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# **A GUIDE TO YOUR INJURY AND ILLNESS PREVENTION PROGRAM**

**STATE**  
COMPENSATION  
INSURANCE  
**FUND**  
Loss Control Services

# INTRODUCTION

**STATE**  
COMPENSATION  
INSURANCE  
**FUND**  
Loss Control Services

# INTRODUCTION

Title 8, CCR (California Code of Regulations) 3203 requires **all** California employers to *"establish, implement and maintain an effective Injury and Illness Prevention Program"* in writing and **must** include the following:

- Section I** The identity of the person or persons with the authority and responsibility for implementing and maintaining the plan, as well as the company safety policy.
- Section II** A method for ensuring employee compliance with the plan.
- Section III** A system for communicating with employees on matters of safety and health.
- Section IV** An Occupational Health and Safety Training Program.
- Section V** Scheduled, periodic inspections to identify hazards and a system for correcting unsafe conditions and work practices.
- Section VI** A procedure for conducting injury and illness investigations.
- Section VII** A system of documentation and recordkeeping.

As a service to its policyholders, **STATE COMPENSATION INSURANCE FUND** has produced this manual as an aid in the development of an effective written program that, with proper documentation, should meet the requirements. Most of the forms for employees included in this manual are available in Spanish. If you choose, you can reproduce these forms onto your own company letterhead.

**Note:** For your reference, a copy of the existing text for Title 8, Section 3203 is contained in Section VIII of this manual.

# Using This Program

You must have already installed Adobe Acrobat Reader in order to navigate to the different PDF file sections of the program. You may click on the file AR40.exe if the Acrobat Reader is not yet installed in your computer.

To navigate to the IIPP sections or checklists, you may use the following links:

- Open Bookmarks by pressing F5 or by selecting Bookmarks under the Window menu.
- Open Thumbnails by pressing F4 or by selecting Thumbnails under the Window menu.
- Click on the page or section number in outline box, subject heading or title to view desired topics.
- Click the arrow icon located on top of every page that will directly link to either the Table of Contents and or the Hazard Checklists Index.

# DISCLAIMER

This document is presented with the understanding that the authors are attempting to provide a guide for the development of a written worksite **Injury and Illness Prevention Program (IIPP)**. Materials incorporated here originate from various sources, including Cal/OSHA's Model Program.

The scope of this program is limited to satisfying the employers' requirement for an IIPP. Title 8 of the California Code of Regulations has a multitude of other safety and health standards that employers need to learn about and comply with. Also, employers who have collective bargaining relationships may have an obligation to bargain over portions of an IIPP.

If applicable, the Hazard Communication Program, Emergency Action Plan, Fire Prevention Plan, Respirator Program, Hearing Conservation Program, Lockout/Tagout Procedures, as well as any other appropriate programs or procedures must also be incorporated into your IIPP.

The State Compensation Insurance Fund assumes no responsibility and expressly disclaims liability for any injury, including death, or any loss, damages or expenses arising out of or in any way related to the use of this program.

## **SECTION I**

# **ASSIGNMENT OF RESPONSIBILITY AND POLICY STATEMENT**



## **ASSIGNMENT OF RESPONSIBILITY**

Cal/OSHA requires that you designate and identify a person or persons with authority and responsibility to implement your Injury and Illness Prevention Program.

Such person(s) will likely be in management and should have his/her authority and responsibility for safety and health clearly defined. Once assigned, they should understand they are accountable for ensuring workplace safety. If your operation is small, then you must assume the responsibility for the safety and health activity. As your company grows, it may become necessary to delegate safety responsibility to key employees. The responsibility should always be clear and specific.

# SAMPLE

## SAFETY POLICY STATEMENT

It is the policy of \_\_\_\_\_  
that injury and illness prevention shall be considered of primary importance in all phases of operations and administration.

It is the intention of the company's top management to provide safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees.

The prevention of injury and illness is an objective affecting all levels of the organization and its activities. It is therefore, a basic requirement that each supervisor make the safety of employees an integral part of his or her regular management function. It is equally the duty of each employee to accept and follow established safety regulations and procedures.

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

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

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

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

\_\_\_\_\_  
President/Owner

\_\_\_\_\_  
Date

# SAMPLE

## ASSIGNMENT OF RESPONSIBILITY

I, \_\_\_\_\_ will see to it that our company's managers and supervisors will assume their respective responsibility for the safety and health of their assigned staff. Those responsibilities will include, but will not be limited to:

- ☐ Review safety policies and procedures; become familiar with functions and responsibilities of supervision and the interrelationships with other departments.
- ☐ Develop a sound technical knowledge of all applicable Cal/OSHA Safety Orders and Regulations; also stay current with requirements made by other government agencies.
- ☐ Maintain an occupational training program covering hazards basic to all types of employment and those unique to each worker's job assignment.
- ☐ Correct unsafe and unhealthy work practices in a timely manner (also document this on provided forms).
- ☐ Schedule and conduct regular safety training meetings with all employees.
- ☐ Perform first-aid duties as required, which will include maintaining appropriate first-aid supplies, dissemination of emergency procedures, and providing first-aid training.
- ☐ Keep records of all employee training, corrections of unsafe conditions, dates and results of workplace inspections. Submit all documentation to \_\_\_\_\_ for company recordkeeping.
- ☐ **Add** additional responsibilities you feel important for your operation In addition, supervisors of this company will be responsible for seeing that all company rules and policies are adhered to by all employees. This may include employee incentives, retraining, and disciplinary actions.

\_\_\_\_\_  
President/Owner

\_\_\_\_\_  
Date

**SAMPLE**

## **DESIGNATED SAFETY PROGRAM COORDINATORS**

The responsibility of implementing the company safety program is to be shared by all supervisory staff, with the overall administration of the program assigned to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Other safety officers will include, but will not be limited to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

## **SECTION II**

# **EMPLOYEE COMPLIANCE**

**STATE**  
COMPENSATION  
INSURANCE  
**FUND**  
Loss Control Services

# EMPLOYEE COMPLIANCE

Cal/OSHA requires that you include a system for ensuring that employees comply with safe and healthful work practices.

Substantial compliance with this provision includes recognition of employees who follow safe and healthful practices, i.e., incentive programs; training and retraining programs; disciplinary actions: infraction notices; or any other means that ensure employee compliance with safe and healthy work practices.

As part of this compliance, you should provide employees with a code of safe practices that reflect your company's specific operations. Though sample procedures are provided, you must modify them to suit your requirements.

# SAMPLE

## EMPLOYEE COMPLIANCE POLICY

Create a form which indicates how you will require your employees to comply with your Code of Safe Practices.

- ☐ Outline your procedure for ensuring compliance. For example:

Employees who fail to follow this company's code of safe work practices will be subject to disciplinary actions outlined here: <sup>(1)</sup>

- 
- ☐ If you decide to use an incentive program describe how it works.

- ☐ Emphasize your commitment for training and retraining when the employee is first hired and periodically when appropriate. <sup>(2)</sup>

Once you've adopted a policy, have the statement signed and dated by the President or owner of the company.

<sup>(1)</sup> A sample guideline follows on page 14 of this section.

<sup>(2)</sup> See Section IV on Training for specifics.

# **CODE OF SAFE PRACTICES**

## **GENERAL INDUSTRY**

This is a suggested format. It is general in nature and intended as a basis for the preparation of a code of safe practices by the employer that fits his/her operations more exactly.

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

To carry out this policy employees shall:

1. Report all unsafe conditions and equipment to your supervisor or safety coordinator.
2. Report all incidents, injuries and illnesses to your supervisor or safety coordinator immediately.
3. Anyone known to be under the influence of intoxicating liquor or drugs, shall not be allowed on the job while in that condition.
4. Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees are prohibited.
5. Means of egress shall be kept unblocked, well-lighted and unlocked during work hours.
6. In the event of fire, sound alarm and evacuate.
7. Upon hearing fire alarm, stop work and proceed to the nearest clear exit. Gather at the designated location.
8. Only trained workers may attempt to respond to a fire or other emergency.
9. Exit doors must comply with fire safety regulations during business hours.
10. Stairways should be kept clear of items that can be tripped over, and all areas under stairways that are egress routes should not be used to store combustibles.
11. Materials and equipment will not be stored against doors or exits, fire ladders or fire extinguisher stations.
12. Aisles must be kept clear at all times.

-over-



13. Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.
14. All spills shall be wiped up promptly.
15. Always use the proper lifting technique. Never attempt to lift or push an object which is too heavy. You must contact your supervisor when help is needed to move a heavy object.
16. Never stack material precariously on top of lockers, file cabinets or other relatively high places.
17. When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material, etc.
18. Do not stack material in an unstable manner.
19. Report exposed wiring and cords that are frayed or have deteriorated insulation so that they can be repaired promptly.
20. Never use a metal ladder where it could come in contact with energized parts of equipment, fixtures or circuit conductors.
21. Maintain sufficient access and working space around all electrical equipment to permit ready and safe operations and maintenance.
22. Do not use any portable electrical tools and equipment that are not grounded or double insulated.
23. All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of ground.
24. All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
25. Inspect motorized vehicles and other mechanized equipment daily or prior to use.
26. Shut off engine, set brakes and block wheels prior to loading or unloading vehicles.
27. Inspect pallets and their loads for integrity and stability before loading or moving.
28. Do not use compressed air for cleaning off clothing.
29. Do not store compressed gas cylinders in areas which are exposed to heat sources, electric arcs or high temperature lines.

over-

30. Identify contents of pipelines prior to initiating any work that affects the integrity of the pipe.
31. Wear hearing protection in all areas identified as having high noise exposure.
32. Goggles or face shields must be worn when grinding.
33. Do not use any faulty or worn hand tools.
34. Guard floor openings by a cover, guardrail, or equivalent.
35. Do not enter into a confined space unless tests for toxic substances, explosive concentrations, and oxygen deficiency have been taken.
36. Always keep flammable or toxic chemicals in closed containers when not in use.
37. Do not eat in areas where hazardous chemicals are present.
38. Be aware of the potential hazards involving various chemicals stored or used in the workplace.
39. Cleaning supplies should be stored away from edible items on kitchen shelves.
40. Cleaning solvents and flammable liquids should be stored in appropriate containers.
41. Solutions that may be poisonous or not intended for consumption should be kept in well-labeled containers.
42. When working with a VDT, have all pieces of furniture adjusted, positioned and arranged to minimize strain on all parts of the body.
43. Never leave lower desk or cabinet drawers open that present a tripping hazard. Use care when opening and closing drawers to avoid pinching fingers.
44. Do not open more than one upper drawer at a time, particularly the top two drawers on tall file cabinets.
45. Individual heaters at work areas should be kept clear of combustible materials such as drapes or waste from waste baskets. Newer heaters which are equipped with tip-over switches should be used.
46. Appliances such as coffee pots and microwaves should be kept in working order and inspected for signs of wear, heat or fraying of cords.
47. Fans used in work areas should be guarded. Guards must not allow fingers to be inserted through the mesh. Newer fans are equipped with proper guards.

# CODE OF SAFE PRACTICES

## GENERAL OFFICE

This is a suggested format. It is general in nature and intended as a basis for the preparation of a code of safe practices by the employer that fits his/her operations more exactly.

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

To carry out this policy employees shall:

1. Report all unsafe conditions and equipment to your supervisor or safety coordinator.
2. Report all incidents, injuries and illnesses to your supervisor or safety coordinator immediately.
3. Means of egress shall be kept unblocked, well-lighted and unlocked during work hours.
4. In the event of fire, sound alarm and evacuate.
5. Upon hearing fire alarm, stop work and proceed to the nearest clear exit. Gather at the designated location.
6. Only trained workers may attempt to respond to a fire or other emergency.
7. Exit doors must comply with fire safety regulations during business hours.
8. Stairways should be kept clear of items that can be tripped over and all areas under stairways that are egress routes should not be used to store combustibles.
9. Materials and equipment will not be stored against doors or exits, fire ladders or fire extinguisher stations.
10. Aisles must be kept clear at all times.
11. Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.
12. All spills shall be wiped up promptly.

-over-

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

# **CODE OF SAFE PRACTICES**

## **CONSTRUCTION**

This is a suggested format. It is general in nature and intended as a basis for the preparation of a code of safe practices by the contractor that fits his/her operations more exactly.

### **GENERAL**

1. All persons shall follow these safe practices rules, render every possible aid to safe operations, and report all unsafe conditions or practices to the supervisor or superintendent.
2. Supervisors shall insist on employees observing and obeying every applicable Company, State or Federal regulation and order as is necessary to the safe conduct of the work, and shall take such action as is necessary to obtain compliance.
3. All employees shall be given frequent injury and illness prevention instructions. Instructions shall be given at least every 10 working days.
4. Anyone known to be under the influence of drugs or intoxicating substance which impair the employee's ability to safely perform the assigned duties shall not be allowed on the job while in that condition.
5. Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees shall be prohibited.
6. Work shall be well planned and supervised to prevent injuries in the handling of materials and in working together with equipment.
7. No one shall knowingly be permitted or required to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that they might unnecessarily expose the employee or others to injury.
8. Employees shall not enter manholes, underground vaults, chambers, tanks, silos, or other similar places that receive little ventilation unless it has been determined that it is safe to enter.
9. Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to the supervisor or superintendent.
10. Crowding or pushing when boarding or leaving any vehicle or other conveyance shall be prohibited.
11. Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received instructions from their superintendent.

-over-

12. All injuries shall be reported promptly to the supervisor or superintendent so that arrangements can be made for medical or first aid treatment.
13. When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
14. Inappropriate footwear or shoes with thin or badly worn soles must not be worn.
15. Materials, tools, or other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.
16. Employees shall cleanse themselves thoroughly after handling hazardous substances and follow special instructions from authorized sources.
17. Hod carriers should avoid the use of extension ladders when carrying loads. Such ladders may provide adequate strength, but the rung position and rope arrangement make such climbing difficult and hazardous for this trade.
18. Work shall be so arranged that employees are able to face a ladder and use both hands while climbing.
19. Gasoline shall not be used for cleaning purposes.
20. No burning, welding, or other source of ignition shall be applied to any enclosed tank or vessel, even if there are openings, until it has first been determined that no possibility of explosion exists and authority for the work is obtained from the supervisor or superintendent.
21. Any damage to scaffolds, falsework, or other supporting structures shall be immediately reported to the supervisor and repaired before use.

## **USE OF TOOLS AND EQUIPMENT**

22. All tools and equipment shall be maintained in good condition.
23. Damaged tools or equipment shall be removed from service and tagged "DEFECTIVE."
24. Pipe or Stillson wrenches shall not be used as a substitute for other wrenches.
25. Only appropriate tools shall be used for a specific job.
26. Wrenches shall not be altered by the addition of handle-extensions or "cheaters."
27. Files shall be equipped with handles and not used to punch or pry.

-over-

28. A screwdriver shall not be used as a chisel.
29. Wheelbarrows shall not be pushed with handles in an upright position.
30. Portable electric tools shall not be lifted or lowered by means of the power cord. Ropes shall be used.
31. Electric cords shall not be exposed to damage from vehicles.
32. In locations where the use of a portable power tool is difficult, the tool shall be supported by means of a rope or similar support of adequate strength.

## **MACHINERY AND VEHICLES**

33. Only authorized persons shall operate machinery or equipment.
34. Loose or frayed clothing, long hair, dangling ties, finger rings, etc., shall not be worn around moving machinery or other areas where they may become entangled.
35. Machinery shall not be serviced, repaired or adjusted while in operation, nor shall oiling of moving parts be attempted, except on equipment that is designed or fitted with safeguards to protect the person performing the work.
36. Where appropriate, lock-out procedures shall be used.
37. Employees shall not work under vehicles supported by jacks or chain hoists without protective blocking that will prevent injury if jacks or hoists should fail.
38. Air hoses shall not be disconnected at compressors until the hose line has been bled.
39. All excavations shall be visually inspected before backfilling to ensure that it is safe to backfill.
40. Excavating equipment shall not be operated near tops of cuts, banks, or cliffs if employees are working below.
41. Tractors, bulldozers, scrapers and carryalls shall not operate where there is a possibility of overturning in dangerous areas like edges of deep fills, cut banks, and steep slopes.
42. When loading where there is a probability of dangerous slides or movement of material, the wheels or treads of loading equipment, other than that riding on rails, should be turned in the direction which will facilitate escape in case of danger, except in a situation where this position of the wheels or treads would cause a greater operational hazard.

## **BLASTING OPERATIONS**

1. Cases that have contained explosives shall be destroyed by burning out-of-doors. Do not burn in a stove or furnace.
2. Shoes with nails or metal plates shall not be worn in magazines or near explosives.
3. Blasting caps shall only be carried in approved containers.
4. The least amount of proper strength explosive that will do the job effectively shall be used.
5. Detonators and primers shall be separated from the explosives until it is necessary to bring together in preparing for the blast.
6. Holes loaded during a shift should be fired during that shift.
7. The operations of loading and firing should be carried out with as few workers as possible.
8. Drill holes shall be blown out and made ready before explosives are brought to the site.
9. In tamping explosives, steady, even pressure should be used.
10. For electric blasting, the following shall apply:
  - (a) Tight electrical connections.
  - (b) No short circuits or breaks in the wires.
  - (c) Enough current to fire all shots.
  - (d) A strong, properly-applied force when using a blasting machine operated by physical effort.
  - (e) Care not to damage the insulation of wires when tamping charges.
11. If misfires occur, the licensed blaster shall be contacted.



## ROOFING OPERATIONS

1. Knotted hand lines should not be used.
2. Roofers tending kettles, or carrying buckets of hot tar, shall wear gloves that fit snugly at the wrists, and long sleeved shirts fastened at the wrists.
3. At no time should a roofer, while handling or exposed to injury from hot tar, work without a shirt or appropriate footwear.
4. Appropriate portable fire extinguishers shall be kept at or near the kettle, attached, if practicable, to the tongue of the kettle, away from the danger zone.
5. Kettle covers should be equipped with a handle that projects at least fourteen inches (14") away from the surface of the cover or lid.
6. Kettle covers shall be closed and latched when in transit and the kettle should be slop-proof when cover is closed.
7. When parked, means shall be provided to prevent inadvertent movement of the kettle.
8. Ladders should be used with great caution, and roof gutters should not be depended upon for support.
9. Workers handling buckets of hot tar should not carry anything that will interfere with the safety of this operation.
10. The gallows frame shall be securely anchored before hoisting materials.
11. Only muscular power shall be used to hoist materials by means of a gallows frame. A winch or power hoist shall not be used.

**SAMPLE**

## **ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF CODE OF SAFE PRACTICES**

### **TO ALL EMPLOYEES:**

ATTACHED IS A COPY OF THE CODE OF SAFE PRACTICES. THESE GUIDELINES ARE PROVIDED FOR YOUR SAFETY.

IT IS THE RESPONSIBILITY OF \_\_\_\_\_

**(Name)**

TO PROVIDE AND REVIEW THIS CODE WITH EACH EMPLOYEE. IT IS THE EMPLOYEE'S RESPONSIBILITY TO READ AND COMPLY WITH THIS CODE.

ATTACHED COPY OF THE CODE OF SAFE PRACTICES ARE FOR YOU TO KEEP. PLEASE SIGN AND DATE BELOW AND RETURN ONLY THIS PAGE TO

\_\_\_\_\_  
**(Name)**

-----  
I HAVE READ AND UNDERSTAND THE CODE OF SAFE PRACTICES.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE SIGNATURE

# SAFETY INFRACTION

Cal/OSHA requires that you discipline employees who fail to comply with your code of practices and general safety regulations. Your disciplinary procedure must be consistent and supported with written documentation. The following is a sample that you can use as a guide. Remember that this is only a guide and may not be legally applicable for your operations.

## NOTICE OF SAFETY INFRACTION

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

1st Infraction – Written/Verbal Warning  
2nd Infraction – Written Warning

3rd Infraction– 3 to 5 Day Suspension  
4th Infraction – Dismissal

\_\_\_\_\_ you have been observed working in the  
**Name**

following unsafe manner, contrary to company safety rules:

This is your

☐ First Infraction    ☐ Second Infraction    ☐ Third Infraction    ☐ Fourth Infraction

Action taken, therefore is:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**Note:** These suggested disciplinary measures should be reviewed in the context of any collective bargaining agreement which may exist. It is strongly recommended that you consult a labor attorney before instituting any employee disciplinary policy.

# SAMPLE

## INCENTIVE PROGRAM

As an option, you can also provide an incentive program for employees to correct unsafe acts or to comply with general safety rules and regulations.

When it comes to motivating employees to work safely, many studies have shown that positive reinforcement is the most successful method. One of the best ways for an employer to positively motivate employees is the Safety Incentive program. Safety Incentive programs need not be complicated. In fact, some of the simplest have proven to be the most effective.

What interests people varies considerably, but there is a wide variety of injury and illness prevention promotional activities that have been proven successful by employers who gained outstanding safety records with such activities.

Here are some activities to consider when you set up your program:

- ☐ Special meetings for the presentation of awards, announcement of safety policy or practice, or to discuss the purchase of safety equipment. Contests for safety record improvement or safety poster design. Safety displays, safety suggestion system and signs showing days worked without a lost-time accident.
- ☐ Making these activities successful means changing them to fit each individual situation. What stirs people to action varies considerably, and depends on their motives, emotions, attitudes, and background. When developing promotional activities, involve the workers. Everyone benefits, if the activity interests them and helps you meet your injury and illness prevention goals.
- ☐ Keep changing your promotional activities to fit your needs. Even a good thing gets stale. Change or vary your promotional activities when interest lags. Later, you can rerun the more successful activities without reducing their impact.
- ☐ The key to success is in the implementation. Make sure the employees understand the rules as well as their potential gain. Emphasize that the program is designed to reward employees for working safely, not for refusing to report an injury.

## **SECTION III**

# **EMPLOYEE COMMUNICATION**

**STATE**  
COMPENSATION  
INSURANCE  
**FUND**  
Loss Control Services

# EMPLOYEE COMMUNICATION

You are required by Cal/OSHA to include in your Injury and Illness Prevention Program, a system for communicating issues relating to occupational safety and health to your employees, in a form that is readily understandable by all affected. Cal/OSHA states:

Substantial compliance with this provision (communication) includes meetings, training programs, postings, written communication, a system of anonymous notification by employees about hazards, labor/management safety and health committees, formal and informal training, or any other means that ensure communication with employees.

Employees should be encouraged to communicate to their supervisors and/or safety representatives all unsafe or unhealthy conditions either verbally or in writing. The employers should provide a safety suggestion form/box for their employees to use. Any employee safety suggestion or report of hazard will need to be investigated with the results communicated to all employees affected.

**Note:** Labor/management safety and health committees are optional.

**SAMPLE**

## **SAFETY COMMUNICATION POLICY**

It is our company policy to maintain open communication between management and staff on matters pertaining to safety. Your thoughts regarding safety are considered important, and we encourage your active participation in our company safety program. Please feel free to express any of your safety concerns or suggestions during safety meetings, individually to your supervisor, or in writing on the safety suggestion form. (This will allow you to remain anonymous if you so desire; however, this will make it difficult to provide you special recognition if your suggestion is put to action.) Be assured that all safety suggestions will be given serious consideration, and that each will receive a response.

In turn, the company will provide current safety news and activities, safety reading materials, signs, posters, and a bulletin board for easy access to them all.

Also, regular safety meetings will be held every \_\_\_\_\_ so that all employees have an opportunity to receive safety training and voice personal opinions regarding safety.

\_\_\_\_\_  
President/Owner

\_\_\_\_\_  
Date

# **SAMPLE**

## **SAFETY COMMUNICATION SUGGESTIONS**

Here are suggestions which can be incorporated into your own safety communication program:

- ☐ Employee orientations, conducted at the time of hire, will stress the importance of safety at \_\_\_\_\_  
(Company Name)  
and will encourage all workers to report all hazards to a supervisor or to \_\_\_\_\_  
(Name) without fear of reprisal.
- ☐ Regular safety meetings will be held each (week/month/quarter) to keep employees informed of safety and health matters. Time will be provided to allow employees to state their safety concerns without fear of reprisal.
- ☐ A bulletin board will be maintained to inform employees on matters of worker safety and health and will include a poster encouraging employees to report unsafe conditions or occupational health concerns.
- ☐ An anonymous suggestion box will be provided to facilitate employee safety and health communication. All suggestions will be reviewed by \_\_\_\_\_  
(Name)  
who will determine if any corrective action is necessary.
- ☐ Some safety and health information may be disseminated through corporate memoranda or pay envelope inserts.
- ☐ A Labor/Management Safety Committee will be established to assist in communicating safety and health concerns to all levels of employment at \_\_\_\_\_  
(Company Name) . (Committees are optional.)
- ☐ A newsletter will be produced (monthly/quarterly/yearly) to keep employees informed of matters of safety and health as well as other company news.



# EMPLOYEE SAFETY INFORMATION FORM

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

Description of Unsafe Condition or Practice:

Causes or Other Contributing Factors:

Employee's Suggestion for Improving Safety:

Has This Matter Been Reported to the Area Supervisor? ☐ Yes ☐ No

Employee Name (Optional) \_\_\_\_\_

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

**ACTION**  
(For Office Use)

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

Reason(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

The employer will investigate any report as required by the Injury and Illness Protection Program Standard (8 CCR §3203) **and advise the employee who provided the information or the workers in the area** of the employer's response.

## EMPLOYEE SAFETY MEETINGS (BRIEF)

Once your busy season is underway and everyone is working at full capacity, safety training given during employee orientation may be forgotten and unsafe work habits may develop. Dangerous machinery seems to become less threatening as you work with it day after day. That is why brief safety meetings are necessary. Actually, they are very easy to do. The following are some points to consider:

- ☐ Keep them very short.
- ☐ Cover only one subject.
- ☐ Demonstrate an object to focus attention. Hold it in your hand if possible, or gather the employees around it.
- ☐ To arouse interest and verify understanding, get employees to participate in the discussion.
- ☐ Do not criticize individual employees in front of the others.
- ☐ Have a bilingual person translate for non-English speaking employees.
- ☐ Document the meeting. This may be needed later on in a disciplinary situation, or if you are visited by a compliance officer from Cal/OSHA. Most important, it shows who may have been absent and will have to be spoken to individually later on.
- ☐ Schedule the meetings and stick to the schedule, otherwise they are likely to be postponed or forgotten about. In a short, intense season, you may need meetings on a weekly basis.

# SAMPLE

<b>REPORT OF SAFETY MEETING</b> <b>INFORME SOBRE LA REUNION DE ASUNTOS DE SEGURIDAD</b>																																													
See inside front cover for suggested topics for safety meeting. Dirijase a la contraportada para ver una lista de temas sugeridos a tratar en la reunión de seguridad.																																													
Employer/Patron																																													
Job Location/Ubicacion Del Trabajo - Department/Departamento		Date/Fecha																																											
<b>Incident/Injury or Illness Reviewed/Investigación de Incidentes/Lesiones o Enfermedades</b>  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>		<b>Employee's Name/Signature-Nombre Del Empleado/Firma</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px; text-align: center;">1</td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td></tr> <tr><td style="text-align: center;">6</td><td></td></tr> <tr><td style="text-align: center;">7</td><td></td></tr> <tr><td style="text-align: center;">8</td><td></td></tr> <tr><td style="text-align: center;">9</td><td></td></tr> <tr><td style="text-align: center;">10</td><td></td></tr> <tr><td style="text-align: center;">11</td><td></td></tr> <tr><td style="text-align: center;">12</td><td></td></tr> <tr><td style="text-align: center;">13</td><td></td></tr> <tr><td style="text-align: center;">14</td><td></td></tr> <tr><td style="text-align: center;">15</td><td></td></tr> <tr><td style="text-align: center;">16</td><td></td></tr> <tr><td style="text-align: center;">17</td><td></td></tr> <tr><td style="text-align: center;">18</td><td></td></tr> <tr><td style="text-align: center;">19</td><td></td></tr> <tr><td style="text-align: center;">20</td><td></td></tr> <tr><td style="text-align: center;">21</td><td></td></tr> </table>		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21	
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<b>Action Taken/Supervisor's Comments Medidas Tomadas/Comentarios del Supervisor</b>  <div style="border: 1px solid black; height: 60px; width: 100%;"></div>																																													
Supervisor's Name/Nombre Del Supervisor-Signature/Firma																																													

SCIF 17653 (Rev. 2-92)

## STATE COMPENSATION INSURANCE FUND

**INSTRUCTIONS:** Keep your meetings brief. Cover only one subject. Use an object to focus employee attention.

**NOTE:** In addition, you should note this training on individual employee training records.

# LABOR /MANAGEMENT SAFETY COMMITTEES

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

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

Committees can be an excellent way of communicating safety and health information to your employees and will help maintain their interest in your Injury and Illness Prevention Program.

MINUTES OF SAFETY COMMITTEE MEETING						
<input type="checkbox"/>	Central Committee	<input type="checkbox"/>	Departmental Committee	Dept. (if applicable)	Date of Meeting	Time of Meeting
					Date of Next Meeting	
Chairman				Secretary		
Committee Members and Guests	Name			Position/Department		
Pending Business	General					
Prior Recommendations	Completed Since Last Meeting					
	Under Consideration					
	Dropped (recommendation number, reason)					

-over-

Accidents and New Recommendations	Accidents (date, name, descriptions)		
	New Recommendations		
Other Safety Activities	Items That Should Receive Publicity		
	New		
Signature Committee Secretary			Date
For Committee Use:			
<input type="checkbox"/>	Reviewed Department Inspection Reports		
<input type="checkbox"/>	Copy Sent To Central Committee		

# **SECTION IV**

# **TRAINING**

**STATE**  
COMPENSATION  
INSURANCE  
**FUND**  
Loss Control Services

# TRAINING

Cal/OSHA requires that training be provided:

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

Also, you should be aware of a few indicators that might show a need for training or retraining:

- Excessive waste or scrap
- High labor turnover
- An increase in the number of “near misses” which could have resulted in injuries or illnesses
- A recent upswing in actual accident experience
- High injury or illness incidence
- Expansion of operations or new employment
- A change in work process, a new process, or new equipment
- Employee requests for earplugs, respirators or other protective devices
- Repeated questioning by employees seeking answers which may seem obvious

A list of specific requirements for employee instruction and training contained in Title 8 of the California Code of Regulations can be found on pages IV-7 and IV-8.

**NOTE:** An “Employee Safety Training Record” should be used to document this training. You can use the enclosed samples as guidelines to develop a training record of your own. These training records must be maintained for at least 3 years.



# SAMPLE

## EMPLOYEE SAFETY TRAINING POLICY

A. \_\_\_\_\_  
(assigned person)

shall assure that supervisors receive training to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.

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

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

C. To insure that all employees receive appropriate training, all company employees will participate in:

- ☐ Scheduled safety meetings.
- ☐ Additional training as job duties or work assignments are expanded or changed.
- ☐ Defensive driving when company vehicles are to be used.
- ☐ Other training programs as appropriate.

Further training will be provided whenever employees are exposed to new processes, machinery, chemicals, and/or previously unrecognized hazards.

Records of all the above training will be kept by

\_\_\_\_\_ at \_\_\_\_\_  
Name Location

# SAMPLE 1

## EMPLOYEE SAFETY TRAINING RECORD

### Version 1

This report is to be completed by the supervisor and the new employee (reassign)  
within \_\_\_\_\_ days after employment (reassignment) and filed with

\_\_\_\_\_  
(name)

EMPLOYEE				
DATE EMPLOYED (Reassigned)	RECORD DATE (Completed)	First	Middle PRINT NAME	Last

DEPARTMENT ASSIGNED \_\_\_\_\_ TYPE OF WORK \_\_\_\_\_

OUTLINE EMPLOYEE'S PAST WORK EXPERIENCE \_\_\_\_\_

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

DID EMPLOYEE HAVE A PRE-PLACEMENT PHYSICAL? ☐ YES ☐ NO

IF YES, ANY WORK RESTRICTIONS INDICATED? \_\_\_\_\_

THE SUPERVISOR AND THE NEW EMPLOYEE ARE TO REVIEW THE FOLLOWING SAFETY CONCERNS, CHECK AND DISCUSS THOSE WHICH APPLY:

### CHECK OFF

### DISCUSS WHERE APPROPRIATE

- ☐ 1. Applicable Company, State and Federal safety policies and programs
- ☐ 2. Applicable Company, State and Federal safety rules, both general and specific to job the assignment
- ☐ 3. Company safety rule enforcement procedures
- ☐ 4. Use of tools and equipment
- ☐ 5. Proper guarding of equipment
- ☐ 6. Proper work shoes and other personal protective equipment, as needed
- ☐ 7. Handling of product

_____
_____
_____
_____
_____
_____
_____

-over-

(Cont'd.)

## CHECK OFF

**DISCUSS WHERE APPROPRIATE**

- ☐ 8. Use of specific lifting equipment, such as hoists, hand truck, etc.
- ☐ 9. How, when and where to report injuries
- ☐ 10. Importance of housekeeping
- ☐ 11. Special hazards of job
- ☐ 12. When and where to report unsafe conditions
- ☐ 13. Emergency procedures
- ☐ 14. Employee responsibility for the prevention of injuries and illnesses
- ☐ 15. The law that only work related injuries are covered by workers' compensation
- ☐ 16. Training on any toxic material employee might be exposed to
- ☐ 17. Fire Safety
- ☐ 18. Safe operation of following vehicle(s)
- ☐ 19. Company policy on medical treatment for work related injuries
- ☐ 20. Employee is to receive special additional instruction and guidance from \_\_\_\_\_  
(assigned person's name)
- ☐ 21. Supervisor will adequately and frequently review performance of new employees. Superior behavior will be rewarded and substandard behavior will be corrected
- ☐ 22. Probationary period is from \_\_\_\_\_ to \_\_\_\_\_
- ☐ 23. Supervisor will formally review employee's performance on \_\_\_\_\_  
(mark calendar)
- ☐ 24. Employee agrees to fully cooperate with the safety efforts of the employer, follow all safety rules and use good judgment concerning safe work behavior
- ☐ 25. **Add** other items that apply to your specific operations or other Cal/OSHA required training

SIGNED

## Supervisor

Date

Employee

Date

## SAMPLE 2

### EMPLOYEE SAFETY TRAINING RECORD

#### Version 2

This report is to be completed by the supervisor and the new employee (reassign) within \_\_\_\_\_ days after employment (reassignment) and filed with

\_\_\_\_\_  
(name)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE HIRED

\_\_\_\_\_  
TYPE OF WORK

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

\_\_\_\_\_  
DID EMPLOYEE HAVE A PRE-PLACEMENT PHYSICAL? ☐ YES ☐ NO

IF YES, ANY WORK RESTRICTIONS INDICATED? \_\_\_\_\_

**The SUPERVISOR is to go over the following safety concerns (where applicable) with the new employee:**

- ☐ 1. High priority this company gives to safety \_\_\_\_\_
- ☐ 2. Maintaining good standards of housekeeping, especially regarding \_\_\_\_\_
- ☐ 3. Must use mechanical means of lifting and carrying whenever possible to avoid back strains. Those available:  
☐ cart(s) ☐ wheelbarrow(s) ☐ hoist(s)  
☐ jack(s) ☐ hand trucks ☐ other \_\_\_\_\_
- ☐ 4. When lifting by hand, get yourself in a comfortable position, bend at the knees, and get close to the load. Lift with your leg muscles and not your weaker back muscles. Do not lift especially heavy materials by yourself. \_\_\_\_\_
- ☐ 5. Maintain safety guard and electrical grounding on the following power tools and/or equipment \_\_\_\_\_
- ☐ 6. Chemicals or other health hazards \_\_\_\_\_

-over-

The SUPERVISOR is to go over the following safety concerns (where applicable) with the new employee (Cont'd.)

- ☐ 7. Personal protective equipment that must sometimes be worn (when, where, and why):
  - ☐ goggles/face shields    ☐ ear plugs/muffs    ☐ hardhat
  - ☐ safety shoes/boots    ☐ dust mask respirator    ☐ other \_\_\_\_\_
- ☐ 8. Safe operation of the following vehicles \_\_\_\_\_
- ☐ 9. In addition to this general safety checklist, the new employee is aware of the specific safety rules regarding \_\_\_\_\_
- ☐ 10. Fire extinguisher(s) located \_\_\_\_\_
- ☐ 11. First-aid kit(s) located \_\_\_\_\_
- ☐ 12. Hospital or clinic for emergency treatment \_\_\_\_\_
- ☐ 13. Report all injuries immediately to \_\_\_\_\_
- ☐ 14. Report unsafe conditions immediately to \_\_\_\_\_
- ☐ 15. Possible disciplinary action for ignoring safety rules (1st time, 2nd time, etc.) \_\_\_\_\_
- ☐ 16. Positive safety incentives for good safety record (company recognition, time off, bonuses, etc.) \_\_\_\_\_
- ☐ 17. **Add** other items that apply to your specific operations or other Cal/OSHA required training. \_\_\_\_\_

This record is important in helping you, our new employee get off to a good start with our company as far as safety is concerned. We will go over this record again in weeks/months.

SIGNED

_____	_____
Supervisor	Date
_____	_____
Employee	Date

# SAMPLE

<b>REPORT OF SAFETY MEETING</b> <b>INFORME SOBRE LA REUNION DE ASUNTOS DE SEGURIDAD</b>			
See inside front cover for suggested topics for safety meeting. Dirijase a la contraportada para ver una lista de temas sugeridos a tratar en la reunión de seguridad.			
Employer/Patron			
Job Location/Ubicación Del Trabajo - Department/Departamento		Date/Fecha	
Incident/Injury or Illness Reviewed/Investigación de Incidentes/Lesiones o Enfermedades		Employee's Name/Signature-Nombre Del Empleado Firma	
		1	
		2	
		3	
		4	
Subjects Discussed/Temas Discutidos		5	
		6	
		7	
		8	
		9	
		10	
		11	
Suggestions/Sugerencias- Recommendations/Recomendaciones		12	
		13	
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		20	
Action Taken/Supervisor's Comments Medidas Tomadas Comentarios del Supervisor		21	
Supervisor's Name/Nombre Del Supervisor-Signature/Firma			

SCIF 17653 (Rev. 2-92)

## STATE COMPENSATION INSURANCE FUND

**INSTRUCTIONS:** Keep your meetings brief. Cover only one subject. Use an object to focus employee attention.

**NOTE:** In addition, you should note this training on individual employee training records.

**SAMPLE**

## INDIVIDUAL EMPLOYEE TRAINING RECORD

Safety Training must be provided for employees in the performance of their duties.  
Use this form to document any and all employee training.

NAME			
DEPARTMENT			
TRAINING TOPIC	Date Training Completed	Initials	
		Trainer	Employee

## **SECTION V**

# **INSPECTIONS AND CORRECTIONS OF HAZARDS**

**STATE**  
COMPENSATION  
INSURANCE  
**FUND**  
Loss Control Services



## IDENTIFICATION AND CONTROL OF HAZARDS

To maintain a safe and healthful workplace, Cal/OSHA requires that you:

- ☐ use the Safety and Health Standards to help you identify hazards which exist now or could develop.
- ☐ institute procedures to control these hazards and take action to eliminate them.

You are required to:

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

Whenever an unsafe or unhealthy condition, practice, or procedure is observed, discovered, or reported, the assigned person must take appropriate corrective measures in a timely manner based upon the severity of the hazard. Employees must be informed of the hazard and interim protective measures taken until the hazard is corrected. Use the Cal/OSHA standards as guidelines to assist in instituting control procedures to:

- ☐ eliminate hazards from machines, processes, material, or work site structures.
- ☐ abate hazards by controlling exposures to it or guarding against it at its source.
- ☐ train personnel to be aware of hazards and to follow safe work practices and procedures.
- ☐ prescribe signs and personal protective equipment for warning and shielding employees against hazards.

## SAMPLE

### FACILITY INSPECTIONS

\_\_\_\_\_ inspections are to be conducted prior to each meeting  
*weekly/monthly*

by all \_\_\_\_\_  
*supervisors/committee members*

Results of inspections will be reviewed by \_\_\_\_\_  
and addressed according to priority.

Problems identified by each inspection will be corrected immediately, or by a  
specified time to be determined by \_\_\_\_\_

Also, \_\_\_\_\_ inspection results will be discussed during  
*weekly/monthly* company safety meetings.

Employees are encouraged to discuss and bring forward their ideas and  
thoughts regarding any safety items mentioned or of concern to them.

## SAMPLE

### VEHICLE AND POWER EQUIPMENT INSPECTIONS

All company vehicles and individual power machinery will be inspected daily by  
their operators. Inspection forms are available from \_\_\_\_\_  
for documenting inspections of all company vehicles, to include:


# HAZARD CHECKLIST

The following blank Hazard Checklist form should be used to develop an inspection list for your company. This form is also useful whenever employees are introduced to:

- ☐ New equipment
- ☐ New substances
- ☐ New processes
- ☐ New or revised procedures
- ☐ When a new or previously unrecognized hazard is observed

## INSTRUCTIONS:

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

The "Hazard Checklist" form that appears in the Hazard Checklists Index found at the end of this section should be used to document inspections. These checklists are by no means all-inclusive. You should add appropriate items or delete those that do not apply to your operations. Contact your State Fund district office to assist you to develop checklists best suited to your operations.



This form can also be used for:

- New equipment
- New processes
- New substances
- New or revised procedures
- New or previously unrecognized hazards

## Satisfactory

## Needs Attention

## Target Date for Completion

**Date Completed**

[illegible]

Name

Date \_\_\_\_\_

# AGRICULTURE

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
<i>Equipment Operators Checklists:</i>				
Roll over bars are installed on tractors.	<input type="checkbox"/>	<input type="checkbox"/>		
Seat belts are installed on tractors.	<input type="checkbox"/>	<input type="checkbox"/>		
Tractors have positively locking brakes.	<input type="checkbox"/>	<input type="checkbox"/>		
There are guards on all moving parts on tractors, power take-offs and other equipment.	<input type="checkbox"/>	<input type="checkbox"/>		
Seat belts are always used when operating tractors.	<input type="checkbox"/>	<input type="checkbox"/>		
Parking brakes are always set when leaving equipment.	<input type="checkbox"/>	<input type="checkbox"/>		
Make sure employees do not remove or tamper with guards.	<input type="checkbox"/>	<input type="checkbox"/>		
No rider with equipment operator unless rider is being trained or assisting and the rider is in safe position.	<input type="checkbox"/>	<input type="checkbox"/>		
The equipment is clear before starting up.	<input type="checkbox"/>	<input type="checkbox"/>		
Engines and power sources are deactivated before maintenance service.	<input type="checkbox"/>	<input type="checkbox"/>		
The equipment is kept at least 20 feet away from power lines.	<input type="checkbox"/>	<input type="checkbox"/>		
Vehicles are turned off when refueling.	<input type="checkbox"/>	<input type="checkbox"/>		
There is no smoking during refueling.	<input type="checkbox"/>	<input type="checkbox"/>		
Avoid fuel vapor inhalation when refueling.	<input type="checkbox"/>	<input type="checkbox"/>		
When operating noisy equipment, hearing protection devices are worn as required.	<input type="checkbox"/>	<input type="checkbox"/>		

_____	_____
Name	Date

-over-

# AGRICULTURE

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
--------	--------------	-----------------	----------------------------	----------------

<i>Field Work Checklists:</i>				
Keep hand-held tools in good condition.	<input type="checkbox"/>	<input type="checkbox"/>		
Short-handled hoes are not used for cultivation.	<input type="checkbox"/>	<input type="checkbox"/>		
Keep on hand appropriate first aid supplies.	<input type="checkbox"/>	<input type="checkbox"/>		
Avoid stooping or squatting to the extent possible.	<input type="checkbox"/>	<input type="checkbox"/>		
Training of employees about biting and stinging pests that are prevalent in the area.	<input type="checkbox"/>	<input type="checkbox"/>		
No employee may use pesticides unless trained and approved by the supervisor.	<input type="checkbox"/>	<input type="checkbox"/>		
No employees allowed to enter pesticide-treated fields until the pesticide is dry or settled, or according to posted reentry intervals.	<input type="checkbox"/>	<input type="checkbox"/>		
Pesticides are mixed per label instructions and training.	<input type="checkbox"/>	<input type="checkbox"/>		
Pesticide applicators are required to wear safety equipment (gloves, respirators, clothing) as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>		

_____	_____
Name	Date

# CONSTRUCTION

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
<i>Carpenters Checklists:</i>				
Portable power saw blade upper half is permanently guarded; and the bottom half has a hinged guard.	<input type="checkbox"/>	<input type="checkbox"/>		
Radial arm and table saws have anti-kickback devices installed.	<input type="checkbox"/>	<input type="checkbox"/>		
Exposed saw teeth are covered by hoods or guards.	<input type="checkbox"/>	<input type="checkbox"/>		
Safety devices are installed on all pneumatic nailers and staplers operating at over 100 psi.	<input type="checkbox"/>	<input type="checkbox"/>		
Employees are trained in proper saw use and safety before working unsupervised.	<input type="checkbox"/>	<input type="checkbox"/>		
Pneumatic tools are disconnected from air supplies when not in use.	<input type="checkbox"/>	<input type="checkbox"/>		
Pneumatic tool is not operated within 10 feet of another employee.	<input type="checkbox"/>	<input type="checkbox"/>		
Safety glasses with side shields are worn at all times.	<input type="checkbox"/>	<input type="checkbox"/>		
Make sure employees do not block off or remove any guard or safety device.	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Excavators Checklists:</i>				
A permit has been issued by Cal/OSHA for excavation deeper than 5 feet.	<input type="checkbox"/>	<input type="checkbox"/>		
Walls of trenches and excavations are shored, benched or sloped to avoid cave-ins.	<input type="checkbox"/>	<input type="checkbox"/>		
Spoils piles are at least 2 feet from the edge of any excavation.	<input type="checkbox"/>	<input type="checkbox"/>		
Excavations are not dug near building foundations, walls and sidewalks.	<input type="checkbox"/>	<input type="checkbox"/>		
Physical barriers are erected around excavations.	<input type="checkbox"/>	<input type="checkbox"/>		

_____	_____
Name	Date

-over-

# CONSTRUCTION

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
<i>Excavators Checklists (Cont'd.):</i>				
Before digging, USA must be contacted if underground utilities are possible and property owners contacted to identify hidden utilities.	<input type="checkbox"/>	<input type="checkbox"/>		
Employees do not ride in power shovels, backhoe buckets or other equipment not designated for this purpose.	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Glaziers and Painters Checklists:</i>				
Proper ladder is used for the job.	<input type="checkbox"/>	<input type="checkbox"/>		
Ladders are placed so that the side rails have secure footing.	<input type="checkbox"/>	<input type="checkbox"/>		
Top of the ordinary types of step ladders are not used as steps.	<input type="checkbox"/>	<input type="checkbox"/>		
Ladders are not placed on boxes or other unstable bases to gain height.	<input type="checkbox"/>	<input type="checkbox"/>		
The ladders always extend 3 feet above roof when climbing to the roof of a building.	<input type="checkbox"/>	<input type="checkbox"/>		
Ladders are not placed in front of a door unless the door is guarded, locked or blocked open.	<input type="checkbox"/>	<input type="checkbox"/>		
Ladders are not placed against a window.	<input type="checkbox"/>	<input type="checkbox"/>		
Employees do not climb higher than the third rung from the top on straight ladders, nor the second tread from the top of step ladders.	<input type="checkbox"/>	<input type="checkbox"/>		

_____	_____
Name	Date



# EMERGENCY ACTION PLAN

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
Are you required to have an emergency action plan?	<input type="checkbox"/>	<input type="checkbox"/>		
Does the emergency action plan comply with the requirements of T8 CCR 3220 (a)?	<input type="checkbox"/>	<input type="checkbox"/>		
Have emergency escape procedures and routes been developed and communicated to all employers?	<input type="checkbox"/>	<input type="checkbox"/>		
Do employees, who remain to operate critical plant operations before they evacuate, know the proper procedures?	<input type="checkbox"/>	<input type="checkbox"/>		
Is the employee alarm system that provides a warning for emergency action recognizable and perceptible above ambient conditions?	<input type="checkbox"/>	<input type="checkbox"/>		
Are alarm systems properly maintained and tested regularly?	<input type="checkbox"/>	<input type="checkbox"/>		
Is the emergency action plan reviewed and revised periodically?	<input type="checkbox"/>	<input type="checkbox"/>		
Do the employees know their responsibilities:				
For reporting emergencies?	<input type="checkbox"/>	<input type="checkbox"/>		
During an emergency?	<input type="checkbox"/>	<input type="checkbox"/>		
For conducting rescue and medical duties?	<input type="checkbox"/>	<input type="checkbox"/>		

_____	_____
Name	Date

# HOUSEKEEPING

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
Are all worksites clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>		
Are work surfaces kept dry or appropriate means taken to assure that surfaces are slip-resistant?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all spilled materials or liquids cleaned up immediately?	<input type="checkbox"/>	<input type="checkbox"/>		
Is combustible scrap, debris and waste stored safely and removed from the worksite promptly?	<input type="checkbox"/>	<input type="checkbox"/>		
Are accumulations of combustible dust routinely removed from elevated surfaces including the overhead structure of buildings?	<input type="checkbox"/>	<input type="checkbox"/>		
Is combustible dust cleaned up with a vacuum system to prevent the dust going into suspension?	<input type="checkbox"/>	<input type="checkbox"/>		
Is metallic or conductive dust prevented from entering or accumulating on or around electrical enclosures or equipment?	<input type="checkbox"/>	<input type="checkbox"/>		
Are covered metal waste cans used for oily and paint-soaked waste?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all oil and gas fired devices equipped with flame failure controls that will prevent flow of fuel if pilots or main burners are not working?	<input type="checkbox"/>	<input type="checkbox"/>		
Are paint spray booths, dip tanks, etc., cleaned regularly?	<input type="checkbox"/>	<input type="checkbox"/>		
Are the minimum number of toilets and washing facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all toilets and washing facilities clean and sanitary?	<input type="checkbox"/>	<input type="checkbox"/>		

_____	_____
Name	Date

-over-

# HOUSEKEEPING

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
Are all work areas adequately illuminated and ventilated?	<input type="checkbox"/>	<input type="checkbox"/>		
All pits and floor openings covered or otherwise guarded?	<input type="checkbox"/>	<input type="checkbox"/>		
Are tools and materials adequately stored?	<input type="checkbox"/>	<input type="checkbox"/>		
Are flammable liquids stored in approved containers?	<input type="checkbox"/>	<input type="checkbox"/>		
Are all flammable wastes disposed of promptly?	<input type="checkbox"/>	<input type="checkbox"/>		
Are vacuum cleaners, floor polishers and other equipment in good repair?	<input type="checkbox"/>	<input type="checkbox"/>		
Are electrical tools properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>		
Is broken glass properly handled and disposed of?	<input type="checkbox"/>	<input type="checkbox"/>		
Is protective clothing used when required?	<input type="checkbox"/>	<input type="checkbox"/>		
Are waste materials deposited in metal containers and emptied on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>		
Are floor areas roped off when being mopped, waxed, etc.?	<input type="checkbox"/>	<input type="checkbox"/>		
Are proper tools used on each job?	<input type="checkbox"/>	<input type="checkbox"/>		
Are ladders and stools equipped with safety treads?	<input type="checkbox"/>	<input type="checkbox"/>		
Are employees regularly warned of hazards in certain areas?	<input type="checkbox"/>	<input type="checkbox"/>		
Are employees instructed on proper use and handling of acids, poisons, insecticide, etc.?	<input type="checkbox"/>	<input type="checkbox"/>		

_____ Name	_____ Date
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# MATERIAL HANDLING

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
Is there safe clearance for equipment through aisles and doorways?	<input type="checkbox"/>	<input type="checkbox"/>		
Are aisleways designated, permanently marked, and kept clear to allow unhindered passage?	<input type="checkbox"/>	<input type="checkbox"/>		
Are motorized vehicles and mechanized equipment inspected daily or prior to use?	<input type="checkbox"/>	<input type="checkbox"/>		
Are vehicles shut off and brakes set prior to loading or unloading?	<input type="checkbox"/>	<input type="checkbox"/>		
Are containers of combustibles or flammables, when stacked while being moved, always separated by dunnage sufficient to provide stability?	<input type="checkbox"/>	<input type="checkbox"/>		
Are dock boards (bridge plates) used when loading or unloading operations are taking place between vehicles and docks?	<input type="checkbox"/>	<input type="checkbox"/>		
Are trucks and trailers secured from movement during loading and unloading operations?	<input type="checkbox"/>	<input type="checkbox"/>		
Are dock plates and loading ramps constructed and maintained with sufficient strength to support imposed loading?	<input type="checkbox"/>	<input type="checkbox"/>		
Are hand trucks maintained in safe operating condition?	<input type="checkbox"/>	<input type="checkbox"/>		
Are chutes equipped with sideboards of sufficient height to prevent materials being handled from falling off?	<input type="checkbox"/>	<input type="checkbox"/>		
Are chutes and gravity roller sections firmly placed or secured to prevent displacement?	<input type="checkbox"/>	<input type="checkbox"/>		
At the delivery end of rollers of chutes, are provisions made to brake the movement of the handled materials?	<input type="checkbox"/>	<input type="checkbox"/>		
Are pallets usually inspected before being loaded or moved?	<input type="checkbox"/>	<input type="checkbox"/>		
Are securing chains, ropes, chocker or slings adequate for the job to be performed?	<input type="checkbox"/>	<input type="checkbox"/>		

_____	_____
Name	Date

-over-

# MATERIAL HANDLING

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
Are hooks with safety latches or other arrangements used when hoisting materials so that slings or load attachments won't accidentally slip off the hoist hooks?	<input type="checkbox"/>	<input type="checkbox"/>		
When hoisting material or equipment, are provisions made to assure no one will be passing under the suspended loads?	<input type="checkbox"/>	<input type="checkbox"/>		
Are material safety data sheets available to employees handling toxic materials?	<input type="checkbox"/>	<input type="checkbox"/>		

_____	_____
Name	Date

# OFFICE

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
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## General Work Area Checklists:

Fire extinguishers areas are kept clear at all times.	<input type="checkbox"/>	<input type="checkbox"/>		
Means of egress are kept unblocked, well-lighted and unlocked during work hours.	<input type="checkbox"/>	<input type="checkbox"/>		
Excessive combustibles (paper) are not stored in work areas.	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical machinery in good condition and properly grounded.	<input type="checkbox"/>	<input type="checkbox"/>		
Electric cords and phone cables secured to prevent tipping hazards.	<input type="checkbox"/>	<input type="checkbox"/>		
Aisles and hallways are kept clear at all times.	<input type="checkbox"/>	<input type="checkbox"/>		
Stairways equipped with non-slip tread and handrails.	<input type="checkbox"/>	<input type="checkbox"/>		
Safety threads provided on all step-stools and step-ladders.	<input type="checkbox"/>	<input type="checkbox"/>		
Designated employees are trained to respond to a fire or other emergency.	<input type="checkbox"/>	<input type="checkbox"/>		
Hot plates, coffee makers, portable heaters properly wired and turned off when not in use.	<input type="checkbox"/>	<input type="checkbox"/>		

## Clerical/Administrative Checklists:

For VDT work stations, background and screen lighting are compatible and adjustable.	<input type="checkbox"/>	<input type="checkbox"/>		
VDT screen positions, chairs, and keyboard are adjustable.	<input type="checkbox"/>	<input type="checkbox"/>		
Employee training on preventing problems associated with VDT use.	<input type="checkbox"/>	<input type="checkbox"/>		
Workplaces are kept free of debris, floor storage and electrical cords.	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate aisle space is maintained.	<input type="checkbox"/>	<input type="checkbox"/>		
File cabinet drawers are anchored to prevent tipping and are opened one at a time and closed when work is finished.	<input type="checkbox"/>	<input type="checkbox"/>		
Heaviest material stored in bottom drawers of file cabinets.	<input type="checkbox"/>	<input type="checkbox"/>		

_____	_____
Name	Date

-over-

# OFFICE

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
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*Clerical/Administrative Checklists (cont'd):*

Proper lifting techniques are used by employees to avoid overexertion and strain when lifting and carrying loads.

☐
☐

*Delivery/Messenger Checklists :*

Defensive driving is practiced by employees and seat belts and shoulder harnesses are worn at all times.

☐
☐

No alcohol or any intoxicating substance prior to or during work.

☐
☐

Vehicles are locked when unattended to avoid criminal misconduct.

☐
☐

Vehicles are parked in legal spaces and do not obstruct traffic.

☐
☐

The speed limit safe for conditions is not exceeded.

☐
☐

Employees park their vehicles in well-lighted areas and/or near entrances to avoid criminal misconduct.

☐
☐


_____	_____
Name	Date

## HAZARD CHECKLISTS INDEX

These checklists are available from your local District Office and are useful to document your inspections and the hazard identification process. They are by no means inclusive. You should always add those items that apply to your operation. To access any checklist in English and Spanish, simply click on the corresponding Order # and the document opens in another window.

Subject	Order #		Subject	Order #	
	English	Spanish		English	Spanish
Abrasive Wheel Equipment (Grinders)	17554	17714	Industrial Trucks (Forklifts) and Similar Equipment	17578	17873
Agriculture	17555	17978	Infection Control	17579	17739
All Departments	17637	17980	Injury and Illness Prevention	17580	17883
Blank Form	17636	17976	Laundry	17641	17741
Chemical Exposures	17556	17716	Lock-Out Block-Out Procedures	17581	17996
Compressed Air Receivers	17557	17687	Machine Guarding	17582	17998
Compressed Gas & Cylinders	17558	17718	Manufacturing	17583	17049
Compressors and Compressed Air	17559	17689	Material Handling	17584	17774
Construction	17560	17010	Medical Services and First Aid	17585	17931
Control of Harmful Substances by Ventilation	17561	17691	Noise	17586	17856
Crane	17562	17722	Nursing	17639	17749
Electrical	17563	17013	Office	17638	17061
Elevated Surfaces	17564	17724	Permit Requirements	17587	17877
Emergency Action Plan	17565	17988	Personal Protective Equipment and Clothing	17588	17074
Employer Posting	17566	17990	Portable Hand Tools and	17589	17759
Engineering	17643	17858	Portable Ladders	17591	17761
Entering Confined Spaces	17567	17861	Portable (Power-Operated) Tools and Equipment	17592	17919
Environmental Control	17568	17938	Powder-Actuated Equipment	17593	17763
Ergonomics	17569	17729	Recordkeeping	17594	17112
Exit Doors	17570	17863	Retail Trades	17595	17121
Exiting-Egress	17571	17751	Sanitizing Equipment & Clothing	17596	17941
Fire Protection	17572	17772	Spraying Operations	17597	17879
Flammable and Combustible	17573	17753	Stairs and Stairways	17598	17152
Floor and Wall Openings	17574	17992	Tire Inflation	17599	17157
Food Service	17675	17676	Toxic Substances	17623	17971
Fueling	17575	17765	Transporting Employees	17627	17169
Housekeeping	17642	17994	Ventilation for Indoor Air Quality	17628	17171
Hoist and Auxiliary Equipment	17576	17869	Walkways	17629	17200
Identification of Piping Systems	17577	17757	Welding, Cutting, and Brazing	17630	17929



## **SECTION VI**

# **INJURY AND ILLNESS INVESTIGATION**

**STATE**  
COMPENSATION  
INSURANCE  
**FUND**  
Loss Control Services

# INJURY AND ILLNESS INVESTIGATION

Cal/OSHA requires that occupational injuries and illness be investigated in accordance with established procedures. We recommend that you document the entire process from investigation through corrective actions.

Injury and illness investigation is an essential element of an Injury and Illness Prevention Program. The purpose of the injury and illness investigation is to determine what factors, conditions, and/or practices contributed, so that the proper action can be taken to prevent a recurrence. Minor incidents or close calls should be investigated since they are usually a warning of potential hazards that could result in serious injuries or illness to employees.

A complete injury and illness investigation includes gathering data, making an objective evaluation of facts, statements and related information, and finally, developing a definite plan to prevent recurrence.

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

It is essential that injuries and illnesses be investigated as soon as possible while facts are still clear and more details can be remembered. Timely investigations also help make injury and illness reconstruction easier.

**SAMPLE**

## **ASSIGNMENT OF RESPONSIBILITY FOR INJURY OR ILLNESS INVESTIGATION**

\_\_\_\_\_ will investigate the injury or illness  
(assigned person)  
for the purpose of determining the cause or causes. All investigations will be conducted  
within \_\_\_\_\_ hours/days of the incident. Documentation of the accident will be  
done using \_\_\_\_\_ form.

This report will be reviewed by \_\_\_\_\_  
(assigned person)  
to determine what corrective action(s) should be taken.

Injury and illness investigation findings and recommendations will be communicated to the  
employees utilizing the methods outlined in the company Injury and Illness Prevention  
Program.

\_\_\_\_\_  
President/Owner

\_\_\_\_\_  
Date

## **BASIC RULES FOR INJURY OR ILLNESS INVESTIGATION**

- The purpose of an investigation is to find the cause of an injury or illness, prevent future occurrences, not to fix the blame. An unbiased approach is necessary to obtain objective findings.
- Visit the scene as soon as possible (when it is safe to do)—while facts are fresh and before witnesses forget important details.
- If possible, interview the injured worker at the scene.
- All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the injury or illness even if they did not actually witness it.
- Consider taking signed statements in cases where facts are unclear or there is an element of controversy.
- Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.
- Focus on causes and hazards. Develop an analysis of what happened, how it happened and how it could have been prevented. Determine what caused the incident itself, not just the injury.
- Every investigation should include an action plan. How will you prevent such injuries or illnesses in the future?
- If a third party or defective product contributed to the injury, save any evidence. It could be critical to the recovery of claims costs.
- Every employer shall report immediately (within 8 hours) to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee. Serious injury or illness means any injury or illness which requires inpatient hospitalization for more than 24 hours for other than observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement. Supervisors must give an injured employee a claim form within 24 hours of knowledge of injury.

# SAMPLE 1

ORIGINAL - MAIN OFFICE COPY			
<b>SUPERVISOR'S REPORT OF INJURY OR ILLNESS</b> <b>REPORTE DEL SUPERVISOR DE LESION O ENFERMEDAD</b>			
Employer/Patron		Division/División	
Name of Injured/Nombre Del Lesionado			
Occupation/Ocupación			
Date of Injury/Illness/Fecha de Lesiones/Enfermedades		Hour/Hora	
		A.M.	P.M.
Name and Address of Physician/Nombre Y Dirección Del Doctor			
Nature of Injury/Clase De Accidente			
Did Injured Leave Work? ¿Se Fue Del Trabajo El Lesionado?	Date/Fecha	Hour/Hora	
	20	A.M.	P.M.
Was Injured Acting in Regular Line of Duty? ¿Se Ocupaba En Su Puesto Regular?			
Where Did The Injury/Illness Occur? ¿Donde Sucedió de Lesiones/Enfermedades?			
What Steps Should Be Taken To Prevent A Similar Injury or Illness? ¿Que Debería De Hacer Para Prevenir de Lesiones/Enfermedades?			
Date/Fecha	Supervisor's Signature/Firma Del Supervisor		
<b>STATE COMPENSATION INSURANCE FUND</b>			
SCIF 17609 (Rev. 10-82)			

Refer to the *Basic Rules For Injury and Illness Investigation* (Page VI-3) guidelines on how to complete an Injury and illness investigation form.

## SAMPLE 2

### SUPERVISOR'S REPORT OF INJURY/EXPOSURE

Employee's Name \_\_\_\_\_

Job Position/Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Date And Time Of Injury \_\_\_\_\_

Location \_\_\_\_\_

Task Being Performed When Injury Occurred \_\_\_\_\_

Date And Time Injury Reported To You \_\_\_\_\_

Name(s) Of Witness(es) \_\_\_\_\_

Witness(es) Comments \_\_\_\_\_

Incident Resulted In: ☐ Injury ☐ Fatality ☐ Property Damage

First Aid Given? \_\_\_\_\_ Medical Treatment Required? \_\_\_\_\_ Workdays Lost \_\_\_\_\_

Describe How the Injury Or Illness Occurred \_\_\_\_\_

What Actions, Events Or Conditions Contributed Most Directly To This Injury Or Illness?

Could Anything Be Done To Prevent Injuries Of This Type? If So, What?

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Any person who makes or causes to be made any knowingly false or fraudulent materials statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

17703 (New 2-92)

**SAMPLE**

**EMPLOYEE'S REPORT OF INJURY/EXPOSURE**

Employees's Name \_\_\_\_\_

Job Position/Title \_\_\_\_\_

Shift Hours \_\_\_\_\_ Days Off \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Date And Time of Injury \_\_\_\_\_ Location \_\_\_\_\_

Task Being Performed When Injury Occurred \_\_\_\_\_

Date, Time Injury Reported \_\_\_\_\_ To Whom? \_\_\_\_\_

Name(s) Of Witness(es) \_\_\_\_\_

Witness(es) Comments \_\_\_\_\_

Describe How The Injury Occurred \_\_\_\_\_

What Part Of The Body Was Injured \_\_\_\_\_

Describe The Injuries In Detail \_\_\_\_\_

Date, Time You First Sought Medical Attention \_\_\_\_\_

Name Of Doctor and/or Hospital \_\_\_\_\_

Could Anything Be Done To Prevent Injuries/Illnesses Of This Type? If So, What

\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Any person who makes or causes to be made any knowingly false or fraudulent materials statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

17706 (New 2-92)

## **SECTION VII**

# **RECORDKEEPING**



## **SAFETY AND HEALTH RECORDKEEPING**

No operation can be successful without adequate recordkeeping, which enables you to learn from past experience and make corrections for future operations. Records of incidents, work-related injuries, illnesses and property losses serve a valuable purpose.

Under Cal/OSHA recordkeeping requirements, information on injuries and illnesses is gathered and stored. Upon review, causes can be identified and control procedures instituted to prevent the illness or injury from recurring. Keep in mind that any inspection of your workplace may require you to demonstrate the effectiveness of your program.

### **INJURY AND ILLNESS RECORDS**

Injury and illness recordkeeping requirements under Cal/OSHA require a minimum amount of paperwork. See Appendices for sample forms. These records give you one measure for evaluating the success of your safety and health activities: success would generally mean a reduction or elimination of employee injuries or illnesses during a calendar year.

During the year, periodically review these records to see where your injuries and illnesses are occurring and in what numbers. Look for any patterns or repeat situations. These records can help you identify hazardous areas in your workplace and pinpoint where immediate corrective action is needed.

### **EXPOSURE RECORDS**

Injury and Illness records may not be the only records you will need to maintain. Certain Cal/OSHA standards which deal with toxic substances and hazardous exposures require records of employee exposure to these substances and sources, physical examination reports, employment records, etc.

Employers using any of the regulated carcinogens have additional reporting and recordkeeping requirements. See Title 8 of the *California Code of Regulations* for details.

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## **DOCUMENTATION ON YOUR ACTIVITIES**

Essential records, including those legally required for workers' compensation, insurance audits, and government inspections must be maintained for as long as the actual need exists.

You are now required to keep written records of your activities, such as, policy statements, training sessions for management and employees (specify the name of trainer and trainee(s), topics and dates, etc.), safety and health meetings held, information distributed to employees, medical arrangements made, scheduled and periodic inspections (specifying inspector's name, findings and corrections, etc.). These training and inspection records must be maintained at least three years.

Finally, written records affords an efficient means to review your current safety and health activities for better control of your operations and to plan future improvements.

# SAMPLE

## GUIDELINES FOR RECORDKEEPING

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

- Initial orientation training
- Job descriptions and/or job analysis
- Safety meetings
- Training schedule for each employee
- Injury or Illness Investigations
- Employee and employer claim forms
- Cal/OSHA required records [Form 300, medical exposure records, injury reports (Form 301 which is the same as SCIF Form 3067)]
- Inspections performed, in-house, and any performed by outside agencies
- Disciplinary actions
- Safety Committee meetings
- Vehicle inspection forms
- DMV driving records
- CPR/First Aid training

At least one copy of all the above records will be maintained and filed by

\_\_\_\_\_  
*Name*

at the main office in

\_\_\_\_\_  
*Location*

In conclusion, \_\_\_\_\_ values the safety

\_\_\_\_\_  
Company Name

of all company employees, and it is our intent to maintain the high standards of safety that will insure the good health and well being of all those we employ.

THANK YOU FOR YOUR COOPERATION!

SIGNED:

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

## NOW YOU'RE READY

Put your Injury and Illness Prevention Program ***plan*** into action beginning with the highest priority item. Set realistic as well as manageable goals and objectives.

You can, of course, work on more than one item at a time. Priorities may change as needs are identified or as your company's resources change.

Open communication with your employees is crucial to the success of your efforts. Their cooperation depends on understanding what the injury and illness prevention program is, why it is important, and how it affects their work. The more you do to keep them informed of the changes, the smoother your transition will be.

Implementing your ***plan*** is a major step toward having an effective Injury and Illness Prevention Program. Remember, an injury and illness prevention ***program*** is a ***plan*** put into ***practice***.

## MAINTAIN YOUR PROGRAM

Schedule a review—quarterly, semi-annually or annually—to look at each critical component in your Injury and Illness Prevention Program, to determine what is working well and what changes, if any, are needed. When you identify needs that should be addressed, you have the basis for new safety and health objectives for program improvement.

## SUCCESS IS WITHIN REACH!

If you are ready to make the commitment of reducing injuries and illnesses and managing the claims, you can expect your workers' compensation insurance costs to go down. The information in this guide, combined with common sense management, can make the difference.

***Remember, It's Up To You!***

## DO I HAVE TO DO IT?

**Every employer** in California, regardless of number of employees, is required to comply with the provisions of Safety Orders to maintain a written Injury and Illness Prevention Program. Cal/OSHA allows these exceptions:

### **Employers having fewer than 10 employees:**

1. can verbally explain general safe work practices and the hazards related to the employee's specific job assignments.
2. may elect to maintain records of scheduled and periodic inspections to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices **only until the hazard is corrected**.
3. can maintain a log of instructions given to the employees regarding the hazards unique to the employee's job when first hired or when assigned new duties.

# INJURY AND ILLNESS PREVENTION PROGRAM

HAZARD	Satisfactory	Needs Attention	Target Date for Completion	Date Completed
Do you have a written, effective Injury and Illness Prevention Program?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have a person who is responsible and has authority for overall activities of the Injury and Illness Prevention Program?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have a system for identifying and evaluating your workplace hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you systemically correct these hazards in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you provide training in both general and specific safe work practices?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you encourage employee participation in health and safety matters?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you maintain an ongoing safety training program?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have a system in place that ensures employees will be recognized for safe and healthful work practices?	<input type="checkbox"/>	<input type="checkbox"/>		
Will employees be disciplined for unsafe safety or health acts?	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a labor-management safety committee? <b>(Optional)</b>	<input type="checkbox"/>	<input type="checkbox"/>		
If there is no safety committee, is there in-place a system for communicating safety and health concerns to employees?	<input type="checkbox"/>	<input type="checkbox"/>		
On construction sites, is a Code of Safe Practices posted?	<input type="checkbox"/>	<input type="checkbox"/>		
Are "toolbox" meetings conducted every 10 days, or sooner if appropriate?	<input type="checkbox"/>	<input type="checkbox"/>		

<hr/> Name	<hr/> Date
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## **SECTION VIII**

# **IIPP LAW**

## CAL/OSHA INJURY & ILLNESS PREVENTION PROGRAM

In California every employer is required by law (Labor Code Section 6400) to provide a safe and healthful workplace for his/her employees. Title 8 (T8) of the California Code of Regulations (CCR) requires every California employer to have an effective injury and illness prevention program. Additional requirements in the following T8 CCR Safety Order Section address specific industries:

Construction—Section 1509  
Petroleum—Section 6507, 6508,  
6509, 6760, 6761, and 6762.  
Ship Building, Ship Repairing,  
Ship Breaking—Section 8350  
Tunnels—Section 8406

For your convenience, their contents follow the content of T8 CCR Section 3203.

### **Title 8, Section 3203, *Injury and Illness Prevention Program.***

**(a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program. The Program shall be in *writing* and shall, at a minimum:**

(1) Identify the person or persons with authority and responsibility for implementing the Program.

(2) Include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision shall include recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensure employee compliance with safe and healthful work practices.

(3) Include a system for communication with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to

encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensure communication with employees.

Exception: Employers having fewer than 10 employees shall be permitted to communicate to and instruct employees orally in general safe work practices with specific instructions with respect to hazards unique to the employees' job assignments, in compliance with subsection (a) (3).

(4) Include procedures for identifying and evaluating workplace hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards:

(A) When the Program is first established;

Exception: Those employers having in place on July 1, 1991, a written Injury Prevention Program complying with previously existing Section 3203.

(B) Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard: and

(C) Whenever the employer is made aware of a new or previously unrecognized hazard.

(5) Include a procedure to investigate occupational injury or occupational illness.

(6) Include methods and/or procedures for correction of unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:

(A) When observed or discovered; and

-over-



## CAL/OSHA INJURY & ILLNESS PREVENTION PROGRAM

(B) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

(7) Provide training and instruction:

(A) When the Program is first established;

Exception: employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing Accident Prevention Program in Section 3203.

(B) To all new employees;

(C) To all employees given new job assignments for which training has not previously been received;

(D) Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;

(E) Whenever the employer is made aware of a new or previously unrecognized hazard; and

(F) For supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.

**(b) Records of the steps taken to implement and maintain the Program shall include:**

(1) Records of scheduled and periodic inspections required by subsection (a)(4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices.

These records shall be maintained for three (3) years; and

Exception: Employers with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.

(2) Documentation of safety and health training required by subsection (a) (7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for three (3) years.

Exception No. 1: Employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employee's job assignment when first hired or assigned new duties.

Exception No. 2: Training records of employees who have worked for less than one (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon termination of employment.

**(c) Employers who elect to use a labor/management safety and health committee to comply with the communication requirements of subsection (a) (3) of this section shall be presumed to be in substantial compliance with subsection (a) (3) if the committee:**

(1) Meets regularly, but not less than quarterly;

(2) Prepares and makes available to the affected employees, written records of the safety and health issues discussed at the committee meetings, and maintained for review by the Division upon request;

(3) Reviews results of the periodic, scheduled worksite inspections;

(4) Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury,

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## CAL/OSHA INJURY & ILLNESS PREVENTION PROGRAM

occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents;

(5) Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;

(6) Submits recommendations to assist in the evaluation of employee safety suggestions; and

(7) Upon request from the Division, verifies abatement action taken by the employer to abate citations issued by the Division.

### **Title 8, Section 1509. *Construction Injury and Illness Prevention Program.***

(a) Every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program in accordance with Section 3203 of the General Industry Safety Orders.

(b) Every employer shall adopt a written Code of Safe Practices which relates to the employer's operations. The Code shall contain language equivalent to the relevant parts of Plate A-3 of the Appendix.

(c) The Code of Safe Practices shall be posted at a conspicuous location at each job site office or be provided to each supervisory employee who shall have it readily available.

(d) Periodic meetings of supervisory employees shall be held under the direction of management for the discussion of safety problems and accidents that have occurred.

(e) Supervisory employees shall conduct "toolbox" or "tailgate" safety meetings, or equivalent, with their crew at least every 10 working days to emphasize safety.

### **Title 8, Article 3, Sections 6507, 6760.**

#### ***Petroleum Injury and Illness Prevention Program.***

**6507.** The employer shall establish, implement and maintain an Injury and Illness Prevention Program in accordance with the requirements of Section 3203 of the General Industry Safety Orders.

**6760.** The employer shall establish, implement and maintain an Injury and Illness Prevention Program in accordance with Section 3203 of the General Industry Safety Orders.

### **Title 8, Section 8350. *Ship Building Injury and Illness Prevention Program.***

All employers shall establish, implement and maintain an effective Injury and Illness Prevention Program in accordance with Section 3203 of the General Industry Safety Orders.

(a) A written Code of Safe Practices similar or equal to those contained in Appendix A shall be developed, implemented and posted in a conspicuous location, and issued to each employee.

### **Title 8, Section 8406. *Tunneling Injury and Illness Prevention Program.***

Every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program in accordance with Section 3203 of the General Industry Safety Orders and the following:

(a) All safety suggestions shall be given prompt consideration by the employer and a written record shall be maintained for the duration of the underground work and made available to the Division upon request.

(b) The adoption and use of a code of safe practices and procedures for the operations similar to the safe practices code in Appendix A of these orders.

-over-

## CAL/OSHA INJURY & ILLNESS PREVENTION PROGRAM

(c) Copies of such code shall be available at the job site for inspection by workers or the division.

(d) The employer shall hold meetings at least once each month with supervisory personnel and foreman for a discussion of safety problems and accidents that have occurred. Records of such meetings shall be kept, stating the meeting date, time, place, supervisory personnel present, subjects discussed and corrective action taken, if any.

(e) Supervisory personnel shall conduct "toolbox" or "tailgate" safety meetings with their crews at least weekly on the job to emphasize safety. A record of all meetings shall be logged and maintained for inspection by the Division.

(f) The employer shall designate a competent safety representative experienced in heavy construction, certified by the Division, with the responsibility of administering the safety program. He shall institute action to correct unsafe conditions and unsafe practices. Workmen hired as first-aid men will not necessarily meet these requirements. The Division may require a full-time safety representative.

### Definitions

*"Instruct employees in general safe work practices"* means work practices that generally apply to most of the employees at the worksite. Examples of general work practices are: lifting procedures, use of personal protective equipment, knowledge of exits, medical and first aid procedures, housekeeping practices, fire protection procedures, evacuation plans, or handling of flammables and toxic chemicals.

*"Specific instruction with regard to hazards unique to any job assignment"* means training on the hazards and safe work practices specific to any individual employee's work assignment. Examples of specific instruction are: training in the use of self-contained breathing apparatus, proper procedure for locking or blocking-out machinery, proper use and adjustment of machine guards, or handling of hazardous substances.

*"Scheduled periodic inspections, periodic scheduled and documented inspections"* means inspections of the workplace at sufficient intervals to ensure that established safe work practices are being followed and that unsafe conditions or procedures are identified and corrected promptly. Frequency of inspections should be affected by the type, expectation and magnitude of hazards involved; proficiency of employees; equipment or process changes; and injury/illness rates.

Cal/OSHA Form 300

Appendix A

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29(b)(6)-(10)

Year 20\_\_



Department of Industrial Relations  
Division of Occupational Safety and Health

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in CCR Title 8 Section 14300.8 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local Cal/OSHA office for help.

Establishment name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:				
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:										
						Death	Days away from work	Remained at work								
								Job transfer or restriction	Other record-able cases	On job transfer or restriction	Away from work	Injury	Skin disorder	Respiratory condition	Poisoning	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page totals ➤ \_\_\_\_\_

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Injury | Skin disorder | Respiratory condition | Poisoning | All other illnesses |  
(1) (2) (3) (4) (5)

Cal/OSHA Form 300A

Appendix B

Annual Summary of Work-Related Injuries and Illnesses

All establishments covered by CCR Title 8 Section 14300 must complete this Annual Summary, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you’ve added the entries from every page of the Log. If you had no cases, write “0.”

Employees, former employees, and their representatives have the right to review the Cal/OSHA Form 300 in its entirety. They also have limited access to the Cal/OSHA Form 301 or its equivalent. See CCR Title 8 Section 14300.35, in Cal/OSHA’s recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<div></div>	<div></div>	<div></div>	<div></div>
(G)	(H)	(I)	(J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
<div></div>	<div></div>
(K)	(L)

Injury and Illness Types

Total number of . . .	
(M)	
(1) Injuries	<div></div>
(2) Skin disorders	<div></div>
(3) Respiratory conditions	<div></div>
(4) Poisonings	<div></div>
(5) All other illnesses	<div></div>

Post this Annual Summary from February 1 to April 30 of the year following the year covered by the form.

Establishment information

Your establishment name

Street

City  State  ZIP

Industry description (e.g., Manufacture of motor truck trailers)

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

Employment information 

(If you don't have these figures, use the optional Worksheet to estimate.)

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive  Title

Phone  Date

Cal/OSHA Form 301

Injury and Illness Incident Report

Appendix C

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.  
See CCR Title 8 14300.29(b)(6)-(10)



Department of Industrial Relations  
Division of Occupational Safety & Health

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with *Log of Work-Related Injuries and Illnesses* and the accompanying *Annual Summary*, these forms help the employer and Cal/OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers’ compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the instructions and information asked for on this form.

According to CCR Title 8 Section 14300.33 Cal/OSHA’s recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Information about the employee

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 3) Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4) Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5) ☐ Male  
☐ Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?
- Facility \_\_\_\_\_
- Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_/\_\_\_\_/\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM / PM
- 13) Time of event \_\_\_\_\_ AM / PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-entry.”
- 15) What happened? Tell us how the injury occurred. Examples: “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than “hurt,” “pain,” or sore.” Examples: “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”
- 17) What object or substance directly harmed the employee? Examples: “concrete floor”; “chlorine”; “radial arm saw.” If this question does not apply to the incident, leave it blank.
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_