For Employers with Intermittent Workers in Agriculture (English & Spanish) Guide to Developing IIPP
Inorganic Arsenic	5214(m)	Initial Annual	Exposed Employees	

TRAINING TOPIC	T8 SECTION	FREQUENCY OF TRAINING	TYPICAL JOB CLASSIFICATION	Ca/OSHA PUBLICATION
Job Hazard(s)	3203(a)(7) 1510(a) & (c)	Before Job Assignment New Hazards	All Employees	Guide to Developing IIPP
Laboratory Safety (See Chemical Hygiene)	5191(f)	Initial New Hazards Refresher	Laboratory Employees	
Laser Equipment	1801(a)	Initial	Operators Qualified Person	
Laundry/Dry Cleaning	4494(a)	Initial Periodic	Assigned Employees	
Lead Lead in Construction	5198(l) 1531.1(l)(1)(C)-(D) 1532.1(l)	Initial Annual	Exposed Employees/ Supervisors Exposed Employees => Action Level	Lead in Construction (Fact Sheet)
Lift Slab Construction	1722.1		Competent Person	
Lockout/Blockout	3314 3314(j)	Initial When Updated	Affected Employees Qualified Person	Lockout/Blockout
Machinery and Equipment	1510(b)	Before Use	Qualified Person	Lockout/Blockout
Marine Terminals	3463(b)(5)(B) 3464(a)(1) 3462(b) &(d) 3463, 3472	Initial	Exposed Employees Supervisors Qualified Person	
Medical & Exposure Records - Access	3204(g)(1)	Initial Annual	Affected Employees	Access to Medical and Exposure Records (poster) (English/Spanish)
Metal Working (forging) Machines	4243(a)(6)	Initial	Operators/Maintenance Personnel	Power Press Safety – Tool Box Topics
4,4-Methylenebis (2-Chloroaniline) MBOCA	5215(j)	Initial Annual	Exposed Employees	
Methylene Chloride	5202(l) 5202 (Appendix A)	Initial & As Necessary	Exposed Employees Qualified Person	
Methylenedianiline	5200(k)(3) 1535	Initial Annual	Exposed Employees	
Miter Saws	4307.1(c)	Initial	Operators	
Noise Exposure	5099(a)	Initial Annual	Employees Exposed = > 85dBA TWA	
Openings/Holes – Floors and Roofs	3212(b)		Qualified Person	
Paper Converting/ Printing Machines – Hand-Fed Engraving Presses	4445(3)	Initial Changes	Operators/Maintenance Personnel	
Personal Fall Arrest/Restraint Systems	1670(b)(19)		Competent Person	
Personal Protective Equipment	3380(c)	Initial	PPE Users	

TRAINING TOPIC	T8 SECTION	FREQUENCY OF TRAINING	TYPICAL JOB CLASSIFICATION	Cal/OSHA PUBLICATION
Pesticide Safety	5194(h)	Initial New Hazards	Handlers & Applicators	
Pile Driving	1600		Competent Person	
Calif. Posting Requirements	340	Initial	All Employees	
Powder-Actuated Tools	1685(a)(1) 1689(a)	Initial	Users Qualified Person	
Power Presses	4203(a) 4203(b) 4208.1(m)(1) 4208	Initial Annual	Inspectors/Maintenance Operators PSDI Operators Qualified Person	Power Press Safety (Tailgate Topic)
Powered Platforms (Installed) for Building Maintenance	3298(a) 3296	Initial	Assigned Employees Qualified Person	
Process Safety Management	5189(g)	Initial Refresher & Supplemental Certification	Involved Employees	
Pulp, Paper and Paperboard Mills	4402	Initial	Exposed Employees	
Railroad – Signs & Signals	3333(d)	Initial	Assigned Employees	
Reinforcing Steel/Similar Projections	1712(f)(A)		Qualified Person	
Respiratory Protection	5144(c) & (k) 5144 Appendix A & C	Initial Annual	Users	Resp. Protection in the Workplace New Respirator Reg. (Fact Sheet)
Roofing	1509(a) 1730(b)(8)-(9)	Initial	Qualified Person	Roofing Safety (Tailgate Topic)
Rope Access Equipment	3270.1(c) 3270.1	Initial Annual Refresher	Assigned Employees Qualified Person	
Rubber/Composition Working Machines	4592		Competent Person Test/Maintenance	
Scaffolds	1637(k)(1) 1637 1658(g)	Initial	Erectors and Dismantlers: Qualified Person	
Supervisory Safety Training	3203(a)(7)(F)	Initial Change	Supervisors	
Tanks – Open Surface	5154(j)(1)	Initial	Assigned Employee	
Traffic Control – Flaggers	1599(f) & (g)	Initial	Flaggers	
Tree Work General Date Palm Ops.	3420(b), 3421(c) 3423(a), 3427 3428(a) 3458	Initial	Assigned Employees Qualified Person	
Tremolite (Non-Asbestos)	5208.1(n)	Initial Annual	Exposed Employees	
Vinyl Chloride	5210(j)	Initial Annual	Exposed Employees	

TRAINING TOPIC	T8 SECTION	FREQUENCY OF TRAINING	TYPICAL JOB CLASSIFICATION	Cal/OSHA PUBLICATION
Welding & Cutting Safety – Hot Work	4799 4848(a) 1537(a)	Initial	Welders Fire Watchers Qualified Person	
Wheels or Rims – Servicing	3326(c)	Initial	Service Personnel	Servicing Single, Split Rim & MultiPiece Rim Wheel (Tailgate Topic)
Window Cleaning	3282(d) &(f) 3286(a)(2)	Initial	Assigned Employees	

Qualified Person

A qualified person is a person **designated** by the employer; and by reason of **training**, experience, or instruction has demonstrated the ability to perform safely **all** assigned duties; and, when required is properly licensed in accordance with federal, state, or local laws and regulations.

Examples: Mobile **Crane** and Tower Crane Operators 5006.1(a)
Scaffold Erection and Dismantling Supervisors 1637(k)(1)
Demolition 1736

Competent Person

A competent person is a person who is **capable** of identifying existing and predictable hazards in the surroundings or working conditions that are unsanitary, hazardous, or dangerous to employees. The competent person has the **authority** to impose prompt corrective measures to eliminate these hazards.

Examples: **Excavation** - Inspectors 1541
Fall Protection Plan implementers and supervisors 1671.1
Lift Slab Construction 1522.1

The Cal/OSHA Publications website contains additional publications that may be of interest. To review, download, or order free educational materials, go to:

www.dir.ca.gov/dosh/puborder.asp

EL DORADO COUNTY

Safety Inspection Checklist

Department: _____ Inspection Date: _____

Inspector's Name/Title: _____ Site Location: _____

Inspector's E-Mail Address: _____ Phone #: _____

ADMINISTRATIVE SAFETY		Yes	No	N/A	Comments/Corrections/Notes
1	Is there an assigned safety representative for this department? If so, provide contact information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Is there a safety binder/IIPP in each site location accessible to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Are Safety/Labor Law posters and safety bulletin boards with safety related materials and emergency phone numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is there a Safety Data Sheet (SDS) binder for the department in a central location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Are current evacuation maps located in all public access areas/rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Are there written records of department safety training and regular fire drills. When was the last drill conducted (if known)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL FIRE SAFETY/HOUSEKEEPING		Yes	No	N/A	Comments/Corrections/Notes
7	Does the department have proper first aid kits available, adequately supplied (without medication such as Ibuprophen etc.) which should not be in the first aid kit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Are filing cabinets, bookcases, and other items over 4 feet tall securely placed to prevent tipping hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Are boxes and heavy materials above chest level secured and marked legibly 'heavy item'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Are items that are stored overhead lightweight? If not, can they be moved to chest level or below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Are cubicle walls secure? Are shelves secured and stable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Are office areas organized and maintained to avoid tripping hazards? Note problem areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Are sturdy stepladders available and in proper working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Is there adequate lighting throughout the building, including storage and entrance lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Are light fixtures clean, in proper working order with appropriate covers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Are ceilings and walls free of holes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Are adequate waste receptacles appropriate for worksite needs? Special attention to healthcare areas and sharps containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Is flooring/carpeting in good condition, with loose rugs and mats secured? Snags in carpet need repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Are paper cutters equipped with guards and closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

20	Are restrooms clean, with hand washing signs, soap, towels, and toilet paper? Is hand sanitizer available in multiple locations for clients and staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Do all electric fans have a grill or guard for finger protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Are stairwells unobstructed? Are non-skid materials used on steps whenever possible? Are railings in good repair, tightly secured to the wall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Are fire doors marked and kept securely closed at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	Are exit signs in appropriate locations and working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL SAFETY		Yes	No	N/A	Comments/Corrections/Notes
25	Are electrical rooms clearly marked with appropriate signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	Are all multi-plug extension outlets UL approved surge suppressors or protectors (not power strips or taps)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Are any UL approved surge suppressors or protectors plugged in to another UL approved surge protector as this is a safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	Are all circuit breakers clearly labeled and free of tape or any other obstruction that may prevent them from functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	Has a clear access of at least 30 inches in width, 78 inches in height, and 36 inches in front of all electrical panels been provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	Are all circuit breaker spaces in the power panel covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	Are all breakers in the power panel properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	Is there at least 30 inches of clearance around hot water heaters, heating units, and heat-producing appliances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	Do all electrical outlets, switches and junction boxes have cover plates? Are they in good repair (not broken, showing signs of arcing, or overheating)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	Are there any exposed electrical wires in need of repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	Are electric heaters plugged directly into a wall plug, not an extension cord? Are they placed at least three feet away from combustible materials and have adequate ventilation space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KITCHEN & FIRE SAFETY (If applicable)		Yes	No	N/A	Comments/Corrections/Notes
36	Are the kitchen hood, duct, filters, exhaust fans, and suppression system heads clean (free of grease build up) and working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	Are the protective caps installed on all sprinkler heads over the cooking equipment (applies to kitchen hood suppression systems only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	Has the hood and duct fire extinguishing system been serviced and tagged in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	Does the kitchen appear clean and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMBUSTABLE MATERIAL & FIRE SAFETY		Yes	No	N/A	Comments/Corrections/Notes

40	Are compressed gas cylinders secured so they cannot be knocked over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41	Do fuel tanks have proper warning signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42	Are fuel tank emergency disconnect switches marked and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43	Are combustible materials stored in assigned storage cabinets or designated areas, and are MSD sheets on file for each item?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44	Is combustible storage at least 24 inches below the ceiling in non-sprinklered rooms and 18 inches below the ceiling in sprinklered rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45	Are materials susceptible to spontaneous ignition, such as oily rags, kept in an approved noncombustible container with a self-closing lid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46	Are boiler rooms, mechanical rooms, and electrical rooms maintained free of all combustible materials?				
FIRE EXTINGUISHER SAFETY		Yes	No	N/A	Comments/Corrections/Notes
47	Have fire extinguishers been serviced and tagged in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48	Are fire extinguishers mounted in an easily accessible location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49	Have fire extinguishers been inspected by office personnel each month and initialed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Necessary Corrections/Repairs/Replacement/Comments:

Necessary Work Orders/When Submitted?

Inspector's Signature: _____ **Date:** _____

Correction Follow Inspection Date (approximately 2 weeks for minor issues): _____

Forwarded to Department Head/Designee for Review on: _____

Department Head Comments/Directions for Follow-Up:

Department Head approval: _____ **Date:** _____

Forwarded to Risk Management on: _____

Risk Management Follow-Up Comments: _____

Risk Management approval as to form only: _____ **Date:** _____

Date Safety Inspection File Closed: _____



Supervisor's Instruction for Occupational Injury and Illness

- **Company Nurse Hotline.** Have employee immediately call Company Nurse at **1-877-545-9152** and report the incident. It should be called in whether it is for a report of incident only or are seeking medical attention. Company nurse will triage and advise the employee where they can go for treatment if necessary. If the employee is unable to make the call themselves, their supervisor must call Company Nurse to report the incident and provide as much information as possible. When the employee is able to, they will need to contact Company Nurse with the confirmation number given and provide the additional information to complete the report.
- **Workers' Compensation Claim Form (DWC-1).** This form will be **provided to all employees making an Injury and Illness report to Company Nurse.** This is a time sensitive form and needs to be provided within 24 hours. **Only if medical treatment is sought will the form be completed and returned to employer.**
- **Declination Form.** If the report is for a record of incident only, and the employee will not seek medical treatment, the Declination form will be completed.
- **Supervisor Incident Follow Up Report.** This form will be completed for all incidents.
- **Witness Statement.** This form will be completed by each person who witnessed the injury, bystanders as well as co-workers.
- **Doctor's Notes.** All Doctor's notes will be provided to the Supervisor or Injury and Illness Liaison as soon as possible. These notes will then be forwarded to Risk Management.
- **Transitional Work Agreement.** If the employee is returned to work with restrictions, every effort will be made to accommodate the restrictions in a temporary modified duty assignment. This modified duty assignment may be outside of the employee's usual duties, division, or department. The Transitional Work Agreement will be completed by the modified duty assignment supervisor and employee.
- **Time Off for Treatment.** Certain bargaining units (refer to specific MOU) have negotiated a maximum of 48 hours of paid time off to attend worker's compensation related medical appointments. Eligible employees will record each absence and present this form to their supervisor each pay period with their time card. The supervisor will sign off on each entry, verifying it is consistent with the time card. The form will be returned to Risk Management upon release from the doctor, or upon reaching the maximum 48 hours.

IN CASE OF WORKPLACE INJURY:

ACCION a seguir en caso de un accidente en el trabajo



**COMPANY
NURSE**

Injury Hotline

1-877-545-9152

▶ AVAILABLE 24 HOURS A DAY

1▶

Injured worker notifies supervisor.

Empleado lesionado notifica a su supervisor.

2▶

Supervisor / Injured worker immediately calls injury hotline.

Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeros/as.

3▶

Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.

Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar el tratamiento médico adecuado.

EMPLOYER NAME
(NOMBRE DE COMPANIA)

SEARCH CODE
(CÓDIGO DEL BÚSQUEDA)

El Dorado County

Q100

Notice to Employer/Supervisor:

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site when possible.

Visit us online: www.CompanyNurse.com

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Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your pre-designated doctor. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you will receive temporary disability payments. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Si Ud. se lesiona o se enferma, ya sea física o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación para trabajadores. Se adjunta el formulario para presentar un reclamo de compensación para trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el/la administrador(a) de reclamos, quien es responsable del manejo de su reclamo, le notificará a usted, lo referente a su elegibilidad para beneficios.

Para presentar un reclamo, complete la sección del formulario designada para el "Empleado", guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador", le dará a Ud. una copia fechada, guardará una copia, y enviará una al/la administrador(a) de reclamos. Los beneficios no pueden comenzar hasta, que el/la administrador(a) de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

Atención Médica: Su administrador(a) de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador(a) de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Para lesiones que ocurren en o después de 1/1/04, hay un límite de visitas para ciertos servicios médicos.

El Médico Primario que le Atiende-Primary Treating Physician PTP es el médico con toda la responsabilidad para dar el tratamiento para su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico pre-designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas especiales que son aplicables cuando su empleador ofrece una Organización del Cuidado Médico (HCO) o después de 1/1/05 tiene un Sistema de Proveedores de Atención Médica. Hable con su empleador para más información. Si su empleador no ha colocado un poster describiendo sus derechos para la compensación para trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

El empleador autorizará todo tratamiento médico consistente con las directivas de tratamiento aplicables a la lesión o enfermedad, durante el primer día laboral después que el empleado efectúa un reclamo para beneficios de compensación, y continuará proveyendo este tratamiento hasta la fecha en que el reclamo sea aceptado o rechazado. Hasta la fecha en que el reclamo sea aceptado o rechazado, el tratamiento médico será limitado a diez mil dólares (\$10,000).

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación para los trabajadores, sus expedientes médicos no tendrán la misma privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un(a) juez de compensación para trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el/la juez "selle" (mantenga privados) ciertos expedientes médicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Vocational Rehabilitation (VR): If a doctor says your injury or illness prevents you from returning to the same type of job and your employer doesn't offer modified or alternative work, you may qualify for VR. If you qualify, your claims administrator will pay the costs, up to a maximum set by state law. VR is a benefit for injuries that occurred prior to 2004.

Supplemental Job Displacement Benefit (SJDB): If you do not return to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJDB is a benefit for injuries occurring on or after 1/1/04.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation, or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC web site at www.dir.ca.gov. Link to Workers' Compensation.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado(a) de noche, o no pueda trabajar durante más de 14 días.

Regreso al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el/la administrador(a) de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado, u otro trabajo, podría extenderse o no temporalmente, dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Rehabilitación Vocacional: Si el doctor dice que su lesión o enfermedad no le permite regresar a la misma clase de trabajo, y su empleador no le ofrece trabajo modificado o alternativo, es posible que usted reúna los requisitos para rehabilitación vocacional. Si Ud. reúne los requisitos, su administrador(a) de reclamos pagará los costos, hasta un máximo establecido por las leyes estatales. Este es un beneficio para lesiones que ocurrieron antes de 2004.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. no vuelve al trabajo en un plazo de 60 días después que los pagos por incapacidad temporal terminan, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador(a) de reclamos pagará los costos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente. Este es un beneficio para lesiones que ocurren en o después de 1/1/04.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que vivan en el hogar, que dependían económicamente del/de la trabajador(a) difunto(a).

Es ilegal que su empleador le castigue o despida, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por atestiguar en el caso de compensación para trabajadores de otra persona. (El Código Laboral sección 132a). Si es probado, puede ser que usted reciba pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios, y gastos hasta un límite establecido por el estado.

Ud. tiene derecho a estar en desacuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador(a) de reclamos, para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios de Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División estatal de Compensación al Trabajador (*Division of Workers' Compensation - DWC*), o puede escuchar información grabada, así como una lista de oficinas locales, llamando al (800) 736-7401. Ud. también puede ir al sitio electrónico en el Internet de la DWC en www.dir.ca.gov. Enlázese a la sección de Compensación para Trabajadores.

Ud. puede consultar con un(a) abogado(a). La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un(a) abogado(a), sus honorarios se tomarán de sus beneficios. Para obtener nombres de abogados de compensación para trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó vaya a su sitio electrónico en el Internet en www.californiaspecialist.org.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

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.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.*
York Risk Services Group, Inc., PO Box 619079, Roseville, CA 95661
15. Insurance Policy Number. *El número de la póliza de Seguro.* N/A
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

- Employer copy/Copia del Empleador Employee copy/ Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado



WORKERS' COMPENSATION CLAIM
DECLINATION FORM

I, _____, have been provided a DWC-1 Claim Form on
_____ for an incident that occurred on _____.

At this time, I am not seeking Workers' Compensation benefits, i.e. medical treatment, temporary disability payments, etc. I will immediately advise my supervisor if I later wish to place a claim for benefits as a result of this incident.

I understand that I have one year to complete the claim form and pursue a workers' compensation claim.

Signature of Employee

Date

Signature of Employer Representative

Date

COUNTY OF EL DORADO

SUPERVISOR INCIDENT FOLLOW UP REPORT

EMPLOYEE NAME:	DATE OF INJURY (DOI)	
<input type="checkbox"/> Incident was called into Company Nurse Date Called In:		
INCIDENT (May be very brief description):		
INDICATE BELOW THE CONTRIBUTING FACTORS TO INCIDENT/ILLNESS:		
UNSAFE ACT (IF ANY) <input type="checkbox"/> IMPROPER BODY MECHANICS <input type="checkbox"/> HURRIED OR DISTRACTED WORK <input type="checkbox"/> FAILURE TO USE PROPER PERSONAL PROTECTIVE EQUIPMENT (Specify): <input type="checkbox"/> OTHER: UNSAFE CONDITION (IF ANY) <input type="checkbox"/> DEFECTIVE EQUIPMENT <input type="checkbox"/> UNGUARDED EQUIPMENT <input type="checkbox"/> TRIP/SLIP HAZARD ON FLOOR <input type="checkbox"/> UNSAFE ARRANGEMENT OF ITEMS	<input type="checkbox"/> UNSAFE WORK METHOD <input type="checkbox"/> UNSAFE USE OF EQUIPMENT <input type="checkbox"/> IMPROPER LIFTING TECHNIQUE <input type="checkbox"/> OVEREXERTION <input type="checkbox"/> IMPROPER LIGHTING <input type="checkbox"/> IMPROPER APPAREL <input type="checkbox"/> IMPROPER VENTILATION <input type="checkbox"/> UNFORSEEN HAZARD	FUTURE CORRECTIVE ACTION(S) <input type="checkbox"/> PROVIDING DOCUMENTED TRAINING <input type="checkbox"/> MODIFY/DISCONTINUE WORK PRACTICE <input type="checkbox"/> REQUEST ERGONOMIC EVALUATION <input type="checkbox"/> WRITTEN COACHING OR DISCIPLINE <input type="checkbox"/> ELIMINATE CONDITION <input type="checkbox"/> REPAIR CONDITION <input type="checkbox"/> REPORT CONDITION TO: <input type="checkbox"/> OTHER: Work with in restrictions and continue to provide restrictions to Supervisor.
POST CORRECTIVE ACTION COMPLETED –Must Provide Action Taken to Prevent Future Incident: Could include ergonomic assessments, equipment fixed, fall hazards eliminated, lighting fixed, assigned online training course etc.		
Date Completed:		
SUPERVISOR'S SIGNATURE		
SUPERVISOR PRINTED NAME:		
EMAIL ADDRESS & PHONE #:	DATE:	
SIGNATURE:		
TO BE COMPLETED BY RISK MANAGEMENT OFFICE		
DATE RECEIVED:	NAME & TITLE:	
COMMENTS:		

COUNTY OF EL DORADO

WITNESS STATEMENT

OBSERVATION OF INCIDENT

WITNESS REPORT OF INCIDENT	
FIRST AND LAST NAME OF INJURED EMPLOYEE:	
DATE OF WITNESSED INCIDENT:	
<p>WITNESS STATEMENT (use back of page if necessary): <i>As a witness to this incident, write a detailed statement of your observation of the incident. Explain when and how the incident occurred and exactly what you saw OR heard. Provide as much detail as you know, such as body part injured, statements made to you <u>directly from injured party</u>.</i></p>	
<p>ARE YOU AWARE OF ANY OTHER WITNESSES WHO WOULD HAVE FACTS SURROUNDING THIS INCIDENT AND THEIR CONTACT INFORMATION? (If yes, please provide first and last names):</p>	
<p><i>I declare under penalty of perjury that all statements contained in this report are true and correct to the best of my knowledge. I further certify that I have not knowingly made any false or dishonest statements in my reported observation of this incident.</i></p>	
PRINTED NAME:	SIGNATURE:
CONTACT PHONE NUMBER or EMAIL ADDRESS:	DATE:



El Dorado County Transitional Work Agreement

This Transitional Work Agreement is to document the temporary arrangements made in order to allow the employee named below to continue to work while recovering from an injury or illness. The purpose of this agreement is to facilitate recovery, prevent deterioration of work skills, and return the employee to work as soon as medically possible. The agreements made in this plan were reached through an interactive discussion between the employee and supervisor. These agreements were made to accommodate the temporary work restrictions provided by the employee's treating physician. Attached, please find medical documentation stating these work restrictions. All parties understand that they need to strictly adhere to these work restrictions.

Employee: _____ Department: _____
Job Title: _____ Supervisor: _____

Transitional Work Agreement Details: (use additional pages as necessary):

This Transitional Work Agreement will be from _____ to _____ (specify dates)
Typically not more than 60 days unless approved by Risk Management.

Employee confirms that he/she received a copy of the Transitional Work Agreement _____ (initial)

It is understood that these are temporary arrangements designed to allow El Dorado County employees to continue to work while recovering from illness or injury. This Transitional Work Agreement does not represent a permanent change of duties or responsibilities. It is understood that any problems that may arise during this transitional work period shall be discussed between the supervisor and employee. If assistance is needed, please contact Risk Management at (530) 621-5618 or (530) 621-6084.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Reset Form

Print

Employee Name	Date of Injury
---------------	----------------

Workers' Compensation - Time off Work for Treatment
(Eligible Units: UM, CO, MA, SM, CC, CA, GE, SU, PL)

Employees in eligible bargaining units who return to work and are receiving Workers' Compensation benefits, and have follow-up medical treatment or appointments related to their Workers' Compensation injury/illness, may use County paid time for these absences. Eligibility for County paid time is not to exceed a total of **48 hours**. This is limited to the time required to commute to the appointment as well as actual time at the location.

- Employee: Present this form to your supervisor each time you are off work for treatment. The time will be coded "SC" in payroll.

- This time off should be tracked until either (a) the employee is released from care, or (b) he/she has utilized 48 hours. **Please return this form to Risk Management when either of the above two events occur.**

Date	Purpose	Time off work	Employee signature	Supv initial



INFORMATIONAL EMPLOYEE PACKET FOR WORKPLACE INJURY REPORTING

- Notify Supervisor
- Employee calls Company Nurse and reports injury
1-877-545-9152
- **IF seeking treatment:**
Complete DWC-1 (obtained through your supervisor)
- **IF not seeking treatment:**
Complete Declination Form (obtained through your supervisor)

IN CASE OF WORKPLACE INJURY:

ACCION a seguir en caso de un accidente en el trabajo



1-877-545-9152

▶ **AVAILABLE 24 HOURS A DAY**

- 1▶ Injured worker notifies supervisor.**
Empleado lesionado notifica a su supervisor.
- 2▶ Supervisor / Injured worker immediately calls injury hotline.**
Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeros/as.
- 3▶ Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.**
Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar el tratamiento médico adecuado.

EMPLOYER NAME
(NOMBRE DE COMPANIA)

SEARCH CODE
(CÓDIGO DEL BÚSQUEDA)

El Dorado County	Q100
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Notice to Employer/Supervisor:

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site when possible.

El Dorado County's Risk Management Team and York Risk Services Group



would like to invite you for an opportunity to
meet one-on-one with your claims examiner
so you can...

- *Ask questions about your claim*
- *Get answers about workers' compensation*



WHEN:
4th Wednesday
of every month
9 a.m. to 3 p.m.
Beginning 2/27/13

WHERE:
El Dorado County
Human Resources
Department
330 Fair Lane
Placerville, CA 95667



By appointment only
Please contact Ariel Powell
at (916) 960-0974 or ariel.powell@yorkrsg.com
to schedule your appointment.

Pre-designation Of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) or medical group if: You have health care insurance for injuries/illness that are not work related, the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records; your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries; prior to the injury your doctor agrees to treat you for work injuries or illnesses; prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury/illness, and (2) your personal doctor's name and business address.

You may use this form, a form provided by your employer or provide all the information in writing to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury/illness and the above requirements are met.

Notice Of Pre-designation Of Personal Physician

Employee: Complete this section

Employer _____
 If I have a work-related injury or illness, I choose to be treated by:

 (Name of doctor) (M.D., D.O., or medical group)

 (street address, city, state, zip)

 (telephone number)

Employee Name (please print): _____
 Employee's Address: _____
 Employee Signature: _____ Date _____

Note to Employee: Unless you agree in writing, neither your employer or your physician does not sign this form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree, your employer or York may contact your personal physician to confirm this pre-designation, sign and date below:

Employee Signature _____
 Employee # _____ Date _____
 Physician: I agree to this Pre-designation:
 Signature: _____ Date _____
 (Physician or Designated Employee of the Physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Notice Of Personal Chiropractic Or Personal Acupuncturist

If your employer or your employer's insurer does not have a Medical Provider Network (MPN), you may be able to change your treating physician to your personal chiropractor (D.C.) or acupuncturist (L.A.C.) following a work-related injury/illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal D.C. or L.A.C. in writing prior to the injury/illness. York generally has the right to select your treating physician within the first 30 days after your employer knows of your injury/illness. After your employer or York has initiated your treatment with another physician during this period, you may then, upon request, have your treatment transferred to your personal D.C. or L.A.C. You may use this form to notify your employer of your personal D.C. or L.A.C., or your employer may have their own form. The D.C. or L.A.C. must be your regular D.C. or L.A.C. who has directed your treatment and retains your chiropractic records and history. If your employer has an MPN, you may only switch to a D.C. or L.A.C. within the MPN. A chiropractor cannot be your treating physician after 24 visits. If you still require medical treatment thereafter, you will have to select a physician who is not a chiropractor.

Name of chiropractor or acupuncturist (D.C., L.A.C.) _____
 (street address, city, state, zip code)

 (telephone number)
 Employee Name (Please Print): _____
 Employee's Address: _____
 Employee's Signature: _____
 Date: _____

WHEN A WORK INJURY OCCURS...

- Quickly seek first aid. Call 9-1-1 for help immediately
- If emergency medical care is needed.
- Immediately report injuries to your supervisor or employer representative at _____

Information & Assistance Office: _____

Employer MUST complete this information



YORK™

The Facts About Workers' Compensation

For dates of injury on or after
 January 1, 2013

York Risk Services Group, Inc.
 P.O. Box 619079
 Roseville, CA 95661
 Phone (866) 221-2402
 Fax (866) 548-2637

is found to sustain an industrial injury or illness will be provided with benefits to medically cure or relieve them from the effects of the injury/illness, provide temporary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an injury/illness, protection from discrimination by his/her employer because of the injury/illness.

Am I Covered? Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. York Risk Services Group (York) is your employer's claims administrator. Your employer or York can answer any questions you might have about coverage.

What Does Workers' Compensation Cover? If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or York if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

Duty Of The Employer. Immediately notify your employer or York so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to York. York is in charge of handling your claim and informing you about your eligibility for benefits.

Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to \$10,000 in treatment pending a decision by York for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work-related, or the date benefits were last provided.

Duty of the Employer: Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to York Risk Services Group.

What are the benefits? You may be entitled to various kinds of benefits under California workers' compensation law including:

Medical Care: Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor.

receive a medical bill. If additional treatment is necessary, York will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to York so your benefits can be paid.

The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permanent impairment of bodily function(s) or the need for future medical care. Generally, your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or York. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician.

You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use.

If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

Temporary Disability Benefits: If you are not medically able to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary. See the "Other Benefits" section of this pamphlet for additional information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

Permanent Disability: If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law determines minimum and maximum amounts, and they vary by injury date. If you are entitled to PD, York will send you a letter explaining how the benefit was calculated. If the injury

last payment of TD, unless your employer has offered you a position that pays at least 85% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and, compensation paid to you on the date of injury, the PD would be paid after an Award issues.

Supplemental Job Displacement Benefit (SJDB): If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits. If you qualify for the supplemental job displacement benefit, York will provide a voucher up to a maximum of \$6,000.

Death Benefits: If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

Discrimination: It is a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

Other Benefits: Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information.

You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured worker's whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: www.dir.ca.gov.

If You Still Have Questions... ask your supervisor or employer representative. Or contact York at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your workplace. You can also call 800-736-7401 or visit the DWC website at <http://www.dir.ca.gov/dwc>.

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to \$150,000 and imprisonment up to five years.

**DEPARTMENT
INJURY AND ILLNESS PREVENTION PROGRAM**



for

(Department)

(Address—Main Office)

(City)

TABLE OF CONTENTS

Organize your department IIPP program using the key topics shown below:

Example

- Management Commitment
- Program Responsibilities
- Communication
- Inspections, Hazard Identification and Control
- Reporting
- Accident/Incident Reporting Procedure
- Accident/Incident Investigation
- Training
- Department Code of Safe Work Practices

MANAGEMENT COMMITMENT

Your commitment to safety and health shows in every decision you make and every action you take. Your employees will respond to that commitment. Below is an example of a model policy statement.

Example

It is the _____'s (insert name of department) commitment to maintain an injury, illness and accident free workplace and promote the safety and health of our employees, volunteers and the general public. To achieve this goal, and be in compliance with the California Code of Regulations and the California Labor Code, _____ (insert name of department) has developed an Injury and Illness Prevention Program (IIPP). Every employee working for _____ (insert name of department) is responsible for this IIPP. With every employee's commitment, we will succeed in providing a safe, pleasant and healthful working environment.

PROGRAM RESPONSIBILITIES

The Department Head is responsible for implementation of the department IIPP. The Department Head shall designate and identify in this section persons with the authority and responsibility for the department health and safety program. This information shall be reviewed and updated as needed. An example for identifying those individuals is provided below.

Example

Department Safety Coordinator(s)

_____ (insert name of department) has appointed the following individual(s) as department Safety Coordinator(s):

The appointment is for at least a two (2) year period. This is to establish stability in your department's safety program.

Department Safety Committee

_____ (insert name of department) is responsible for implementing and maintaining an effective safety program. The department has appointed the following individuals as members of the department Safety Committee:

(add more lines as needed)

COMMUNICATIONS

The program shall have an understandable system for communicating with all affected employees. The system shall include provisions designed to encourage employees to report hazards at the worksite without fear of reprisal. General employee meetings shall be scheduled at which safety is freely and openly discussed. In-person training programs are excellent ways to communicate with employees. Other options may include: on-line communication with Target Solutions, posters, bulletins and newsletters. All communication efforts, shall be documented to show that a system of effective communication is in place. Below is an example of a suggested format that may be used in this section.

Example

_____ (insert name of department) has established the following methods to communicate safety and health related issues to employees:

- Periodic safety meetings
- General and job-specific in-person or on-line training.
- Safety posters, warning signs and tags.
- Verbal or written communications from immediate supervisor, safety committees or management.
- Departmental bulletin boards.
- Other: (list here)_____

INSPECTIONS, HAZARD IDENTIFICATION AND CONTROL

Informal Inspections and Scheduled Periodic Inspections provide a method of identifying existing or potential hazards in the workplace. Once identified, department procedures shall be established to respond, abate, correct or control the hazard. Below is an example of the information that shall be included in this section and a suggested format. This sections information can change frequently and should be reviewed and updated as often as necessary.

Example

_____ (insert name of department) has developed a system for conducting Scheduled Periodic Inspections and has implemented procedures to respond, abate, correct or control the hazard. *(List those procedures here or include as an Appendix).*

_____ (insert name of position/person) shall conduct periodic inspections according to the schedule below and use the appropriate inspection checklist(s). Completed inspection checklists shall be retained by the department for one year and a copy provided to Risk Management.

Facility location (address)	How often

REPORTING

_____ (insert name of department) has developed departmental hazard reporting procedures. *(List procedures specific to your department here or include as an Appendix. Refer to the County-wide IIPP.)*

ACCIDENT/INCIDENT REPORTING PROCEDURE

_____ (insert name of department) has supplemented the County-wide IIPP reporting of incidents procedures with the following: *(List procedures specific to your department here or include as an Appendix. Refer to the County-wide IIPP.)*

ACCIDENT/INCIDENT INVESTIGATION

A prompt and thorough investigation is crucial to identifying the cause(s) of injuries, illnesses and accidents (including incidents and near misses). The investigation should be written, supplemented with photos and diagrams as needed and adequately identify the cause(s) of the injury, illness or accident (including near misses).

Accident investigations should be conducted by trained individuals. The focus of the investigation is to learn why the injury, illness or accident (including incidents and near misses) occurred and what actions can be taken to preclude recurrence. The purpose is not to assign blame.

Example

_____ (insert name of department) has supplemented the County-wide IIPP investigation of reported work-related injuries, illnesses and accidents (including near misses) with the following procedures: _____.

TRAINING

A department IIPP shall address health and safety training for the following:

- *New employees*
- *Employees given new job assignments for which prior training was not provided.*
- *When a new substance, process, procedure or equipment is introduced to the workplace*
- *When the department is aware of a new hazard*
- *Supervisors and Management to familiarize themselves with the employee hazards under their immediate control*

Example

_____ (insert name of department) regularly provides safety and health training for employees, supervisors and management on general safe work practices and specific instructions for hazards unique to job assignments. Employees are not to begin a task until training has been provided. Supervisors and management are responsible for being familiar with health and safety hazards to which employees are exposed, how to recognize them and the potential effects that hazards have on employees.

All safety and health training will be documented using El Dorado County Record of Safety Meeting and maintained by the department for at least one year.

DEPARTMENT CODE OF SAFE WORK PRACTICES (COSWP)

Departments shall establish COSWP for addressing identified hazards. A written department COSWP outlines how to perform a task with minimum risk to people, equipment, materials, environment and processes. COSWP are developed by identifying hazards that reflect the day to day activities of the employees.

Example

_____ (insert name of department) has developed the following COSWP: (List your departmental safety rules and/or procedures here or include as an Appendix.)

APPENDIX ITEMS

Include all of the documents used in the department IIPP program

