

**INJURY & ILLNESS PREVENTION PROGRAM**

**TABLE OF CONTENTS**

INTRODUCTION 1

GOALS 1

STATUTORY AUTHORITY 1

RESPONSIBILITY 1

EMPLOYEE ACCESS TO THE IIPP 3

COMPLIANCE 3

HAZARD IDENTIFICATION 5

Scheduled Safety Inspections

Unscheduled Safety Inspections

ACCIDENT INVESTIGATIONS 6

HAZARD MITIGATION 9

TRAINING 10

General Safe Work Practices

Specific Safe Work Practices

COMMUNICATION 11

DOCUMENTATION 12

APPENDIX A 14

ACCIDENT INVESTIGATION CHECKLIST

APPENDIX B 18

EMPLOYEE SAFETY RECOMMENDATION FORM

APPENDIX C 20

OFFICE SAFETY INSPECTION CHECKLIST

APPENDIX D 23

LABORATORY SAFETY INSPECTION CHECKLIST

APPENDIX E 28

FACILITY SAFETY INSPECTION CHECKLIST

APPENDIX F 34

EMPLOYEE SAFETY TRAINING ATTENDANCE RECORD

**INJURY & ILLNESS PREVENTION PROGRAM**

**INTRODUCTION**

In order to maintain a safe and healthful work environment Feather River Community College District has developed this Injury & Illness Prevention Program for all employees to follow. This document describes the goals, statutory authority, and the responsibilities of all employees under the Program. It addresses Compliance, Hazard Identification, Accident Investigation, Hazard Mitigation, Training, Hazard Communication, and Program Documentation. By making employee safety a high priority for every employee we can reduce injuries and illnesses, increase productivity, and promote a safer and healthier environment for all individuals at Feather River Community College District.

**GOALS**

Diligent implementation of this program will reap many benefits for Feather River Community College District. Most notably it will:

1. Protect the health and safety of employees. Decrease the potential risk of disease, illness, injury, and harmful exposures to district personnel.

1. Reduce workers’ compensation claims and costs.
2. Improve efficiency by reducing the time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement employees.
3. Improve employee morale and efficiency as employees see that their safety is important to management.
4. Minimize the potential for penalties assessed by various enforcement agencies by maintaining compliance with Health and Safety Codes.

# STATUTORY AUTHORITY

* California Labor Code Section 6401.7.
* California Code of Regulations Title 8, Sections 1509 and 3203.

**RESPONSIBILITY**

The ultimate responsibility for establishing and maintaining effective environmental health and safety policies specific to district facilities and operations rests with President of Feather River Community College District. General policies, which govern the activities and responsibilities of the Injury & Illness Prevention Program, are established under his final authority.

It is the responsibility of Administrators, Supervisors, and Managers to develop procedures, which ensure effective compliance with the Injury & Illness Prevention Program, as well as other health and safety policies related to operations under their control.

Administrators, Supervisors, and Managers, are responsible for enforcement of this Program among the employees under their direction by carrying out the various duties outlined herein, setting acceptable safety policies and procedures for each employee to follow and ensuring that employees receive the general safety training. Each Administrator, Supervisor, and Manager must also ensure that appropriate job specific safety training is received, and that safety responsibilities are clearly outlined in the job descriptions, which govern the employees under their direction. Supervising others also carries the responsibility for knowing how to safely accomplish the tasks assigned each employee, for purchasing appropriate personal protective equipment, and for evaluating employee compliance.

Immediate responsibility for workplace health and safety rests with each individual employee. Employees are responsible for following the established work procedures and safety guidelines in their area, as well as those identified in this Program. Employees are also responsible for using the personal protective equipment issued to protect them from identified hazards, and for reporting any unsafe conditions to their supervisors.

Feather River CCD Injury and Illness Prevention Program Chain of Command is as follows:

**SAFETY COORDINATOR: Director of Facilities/IT**

**INSPECTION COORDINATOR: Director of Facilities/IT**

**TRAINING COORDINATOR****: Director of Human Resources**

The President designee responsible for developing and managing this Injury & Illness Prevention Program as defined by the President of Feather River Community College District is: **Human Resources Director**

This original Plan was approved by the Feather River Community College District Board of Trustees at the April 10, 2014 meeting.

The Board of Trustees authorizes the Safety Committee to review and make minor modifications to the Injury Illness and Prevention Program on an annual basis. Substantive changes will require additional Board approval.

Annual Review conducted by:

Name Title Date

\_Safety Committee\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_2/21/17\_\_\_\_\_\_\_\_

\_Safety Committee\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_4/10/18\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_Safety Committee \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_11/9/21\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE ACCESS TO THE IIPP**

Our employees – or their designated representatives – have the right to examine and receive a copy of our IIPP. This will be accomplished by providing unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the IIPP. Unobstructed access means that the employee, as part of the regular duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

Any copy provided to an employee or their designated representative need not include any of the records of the steps taken to implement and maintain with written IIPP program.

Where we have distinctly different and separate operations with distinctly separate and different IIPPs, we may limit access to the IIPP application to the employee requesting it.

An employee must provide written authorization in order to make someone their “designated representative.” A recognized or certified collective bargaining agent will be treated automatically as a designated representative for the purpose of access to the company IIPP. The written authorization must include the following information:

* The name and signature of the employee authorizing the designated representative.
* The date of the request.
* The name of the designated representative.
* The date upon which the written authorization will expire (if less than 1 year).

**COMPLIANCE**

Compliance with this Injury & Illness Prevention Program will be achieved in the following manner:

Feather River Community College District has developed this comprehensive Injury & Illness Prevention Program to enhance the health and safety of its employees.

**Enforcement of Safety Policies**

Employee compliance with the IIPP, and all other Safety Programs is mandatory and shall be considered a condition of employment.

The following programs will be utilized to ensure employee compliance with the safety program and all safety rules:

Training Programs

The importance of safe work practices and the consequences of failing to abide by safety rules will be covered in the New Employee Safety Orientation and safety meetings. This will help ensure that all employees understand and abide by Feather River Community College safety policies.

Retraining

Employees that are observed performing unsafe acts or not following proper procedures or rules will be retained by their Managers/ Supervisors/ Safety Coordinator. A safety contact report may be completed by the Managers/ Supervisors/ Safety Coordinator to document training. If multiple employees are involved, additional safety meetings will be held.

Safety Incentive Programs

Although strict adherence to safety policies and procedures is required of all employees, the company may choose to periodically provide recognition of safety-conscious employees who bring forth Unsafe Conditions and/or report Near Misses.

Disciplinary Action:

The failure of an employee to adhere to safety policies and procedures established by Feather River Community College can have a serious impact on everyone concerned. An unsafe act can threaten not only the health and well-being of the employee committing the unsafe act but can also affect the safety of fellow coworkers. Accordingly, any employee who violates any of the District’s safety policies will be subject to disciplinary action.

Employees may be disciplined for infractions of safety rules and unsafe work practices that are observed, not just those that result in an injury. Often, when an injury occurs, the accident investigation will reveal that the injury was caused because the employee violated as established safety rule and/or safe work practice(s).

**Note:** *Failure to promptly report any on-the-job accident or injury, on the same day as occurrence, is considered a serious violation of the District’s IIPP. Any employee who fails to immediately report a work-related accident or injury, no matter how minor shall be subject to disciplinary action.*

Violations of the IIPP are to be considered equal to violations of other District policies. Discipline for safety violations will be administered through a system of progressive discipline. If, after training, violations occur, disciplinary action may occur as follows:

Note: (*All warnings will be documented, will include sate and facts on the “Safety contact Report” form. Will include any pertinent witness statements if applicable.)*

Oral warning.

* Retraining will be provided as to correct procedure/ practice.
* Restating of the policy and correct practice(s).

Written warning.

* Retraining will be provided as to correct procedure/ practice.
* Restating of the policy and correct practice(s).

Written warning with suspension.

* Restraining will be provided as to correct procedure/ practice.
* Restating of the policy/ practice(s).

Termination.

* Employees may be terminated immediately for willful or extremely serious violations.

As in all disciplinary actions, each situation will be carefully evaluated and investigated. The particular step taken in the disciplinary process will depend on the severity of the violations.

**HAZARD IDENTIFICATION**

A health and safety inspection program is essential in order to reduce unsafe conditions, which may expose employees to incidents that could result in personal injuries or property damage. It is the responsibility of the Director of Facilities/IT or designee to ensure that appropriate, systematic safety inspections are conducted periodically.

***Scheduled Safety Inspections***

Upon initial implementation of this, Program inspections of all work areas will be conducted. All inspections will be documented using the attached forms (or equivalent) with appropriate abatement of any hazards detected.

Thereafter, safety inspections will be conducted at the frequency described below:

1. Annual inspections of all office areas will be conducted to detect and eliminate any hazardous conditions that may exist.

2. Semi-annual inspections of all potentially hazardous areas (shops, cafeterias, warehouses, gymnasiums, sheds, etc.) will be conducted to detect and eliminate any hazardous conditions that may exist.

***Unscheduled Safety Inspections***

1. Facility inspection will be performed annually and when:
   1. any new substances, processes, procedures, or equipment are introduced to the workplace that have occupational hazard potential.
   2. a previously unrecognized hazard is discovered.
   3. an accident or illness occurs.
2. Specific work area inspection by each Site or Department periodically, but not less than annually.

**ACCIDENT INVESTIGATIONS**

President, Administrators, Supervisors, and/or Managers will investigate all accidents, injuries, occupational illnesses, and near-miss incidents to identify the root cause. Appropriate repairs or procedural changes will be implemented promptly to correct the hazards implicated in these events.

To ensure timely accounting for Workers’ Compensation procedures, both employee and supervisor must complete their respective portions on the Report of Employee Injury/Exposure Form and District Accident Investigation Form available at the Human Resource Office or

<http://www.frc.edu/humanresources/forms.cfm>.

Investigation of occupational injury, illness or exposure to hazardous substances may be necessary to meet the following:

* Legal obligations to the State or CAL/OSHA
* Requirements of the Workers Compensation Program
* Provide an effective technique for the prevention of recurring or future accidents

Procedures for investigations of occupational injury, illness or exposure to hazardous substances must cover the following:

What should be reported

* Who does the initial investigation?
* Who does the follow-up investigation?
* Who receives copies of the report?
* When legally required reports must be completed?

The procedures are applied as necessary depending on the nature of the accident situation.

**WHAT SHOULD BE REPORTED:** Employees are required to report any accident or incident as soon as possible to their immediate supervisor and then Human Resources Office. Reporting should be done regardless of the extent of injuries or even in the absence of injuries. “Near-accidents” should also be reported as they are an indication that something is wrong.

**INITIAL INVESTIGATIONS:** The immediate or department supervisor or department head is responsible for conducting the initial accident or incident investigation using the appropriate form.

**FOLLOW-UP INVESTIGATION:** The Director of Human Resources or designee reviews all initial investigation reports and refers them to the Safety Committee, if deemed appropriate. The Safety Committee (or selected members) may conduct follow-up investigations when the review suggests that one is appropriate. Follow-up investigations are required for any accident which requires reporting to CAL/OSHA.

**COPIES OF INVESTIGATIVE REPORTS:** The supervisor completing the report keeps a copy in his/her department files and provides a copy of the report to the Human Resources Office.

The Human Resources office will forward information about the incident to the Safety Committee. The format used will protect the anonymity of employees and others who experience accidents.

**LEGALLY REQUIRED REPORTS:** **Serious Injury**: “Serious injury or illness” means any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation, diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway. (CCR Title 8, Section 330). Section 385 of the Penal Code relates to serious injuries/accidents or fatalities due to high voltage electrical operations.

The **8 hour** timeframe begins when the employer knows or “with diligent inquiry” would have known of the serious injury/illness or death. The employer means someone of management or supervisory capacity.

Any serious injury or illness, or death of an employee occurring in a District workplace or in connection with any District employment is to be reported to the nearest District office of the Division of Occupational Safety and Health as soon as practically possible but not longer than eight (8) hours after discovery. The report is to be made by telephone or fax and must include the following information:

* Time and date of accident
* Employer’s name, address and telephone number
* Name and title of person reporting the accident
* Address of the accident site
* Name of person to contact at the accident site
* Name and address of the injured employee(s)
* Nature of injury
* Location where the injured employee(s) was (were) moved to
* Identity of any law enforcement agencies present at the accident site
* Description of the accident and whether the accident scene has been altered

For any occupational injury or illness which results in lost work time of at least a full day or shift beyond the date of occurrence, or which requires medical treatment beyond first aid, the supervisor or the Human Resources Department completes the “Employer’s Report of Occupational Injury or Illness” Form 5020, Revision 5. This report is submitted to the Division of Labor Statistics and Research, Department of Industrial Relations within five (5) days after the occurrence has been reported to the District.

The Director of Human Resources ensures that for any medical treatment provided for pesticide or suspected pesticide poisoning, the “Doctor’s First Report of Occupational Injury or Illness” is also submitted to the Division.

There are a number of accident situations which may require investigative action. Each situation may call for varying degrees of investigation procedures. Following are the most probable accident scenarios with the appropriate District procedures to implement.

**NEAR ACCIDENT:** There is no accident and no injuries; however, an accident nearly occurred. The following action is required:

* The incident is reported to the supervisor
* The supervisor conducts an initial investigation and distributes reports according to procedures
* The supervisor conducts a short meeting with employees to review the investigation results and discuss preventive measures which can include assigned safety training.

**ACCIDENT OCCURS – NO INJURIES:** Although there are no injuries and no report is required to CAL/OSHA, an accident with the potential for injuries has occurred. Therefore, the same steps as listed for “Near-Accident” are to be taken.

**ACCIDENT OCCURS – SLIGHT INJURIES:** An accident occurs with slight injury to employee(s). The injured employee(s) required only first aid and then returned to work immediately. No report to CAL/OSHA is required; however, the following action is required:

* The incident is reported to the supervisor and the Human Resources Office
* The supervisor conducts an initial investigation and distributes reports according to procedures.
* The supervisor conducts a short meeting with employees to review the investigation results, discuss preventive measures, and assigned relevant Safety Training.
* The injured employee should be provided with an “Employee’s Claim for Workers’ Compensation Benefits” which are available in the Human Resources Department
* If first aid was provided by a physician, then the Human Resources Department and the supervisor should ensure that a “Doctor’s First Report of Occupational Injury or Illness” is completed

**ACCIDENT OCCURS – MODERATE INJURIES:** The accident results in injuries which require medical attention beyond first aid or results in the employee(s) missing at least a full day of work beyond the date of occurrence. This is considered a recordable injury and the following action is required:

* The incident is reported to the supervisor and the Human Resources Office
* Completion of “Employer’s Report of Occupational Injury or Illness” Form 5020, Revision 5 and submission of the completed report to the Division of Labor Statistics and Research within five (5) days of the occurrence
* If appropriate, completion of the “Doctor’s First Report of Occupational Injury or Illness” which can be obtained in the Human Resources Department
* The supervisor conducts an initial investigation and distribute reports according to procedures
* The supervisor conducts a short meeting with employees to review the investigation results, discuss preventive measures, and assigned relevant Safety Training.
* The injured employee is provided with an “Employee’s Claim for Workers’ Compensation Benefits”

**ACCIDENT OCCURS – SERIOUS INJURY OR DEATH:** The following action is required:

* The incident is reported to the supervisor and the Human Resources Office
* CAL/OSHA must be notified immediately by telephone or fax
* ***Sacramento Cal/OSHA Office - (916) 263-2800***
* Completion of “Employer’s Report of Occupational Injury or Illness” Form 5020, Revision 5 and submission of the completed report to the Division of Labor Statistics and Research within five (5) days of the occurrence
* Completion of the “Doctor’s First Report of Occupational Injury or Illness”
* The supervisor conducts an initial investigation and distribute reports according to procedures
* The supervisor conducts a short meeting with employees to review the investigation results, discuss preventive measures, and assigned relevant Safety Training.

**HAZARD MITIGATION**

Identified hazards shall be corrected in a timely manner. The IIPP Standard clearly requires that employer’s correct safety deficiencies in a timely manner according to the severity of the hazard. Furthermore, whenever a hazard poses immediate danger, employees must be protected from injury.

The Inspection Coordinator shall be responsible for the correction of any hazard and must be notified when a hazard exists and given management support to pursue adequate correction of the hazard. Feather River Community College recognizes that action must be taken to correct safety deficiencies.

Whenever a hazard is identified, it shall be assigned to one of two categories. These categories are:

* Immediate Danger to Persons or Environment
* Less Serious Hazards

In a situation where a hazard poses immediate danger to human health or the environment, the Safety Coordinator must coordinate with the assistance of others the following:

1. Notify and evacuate all personnel to a safe area.
2. Notify appropriate authorities.
3. Do not allow employees back to deal with the hazard unless they are afforded proper protection.
4. Take steps to abate the hazard, diminishing further threat to human life or the environment.
5. Clean up and legally dispose of any hazardous substances involved in the incident.
6. Take corrective action to eliminate hazard.
7. Evaluate what happened and the effectiveness of the corrective action.
8. Train affected employees and document actions taken.

Whenever a less serious hazard is identified, the Safety Coordinator shall coordinate corrective actions in a timely manner according to the severity of the hazard. For less serious hazards, the following steps must be taken:

1. Identify hazard and determine severity
2. Remove employee from the workstation if necessary.
3. Mark any machinery or equipment that the hazard is associated with indicating to others that a hazard exists.
4. Determine what corrective action is necessary.
5. Prioritize the corrective action according to severity and with other corrective actions required elsewhere in the facility.
6. Acquire management and budgetary support for corrective action.
7. Implement corrective action.
8. Modify safe work practices and training as necessary.
9. Train affected employees.
10. Document action taken.
11. Evaluate the effectiveness of the corrective action and document this evaluation. Evaluation of effectiveness of hazard mitigation is processed through the Safety Committee.

**TRAINING**

Effective dissemination of safety information lies at the very heart of a successful Injury & Illness Prevention Program. All employees must be trained in general safe work practices. In addition, specific instruction with respect to hazards unique to each employee’s job assignment will be provided.

***General Safe Work Practices***

At a minimum, all employees will be trained in the following:

1. Fire Safety, Evacuation, and Emergency Procedures

2. Hazard Communication – Right to Understand Globally Harmonized System (GHS)

and Safety Data Sheets (SDS)

3. Blood Borne Pathogens (BBP)

4. Injury & Illness Prevention Program (IIPP)

5. AB 1825 Sexual Harassment for Supervisors

6. SB 1343 Sexual Harassment for Non-Supervisorial Staff

***Specific Safe Work Practices***

In addition to this general training, each employee will be instructed how to protect themselves from the hazards specific to their individual job duties. At a minimum this entails how to use workplace equipment, safe handling of hazardous materials and use of personal protective equipment. Training must be completed before beginning to work on assigned equipment, and whenever new hazards or changes in procedures are implemented.

The Director of Human Resources is responsible for providing Administrators, Supervisors, and Managers with the training necessary to familiarize themselves with the safety and health hazards their employees are exposed to.

It is the responsibility of each Administrator, Supervisor, and Manager to know the hazards related to his/her employee’s job tasks, and ensure they receive appropriate training.

1. Supervisors will ensure that all employees receive general and job-specific training prior to initial or new job assignments.
2. Supervisors will ensure that employees are trained whenever new substances, processes, procedures or equipment are introduced to the workplace which may create new hazards. Training must also be given when new or previously unrecognized hazards are brought to a supervisor’s attention.
3. All training will be documented and kept in employee files or in the Keenan Safe College’s database.

**COMMUNICATION**

Effective two-way communication, which involves employee input on matters of workplace safety, is essential to maintaining an effective Injury & Illness Prevention Program. To foster better safety communication the following guidelines will be implemented:

Administrators, Managers, and Supervisors will provide time at periodic staff meetings to discuss safety topics. Status reports will be given on safety inspections, hazard correction projects, and accident investigation results, as well as feedback to previous employee suggestions. Employees will be encouraged to participate and give suggestions without fear of reprisal. Additional communication methods to be used are:

\_\_X\_\_ Posters/Signs \_\_X\_\_ Meetings \_\_X\_\_ E-mail \_\_X\_\_ Warning Labels

Employees are encouraged to bring to the District’s attention any potential health or safety hazard that may exist in the work area. The attached Employee Safety Recommendation form (or equivalent) can be used for this purpose (see Form in Appendix B). This form is available in the

Human Resources Department.

Supervisors (Please make sure Supervisors are aware of this responsibility) will follow up all suggestions and investigate the concerns brought up through these communication methods. Feedback to the employees is critical, and must be provided for effective two-way communication.

The District will pursue readily understandable health and safety communications for all affected employees.

**SAFETY COMMITTEE:** The District Safety Committee is considered an important part of the overall system of communication.

1. The committee meets regularly, but not less than quarterly.

2. Minutes or written records are prepared for each meeting showing the safety and health issues discussed. These records are made available to all affected employees through the use of web posting, newsletters or other appropriate written materials. Records of the meetings are kept on file in the Director of Facilities office for at least three (3) years.

3. Minutes or records of safety committee meetings are made available to the California Division of Industrial Safety should they be requested.

4. Review the results of all periodic scheduled workplace inspections.

5. Review reports of investigations of occupational accidents and causes of any incident resulting in injury, illness or exposure to hazardous substances. Where necessary or appropriate, the committee submits suggestions to management for the prevention of future incidents.

6. Review investigations of alleged hazardous conditions brought to the attention of any committee member.

7. When deemed necessary by the committee, conduct its own inspections and/or investigation to assist in remedial solutions for hazardous conditions made known to any committee member.

8. Submit to administration recommendations to assist in the evaluation of employee safety suggestions.

9. Communicate with the California State Division of Industrial Safety when requested by the Division to verify abatement action taken by the District pursuant to Division citations.

**MISCELLANEOUS:** When appropriate, the District or Safety Committee may use written, e-mail, or web page communications such as intra District memos, envelope stuffers, newsletters and workplace postings to supplement the previously described systems and further communicate to employees on matters relating to workplace safety and health.

**DOCUMENTATION**

Many standards and regulations of Cal/OSHA contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities relevant to occupational health and safety. To comply with these regulations, as well as to demonstrate that the critical elements of this Injury & Illness Prevention Program are being implemented, the following records will be kept on file in the District Office or school site for at least the length of time indicated below:

1. Copies of all IIPP Safety Inspection Forms. Retain 5 years.

2. Copies of all Accident Investigation Forms. Retain 5 years.

3. Copies of all Employee Training Checklists and related Training Documents. Retain for duration of each individual’s employment.

1. Copies of all Safety Meeting Agendas. Retain 5 years.

The District will ensure that these records are kept in their files, and present them to Cal/OSHA or other regulatory agency representatives if requested. A review of these records will be conducted by the President or designee during routine inspections to measure compliance with the Program.

A safe and healthy workplace must be the goal of everyone at Feather River Community College District, with responsibility shared by management and staff alike. If you have any questions regarding this Injury & Illness Prevention Program, please contact Human Resources Director at (530) 283-0202 ext. 280.

**APPENDIX A**

**ACCIDENT INVESTIGATION CHECKLIST**

**FEATHER RIVER COMMUNITY COLLEGE DISTRICT**

**ACCIDENT-INJURY REPORT**

***Instructions: This report is to be used for reporting accidents or injury.***

**A. Promptly complete this report.**

**B. State all the facts, DO NOT express opinions.**

**C. Promptly notify the Human Resources.**

**Deliver completed accident/injury packet immediately to Human Resources Office.**

**INJURED PERSON’S INFORMATION:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name M/I

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apt. #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Phone #

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Birthdate (M/D/Y) Age Sex Soc. Sec. Number

(If under 18) PARENT OR OTHER PERSON TO CONTACT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone #

[ ] Employee

[ ] Student worker \_\_\_\_\_\_\_\_\_\_\_\_\_Dept. [ ] Child Development Center

[ ] Volunteer [ ] Non-student\*

[ ] Student

[ ] Student athlete

\*If non-student, state why on premises:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCIDENT INFORMATION:**

\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM

Month Day Year

Exact location of accident/injury (e.g. address and specific department): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Injury (s) to Person (include specific injury and affected body part): [ ] None

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the cause of the accident/injury, including any equipment or machinery used (*do not express opinions*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe medical attention administered on site**:** [ ] None

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnesses to accident/injury:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Address Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Address Phone #

Report completed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature Title

**IMMEDIATE SUPERVISOR/COACH ACCIDENT REPORT:**

**To Be Completed by supervisor/coach**

Did Injured Leave Work? Date Time Reported a.m./p.m.

Did Injured Return to Work? Date Time Reported a.m./p.m

Describe how accident occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS**

\_\_\_\_ Improper instruction \_\_\_\_ Failure to lockout \_\_\_\_ Unsafe activity

\_\_\_\_ Lack of training or skill \_\_\_\_ Unsafe position \_\_\_\_ Poor ventilation

\_\_\_\_ Operating without authority \_\_\_\_ Improper dress \_\_\_\_ Improper guarding

\_\_\_\_ Horseplay \_\_\_\_ Improper maintenance \_\_\_\_ Failure to secure

\_\_\_\_ Physical or mental impairment\_\_\_\_ Unsafe equipment \_\_\_\_ Inoperative safety device

\_\_\_\_ Improper protective equipment\_\_\_\_ Poor housekeeping \_\_\_\_ Other Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's corrective action to ensure this type of accident does not recur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was person trained in the appropriate use of Personal Protective Equipment/Proper safety procedures?

Yes \_\_\_ No \_\_\_\_

Was person cautioned for failure to use Personal Protective Equipment/Proper safety procedures?

Yes \_\_\_ No \_\_\_\_

Did person promptly report the injury/illness?

Yes \_\_\_ No \_\_\_\_

**STATUS OF INJURED:**

[ ] Refused aid or assistance [ ] First aid only [ ] Doctor

[ ] Resumed normal activity [ ] Voluntarily left facility

[ ] Hospital /Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Ambulance / Name of ambulance company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Coach Signature Date

**IMMEDIATELY FORWARD TO THE HUMAN RESOURCE OFFICE**

**APPENDIX B**

**EMPLOYEE SAFETY RECOMMENDATION FORM**

|  |  |
| --- | --- |
| **FEATHER RIVER COMMUNITY COLLEGE DISTRICT**  **EMPLOYEE SAFETY RECOMMENDATION FORM** | |
| LOCATION: | DEPT: |
| SUPERVISOR: | DATE: |
| **IDENTIFICATION OF SAFETY OR HEALTH HAZARD** | |
|  | |
|  | |
|  | |
|  | |
| **SUGGESTION FOR ABATEMENT OF THE SAFETY OR HEALTH HAZARD** | |
|  | |
|  | |
|  | |
|  | |
| **DO NOT WRITE BELOW THIS LINE** | |
| Date complaint was investigated: | |
| Investigated by: | |
| Action taken: | |
|  | |
|  | |
|  | |
| Date Action was reported to the employee: | |
| Comments: | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |

**APPENDIX C**

**OFFICE SAFETY INSPECTION CHECKLIST**

**FEATHER RIVER COMMUNITY COLLEGE DISTRICT**

**OFFICE SAFETY INSPECTION CHECKLIST**

Date: \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADMINISTRATION AND TRAINING**

Yes No N/A

|  |  |
| --- | --- |
|  | 1. Does the department have a written Injury & Illness Prevention Plan? Are all departmental safety records maintained in a centralized file for easy access? Is it current? |
|  |  |
|  | 2. Have all of the employees attended an IIPP training class? If not, what percentage has received training? \_\_\_\_\_\_ |
|  |  |
|  | 3. Does the department have a completed Emergency Action Plan? Percentage completed? \_\_\_\_\_\_\_ Is training being provided to employees on its contents? |
|  |  |
|  | 4. Are chemical products used in the office? (Are Safety Data Sheets maintained?) |
|  |  |
|  | 5. Are the Cal/OSHA Information Poster, Workers’ Compensation Bulletin, Annual Accident Summaries (must be posted during February, at a minimum) and Emergency Response Guide flipchart posted? Is the Safety Briefs newsletter being sent to the area? |
|  |  |
|  | 6. Are annual workplace inspections being performed? Are records being maintained? |
|  |  |
|  | 7. Has there been any employee accidents from this department? Are there Accident Investigation Reports completed for each accident? |
|  |  |
| **GENERAL SAFETY** | |
|  |  |
|  | 8. Are all exits, fire alarms, pull boxes, extinguishers, sprinklers, and fire notification devices clearly marked and unobstructed? |
|  |  |
|  | 9. Are all aisles/corridors unobstructed to allow unimpeded evacuations? |
|  |  |
|  | 10. Is a clearly identified, charged, currently inspected and tagged, wall-mounted fire extinguisher available within 75 feet of all work areas? (No empty wall hooks, charge needles in the red, missing plastic pin tabs or extinguishers on the floor.) |

**GENERAL SAFETY (CONTINUED)**

|  |  |
| --- | --- |
| Yes No N/A |  |
|  | 11. Are ergonomic issues being addressed for administrative personnel using computers? |
|  |  |
|  | 12. Is a fully stocked first-aid kit available? Do all employees in the area know its location? |
|  |  |
|  | 13. Are all cabinets, shelves, or furniture above 5 feet in height secured to prevent toppling during an earthquake? |
|  |  |
|  | 14. Are all books and supplies stored so as not to fall during an earthquake? (Store heavy items low to the floor, shelf lips on shelves above work areas.) |
|  |  |
|  | 15. Is the office kept clean of trash and other recyclable materials removed promptly? |
|  |  |
| **ELECTRICAL/MECHANICAL SAFETY** | |
|  |  |
|  | 16. Are all plugs, cords, electrical panels, and receptacles in good condition (no exposed conductors or broken insulation)? |
|  |  |
|  | 17. Are all circuit breaker panels accessible with each breaker appropriately labeled? |
|  |  |
|  | 18. Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas? |
|  |  |
|  | 19. Is lighting adequate throughout the work environment? |
|  |  |
|  | 20. Are extension cords being used correctly? (They must not be run through walls, doors, ceilings; not represent a trip hazard running across aisleways; not to be used as a permanent source of electrical supply--use fused outlet strips or have additional outlets installed; not to be linked together. No “thin” zip cords.) |
|  |  |
|  | 21. Are portable electric heaters being used? (If so, use fused power strips and locate away from combustible materials.) |
|  |  |
| **Comments** | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX D**

**LABORATORY SAFETY INSPECTION CHECKLIST**

**FEATHER RIVER COMMUNITY COLLEGE DISTRICT**

**LABORATORY SAFETY INSPECTION CHECKLIST**

Date: \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH AND SAFETY MANAGEMENT**

Yes No N/A

|  |  |
| --- | --- |
|  | 1. Is there a Chemical Hygiene Program present? |
|  |  |
|  | 2. Are personnel trained in chemical health/physical hazards and laboratory safety? |
|  |  |
|  | 3. Do lab personnel have access to and are familiar with the use of Safety Data Sheets (SDS)? |
|  | 4. Have personnel using biohazards, toxins, and regulated carcinogens been given documented special training? |
|  |  |
|  | 5. Are personnel instructed in emergency procedures (exits, location, and use of fire extinguishers, medical)? |
|  |  |
|  | 6. Have personnel been instructed on how to respond in the event of a chemical spill? |
|  |  |
|  | 7. Are complete training records and documents available for review by the Personnel Office and outside agencies? |
|  |  |
|  | 8. Have all hazards identified by the annual survey been abated? (Action records must be retained.) |
|  |  |
|  | 9. Do laboratory personnel perform semi-annual lab inspections? (PI must retain records.) |
|  |  |
| **GENERAL SAFETY** | |
|  |  |
|  | 10. Are rooms and cabinets containing regulated carcinogens, biohazards, and radioactive materials labeled? |
|  |  |
|  | 11. Are work areas clean and uncluttered? |
|  |  |
|  | 12. Do employees know the location of the first aid kit and is it accessible? |
|  |  |
| **GENERAL SAFETY (continued)** | |
| Yes No N/A |  |
|  | 13. Is equipment greater than 5 feet tall seismically secured to prevent tipping during an earthquake? |
|  |  |
|  | 14. Do shelves have lips, wires, or other seismic restraints to prevent items from falling? |
|  |  |
|  | 15. Are food and beverages kept away from work areas and out of laboratory refrigerators or cabinets? |
|  |  |
|  | 16. Are fire extinguishers accessible and charged? (If not, please call Physical Plant Services.) |
|  |  |
|  | 17. Are sinks labeled, “Industrial Water – Do Not Drink”? |
|  |  |
|  | 18. Have personnel been instructed on the hazards of wearing contact lenses in the laboratory? |
|  |  |
|  | 19. Are protective gloves available and worn for laboratory procedures where skin absorption/irritation may occur? |
|  |  |
|  | 20. Are safety glasses or other eye protection available and worn in the laboratory? |
|  |  |
| **COMMENTS** | |
|  |  |
| Biosafety Cabinet: Date last inspected? | |
| Types of regulated carcinogens | |
| Types and quantity of compressed gasses | |
| Gallons of flammable liquids | |
| Types of personnel protective equipment | |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
|  |  |
| **LABORATORY EQUIPMENT** | |
|  |  |
|  | 21. Have chemical fume hoods been tested within the past year? |
|  |  |
|  | 22. Is storage in hoods kept to a minimum and is it placed so it does not impede proper airflow? |
|  |  |
|  | 23. Does fume hood draw air (test with a tissue on hood edge) and is alarm installed and working? |
|  |  |
|  | 24. Is the lab ventilation negative with respect to corridors and offices? |
|  |  |
| **LABORATORY EQUIPMENT (continued)** | |
| Yes No N/A |  |
|  | 25. Are rotating or moveable parts and belts guarded with screens having less than ¼ inch opening? |
|  |  |
|  | 26. Are refrigerators and freezers, which are used for storage of flammables, spark proof and properly labeled? |
|  |  |
|  | 27. Are non-spark proof refrigerators labeled as “Unsafe for Flammable Storage”? |
|  |  |
|  | 28. Are all gas cylinders restrained to prevent tipping or falling? |
|  |  |
|  | 29. Are valves of gas cylinders capped when not in use? |
|  |  |
| **HAZARDOUS MATERIALS** | |
|  |  |
|  | 30. Are chemicals labeled to identify contents and hazards? |
|  |  |
|  | 31. Are regulated carcinogens handled safely to reduce employee exposure? |
|  |  |
|  | 32. Are chemicals separated by hazard class and stored to prevent spills (acids, bases, oxidizers, flammables, etc.)? |
|  |  |
|  | 33. Are chemicals inventoried (chemical name, quantity on hand, amount used per year)? |
|  |  |
|  | 34. Are chemical wastes properly segregated and stored with Waste Pick-up Tags attached to the containers? |
|  |  |
|  | 35. Are all hazardous wastes disposed of and not poured into the sewer system? |
|  |  |
|  | 36. Is a plumbed emergency eyewash station available within 100 feet of all areas where chemicals may splash onto an employee’s body? |
|  |  |
|  | 37. Is a plumbed emergency eyewash station available within 100 feet of all areas where chemicals may splash or mechanical hazards such as grinding? |
|  |  |
|  | 38. Are either and other peroxide formers dated? |
|  |  |
|  | 39. Are sharps stored in puncture-proof containers and labeled appropriately (infectious waste or hazardous waste)? |
|  |  |
| **FIRE AND ELECTRICAL SAFETY** | |
|  |  |
|  | 40. Are fire doors unobstructed and readily closeable? |
|  |  |
|  | 41. If greater than 10 gallons of flammables are stored, is an approved flammable storage cabinet used? |
| **FIRE AND ELECTRICAL SAFETY (continued)** | |
| Yes No N/A |  |
|  | 42. Are flammable liquids stored in less than 1-gallon quantity or kept in less than 2-gallon safety cans? |
|  |  |
|  | 43. Are flammable liquids limited to 60 gallons per fire area? |
|  |  |
|  | 44. Are plugs, cords, and receptacles in good condition (no splices or frayed cords)? |
|  |  |
|  | 45. Is all equipment properly grounded? |
|  |  |
|  | 46. Are extension cords used? (These are not to be used in place of permanent wiring, running through walls, ceilings, doors, etc.) |
|  |  |
|  | 47. Are all electrical boxes, panels, receptacles, and fittings covered to protect against electrical shock? |
|  |  |
|  | 48. Are control switches, circuit breakers, electrical panels, and emergency power cabinets free of obstructions? |
|  |  |
|  | 49. Are circuit breakers labeled to indicate what equipment is served by each? |
|  |  |
|  | 1. Have all outlet adapters been removed? (Install additional outlets or use fused power strips if current demand is within the strip’s rating.) |
|  |  |
| **COMMENTS** | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX E**

**FACILITY SAFETY INSPECTION CHECKLIST**

**FEATHER RIVER COMMUNITY COLLEGE DISTRICT**

**FACILITY SAFETY INSPECTION CHECKLIST**

Date: \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADMINISTRATION AND TRAINING**

Yes No N/A

|  |  |
| --- | --- |
|  | 1. Have all employees received General Safety Training (fire, earthquake, VDTs, lifting, emergency evacuation, etc.)? |
|  |  |
|  | 1. Are all employees familiar with the use of SDS (Safety Data Sheets)? |
|  |  |
|  | 1. Have all employees been instructed in how to operate the equipment they are required to use? |
|  |  |
|  | 1. Have all employees been trained in how to protect themselves from the hazards identified in their work area? |
|  |  |
|  | 1. Are all employees current on any specialized training (lockout, confined space, respirators, etc.) needed? |
|  |  |
|  | 1. Are all training records up to date for each employee? |
|  |  |
|  | 1. Do all employees have access to the Departmental Emergency Action Plan and know their responsibilities? |
|  |  |
|  | 1. Is the Cal/OSHA information poster, Workers’ Compensation Bulletin and Annual Injury & Illness Summaries posted? |
|  |  |
| **FIRE SAFETY** | |
|  |  |
|  | 1. Are all fire exits clearly marked and unobstructed? |
|  |  |
|  | 1. Is trash, debris, and oily rags removed from the shop daily? Are metal cans available for storage of oily rags? |
|  |  |
|  | 1. Are all aisles cleared for at least a 44-inch pathway and building exit corridors completely clear for safe egress? |
|  |  |
|  | 1. Are all flammable solvents in excess of 10 1-gallon containers stored in approved flammable storage cabinets? |
|  |  |
| Yes No N/A | **FIRE SAFETY (continued)** |
|  | |
|  |  | |
|  | 1. Are flammable and combustible materials stored at least 25 feet away from heat or ignition sources? |
|  |  |
|  | 1. Are flammable gas cylinders are stored at least 25 feet away from oxygen cylinders or ignition sources? |
|  |  |
|  | 1. Are fire separators intact (no holes in firewalls, no doors to exit corridors propped open, etc.)? |
|  |  |
|  | 1. Are charged, wall-mounted fire extinguishers (of the appropriate type) available within 75 feet of all workstations? |
|  |  |
|  | 1. Are employee workstations arranged to be comfortable without unnecessary strain on backs, arms, necks, etc.? |
|  |  |
|  | 1. Is there an inspection card attached to each fire extinguisher and are monthly inspections properly documented? |
|  |  |
| **ELECTRICAL SAFETY** | |
|  |  |
|  | 1. Are all plugs, cords, panels, and receptacles in good condition (no exposed conductors or broken insulation)? |
|  |  |
|  | 1. Are all circuit breaker panels accessible with labels identifying each switch’s function? |
|  |  |
|  | 1. Are plug adapters banned? (Install additional outlets or properly rated fused power strips in lieu of plug adapters.) |
|  |  |
|  | 1. Is permanent building wiring installed away from public contact (in conduit, raceways, or walls)? |
|  |  |
|  | 1. Are Ground Fault Circuit Interrupters available for use in wet areas? |
|  |  |
|  | 1. Are the wheels on rolling files or other mobile equipment free from binding when rolled? |
|  |  |
|  | 1. Are extension cords in use? (These are not to be run through walls, ceilings, or doors, and are not safe for permanent equipment. Unplug extension cords daily or replace with fused power strips if current demand is within the strip’s rating; otherwise, install additional outlets to reach equipment. Do not link extension cords together.) |
|  |  |
| Yes No N/A **MECHANICAL SAFETY** | |
|  |  |
|  | 1. Is defective equipment promptly repaired? (If defects pose an imminent danger, then remove out of service.) |
|  | 1. Are all the machine guards for belts, gears, and points of operation in place and adjusted properly? |
|  |  |
|  | 1. Are machine and tool switches safe (easy access to disengage, stay off if de-energized and re-started)? |
|  |  |
|  | 1. Are gas welding torches equipped with flashback arrestors? Are arc welders properly grounded with safe wiring? |
|  |  |
|  | 1. Are air tanks greater than 1.5 cubic feet (11.22 gal.) capacity inspected as evidenced by a current posted Cal/OSHA permit? |
|  |  |
|  | 1. Are cranes, slings, ropes, hoists, jacks, jack stands, etc., inspected prior to each use and used safely? |
|  |  |
|  | 1. Are floors maintained clean, spills wiped up promptly, and anti-slip materials used where moisture is prevalent? |
|  |  |
|  | 1. Are all cabinets, shelves, and equipment greater than 5 feet high secured to prevent injury to custodial personnel? |
|  |  |
|  | 1. Are cutting blades disposed of in rigid containers to prevent injury to custodial personnel? |
|  |  |
|  | 1. Are guardrails installed around floor openings and lofts, along catwalks, etc., to prevent employee falls? |
|  |  |
|  | 1. Are potable water, soap, and towels available for hand washing? |
|  |  |
|  | 1. Are all plumbing fixtures served by Industrial Water labeled to prohibit drinking? |
|  |  |
|  | 1. Are forklifts inspected frequently for defects, equipped with proper safety devices and operated safely? |
|  |  |
|  | 1. Are excessive noise levels adequately controlled? |
|  |  |
|  | 1. Is an approved first aid kit available and its location known to all employees? |
|  |  |
|  | 1. Are stacked and shelved items stored to prevent falling during an earthquake? (Advise installing 2 inch shelf lips or other means of restraining items, especially above exits and employee workstations.) |
|  |  |
|  | 1. Are cross-connections between potable water and sewer inlets promptly abated (remove hoses which extend into sinks or down drains), and leaking backflow protection devices promptly repaired? |
| **HAZARDOUS MATERIALS/PERSONAL PROTECTION** | |
|  |  |
| Yes No N/A |  |
|  | 1. Are chemicals stored to prevent spills? |
|  |  |
|  | 1. Are carcinogens handled safely to reduce employee exposure? |
|  |  |
|  | 1. Are chemicals separated by Hazard Class (acids, bases, oxidizers, flammables, etc.)? |
|  |  |
|  | 1. Are chemicals inventoried with copies provided to the Personnel Office? |
|  |  |
|  | 1. Are chemical wastes properly segregated and stored with Waste Pickup Tags attached to the containers? |
|  |  |
|  | 1. Are all hazardous wastes disposed of and not poured into the sewer system? |
|  |  |
|  | 1. Is a plumbed emergency shower available within 100 feet of all areas where chemicals may splash onto an employee’s body? |
|  |  |
|  | 1. Are gloves suitable for the hazard warranting protection (chemicals, heat, friction, etc.) available? |
|  |  |
|  | 1. Is eye protection suitable for the hazard warranting protection (welding, chemicals, particulates, etc.) available? |
|  |  |
|  | 1. Is a plumbed emergency eyewash station available within 100 feet of all chemical splash or mechanical hazards such as grinding operations? |
|  |  |
|  | 1. Is hearing protection suitable for the hazards warranting protection available? |
|  |  |
|  | 1. Are safety shoes available for those employees subject to falling objects and other foot impact hazards? |
|  |  |
|  | 1. Are hard hats available for employees subject to falling objects, low   **HAZARDOUS MATERIALS/PERSONAL PROTECTION (continued)**  overhead obstructions, etc.? |
|  |  |
| Yes No N/A | 1. Are aprons or other suitable clothing available for employees subject to chemicals, oil, grease, etc.? |
|  |  |
|  | 1. Are lockout locks and tags available for employees who work on equipment served by hazardous energy sources? |
|  |  |
| **COMMENTS** | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX F**

**EMPLOYEE SAFETY TRAINING**

**ATTENDANCE RECORD**

**FEATHER RIVER COMMUNITY COLLEGE DISTRICT**

**SAFETY TRAINING ATTENDANCE RECORD**

DATE: \_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_ TO \_\_\_\_\_\_ LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBJECT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE NAME | SIGNATURE | TITLE | DEPARTMENT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

CC: SITE MANAGERS REVIEWED BY:

SAFETY PROGRAM COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR DATE

NOTE: Each supervisor to retain a copy of all training records involving his/her personnel.

Reference: BP #6800  
Approvals:  
Cabinet: March 6, 2014  
Board of Trustees: April 10, 2014