

STAFF REPORT
COUNCIL MEETING DATE
OCTOBER 10, 2011

ITEM FOR COUNCIL CONSIDERATION

RESOLUTION NO. 5345, ADOPTING A REVISED INJURY & ILLNESS PREVENTION PROGRAM
AND REPEALING RESOLUTION NO. 5195

Report prepared by: Arlene Balmadrid, HR Administrator


Signature

Reviewed by: Dave Durlinger, City Manager


Signature

STAFF RECOMMENDATION

Action Item ; Non-Action Item

Adopt Resolution No. 5345 approving the revised Injury and Illness Prevention Program (IIPP) to be in compliance with Cal OSHA regulations.

Motion: I move to adopt Resolution No. 5345, as read by title only, updating the Injury and Illness Prevention Program (IIPP) to be in compliance with California Code of Regulations Title 8, Section 3203.

I. BACKGROUND

The City first adopted an Injury and Illness Prevention Program (IIPP) in 1991 in compliance with Senate Bill 198, mandating employers to provide employees with safe and healthy working conditions. In 1994, Resolution No. 1406 made minor revisions to the program. In 1995, Resolution No. 4179 added requirements on workplace security and safety elements addressing problems of workplace violence. In May 2009, Resolution No. 5195 made minor revisions to integrate language specifically related to ergonomics.

In order to be in compliance with current Cal-OSHA guidelines, the City's IIPP is proposed to be revised to include provisions for providing certain training and instruction as well as conducting workplace inspections to identify and evaluate hazards whenever new substances, previously unrecognized and potentially hazardous processes, procedures, or equipment are introduced to the workplace.

II. DISCUSSION

The implementation of the revised Injury and Illness Prevention Program (IIPP) will ensure that employees are provided with safe and healthy working conditions as well as complying with federal and state laws, specifically, Cal-OSHA regulations.

III. FINANCIAL CONSIDERATIONS

N/A

IV. LEGAL ISSUES

The revised program provides specific safety guidelines in compliance with Senate Bill 198 (Occupational Safety and Health), Title 8 of the California Code of Regulations, Injury and Illness Prevention Program (IIPP) Section 3203.

V. ATTACHMENTS:

Resolution No. 5345

RESOLUTION NO. 5345

**A RESOLUTION OF THE CITYCOUNCIL OF THE CITY OF CARPINTERIA
ADOPTING A REVISED INJURY AND ILLNESS PREVENTION PROGRAM
(IIPP) AND REPEALING RESOLUTION NO. 5195**

WHEREAS, the City of Carpinteria is subject to the requirements for establishing, implementing and maintaining an effective written Injury and Illness Prevention Program (IIPP) as contained in Title 8 of the California Code of Resolutions, section 3203, and;

WHEREAS, Cal-OSHA guidelines specifically address provisions for providing training and instructions as well as conducting workplace inspections to identify and evaluate hazards whenever new substances, previously unrecognized hazardous processes, procedures or equipment are introduced to the workplace that represent a new occupational safety and health hazards to the employees;

WHEREAS, the City Council approved and adopted an Injury and Illness Prevention Program for the City of Carpinteria in July, 1991 and later adopted Resolutions Nos. 1406, 4179 and 5195 that superseded;

WHEREAS, Cal-OSHA's guidelines require that employers integrate language into their IIPP specifically related to conducting workplace inspections and training to identify and evaluate hazards whenever new substances, previously unrecognized hazardous processes, procedures or equipment are introduced to the workplace that represent new occupational safety and health hazards to the employees of the City of Carpinteria.

WHEREAS, it is the policy of the City of Carpinteria to provide a safe and healthy working environment for its employees and to be in compliance with federal and state laws, and revisions have been incorporated in the City's Injury and Illness Prevention Program to comply with the recommendations described above.

NOW, THEREFORE, BE IT RESOLVED that City Council of the City of Carpinteria authorizes and approves the revised Injury and Illness Prevention Program of the City of Carpinteria attached hereto as Exhibit A, as set forth above.

This Resolution repeals prior Resolution No. 5195 and supersedes any prior inconsistent policy terms.

PASSED, APPROVED AND ADOPTED this 10th day of October, 2011, by the following called vote:

AYES: COUNCIL MEMBER:
NOES: COUNCIL MEMBER:
ABSENT: COUNCIL MEMBER

Al Clark
Mayor, City of Carpinteria

ATTEST: _____

Fidela Garcia
City Clerk,
City of Carpinteria

I hereby certify that the foregoing was duly and regularly introduced and adopted at a regular meeting of the City Council of the City of Carpinteria held the 10th day of October, 2011.

Fidela Garcia
City Clerk, City of Carpinteria

Approved as to form:

Peter Brown
City Attorney



City of Carpinteria

Injury and Illness Prevention Program IIPP

**CITY OF CARPINTERIA
INJURY AND ILLNESS PREVENTION PROGRAM**

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CITY OF CARPINTERIA

INJURY AND ILLNESS PREVENTION PROGRAM

1.0 Employer Information:

City of Carpinteria
5775 Carpinteria Avenue
Carpinteria, California 93013

2.0 Scope:

In 1991 California Senate Bill 198 (Occupational Safety and Health), mandated employers to establish an Injury and Illness Prevention Program (IIPP). The requirements for establishing, implementing and maintaining an effective written injury and illness prevention program are contained in Title 8 of the California Code of Regulations, Section 3203 (T8 CCR3203). Cal-OSHA guidelines also specifically address the problem of workplace violence and require all employers to develop a program with specific workplace security and safety elements.

3.0 Safety Program Implementation and Responsibilities:

3.1 Safety Program Administrator

The City Manager is delegated as the City's Injury and Illness Prevention Program Administrator and has the authority and responsibility for implementing the provisions of the program. Under the City program all levels in the organization have a responsibility for safety.

3.2 Employer/Employee Occupational Health and Safety Committee:

Staff delegated to assist the City Manager in accident prevention activities, implement the Injury and Illness Prevention Program, help coordinate and oversee the enforcement of all safety rules and policies and represent the City Manager on an Employer/Employee Occupational Health and Safety Committee will include the City's Risk Manager, the Public Works Supervisor, a building maintenance representative and one classified employee as designated by the City Manager.

3.3 Employee safety responsibilities include:

Using safe work practices for following directives, policies and procedures, and for maintaining a safe work environment.

Becoming familiar and complying with safe work practices and specific work procedures or rules as they apply to their work activity.

Attending training sessions as scheduled.

Only using, repairing or adjusting tools and machinery if trained and authorized by their supervisor or manager.

Reporting all injuries, near miss incidents and unsafe conditions to their supervisor or a representative of the Health and Safety Committee.

Actively participating and cooperating in the overall safety program.

Using all personal protective equipment as required.

Complying with all safety instructions from Supervisors.

Recognizing the hazards of the job and taking precautions to ensure the safety of themselves and others.

Advising their Supervisor immediately, if the working conditions, tools or equipment are unsafe.

Obeying all health and safety warning signs and standards.

Refraining from running, jumping from truck beds, platforms, fences, or other elevated places.

Avoiding taking shortcuts in or over dangerous places.

Paying strict attention to their work and not participating in horseplay, practical jokes and other activities which could lead to employee injury.

Refraining from wearing loose clothing and jewelry while working on or near equipment and machines.

3.4 Supervisory safety responsibilities include:

Becoming familiar and complying with safety and health hazards, to which employees under their immediate direction or control may be exposed, as well as applicable laws, regulations and City safety rules and procedures as they apply to their area of authority.

Attending training sessions as scheduled and ensuring that employees are trained in accordance with the Program.

Ensuring that upon implementation of this program that all employees receive a copy of this program for review and included as an element of new employee orientation as well for contract employees working under the city's direction and control.

Disciplining employees, per the city's disciplinary action policy, for violations of safety codes and practices and specific work procedures or rules as they apply. *(Personnel System Rules and Regulations, Resolution 5012 Section XI Disciplinary Action)*

Investigating accidents and near miss incidents in a timely manner, including documenting all aspects of the incident, identifying the cause and implementing the corrective actions to prevent reoccurrence.

Inspecting and correcting any unsafe conditions, workplace hazards or work practices observed during a site safety inspection in a timely manner.

Ensuring that all employees and sub-contractors under their direction are aware of and complying with the safe work practices and specific work procedures or rules as they apply.

Conducting inspections when new substances, processes, procedures or equipment that represent a new occupational safety and health hazard are introduced to the work place and when he/she becomes aware of a new or previously unrecognized hazard

Preparing Job Safety Analysis for specific jobs and reviewing it with management and employees.

Conducting Job Hazard Analysis (JHA) – JHA's are formalized tools that enable the City to evaluate the hazards of a job task or activity. All the job tasks or activities in the City should undergo a JHA process.

Maintaining audit schedules. Audit procedures and finding reports should be maintained until corrective actions are formalized, or until subsequent audit reports supersede them.

Reviewing new equipment, chemicals or activities and their hazards evaluated prior to installation or implementation. Supervisors will lead the review and evaluation or a "process change committee" may be set up to perform this task. If a committee is used, documentation will be retained with regard to meeting minutes or notes, corrective actions, evaluation documentation and any of the documents listed below:

- Evaluation of new or altered (changes to existing) equipment or to equipment related activities will be documented using the New or Altered Equipment Review form, or an equivalent document.
- Evaluation of new chemicals or changes to existing usages or process activities will be documented using the New or Changed Chemical Activity Worksheet, or an equivalent document.
- Material Safety Data Sheet and hazard information will be reviewed with all employees using a new chemical or utilizing a new activity with existing chemicals prior to the activity being implemented or performed.

- New activities and task will have written procedures developed that include an evaluation of the hazards' of that activity or task, the methods to control identified hazards, protective equipment to be used (if any), and any emergency information related to the task or activity. These procedures will be reviewed with employees who perform that activity or task prior to the implementation of the activity or task.

Providing employees with job/task training in the hazards of their jobs and the proper procedures to control the hazards prior to their exposure to the hazards. Employee training will be documented on the employee's training record and will be submitted to the Risk Manager.

3.5 Managerial safety responsibilities include:

Becoming familiar and complying with the safe work practices and specific work procedures or rules as they apply to their area of authority.

Ensuring that all safety and health policies are clearly communicated and understood by employees.

Enforcing the rules fairly and uniformly.

Attending training sessions as scheduled and ensuring that supervisors are trained in workplace safety and recognizing and evaluating workplace hazards.

Ensuring that employees and contractors are aware of and comply with the safe work practices and specific work procedures or rules and Cal-OSHA regulations.

Disciplining employees, per the city's disciplinary action policy, for violations of safe practices and specific work procedures or rules as they apply. (*Personnel System Rules and Regulations, Resolution 5012 Section XI Disciplinary Action*)

Reviewing accident investigations in a timely manner, ensuring that all aspects of the incident are documented and implementing corrective actions to prevent reoccurrence.

Correcting in a timely manner any unsafe conditions or work practices observed during a site safety inspection and ensuring that workplace hazards are abated in a timely and effective manner.

Ensuring that a Job Hazard Analysis (JHA) are conducted and completed by the department supervisor. JHA's are formalized tools that enable the City to evaluate the hazards of a job task or activity. All the job tasks or activities in the City should undergo a JHA process.

Ensuring that audit schedules are maintained by the department supervisor. Audit procedures and finding reports should be maintained until corrective actions are formalized, or until subsequent audit reports supersede them.

Monitoring progress on corrective actions that remain to be completed and conduct follow-up surveys to verify completion of corrective actions as required.

Informing employees and City Management of any serious finding or incomplete corrective action that may pose a serious risk to employees or the public or the environment in general.

Ensuring that the department supervisor conducts inspections when new substances, processes, procedures or equipment that represent a new occupational safety and health hazard are introduced to the work place and when he/she and the department supervisor becomes aware of a new or previously unrecognized hazard.

3.6 Risk Manager Responsibilities include:

Ensuring written safety policies and procedures are developed, distributed and updated as they apply to each area of authority.

Ensuring safety training as required by policies and procedures has been conducted.

Conduct audits of city safety programs to evaluate compliance with Cal-OSHA requirements.

Report to City Manager regarding safety compliance status, new or upcoming regulations and other safety issues that require their attention.

Conduct periodic Site Safety Inspections and review reports of any other scheduled work site inspections conducted by or on behalf of the City of Carpinteria.

Assist in review of new chemicals and/or equipment used.

Conducting Safety Committee meetings on a regularly scheduled basis and maintaining a record of safety and health issues discussed.

Scheduling, coordinating and conducting Site Safety Inspections with Safety Committee members.

Coordinating, conducting and documenting safety meetings and training with employees.

Developing and implementing safety incentive programs.

4.0 Safety Program Communication:

The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable.

4.1 Initial Training:

Upon implementation, all employees will receive a copy of this program for review.

The program will be included as an element of new employee orientation as well for contract employees working under the city's direction and control.

4.2 Ergonomics Training

Employee orientation and training will address job/task assignments and the process and/or operation of equipment at work stations. Employees will be encouraged to communicate concerns and/or discomfort and to report any ergonomic hazards to management or a member of the Health and Safety Committee.

4.3 Safety Meetings:

- Each Department Director or his designee will conduct safety meeting. All meetings will include information on the following subjects as applicable.
- Review of Department Emergency and Evacuation Procedures.
- On the job or off the job safety information.
- Review of safe practices, policies or procedures as they pertain to their area of authority, including on the Job or off the Job safety information.
- Feedback from employees on hazards, safety suggestions or concerns.
- Review of previous accidents, causes and corrective actions.
- Recognition for compliance, good safety performance or attitude.

Attendance at Department safety meeting is considered a part of every employee's job duties. All meetings will be documented in writing, with the date, discussion items and employee attendance signature included. The Risk Manager will retain completed Department Emergency and Evacuation Procedure documentation.

Safety Meetings will be conducted as follows:

All Employees - Quarterly

Departmental - Monthly

4.4 Employee Suggestions:

Employees will be afforded an opportunity to make safety suggestions and/or express their concerns. Employee suggestions may be made anonymously but in any case no employee shall be disciplined, demoted or otherwise discriminated against for making a suggestion. Response to suggestions by the Employer/Employee Occupational Health and Safety Committee will be documented and the employee notified as to the outcome.

Anonymous suggestions will be considered as seriously as non-anonymous suggestions; responses shall also be documented and posted for all employees to review. Suggestions may be made to a Supervisor or a member of the Health and Safety Committee.

4.5 Written Communications:

Safety information will be posted and/or distributed. Bulletin boards are established in City Hall and in the Public Works building where written safety communications will be posted. Postings will contain information on off-the-job or on-the-job safety topics, changes in safety procedures, accident causes, employee safety suggestions or other information as appropriate.

5.0 Safety Program Compliance:

All employees are expected to comply with all of the City's rules, policies and procedures concerning safety.

5.1 Disciplinary Action:

Failure to comply and/or willful violation of the safe work practices and/or specific work procedures or rules will result in disciplinary action up to and including termination of their employment. Disciplinary action will be administered and documented per the city's policy and procedures and/or contracts. Failure on the part of responsible managers and/or supervisors to properly train and supervise employees in this area will result in their discipline, up to an including termination of their employment. (*Personnel System Rules and Regulations, Resolution 5012, Disciplinary Action Section XI*).

5.2 Accountability:

Our system of ensuring that all employees comply with the rules and maintain a safe work environment include informing workers of the provisions of our IIP Program, performance evaluations, providing training and disciplining workers for failure to comply with safe and healthful work practices.

Central to maintaining safety program compliance is establishing accountability for safety. The City of Carpinteria has identified specific safety activities that managers and supervisors are responsible for. These activities include conducting safety meetings and observation audits, accident investigations, attendance at training sessions and accident rate performance. Performance in these and additional safety activities will be maintained and included for discussion and appropriate action including the annual performance appraisal review.

5.3 Incentive Program:

As milestones (time worked without a lost time accident or departmental safety objectives, or specific behaviors) are reached, recognition award will be presented to the employees. These awards will be used to acknowledge excellent performance and to encourage safety program compliance through positive reinforcement.

6.0 Identification, Evaluation and Prevention of Occupational Safety and Health Hazards:

Periodic inspections will be performed to identify and evaluate workplace hazards.

6.1 Site Safety Inspections:

The Employer/Employee Occupational Health and Safety Committee members will conduct formal, documented site safety inspections quarterly or on an as-needed basis.

Safety inspections shall be documented on the Hazard Assessment and Correction form (Attachment B). The inspection will include an evaluation of work areas, machine guarding, exits, fire extinguishers, eyewashes, housekeeping and other specific Cal-OSHA requirements.

Correction of unsafe conditions will be documented on the inspection form and the form shall be maintained on file by the Committee.

6.2 Hazard Information:

Information as to job or site hazards will be extracted from accident investigations and site safety inspections and used to improve training programs, safety meetings, etc.

6.3 Hazard Assessment and Control:

Formal safety audits are scheduled inspections in which the findings are documented and reviewed. Informal safety audits are unscheduled inspections in which finding may or may not be documented. However, documentation (such as work orders or disciplinary actions) for hazardous condition or behaviors observed during informal audits is recommended.

6.4 Equipment Inspections:

Equipment such as forklifts, hoists or other equipment will be inspected and maintained per the legal requirements. It will be the responsibility of the employee using the equipment to ensure these inspections are conducted and documented. Chemicals, equipment and procedures not currently in use or operation must be reviewed and approved by the Department Head and/or City Manager prior to being purchased or implemented. Replacement is not considered as a "new" chemical/equipment/procedure.

6.5 Insurance Company Inspections and Surveys:

The City participates in the California Joint Powers Insurance Authority (CJPIA). The self-insuring and loss pooling programs include property insurance, workers' compensation, public official and employee bonds and general automobile liability.

The CJPIA may conduct surveys and inspection of city sites. The findings of these inspections are submitted in writing, along with recommendations for corrective action. Findings and recommendations will be tracked until fully implemented.

7.0 Accident Investigation:

7.1 Reporting:

Employees will report all accidents, industrial injuries or illnesses or incidents that could have resulted in an injury, illness or property damage (near miss incidents) to their supervisor immediately. In the event that the supervisor is unavailable, accidents or injuries shall be reported without delay to the Risk Manager or Safety Program Administrator.

7.2 Investigation:

After ensuring the injured employee has received appropriate medical treatment, the supervisor and/or Risk Manager shall conduct an accident investigation. (Attachment B-2)

The investigation shall include the factual details surrounding the event (who, what, when, where, witnesses, etc.), the probable cause of the event and corrective action to prevent a reoccurrence of the incident. All aspects of the investigation shall be documented and filed with the Risk Manager.

Within 24 hours of the incident the Supervisor or his designee will provide the injured employee with a DWC-1 Workers' Compensation Notice of Claim form (Attachment B-3).

The Risk Manager or appointed designee shall complete the "Employers First Report of Injury or Illness" and send it to the workers compensation administrator with a copy of the DWC-1 form and the Supervisor's Report (Attachment B-5).

8.0 Correcting Unsafe or Unhealthy Conditions:

Where it is determined that an unsafe or unhealthy condition, work practice or work procedure exists, the City will take steps that it determines appropriate under the circumstances to correct the condition, practice or procedure in a timely manner.

The severity of a hazard will be considered along with other relevant factors when evaluating the most appropriate method of correcting any hazardous situation and the time frame within which the correction will be made.

If an imminent hazard exist that cannot be abated immediately without endangering one or more employees or property, the City may find it appropriate to remove all exposed personnel from the area in which the hazard exists, unless they are necessary to correct the existing condition. Where employees are found necessary to correct the hazardous condition, they will be provided necessary safeguards.

8.1 Emergency Evacuation:

Should an emergency situation arise which creates an imminent hazard, which cannot be immediately abated, all employees will be evacuated from the facility to a safe location until the situation is corrected. The evacuation will be carried out per the City's Department Emergency Procedures. (Attachment B-7).

8.2 Workplace Violence

The City of Carpinteria is committed to providing workers with a place of employment that is free from recognized hazards that cause or are likely to cause death or serious injury and to provide a workplace free from the dangers of workplace violence.

A Workplace Security Plan focused on preventing workplace violence, attached hereto as Appendix A, will be implemented and maintained as part of the City's Injury/Illness Prevention Program.

9.0 Safety Training and instructions:

The City will also provide training and instruction to employees under the IIPP from time to time. Such training and instruction will be provided when:

- a. When the program is first established
- b. As part of the orientation provided to new employees
- c. To employees provided new job assignments for which training has not previously been received
- d. When new substances, processes, procedures, or equipment are introduced to the work place and represent new hazard
- e. When the City becomes aware of a new hazard or one that was previously unrecognized and;
- f. To supervisors who must be familiar with the safety and health hazards to which employees under their immediate direction and control may be exposed.

9.1 New Hire Orientation:

Prior to reporting for work, Job Orientation for each employee will include

- Review of the Illness and Injury Prevention Program
- Safe work practices and specific work procedures
- Injury / Incident Reporting
- Employee Access to Medical / Exposure Information.
- Emergency Response / Evacuation Duties.
- Hazard Communication and Chemical Safety
- Specific Chemicals and Handling Procedures used as part of the job
- Training and Use of Equipment
- Guidelines for Heat Stress Prevention

Additional specialized training will be conducted as necessary. This may include:

- New job assignments for which training has not previously been provided.
- Forklift / Man lift Operator Certification
- Confined Space Entry
- Respiratory Refresher and Fit Test
- Hearing Conservation
- Ergonomics

9.2 Contract Employees:

Contract employees who are under the direction and control of a city employee will attend the job safety orientation and safety meetings. They will receive any specialized training as required by their job assignment, as would an employee.

9.3 Supervisor Training:

Supervisors will attend scheduled training sessions designed to familiarize them with the safety and health hazards to which their employees are exposed and to assist them in implementing the Safety Program.

10.0 Safety Committee:

The Employee/Employer Occupational Health and Safety Committee will schedule meetings on a quarterly or as-needed basis. Minutes of each meeting will be recorded, documenting actions taken and shall be available for all employees to review. The purpose of this committee is to assist the City Manager in accident prevention activities, including reviewing action items from internal / external inspections, new or revised safety policies or procedures, new equipment and other items relating to the City's safety program. (Reference Section 3.2)

11.0 Safety Program Record keeping:

The Risk Manager shall maintain required records and program documentation. Safety program documentation will include copies of Accident Reports, Cal-OSHA Log of Work-Related Injuries and Illnesses and Cal-OSHA Annual Summary of Work-Related Injuries and Illnesses.

The Parks and Recreation Department and the Public Works Department shall maintain records required for their area of authority including:

- Compliance
- Communication on Health and Safety Issues
- Hazard Assessment and Exposures
- Equipment and Site Inspections
- Chemical Equipment and Procedures
- Safety Meetings and Employee Training Records

12.0 Documentation:

Documentation on training shall include the employee's name, training date, type of training, instructor's name and an outline of what was presented. This documentation will be maintained for at least 3 years.

Records of inspections and surveys will include the date of the survey, area surveyed, survey findings and who conducted the survey. These records will be maintained for 3 years.

Copies of insurance company surveys and all other records will be maintained for three years.

Medical and exposure records will be maintained per legal requirements.

**CITY OF CARPINTERIA
INJURY AND ILLNESS PREVENTION PROGRAM**

EMPLOYEE ACKNOWLEDGEMENT

PLEASE SIGN AND RETURN TO THE HUMAN RESOURCES DEPARTMENT

***I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF
THE INJURY AND ILLNESS PREVENTION PROGRAM FOR THE CITY
OF CARPINTERIA.***

***I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ THIS
INFORMATION AND DISCUSS ANY CONCERNS I HAVE WITH MY
SUPERVISOR OR HUMAN RESOURCES.***

Name

Position

Signature _____
Date

ATTACHMENTS

Appendix A	Workplace Violence Policy	
Forms:	Hazard Assessment & Correction Record	B-1
	Job Hazard Analysis (JHA)	B-2
	Job Hazard Analysis Survey Questions	B-3
	Supervisor's Accident/Exposure Investigation Report and Report of Injury or Illness	B-4
	Workers' Compensation Claim Report form DWC1	B-5
	Employer's First Report of Injury or Illness form 5020	B-6
	Department Emergency Procedures	B-7
	City Hall Diagram	B-8
	Employee Training and Instruction Record	B-9

WORKPLACE VIOLENCE POLICY

The City of Carpinteria is committed to providing a safe work environment that is free of violence and the threat of violence. The top priority is effectively handling critical workplace incidents, especially those dealing with actual or potential violence.

- A. Violence, or threat of violence, against or by any employee of the City of Carpinteria or any other person is unacceptable.
 - 1. Should a non-employee, on City of Carpinteria property, demonstrate or threaten violent behavior he/she may be subject to criminal prosecution, or
 - 2. Should an employee, during working hours, demonstrate or threaten violent behavior he/she may be subject to disciplinary action.
 - 3. Retaliation against any person who has participated in complaining or providing information to the city regarding your conduct is illegal and inappropriate and such action may be subject to disciplinary action.

- B. The following actions are considered violent acts:
 - 1. Striking, punching, slapping or assaulting another person.
 - 2. Fighting or challenging another person to fight.
 - 3. Grabbing, pinching or touching another person in an unwanted way whether sexually or otherwise.
 - 4. Engaging in dangerous, threatening or unwanted horseplay.
 - 5. Possession, use or threat of use, of a gun, knife or other weapon of any kind on City of Carpinteria property, including parking lots, other exterior premises, City of Carpinteria vehicles, or while engaged in activities for the City of Carpinteria in other locations, unless such possession or use is a requirement of the job.
 - 6. Threatening harm, verbally or in writing, physically harming another person, or any other action or conduct that implies the threat of bodily harm.

- C. Any employee who is the victim of any violent threatening or harassing conduct, any witness to such conduct or anyone receiving a report of such conduct, whether the perpetrator is a City of Carpinteria employee or a non-employee, shall immediately report the incident to their supervisor or other appropriate person in the chain of command.

HAZARD ASSESSMENT AND CORRECTION RECORD

Inspection Date:

Person Conducting Inspection:

HAZARD INFORMATION

Hazard Description (include specific hazard location)

Recommended Corrective Actions:

Signature :

Date:

MANAGEMENT RESPONSE:

Results of Hazard Assessment:

Recommended Corrective Actions:

Management Signature:

Date:

FOLLOW-UP INSPECTION BY A SAFETY COMMITTEE MEMBER:

Name

Signature:

Date:

Attachment B-1

JOB HAZARD ANALYSIS

Page ___ of ___

Job or Task Being Evaluated:

Date of Analysis:

Job Hazard Analysis Committee Participants:

Step(s)	Potential or Existing Hazard(s)	Corrective Action Recommendations & Required Personal Protective Equipment

JOB HAZARD ANALYSIS SURVEY QUESTIONS

Prior to beginning a job hazard analysis the following questions may be used to conduct and evaluate the general conditions under which the job is performed. Add additional questions as required. ***This list is not intended to be all inclusive.*** If answers to the questions are YES, then list the hazards on the JHA Form and address the hazards with appropriate control measures.

WORKPLACE CONDITIONS:

Are there tripping hazards in the job vicinity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is additional lighting needed for work conditions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there electrical hazards associated with the job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the noise level excessive?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there fire hazards associated with the job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have industrial hygiene (health-related) complaints been received?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do the environmental conditions (heat/cold) need adjusting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can the worker fall from one level to another?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the worker in an off-balance position at any time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the standing surface uneven or unstable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TOOL, EQUIPMENT and MATERIALS HAZARDS

Are additional or altered tools required for the tasks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is protective equipment required for the job (gloves, glasses, clothing, respirators, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do employees use forklifts or other material handling equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can anything fall on the worker from above or from the work surfaces?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PROCEDURES AND PROCESSES

Are additional emergency procedures required for the job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are employees required to work alone for extended periods of time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the job involve confined spaces?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the job involve lock-out tag-out?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

MACHINERY AND EQUIPMENT HAZARDS

Will jewelry or clothing get caught in machinery?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can the worker get caught between moving parts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Could flying particles or parts injure an employee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the vibration level excessive, leading to numbness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



CITY of CARPINTERIA
Supervisor's Report of Injury or Illness
(Complete for All Employee Reported Injuries)

Employer: _____ Nature of Business: _____

Department: _____ Division/Location: _____

Name of Injured Employee: _____

Occupation: _____

Date of Injury or Illness: _____ Time: _____ AM _____ PM

Was medical treatment offered? Yes No Was treatment refused? Yes No

Was employee given a claim form? Yes No Employee's Signature: _____

What type of medical treatment was given?

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Paramedics | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Clinic | <input type="checkbox"/> Authorized |

Predesignated Physician's Name: (attach form) _____

Was employee required to leave work due to this injury or illness? Yes No Date Last Worked: _____

Has employee returned to work? Yes, Date Returned: _____ No, Still Off Work

Name of person injury or illness was reported to: _____

Timeliness of Reporting: If the accident was not reported immediately, why not? _____

Location where accident or exposure occurred: _____

Was the injury or exposure witnessed? Yes No

WITNESS INFORMATION

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Telephone: _____ Telephone: _____

List property damage, if any: _____

Body Part Injured (check all that apply, indicate left and/or right):

- | | | | |
|-------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Upper Back | <input type="checkbox"/> Finger (which?) | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Face | <input type="checkbox"/> Lower Back | <input type="checkbox"/> Upper Leg | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Arm | <input type="checkbox"/> Lower Leg | <input type="checkbox"/> Toe (which?) |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee | <input type="checkbox"/> Other _____ |
-

Nature of Injury/Illness:

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Scrape | <input type="checkbox"/> Burn | <input type="checkbox"/> Fracture | <input type="checkbox"/> Cold Related Problem |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Sprain/Strain | <input type="checkbox"/> Skin Problem | <input type="checkbox"/> Loss of Consciousness |
| <input type="checkbox"/> Puncture | <input type="checkbox"/> Foreign Body | <input type="checkbox"/> Chemical Related Problem | <input type="checkbox"/> Respiratory Problem |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Poisoning | <input type="checkbox"/> Heat Related Problem | <input type="checkbox"/> Other _____ |
-

What was employee doing at the time of injury or exposure? _____

Person, object or substance that directly injured employee: _____

Check any of the following unsafe actions which apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Haste/Unsafe Speed | <input type="checkbox"/> Improper Procedure | <input type="checkbox"/> Unsafe Lifting |
| <input type="checkbox"/> Not Authorized | <input type="checkbox"/> Unsafe Equipment Usage | <input type="checkbox"/> Unsafe Position |
| <input type="checkbox"/> Disregard of Instructions | <input type="checkbox"/> Defective Equipment/Tools | <input type="checkbox"/> Running/Jumping |
| <input type="checkbox"/> Lack of Knowledge Skill/Training | <input type="checkbox"/> Inattention | <input type="checkbox"/> Poor Housekeeping |
| <input type="checkbox"/> Failure to Use Proper Equipment | <input type="checkbox"/> Assault | <input type="checkbox"/> Act of Other |
| <input type="checkbox"/> Inadequate Protective Gear | <input type="checkbox"/> Horseplay | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Carelessness | <input type="checkbox"/> Alcohol/Drugs | <input type="checkbox"/> Other _____ |
-

I know the injury occurred on duty. I have no specific knowledge the injury occurred on duty.

What steps have been taken or recommended to prevent recurrence? _____

Comments: _____

Supervisor's Signature: _____ Date: _____

ACCIDENT/EXPOSURE INVESTIGATION REPORT

Date & Time of Accident:

Location:

Accident Description:

Employees Involved:

Preventive Action Recommendations:

Corrective Actions Taken:

Manager Responsible:

Date Completed:



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

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

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

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

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

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

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

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

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

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

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

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

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

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

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

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

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

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



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

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

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

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to \$10,000 in treatment until the claim is accepted or rejected.

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

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

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

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

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

Atención Médica: Su administrador de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un límite para ciertos servicios médicos.

El Médico Primario que le Atiende-Primary Treating Physician PTP es el médico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico o grupo médico previamente designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas diferentes que se aplican cuando su empleador usa una Organización de Cuidado Médico (HCO) o una Red de Proveedores Médicos (MPN). Una MPN es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información. Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

Dentro de un día después de que Ud. Presente un formulario de reclamo, su empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por \$10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

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

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

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

California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

EMPLOYER	1. FIRM NAME	1a. Policy Number	Please do not use this column	
	2. MAILING ADDRESS: (Number, Street, City, Zip)	2a. Phone Number		CASE NUMBER
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)	3a. Location Code		OWNERSHIP
	4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc.	6. State unemployment insurance acct.no		

6. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____				INDUSTRY
7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)	8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM	9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM	10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)	OCCUPATION
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. DATE LAST WORKED (mm/dd/yy)	13. DATE RETURNED TO WORK (mm/dd/yy)	14. IF STILL OFF WORK, CHECK THIS BOX: <input type="checkbox"/>	
15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. DATE OF EMPLOYER'S KNOWLEDGE / NOTICE OF INJURY/ILLNESS (mm/dd/yy)	18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)	SEX

19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning			AGE
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)	20a. COUNTY	21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No	DAILY HOURS
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.		23. Other Workers injured or ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	DAYS PER WEEK

24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold			WEEKLY HOURS
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.			WEEKLY WAGE
26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY			COUNTY

27. Name and address of physician (number, street, city, zip)		27a. Phone Number	NATURE OF INJURY
28. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes then name and address of hospital (number, street, city, zip)		28a. Phone Number	PART OF BODY
		29. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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) & 14300.35(b)(2)(E)2.

Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2'

30. EMPLOYEE NAME		31. SOCIAL SECURITY NUMBER	32. DATE OF BIRTH (mm/dd/yy)	EVENT
33. HOME ADDRESS (Number, Street, City, Zip)		33a. PHONE NUMBER		SECONDARY SOURCE
34. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		36. DATE OF HIRE (mm/dd/yy)	EXTENT OF INJURY
37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours	37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED	
38. GROSS WAGES/SALARY \$ _____ per _____		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.?) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Completed By (type or print)	Signature & Title	Date (mm/dd/yy)
------------------------------	-------------------	-----------------

Attachment B-6

Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.

DEPARTMENTAL EMERGENCY PROCEDURE

The following procedure has been developed to provide persons in your department appropriate instruction as to actions to be taken at the time of an emergency, such as fire, bomb threat, earthquake or other situation that might threaten the safety of persons in the City facilities. The procedure is to be discussed with each employee within your division or physical area.

RESPONSIBLE PERSONS

The person in charge at the time of an emergency should be familiar with the attached information on departmental emergency procedures. The following designated supervisory persons will be in charge at the time of an emergency. Individuals are listed by job title and will assume responsibility in the order listed:

1. _____
2. _____
3. _____

EMERGENCY EXITS

Each department should carefully review the attached information and familiarize themselves with the physical locations of exits, emergency first aid equipment.

- Front door exit off main lobby
- Foyer - off Council Chambers (west end of building)
- Council Chambers exit (west end of building)
- Rear door exit by break room (south side of building)/
- Sheriff's Department (east side of building)

Handicap emergency exit is at the west end of the building (foyer outside Council Chambers).

Potential emergency exits for _____ Department:

1. _____
2. _____
3. _____
4. _____
5. _____

The evacuation staging area for employees is the west parking lot. If this area is adversely affected, report to the northeast corner of the front parking lot (outside City Manager's office).



