INJURY & ILLNESS PREVENTION PROGRAM

FOR

GAVILAN COMMUNITY COLLEGE DISTRICT
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SECTION I

INTRODUCTION

In order to maintain a safe and healthful work environment the Gavilan Joint Community College District has developed an Injury & Illness Prevention Program (IIPP) 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, 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 the Gavilan Joint Community College District.

GOALS

Diligent implementation of this program will reap many benefits for the Gavilan Joint Community College District. Most notably it will:

SECTION I

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

2. Reduce workers’ compensation claims and costs.

3. Improve efficiency by reducing the time spent replacing or reassigning injured employees, as well as reduce the need to find and train replacement employees.

4. Improve employee morale and efficiency as employees see that their safety is important to management.

5. Minimize the potential for penalties assessed by various enforcement agencies by maintaining compliance with Health and Safety Codes and Cal/OSHA standards.
STATUTORY AUTHORITY

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

This manual is intended to provide each department at the Gavilan Joint Community College District with the information and guidance necessary to comply with the regulation. Following is a brief summary of the required activities to comply with this law.

- A coordinator will be responsible for the implementation and maintenance of this program. Any questions can be directed to the Safety Coordinator's attention.

- Gavilan Joint Community College District has developed through its negotiated collective bargaining process, disciplinary procedures and processes with regard to employee compliance with safety rules and safe work practices. It will be the responsibility of managers and supervisors to ensure that the safety rules and work practices are implemented in a fair and non-discriminating manner.

- Managers and supervisors are required to ensure that safety and health information is communicated to the employees within their supervision. There are suggested methods to follow in the manual; however, methods may be expanded as special circumstances related to their area dictate.

- Injury and illness hazards in the workplace must be identified. A formal self-inspection program and an equipment evaluation system has been developed to meet this requirement.

- The immediate supervisor of the employee must investigate each work-related injury or illness. Forms and procedures for this investigation are included in the Appendices of this manual.

- Deficiencies or hazards identified during a self-inspection or in an accident investigation must be corrected. Supervisors/managers must ensure that employees adhere to the correction. The priority of the correction of the hazardous condition should commensurate with the hazard. **Documentation is required.** Copies of documentation must be kept in each department as well with the coordinator.

- All employees should receive appropriate training in identifying and guarding against injury and illness hazards associated with their work.

- Documentation is required. Copies of documentation must be kept in each department as well with the Coordinator.

Cooperation and support are important elements in making this a successful program. Your positive, cooperative attitude is appreciated.
PROGRAM MANAGEMENT

RESPONSIBILITY

STANDARD:

The person with the authority and responsibility to implement and manage the Injury & Illness Prevention Program (IIPP) will be identified in writing in this manual.

REQUIRED ACTIVITIES:

1. Mr. Art Kerr Director Facilities Services, Program Coordinator, is responsible for administering the requirements of section 3203 of Title 8, chapter 4 of the division of Industrial Safety Orders.

2. The Program Coordinator will maintain overall control of the required activities, which have to occur at various intervals throughout the year. Managers and supervisors will implement the required activities.

3. Failure on the part of managers and supervisors to implement required activities will result in appropriate disciplinary action.

4. The District Facilities Department will be available to answer technical questions involving self-inspections, employee training and other aspects of the mandatory IIPP.

5. Some aspects of the IIPP will have to be implemented as appropriate at the time an accident occurs. For example, if an employee violates a work rule, a verbal warning should given at the time; or if a work related injury occurs, an Accident Investigation Report should be completed immediately (notice should not be required).

6. Department managers and supervisors must include on all purchases requisitions for chemicals or products containing hazardous materials, a request for Material Safety Data Sheets (MSDS). The Purchasing Department will request from vendors MSDSs for any and all chemicals as directed by specific departments.

7. The Purchasing Department will also request that all tools and equipment purchased for use by District employees meets Cal/OSHA safety standards.
MOTIVATION AND DISCIPLINE

COMPLIANCE

STANDARD:

A system should be in place to ensure that employees comply with safe and healthy work practices. This may include the use of incentives, training or retraining, and disciplinary action.

REQUIRED ACTIVITIES:

1. To encourage safe behavior on the job, first line supervisors should acknowledge their employees for performing work safely. This provides positive affirmation and encourages cooperation with the program.

2. Any employees making an exceptional contribution to the Safety Program should be recognized with a brief letter (with a copy to the employee's personnel file).

3. If a supervisor observes an employee performing in an unsafe manner, he/she should determine the reason. If disciplinary action is required, the procedure identified in item # 4 below should be used. If a lack of knowledge is involved, appropriate training should be provided.

4. When an employee is uncooperative and deliberately does not support the Program or does not follow safe work practices, disciplinary action in accordance with the collective bargaining agreement should be exercised.

5. All employees will receive the General Safe Work Practices.
COMMUNICATION

REQUIRED ACTIVITIES:

1. When conducting employee meetings for any purpose, subjects relating to on-the-job safety and health issues should be included as appropriate. Examples include:
   - An injury within the department could serve as an instructional topic.
   - An identified hazard and to work with or around it to prevent injury.
   - The needs for everyone to notice, identify, and report defects that could cause injury to others.
   - The need to wipe up food spills, spilled drinks, etc.

2. If an employee is exposed to a work activity that could cause problems either immediately or in the future, a training program should be considered. Training could either take place at the work site under the guidance of the supervisor or it could require an off-site program.

3. Employees can often benefit by information posted in the work area. This includes safety posters, instructional visual aids, warning signs, and other media directed at employee health and safety.

4. Other written communications on subjects which may be of importance, can be provided to employees directly. (Example: earthquake preparedness, fire evacuation, how to handle bomb threats, and other appropriate subjects).

5. Consider having a “Suggestion Box” in the work area for employees’ contributions to the safety program.

6. Records or minutes should be kept of all meetings, training programs, postings, and other required activities in which safety issues are discussed. Copies should be sent to the Program Coordinator.
HAZARD IDENTIFICATION

REQUIRED ACTIVITIES:

1. A safety inspection guide has been developed for general work areas and laboratory spaces within the Gavilan Joint Community College District.

2. At a minimum of semi-annual intervals, safety inspections should occur at each work area. The inspection forms can be obtained from the Program Coordinator. A knowledgeable, interested employee should be selected to perform the semi-annual self-inspection. Extra checklists should be kept in the attachment section.

3. Prior to conducting the semi-annual safety inspection, the selected employee should review general and specific safe work practices.

4. The safety inspection should be a continuous, uninterrupted activity designed for the sole purpose of identifying unsafe work conditions and practices. Whenever possible, immediate corrective action should be taken to remove hazards and correct unsafe work practices.

5. Once immediate corrective actions have been taken, a copy of the inspection should be forwarded to the Program Coordinator for review and permanent filing. A copy should also be provided to the department manager/supervisor for the purpose of documentation or follow-up on uncompleted items.

6. All conditions determined to be deficient should be corrected within a reasonable period of time. The corrections should be done in a descending order of importance in relation to potential injury severity.

7. If for some valid reason a condition is not corrected or it is postponed to some future date, proper documentation of the action should be included in the record.

8. The Program Coordinator will follow-up to ensure that all unsafe conditions and work practices have been corrected. Records should be retained for three years.

9. New equipment, tools, and materials to be used by District employees should first be evaluated for work related injury and illness hazards by department manager or supervisor. Identified hazards should be documented and addressed in a timely manner.
ACCIDENT INVESTIGATIONS

REQUIRED ACTIVITIES:

1. All employees should know and understand that they are to report all work-related injuries or illnesses to their supervisor immediately at the time the injury or illness takes place.

2. As soon as possible (or after first aid treatment has been administered), the manager/supervisor should conduct a comprehensive investigation of the accident by reviewing the work site, examining tools or equipment involved, and interviewing the involved employee and witness. The focus of the investigation should be to identify unsafe conditions or work practices that may have caused the injury or illness. Inspection forms should be kept in the document section of this manual.

3. Whenever practical and necessary, corrective action should be identified. Corrective action can and should include training, retraining, physical alterations of the work place, and in some cases disciplinary action. A copy of the Accident Investigation Form should be forwarded to the Director of Human Resources, with the first report of injury within twenty-four hours of the accident. The Director of Human Resources should send a copy to the Program Coordinator.

4. The Program Coordinator will log the Accident Investigation Report so that a follow-up can be made to ensure the corrective action was taken.

5. The Supervisor’s Accident Investigation Form for the Gavilan Joint Community College District can be found in Appendix A of the Injury & Illness Prevention Program.
HAZARD CORRECTION

REQUIRED ACTIVITIES:

1. All employees, especially managers and supervisors, have the duty to observe, identify, and report unsafe conditions as part of their responsibilities. Waiting until the semi-annual inspection takes place is only inviting accidents.

2. Taking care to identify and correct unsafe work practices and conditions is an important activity within this program and must be taken seriously. No employee will be disciplined or discriminated against for reporting an unsafe condition.

3. When an unsafe condition is reported, the supervisor or manager should prepare a written statement of the condition and either correct it immediately or produce a work request for the Facilities Department. Correction or replacement of unsafe equipment conditions is the responsibility of the department to which the equipment belongs.

4. Semi-annual, Safety Inspection Reports will be completed by someone within the department. The process is discussed and responsibilities are outlined in the “Employee Training” section of the manual.

5. Copies of all work request and other actions designed to repair or eliminate work hazards will be sent to the Program Coordinator. The Program Coordinator will track open items to ensure they are completed within a reasonable time frame. Expenses of repairs may be the responsibility of the department requesting the repairs.

6. Thorough documentation on particular issues must be maintained for future reference. This documentation should include the corrective action to be taken or the decision not to take any action. Documentation should be retained for three years.
TRAINING

REQUIRED ACTIVITIES:

1. The General Safe Work Practices are intended to be the core of the safety and health training at Gavilan Joint Community College District and are located in this manual.

2. Each existing employee should receive a copy of the General Safe Work Practices. The employee is required to read and understand the material and then sign the Injury & Illness Prevention Program Training Documentation Form as indication of receipt of a copy of the General Safe Work Practices.

3. It should be the responsibility of the Human Resources Department & the immediate supervisor to provide each employee with a copy of the General Safe Work Practices, at which time the supervisor should determine whether or not the employee has a complete understanding of the material. Questions and discussion of any unclear items that need additional explanation are to be encouraged. Supervisors are required to be familiar with the job hazards of all employees for whom they are responsible.

4. Each new hire or existing employee new to the department/job should receive a copy of the General Safe Work Practices prior to beginning work on the job. The procedure should be similar to that discussed above (item 3); it should be mandatory that no employee actually perform any on-the-job activity without receiving a copy of the General Safe Work Practices, and having the opportunity for discussion and receiving proper training.

5. These are certain job activities that require supplemental training. The Program Coordinator will develop a schedule with the individual department to ensure that this important aspect of the Safety Program is implemented and completed on a periodic basis. Examples of specific training include:

Lifting/Body Mechanics – Those with lifting exposures
Ergonomics – Those who utilize computers in their work area
Hazard Communication Training – Those working with or around hazardous materials
Lockout/Tagout – Mandatory precautions for equipment shutdown and electrical shutdown
First Aid Training – For selected personnel
CPR Training – For selected personnel
Earthquake Response – For all personnel
Emergency Evaluation – For all personnel
The following methods are available for providing safety and health training to our employees.

- Safe Work Practices – Mandatory for all employees
- Department Safety Meetings
- Formal Classes – In selections
- Outside Seminar – In select situations
- Guest Speakers – Effective training for large groups
- Videotapes – Effective training medium available from varied sources in the area
- Handouts/Checks stuffers – Available from the National Safety Council and other sources

Record keeping is a very important aspect of the mandatory IIPP. Training is one of the subjects that requires very accurate documentation and record keeping.

All training must be documented. A copy of the documentation is to be forwarded to the Program Coordinator.

Training documentation must contain:

- Name of Employee
- Date of Training
- Topic Covered
- Source or Provider
- Training records should be retained for three years

6. A sample training documentation form is included in this manual.
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 should be retained for 5 years.

2. Copies of all Accident Investigation Forms should be retained for 5 years.

3. Copies of all Employee Training Checklists and related Training Documents should be retained for the duration of each individual’s employment.

4. Copies of all Safety Meeting Agendas should be retained for 5 years.

5. Documented records of past 5 years of OSHA 300 log must be kept.

6. The General Training Documentation forms for Gavilan Joint Community College District can be found in Appendix D of the Injury & Illness Prevention Program.

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. The program coordinator during routine inspections to measure compliance with the Program will conduct a review of these records.

A safe and healthy workplace must be the goal of everyone at Gavilan Joint Community College District, with responsibility shared by management and staff alike. If you have any questions regarding this Injury & Illness Prevention Program, please contact the District Office at (408) 848-4715.
SECTION II
GENERAL SAFE WORK PRACTICES

These Safe Work Practices are provided for your information and education. They are intended to
provide you with basic safety and health information that will assist you in avoiding injury while
performing your daily activities.

These Safe Work Practices are part of Section Two, Training and Education, of the Injury & Illness
Prevention Program of Gavilan Joint Community College District, and by section 303 of Title 8, the
mandatory safety legislation of Cal/OSHA. You are obligated to follow these practices while
performing your work activities.

You are encouraged to contribute ideas to expand or improve these Safe Work Practices.

1. It is important that all employees report all work related injuries and illnesses to their
immediate manager/supervisor as soon as possible after they become aware of the injury or
illness.

2. Everyone should exercise extreme care and consideration in the performance of their duties
to see they do not cause injury to others or create work hazards, which could cause injury to
others.

3. No one should try to lift or move heavy or bulky objects, which could cause injury to the
back and other body parts. You are requested to seek assistance from the Facilities
Department.

4. Personal tools, equipment, extension cords, or electrical heaters should not be brought onto
District property without the permission of the Facilities Department.

5. Use of electrical heaters to provide warmth for extended periods of time in the past has been
the originating cause of buildings fires. As a result, the use of electrical heaters is
discouraged and alternative means should be found for providing heat over the cooler
months.

6. If it is necessary to use a fire extinguisher, or if you notice that the pressure indicator is
outside of the green area, you should report it to the Facilities Department as soon as
possible so the extinguisher can be recharged or replaced.

7. When you become aware of a defect in a piece of equipment, remove it from service or
report it to the appropriate party so that repairs can be made. Building and equipment
defects are to be reported to the Facilities Department. Failure to report faulty conditions
for repair can result in injuries.

8. Be sure that any food or liquid spill is wiped up immediately rather than left for someone
else to remove.
9. Never attempt to repair electrical equipment or an appliance. They should be removed from service and the Facilities Department notified.

10. File cabinets can be used improperly. Opening two drawers simultaneously can cause a file cabinet to crash to the floor. Whenever possible, cabinets should be bolted together in tandem or secured to the wall if it is convenient. Training should be given to those who utilize the file cabinet’s equipment. Filing cabinet drawers should never be left open unattended.

11. Flammable liquids such as duplicating fluid should always be stored in appropriate, closed containers. Large supplies should be stored in UL-approved cabinets or by other appropriate means described by the fire department. Flammable liquids should never provide a continuous supply to a piece of equipment unless by a Fire Department approved process. An earthquake could cause a spill or possible fire from flammable materials not properly stored. Use secondary containment to guard against spills.

12. Because of ever pending possibility of earthquake occurring, heavy objects should be stored on lower shelves, while lighter and less dangerous items can be stored on the middle and upper shelves. Ideally, all materials stored on shelves should have restraints such as bungy cords.

13. Bookshelves, storage cabinets, and other elevated storage areas should be well secured, securely bolted to the wall, or unitized in such a way as to reduce tipping in an earthquake.

14. Defective furniture, worn carpets, defective stairs, loose handrails, and other facilities defects, which create accident hazards, should be reported to the Facilities Department so repairs can be completed. If possible, remove the objects from service.

15. Everyone should take the time to become educated regarding the emergency procedures in place for responding to fires, earthquakes, or first aid emergencies. Know all means of exit from your work area.
APPENDIX A

ACCIDENT INJURY INCIDENT REPORT & INSTRUCTIONS AND WITNESS
INSTRUCTIONS TO STAFF COMPLETING
ACCIDENT INJURY INCIDENT REPORT

1. Collect all identifying information about student, employee, or public involved with accident/injury/incident. Report anytime that first aid is administered, including distribution of a bandage.

2. Have this person complete the "INJURED PERSON" section if possible. Make certain to put any instructor/witness names on the form.

3. Complete the "COLLEGE PERSONNEL" section. If student health services provided first aid, the nurse will complete this section.

4. This report form should be sent immediately to Student Health Services and a copy to your Department Chair/Supervisor. Health Services will distribute the appropriate copies to other college personnel.

5. Under no circumstances should the incident report or witness statement be placed in the student's records because these reports are considered confidential and public disclosure could hinder the District's defense if a lawsuit is later filed.

**IMPORTANT:** If immediate corrective action needs to be taken at the location of the incident, then inform the appropriate personnel IMMEDIATELY and indicate your contact on the top of the form. Some possible corrective actions follow:

<table>
<thead>
<tr>
<th>Corrective Action</th>
<th>Department to Contact</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility repair - electrical, plumbing, building, etc.</td>
<td>Facilities</td>
<td>Ext. 4800</td>
</tr>
<tr>
<td>Blood or bodily fluid clean-up</td>
<td>Health Serv./Facilities</td>
<td>Ext. 4800 and 4791</td>
</tr>
<tr>
<td>Building security</td>
<td>Security</td>
<td>Ext. 4703</td>
</tr>
<tr>
<td>Hazardous materials spill</td>
<td>Security</td>
<td>Ext. 4703</td>
</tr>
</tbody>
</table>

Additional Information describing accident or first aid treatment:
INJURED PERSON (fills out this section)

Location of Incident: Building/Room__________________________
(Other location, please describe or attach map)

Date of Incident__________________________ Time__________________________

For accidents in class or lab activities:

Instructor Name__________________________ Course Name__________________________

Other Witness/es Name(s)__________________________ Phone No.__________________________

Injured Party: Please describe how accident/injury/incident occurred:

________________________________________________________________________

________________________________________________________________________

Print Name of Injured Person__________________________ Signature of Injured Person__________________________ Date__________________________

COLLEGE PERSONNEL (only college personnel may fill out the following information)

Describe part of body affected, condition/injuries (do not diagnose)

________________________________________________________________________

First Aid/Treatment given (more space on back)

________________________________________________________________________

Referred to (check one): Emergency Facility _____ MD _____ Home _____ Other _____

Follow-up plans (if applicable)

________________________________________________________________________

Insurance (check one) Student Ins. _____ Worker’s Comp _____ Kaiser _____ Medi-Cal _____ Other _____

Was Accident Insurance information given to student? (check one): Yes _____ No _____ (If insurance needed, contact Student Health Services.)

Did injured person’s blood or body fluid come in contact with student or staff? Yes_____ No _____

If yes who__________________________ SS#__________________________ Phone#__________________________

Did injured blood or body fluid come in contact with any surface or equipment? Yes_____ No _____

If yes, who decontaminated area, and how?

If accidents or blood exposure must be reported immediately to: Student Health Services @ 4791 and Administrative Services @ 4731

Signature of College Personnel filling out form__________________________ Dept.__________________________ Date__________________________

Send completed form to Student Health Services
Instructor/Witness Statement

Please complete the following related to the accident/injury/incident on the attached report. RETURN THIS FORM TO HEALTH SERVICES WITHIN 48 HOURS OF RECEIVING.

Name of Injured ____________________________ Date of Accident ____________________________

Instructor/Witness Name ____________________ Phone No. ____________________________ Date Form Completed ____________________________

Class # & Course # where incident or accident occurred ____________________________

College/Department ____________________________ Name of Division Chair ____________________________

Did you observe the accident/incident? _____ Yes _____ No

If not, were there other individuals that witnessed it? _____ Yes _____ No

Give name and phone number of other witness: __________________________________________

Please write your observations of the incident or accident: __________________________________________

Was this accident / injury / incident related to a classroom activity? _____ Yes _____ No

What safety / other instructions had been given to the student / employee prior to this activity?

________________________________________________________________________________________

Had the student been following these instructions during the accident? _____ Yes _____ No

In your opinion, are there ways that similar incidents could be prevented in the future?

________________________________________________________________________________________

Other comments or suggestions? Please use back of sheet if more space is needed.

________________________________________________________________________________________
APPENDIX B

ACCIDENT INVESTIGATION QUICK REFERENCE GUIDE/CHECKLIST
QUICK REFERENCE GUIDE
for
ACCIDENT INVESTIGATION

This quick reference guide is information for Supervisors and Managers to use while investigating work related injuries and illnesses. Remember that prior to investigating an accident, employees should be trained to report injuries to Supervision, no matter how minor it may be. "Near-accidents" should also be reported and investigated by Supervision. Please follow these 4 easy steps when investigating work related injuries:

Step 1:  
A. Act at once. Talk with the injured employee immediately if possible. (one on one is best). Use fact-finding, not fault-finding questions to determine what occurred. Ask the injured person or a witness to show you how the accident happened. Use the Accident Investigation Checklist (attached) for a list of sample questions that you may need to ask during an investigation.

B. Review physical causes, such as poor housekeeping, improper guards, improper apparel (such as a lack of properly soled shoes or safety shoes, eye, hand, or head protection), defective equipment, slippery floors, or other working conditions. Completely describe location of incident; including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident.

C. Review personal causes, such as dangerous practices, inability, inexperience, poor judgement, and disobeying rules.

D. Trace down each item of information to find every contributory cause. Decide the necessary preventive measures to prevent similar accidents in the future. Report any defective equipment to the person responsible.

E. Non-injury accidents (an accident that nearly caused an injury of any severity) should also be investigated.

Step 2:  
Complete a Supervisor Accident Investigation Reporting form within 24 hours. Describe how the incident occurred; state facts, contributing factors, cite witnesses, and support evidence. Keep a copy for your records and send original to the appropriate District department.

Step 3:  
Provide injured employee with an "Employee's Claim for Workers' Compensation Benefits" form before or after treatment or as he or she is able.

Step 4:  
Follow-up with employee after he or she receives treatment to find out if they are doing well. In addition, ensure contributing factors to the accident, if any, are fixed (work orders sent), and all exposed employees are aware of the contributing causes of the accident.
ACCIDENT INVESTIGATION CHECKLIST

When you are involved in an accident investigation, the notes you take will be important to determine what happened and to give clues for avoiding future incidents. The information that you record should focus on who, what, when, where, how, and why facts of the accident. This list of sample questions that you may need to ask during an investigation will help you document many aspects of the accident scene.

Who...
☐ Was involved in the accident?
☐ Was injured?
☐ Witnessed the accident?
☐ Reported the accident?
☐ Notified emergency medical services personnel

What...
☐ Happened?
☐ Company property was damaged?
☐ Evidence was found?
☐ Was done to secure the accident scene?
☐ Was done to prevent the recurrence of the accident?
☐ Level of medical care did the victims require?
☐ Was being done at the time of the accident?
☐ Tools were being used?
☐ Was the employee told to do?
☐ Machine was involved?
☐ Operation was being performed?
☐ Instructions had been given?
☐ Precautions were necessary?
☐ Protective equipment should have been used?
☐ Did others do to contribute to the accident?
☐ Did witnesses see?
☐ Safety rules were violated?
☐ Safety rules were lacking?
☐ New safety rules or procedures are needed?

When...
☐ Did the accident happen?
☐ Was it discovered?
☐ Was the accident reported?
☐ Did the employee begin the task?
☐ Were the hazards pointed out to the employee?
☐ Did the Supervisor last check the employee’s progress?

Where...
☐ Did the accident happen?
☐ Was the employee’s Supervisor when the accident occurred?
☐ Were co-workers when the accident occurred?
☐ Were witnesses when the accident occurred?
☐ Does this condition exist elsewhere in the facility?
☐ Is the evidence of this investigation going to be kept?

How...
☐ Did the accident happen?
☐ Was the accident discovered?
☐ Were employees injured?
☐ Was the equipment damaged?
☐ Could the accident have been avoided?
☐ Could the Supervisor have prevented the accident from happening?
☐ Could co-workers avoid similar accidents

Why...
☐ Did the accident happen?
☐ Were employees injured?
☐ Did the employees behave that way?
☐ Was protective equipment not used?
☐ Weren’t specific instructions given to the employee?
☐ Was the employee in that specific position or place?
☐ Was the employee using that machine or those tools?
☐ Didn’t the employee check with the supervisor?
☐ Was the Supervisor not there at the time?
APPENDIX C

SELF-INSPECTION CHECKLIST
EMPLOYEE SAFETY ORIENTATION CHECKLIST

SCHOOL DISTRICT

EMPLOYEE NAME: 

OCCUPATION: 

DATE HIRED: 

DEPARTMENT: 

The employee and supervisor are to initial each item when instruction for that item has been competed and understood. When completed this form shall be returned to the Personnel Department for inclusion in the employee’s file.

<table>
<thead>
<tr>
<th></th>
<th>EMPLOYEE</th>
<th>SUPERVISOR</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>District Safety Policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>General Safety Rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Safety rules and procedures for specific jobs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Safety rules – enforcement and disciplinary procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Reporting of accidents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Reporting of unsafe conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Fire Prevention</td>
<td></td>
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<tr>
<td>8.</td>
<td>Emergency Evacuation</td>
<td></td>
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<tr>
<td>9.</td>
<td>Proper personal attire for safety considerations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Required personal protective equipment</td>
<td></td>
<td></td>
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<td>11.</td>
<td>Local medical assistance</td>
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<td>12.</td>
<td>First Aid</td>
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<td>13.</td>
<td>Proper lifting techniques</td>
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<tr>
<td>14.</td>
<td>Safety devices and machine/equipment guarding</td>
<td></td>
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</tr>
<tr>
<td>15.</td>
<td>Housekeeping</td>
<td></td>
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<tr>
<td>16.</td>
<td>Material Storage</td>
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<td>17.</td>
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</table>

I have instructed the above named employee in the safety areas checked and feel he/she can reasonably be expected to perform job-required duties with a high degree of safety.

______________________________
Employee Signature

______________________________
Date
GENERAL SAFETY INSPECTION CHECKLIST

SITE: ___________________________ DATE: ______________________

WORK AREA: ______________________ INSPECTOR: ________________

N/A S FIRE PROTECTION
☐ ☐ Fire extinguishers properly located/installed
☐ ☐ Fire extinguishers clearly identified
☐ ☐ Fire extinguishers clearly accessible
☐ ☐ Fire extinguishers fully charged
☐ ☐ Fire extinguishers tagged & current for service & inspections
☐ ☐ Fire alarms & alarm stations in proper operating condition
☐ ☐ Fire doors not blocked open
☐ ☐ Spirit duplicator fluid properly stored

N/A S LIFE SAFETY
☐ ☐ Number of exits are adequate
☐ ☐ Exits are not obstructed
☐ ☐ Exit doors and routes clearly marked
☐ ☐ Exit aisles clear and in good repair
☐ ☐ Emergency lighting installed where necessary
☐ ☐ Emergency lighting in proper working condition
☐ ☐ Emergency Evacuation Plans posted in each building or worksite

N/A S ELECTRICAL SAFETY
☐ ☐ Electrical wiring in good condition
☐ ☐ Extension cords not used for permanent wiring
☐ ☐ Circuit breaker panels clearly marked with voltage and "Caution" warnings
☐ ☐ Machines and equipment properly grounded

U COMMENT/LOCATION
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22
Breaker panels and control box covers closed

Plugs and electrical outlets in good condition

N/A  S  ELECTRICAL SAFETY

Circuits not overlooked

Electrical wires not run under carpets

No storage in front of electrical switch panels

N/A  S  MEDICAL/FIRST AID

Medical facilities – phone numbers clearly posted

First Aid supplies readily available

First Aid supplies kept replenished

N/A  S  HOUSEKEEPING/COMMON HAZARDS

Work area is clean and orderly

Excess paper and trash removed

Floors are clean and dry

Carpets and rugs are secure

Carpets are free of large tears or holes

Floors are free from protrusions, holes, and loose boards or tiles

Aisles and passageways clear and in good repair

Handrails are installed on all stairways having more than 3 steps

Handrails are secure and in good repair

Ramps have non-slip surface
<table>
<thead>
<tr>
<th>N/A</th>
<th>S</th>
<th>GROUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Walkways and sidewalks in good condition</td>
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<tr>
<td></td>
<td></td>
<td>Parking lots free of pot holes and large cracks</td>
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<tr>
<td></td>
<td></td>
<td>Parking lots properly marked for traffic direction, entrance, exits, and parking</td>
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<td></td>
<td></td>
<td>Courts and asphalt free of holes or cracks</td>
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<tr>
<td></td>
<td></td>
<td>Grounds free of debris and broken glass</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fencing in good repair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parking lots and walkways have adequate illumination for night use</td>
</tr>
<tr>
<td>N/A</td>
<td>S</td>
<td>MISCELLANEOUS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shelves not overloaded</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Storage shelves and bookcase secured</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paper cutter guards in place</td>
</tr>
<tr>
<td>N/A</td>
<td>S</td>
<td>MISCELLANEOUS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Required CAL/OSHA employee notices posted</td>
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<tr>
<td></td>
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<td>Employee telephone numbers posted</td>
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<td></td>
<td></td>
<td>Procedures posted for reporting emergencies</td>
</tr>
<tr>
<td>N/A</td>
<td>S</td>
<td>OTHER ITEMS</td>
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</table>

**COMMENTS**

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<tr>
<th>N/A</th>
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<th>COMMENT/LOCATION</th>
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<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Book shelves are not overlooked</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Heavy storage shelves secured</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>File cabinets adjacent to means of egress are secured</td>
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<td>☐</td>
<td>☐</td>
<td>File cabinets drawers do not open into high traffic areas</td>
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<td>☐</td>
<td>☐</td>
<td>Large, heavy file cabinets are secured to prevent tip-over when top drawers are open</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Free space left in file drawers to allow ease of removing or replacing file</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>File drawers are kept closed</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Only one file drawer open at one time</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Adequate trash containers are available and emptied regularly</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Traffic areas are clear of all wiring</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>All electrical equipment and appliances are properly grounded</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Paper cutter blade guards are installed</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Paper cutter blade guards are kept down</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Paper cutter blade springs in good condition</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Duplicating fluid cans are kept covered</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Quantity of duplicating fluid does not exceed 4 gallons</td>
</tr>
</tbody>
</table>
### SHOPS/MACHINERY SAFETY CHECKLIST

<table>
<thead>
<tr>
<th>N/A</th>
<th>S</th>
<th>Training program for employees on safe machine operation</th>
<th>U</th>
<th>COMMENT/LOCATION</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Machinery and equipment areas kept clean</td>
<td></td>
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<td></td>
<td>Adequate clearance/aisle space around machinery for safe operations</td>
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<td></td>
<td>Machinery and equipment is securely anchored to prevent tipping or movement</td>
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<td></td>
<td>Machinery point-of-operation guards are in place on all operating equipment</td>
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<td></td>
<td></td>
<td>Belts, pulleys, and other rotating parts are properly guarded</td>
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<td></td>
<td>&quot;EYE HAZARD&quot; signs clearly posted and the rule enforced</td>
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<td></td>
<td>Emergency STOP buttons are red and clearly visible</td>
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<td></td>
<td></td>
<td>Adequate trash containers are available and emptied regularly</td>
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<td></td>
<td></td>
<td>Power shut-off for each machine is within reach of the operator’s position</td>
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<td></td>
<td></td>
<td>Interlocks installed to prevent automatic restarting of machines when power restored after a power failure</td>
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<td></td>
<td>Compressed air lines are installed with nozzles to keep air pressure below 50 PSI</td>
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<td></td>
<td></td>
<td>Saws used for ripping are equipped with anti-kickback devices and spreaders</td>
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<td></td>
<td></td>
<td>Radial arm saws are set up so that the cutting head returns to the back of the table when released</td>
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<td></td>
<td>Tools are stored in their proper places</td>
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<tr>
<td></td>
<td></td>
<td>Tools are stored so sharp edges or points present no hazard</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Welding gas cylinders are stored upright and secured</td>
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</tr>
</tbody>
</table>

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27
- Welding screens are used to shield the arc from others in the work area
- Electrical cords on powered hand tools are in good condition
- Ventilation is appropriate and adequate for the work area
- Dust collection equipment is installed and operating properly
- Oily rags stored in covered metal container

<table>
<thead>
<tr>
<th>N/A</th>
<th>S</th>
<th>OTHER ITEMS</th>
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<tbody>
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COMMENTS

________________________________________________________________________
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________________________________________________________________________
# FLAMMABLE STORAGE & USE CHECKLIST

## SITE:

---

## DATE:

---

## WORK AREA:

---

## INSPECTOR:

---

<table>
<thead>
<tr>
<th>N/A</th>
<th>S</th>
<th>Flammables are stored away from heat or other sources of ignition</th>
<th>U</th>
<th>COMMENT/LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>If flammable liquids in the work area exceed 10 gallons, they are stored in an approved flammable liquid storage cabinet</td>
<td>☐</td>
<td>__________________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Flammable liquids are stored in their original containers or in approved safety cans</td>
<td>☐</td>
<td>__________________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Flammable liquid containers are properly labeled</td>
<td>☐</td>
<td>__________________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Mechanical ventilation is provided in all work areas where flammable liquids are dispensed</td>
<td>☐</td>
<td>__________________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Flammable liquid storerooms have at least gravity ventilation</td>
<td>☐</td>
<td>__________________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>NO SMOKING signs are clearly posted</td>
<td>☐</td>
<td>__________________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Appropriate spill clean-up materials are available</td>
<td>☐</td>
<td>__________________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Flammable liquid storage rooms are clearly identified</td>
<td>☐</td>
<td>__________________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Fire extinguishers are appropriate for Class B flammable liquid fires</td>
<td>☐</td>
<td>__________________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Fire extinguishers are located within 50 feet of each area where Class B fires are likely</td>
<td>☐</td>
<td>__________________</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>55 gallon drums dispensing flammable liquids are properly bonded and grounded</td>
<td>☐</td>
<td>__________________</td>
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</table>

## OTHER ITEMS

<table>
<thead>
<tr>
<th>N/A</th>
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</table>

- Hazardous materials are stored in a manner to segregate incompatibles
- Work areas where hazardous materials are stored or used are clearly identified
- Hazardous waste storage areas are separate and clearly identified
- Hazardous waste storage areas are able to contain spills or leaks
- Material Safety Data Sheets are readily available to employees for hazardous materials work areas
- Telephones with posted emergency phone numbers are located in hazardous materials work areas
- Signs prohibiting smoking, eating, or drinking are clearly posted in hazardous materials storage, handling, and use areas
- Working areas used for the storage, handling, and use of hazardous materials are adequately ventilated
- Locations of utility shut-offs are clearly identified
- Appropriate personal protective equipment such as goggles, face shields, gloves, and aprons are available
- First Aid kits are available and fully stocked
- Chemical storage shelves have adequate barriers to prevent container roll-off or tip-over
- Spill clean-up materials are readily available and clearly identified
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Eyewash stations are provided in work area where corrosives are used</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Deluge showers are provided in work areas where corrosives are used</td>
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<td></td>
<td></td>
<td>Eyewash stations and deluge showers are in proper operating condition</td>
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<td></td>
<td></td>
<td>Ventilation for hazardous materials use and storage areas is re-circulated and provides 4 to 12 room changes per hour</td>
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<td></td>
<td></td>
<td>Hazardous material containers are properly labeled</td>
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<table>
<thead>
<tr>
<th>N/A</th>
<th>OTHER ITEMS</th>
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<th>COMMENT/LOCATION</th>
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COMMENTS


### WAREHOUSE/MATERIALS HANDLING SAFETY CHECKLIST

<table>
<thead>
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<th>N/A</th>
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<th>OTHER ITEMS</th>
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</tbody>
</table>

- □ Aisles are clearly identified
- □ Aisles have adequate clearance to assure safe movement and handling materials
- □ Floor drainage is adequate to prevent water accumulation in traffic areas
- □ Signs are posted warning of clearance limits
- □ Tiered materials are stacked in a manner to assure stability
- □ Storage racks are secured
- □ Storage levels over 7 feet high and loading docks have guard rails along the open edge
- □ Materials are protected from falling during an earthquake
- □ Joisted floors are clearly identified as to floor loading capacity
- □ Ramps have non-slip coatings
- □ NO SMOKING signs are clearly posted
- □ Posters and other materials identifying correct lifting and materials handling techniques are posted

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**CUSTODIAL SAFETY INSPECTION CHECKLIST**

**SITE:**

**DATE:**

**WORK AREA:**

**INSPECTOR:**

<table>
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<th>N/A</th>
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<th>OTHER ITEMS</th>
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**COMMENT/LOCATION**

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# FOOD SERVICE SAFETY INSPECTION CHECKLIST

**SITE:** ___________________________  **DATE:** ___________________________

**WORK AREA:** ________________________  **INSPECTOR:** ___________________

<table>
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<tr>
<th>N/A</th>
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37
PUBLIC ASSEMBLY SAFETY INSPECTION CHECKLIST

SITE: ___________________________ DATE: ___________________________

WORK AREA: ___________________________ INSPECTOR: ___________________________

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# Eyewash/Deluge Shower Inspection Checklist

**NOTE:** The eyewash/deluge shower must be inspected at least monthly (CCR Title 8, Section 5162). Maintain a copy of this completed form at the facility and submit the original to the District Business Office by the first day of each month.

<table>
<thead>
<tr>
<th>Site:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Work Area:</td>
<td>Inspector:</td>
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</table>

<table>
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<tr>
<th>U</th>
<th>Comment</th>
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<tbody>
<tr>
<td><strong>S</strong></td>
<td></td>
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<tr>
<td>□</td>
<td>Eyewash/deluge shower clearly identified</td>
</tr>
<tr>
<td>□</td>
<td>Eyewash nozzle shields are in place and in good condition</td>
</tr>
<tr>
<td>□</td>
<td>Access to eyewash/deluge shower is not obstructed</td>
</tr>
<tr>
<td>□</td>
<td>Eyewash water flow remains on without the use of operator’s hands</td>
</tr>
<tr>
<td>□</td>
<td>Deluge shower flow remains on without the use of operator’s hands</td>
</tr>
<tr>
<td>□</td>
<td>Eyewash water flow remains on until intentionally shut off</td>
</tr>
<tr>
<td>□</td>
<td>Deluge shower water flow remains on until intentionally shut off</td>
</tr>
<tr>
<td>□</td>
<td>Eyewash activation/line flush test</td>
</tr>
<tr>
<td>□</td>
<td>Eyewash water flow rate is 3 gpm minimum</td>
</tr>
<tr>
<td>□</td>
<td>Deluge shower activation/line flush test</td>
</tr>
<tr>
<td>□</td>
<td>Deluge shower water flow rate is 30 gpm minimum</td>
</tr>
<tr>
<td>□</td>
<td>General condition of eyewash/deluge shower</td>
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**Other Items Identified by Inspector But Not Listed Above**

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| □ | |
| □ | |

Comments: ____________________________

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APPENDIX D

EMPLOYEE SAFETY TRAINING DOCUMENTS
APPENDIX E

DISTRICT SAFETY COMMITTEE MINUTES
APPENDIX F

STAFF SAFETY MINUTES
APPENDIX G

EMPLOYEE SAFETY RECOMMENDATION FORM
Gavilan Joint Community College District  
Gavilan College Health and Safety Committee

Safety/Health Hazard Report Form

Time ___________________________ Date ___________________________

☐ Hazardous Condition  ☐ Hazardous Procedure  ☐ Health & Safety Problem

Location of Hazard: Department __________ Building ______ Room ______

Description of Hazard: ___________________________________________

_________________________________________________________________

_________________________________________________________________

Action Recommended: _____________________________________________

_________________________________________________________________

Name of Reporting Person: ________________________________

Note to employee: The Health and Safety Committee designed this form for your convenience in reporting apparent safety and/or health hazards that exist at Gavilan College. When completed, remove the bottom copy for your records and file the remaining copies in the Health and Safety Committee box in the library. You may file an anonymous report. Unless it is an anonymous report, a copy of the recommended action will be forwarded to you from the Health and Safety Committee.

Health and Safety Committee Report

Hazardous or safety condition/procedure reviewed on ___________________________

Recommended correction: ________________________________________________

_________________________________________________________________

Anticipated cost of correction: ________________________________

Forwarded to: ________________________________ Department

Name and Title

Recommended date of correction: __________________________ Resolution Date: __________
SAFETY/HEALTH HAZARD REPORT FORM

PROCEDURES FOR PROCESSING

1. Management shall make available to employees in all work locations the standard Safety/Health Hazard Report form, which may be filed by any employee to the Health and Safety Committee. The Committee recommends that the employee share the report with his/her supervisor.

2. The employee shall complete the top portion of the form and describe the hazardous or health/safety concern as fully as possible. The employee retains the last copy.

3. The employee shall place the form in the locked box located in the library. If it is a concern that the employee believes requires immediate attention, the employee shall notify a Health and Safety Committee member. The member will then call an emergency Health and Safety Committee meeting.

4. The Health and Safety Committee shall state on the form the nature of the recommended corrective action to be taken. This recommendation will be forwarded to the appropriate department, supervisor/dean, or committee. If no action is deemed necessary, the committee shall so state, providing as much explanation as possible. A copy of the completed form will be forwarded to the originator if known.