
**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

FOREWORD

In California, every employer has a legal obligation to provide and maintain a safe and healthful work place for employees, according to the California Occupational Safety and Health Act of 1973. As of 1991, a written, effective Injury and Illness Prevention Program (I.I.P.P.) is required for every California employer.

The term “employer” as used in the Cal/OSHA Act includes any person or corporation, the State and every State agency, every county or city or district and public agency therein, which has any person engaged in or permitted to work for hire, except for household services.

This manual describes and guides the County’s responsibilities in establishing, implementing, and maintaining, an effective I.I.P.P. It also outlines steps that can be taken to develop an effective program that helps assure the safety and health of employees while on the job.

1. **THE COUNTY INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**
This program is designed to help departments provide better work place protection for County employees, and to reduce losses resulting from accidents and injuries. The material in this manual is based on principles and techniques developed by occupational safety and health professionals nationwide. It is intended to provide guidance, rather than prescribe requirements, and is not intended as a legal interpretation. The program is administered by the Mendocino County Administrative Office, Risk Management Division.
2. **DEPARTMENT INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**
When completed, each County department will have its own I.I.P.P. to provide a safe and healthful work place for County employees, as required by the California Code of Regulations, Title 8, Section 1509(2) of the Construction Orders, Section 3203 of the General Industry Safety Orders, and Labor Code Section 6401.7 (As Amended).

This manual serves three purposes. First, it will help department heads and department safety representatives develop their department’s I.I.P.P.; second, it will help guide a safe and healthful work place; and third, it provides background information for training. This manual has two sections:

1. General Information
Contains the general information about the County’s Injury and Illness Prevention Program. It explains the program, describes procedures, and most importantly, the roles and responsibilities of those employees involved in the I.I.P.P.
2. County Injury and Illness Prevention Program (I.I.P.P.)
Contains information to guide departments on the County’s I.I.P.P requirements for a safe and healthful work place. Most of the information listed is generic. As you review your department’s specific needs, you will need to develop detailed procedures to handle specific work places or tasks.

If you have any questions or need additional information, please feel free to contact the Mendocino County Risk Management Division located at 841 Low Gap Road, Ukiah, and CA 95482 (707) 463-6535.

TABLE OF CONTENTS

I. GENERAL INFORMATION

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

Policy	3
Program	3
What Is An Injury And Illness Prevention Program	4
Why An Injury And Illness Prevention Program	4
Responsibilities	5
II. COUNTY INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)	
Safety Communications	9
Hazard Assessment And Control	9
Hazard Reporting	10
Accident/Incident Reporting Procedure	11
Accident/Incident Investigation	13
Safety Planning, Rules And Work Procedures	13
Safety And Health Training	13
Health and Safety Record Keeping	14
Cal/OSHA Inspections And Violations	15
III. APPENDIXES:	
A. Office Hazard Checklist	17
B. Safety Inspection Report	19
C. Hazard Report Form	25
D. Employee's Claim For Workers' Compensation Benefits (DWC Form)	26
E. Employer's Report Of Occupational Injury Or Illness (Form 5020)	27
F. Accident Report Form	28
G. Safety Orientation Checklist	29
H. Safety Training Record	30

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

I. GENERAL INFORMATION

A. POLICY

1. Purpose
The purpose is to define the County's Injury and Illness Prevention Program for compliance with provisions of the California Code of Regulations, and the California Labor Code.
2. Policy
It is the policy of the Board of Supervisors of the County of Mendocino to establish guidelines and procedures for the maintenance of an ongoing Injury and Illness Prevention Program, in compliance with the California Code of Regulations. This is accomplished through safety and health inspections, accident investigations, and employee training. Response to safety concerns will be given the highest priority at every level of the County.
3. Authorities
The California Code of Regulations, Title 8, Section 1509(2) of the Construction Orders, Section 3203 of the General Industry Safety Orders, and Labor Code Section 6401.7 (As Amended).

B. PROGRAM

Labor Code Section 6401.7 (As Amended) requires that every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program. This program will be referred to as the I.I.P.P. The program must include the following elements:

1. Written
The Injury and Illness Prevention Program (I.I.P.P.) must be in writing, and the employer must keep appropriate records of the steps taken to implement and maintain its I.I.P.P.
2. Implementation
Employers must designate and specify the person(s) responsible for implementing their I.I.P.P.
3. Hazard Identification
Employers must establish a system for identifying and evaluating work place hazards and that identification system must include scheduled periodic inspections "to identify unsafe conditions and work practices".
4. Hazard Correction
Employers must adopt methods and procedures for correcting unsafe/unhealthy conditions and work practices, and must ensure that such conditions and work practices are corrected "in a timely manner based on the severity of the hazards".
5. Hazard Communication
Employers must establish a system for communicating health and safety information to employees and encouraging employees to inform the employer of perceived hazards "without fear of reprisal".
6. Employee Compliance
Employers must establish a system for ensuring that employees comply with safe and healthy work practices, and "such a system may include (provisions for) disciplinary action".

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

7. Health And Safety Training

Employers must institute an occupational health and safety training program "designed to instruct employees in general safety and specific to each employee's job assignment". The employer must train all employees when the program is established, and thereafter train:

- a. All new employees.
- b. All existing employees when "new substances, procedures or equipment is introduced into the work place and represents a new hazard".
- c. All existing employees whenever the employer learns of a new, previously unrecognized hazard.

C. WHAT IS AN INJURY AND ILLNESS PREVENTION PROGRAM?

An Injury and Illness Prevention Program is written and includes procedures which are put into practice. The major elements of an Injury and Illness Prevention Program are as follows:

1. Management Commitment

The Mendocino County Board of Supervisors has displayed their support and commitment for the County Injury and Illness Prevention Program by approving this program. The County's Safety Council has approved and endorsed the Injury and Illness Prevention Program. Through this support and the support of County employees, the success of the program will be assured as they display their support for safety in the work place.

2. Assignment Of Authority And Responsibility

The Mendocino County Board of Supervisors is responsible for the County Injury and Illness Prevention Program. The Risk Management Division shall represent the County in program development and implementation of the County Injury and Illness Prevention Program. The Risk Management Division is assigned the authority and responsibility for the administration of the County Injury and Illness Prevention Program. The Risk Management Division is responsible for the coordination of the program with all County operations.

Department Heads have the authority and responsibility for implementation of the County Injury and Illness Prevention Program within their department. If a hazard is unique to their department and not included in the County Injury and Illness Prevention Program, the department shall develop and implement a written supplemental safety procedure for the hazard. This procedure shall include training for the unique hazard.

D. WHY AN INJURY AND ILLNESS PREVENTION PROGRAM?

The most compelling reason for having an Injury and Illness Prevention Program is to eliminate unnecessary suffering and/or death of employees, and to ensure a safe work place for all employees and the general public. Accidents Cause Suffering and Cost Money! From the cost standpoint, consider what one lost workday injury would cost you in terms of:

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

1. Productive time lost by an injured employee.
2. Productive time lost by employees and supervisors attending the accident victim.
3. Clean up and start up of operations interrupted by the accident.
4. Time to hire or to retrain other individuals to replace the injured worker until his/her return.
5. Time and cost for repair or replacement of any damaged equipment or materials.
6. Cost of continuing all or part of the employee's wages, in addition to compensation.
7. Reduced morale among employees, and perhaps lower efficiency.
8. Increased workers' compensation insurance rates.
9. Cost of completing paperwork generated by the incident.

E. RESPONSIBILITIES

1. County Risk Manager
The County Risk Manager is the Director of the General Services Agency, the Risk Management Division, located at 841 Low Gap Road, Ukiah, CA 95482 (707) 463-6535. The County Risk Manager is recognized as the official safety advisor in determining safety issues within the County. Responsibilities of the County Risk Manager include:
 - a. Administration of the overall County Injury and Illness Prevention Program.
 - b. Represent the County and departments in Cal/OSHA matters.
 - c. Assist departments in implementation and compliance with Federal, State and local laws and regulations.
 - d. Act as safety official when hazards are encountered, thus having authority to order any operation of equipment, job function, job site or facility be discontinued, stopped, vacated or closed when the continued operation or use of the equipment, performance of work, or occupation of the job site or facility constitutes an imminent hazard to employees.
 - e. Assist, in conjunction with the County Safety Officer, departments in developing safety and accident prevention programs designed to comply with departmental needs.
 - f. Provide and/or coordinate training, in conjunction with the County Safety Officer, for County departments. Assist Department Safety Representative in coordinating departmental training.
 - g. Act as coordinator for the County Safety Council. Prepare reports and information as requested by the Council.
 - h. Conduct facility inspections, in conjunction with the County Safety Officer, of County locations independent of Department Safety Representative or appointee responsibility.
 - i. Act as County representative when dealing with Federal and State enforcement agencies.
2. County Safety Council
The County Safety Council is responsible for assuring the County complies with Federal, State, and local laws, regulations, and ordinances pertaining to

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

safety. The Council shall meet bi-annually and all departments are encouraged to have representatives participate in the meetings. Members of the Safety Council are as follows:

Risk Manager	Facilities & Fleet Manager
Safety Officer	Union Representatives
Sheriff Coroner	HSA Director
Director of Department of Transportation	
Director of Human Resources	

Duties of the County Safety Council include:

- a. To promote safety and enhance the effectiveness of safety awareness, training, accident prevention and emergency preparedness.
- b. To recommend to the Board of Supervisors, through the Risk Management Division, county wide safety policies, programs and priorities on county wide safety.
- c. To report to the Risk Management Division on the effectiveness of departmental safety programs.
- d. To review accident and lost time information and make recommendations where appropriate.
- e. To review and/or recommend disciplinary action when warranted for safety violations (in accordance with Memorandums of Understanding).
- f. To prescribe the reports and procedures necessary to carry out the duties of the Council.

3. Department Safety Representative

Each department is required to appoint a Department Safety Representative. The representative appointment is recommended to be for a two (2) year period. This is to establish stability to the department's safety program. Responsibilities of the Department Safety Representative include:

- a. Administer the Department Safety Program.
- b. Assist Department and County management in the promotion of safety awareness and educational programs.
- c. Recommend departmental safety policies, procedures, rules, and standards to ensure safe working practices and conditions.
- d. Maintain accident reports, occupational injury/illness records, and the County Safety Manual.
- e. Review accident reports to determine types of injuries/illnesses and their causes, and recommend corrective actions, as necessary, to the Safety Council and County Risk Manager.
- f. Recommend and provide safety training within the department where appropriate; document training on Record of Safety Training.
- g. Act as departmental liaison with the County Risk Manager in disseminating information and providing information to the Risk Management Division.

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

- h. Maintain a Safety and Health bulletin board with current information, such as Cal/OSHA log, bulletins, minutes of safety meetings and other related information.

4. Department Safety Committee

Each department is responsible for implementing and maintaining an effective safety program. All departments shall establish a procedure to review accidents and implement corrective action. Responsibilities of the Department Safety Committee include:

- a. Develop departmental safety rules and policies not covered by Federal, State or County safety rules or ordinances.
- b. Establish a system for identifying and evaluating work place hazards.
- c. Establish a procedure for correcting work place hazards.
- d. Establish training programs for hazards that employees may be exposed to in their jobs. Safety training is mandatory for employees in all areas of the work place. If a hazard is unique to the department, the training program should be submitted to the County Safety Council for review.
- e. Provide a communication system which allows employees to freely discuss safety and health issues.
- f. Establish a disciplinary process, in accordance with Memorandums of Understanding.
- g. Safety Committee meetings will be conducted by departments on a monthly basis and written minutes are required.

5. Supervisors

Each Supervisor is responsible to assure employees comply with all safety rules and regulations. Supervisors shall train employees to work safely. Responsibilities of Supervisors include:

- a. Require all employees to comply with the Occupational Safety and Health Standards and all rules, regulations and orders applicable to the work place.
- b. Encourage a positive attitude toward safety.
- c. Provide training to employees to ensure a safe work environment. All safety training shall be documented on Record of Safety Training and a copy provided to the Risk Management Division.
- d. Investigate accidents and determine the cause; report findings to appropriate party and correct any hazards that may exist.
- e. Report all job related injuries and illnesses to the Risk Management Division immediately by completing an Accident Report Form. The County is subject to late reporting fines if an incident is not reported within 24 hours from the first date of knowledge.
- f. Provide injured/ill employee with an Employee's Claim for Workers' Compensation Benefits (DWC Form 1), personally or by first-class mail, within one working day of receiving notice or knowledge of an injury or illness.

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

- g. Contact the Risk Management Division immediately if an employee suffers a serious injury or illness (requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement) or death. The County must notify Cal/OSHA within eight (8) hours of the incident or the County may be subject to a fine. After hours or on weekends, immediately call 911.

6. Employees

County employees are responsible for ensuring their own safety and the safety of others in the work place. Employees shall comply with all Federal, State and County rules and regulations pertaining to health and safety. Responsibilities of employees include:

- a. Perform work assignments in a safe manner.
- b. Learn and apply acceptable safety standards to the job assignment.
- c. Wear or use the proper protective equipment at all times to assure maximum safety.
- d. Notify your supervisor of any activity, behavior or unsafe condition that could cause injury or illness to other employees or property damage.
- e. Discontinue any specific activity known to be unsafe or unlawful, or activity that may cause harm to others.
- f. Promptly report any unsafe condition to your supervisor.
- g. Report any occupational injury, illness, or property damage to your supervisor immediately.

II. COUNTY INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

A. SAFETY COMMUNICATIONS

Mendocino County has established the following methods to communicate safety and health related issues to employees:

- 1. Periodic safety meetings.
- 2. General and job-specific training.
- 3. Safety posters, warning signs and tags.
- 4. Verbal or written communications from immediate supervisor, safety committees or management.
- 5. Departmental bulletin boards. All departments should post safety information on a departmental bulletin board. This information may include the County Safety Council meeting minutes, departmental safety committee minutes, agendas, Accident Reports, Safety Hazard Incident Reports, Cal/OSHA information, and any safety information unique to the department.

B. HAZARD ASSESSMENT AND CONTROL

The County's Hazard Assessment and Control Program includes inspections of all

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

owned and leased facilities to identify any unsafe/unhealthy conditions. Responsibilities concerning facility inspections are as follows:

1. County Safety Officer or Appointee
Conduct inspections at each work place and complete a written inspection checklist for each inspection. When an unsafe/unhealthy condition is identified, corrective action shall be initiated. The action taken shall accomplish elimination of the condition or notifying the appropriate County department/person.
 - a. Schedule of Work Place Inspections
 - All County buildings owned or leased will be inspected by the County's Safety Officer on an annual basis.
 - b. Inspection Checklists
 - When conducting facility inspections, the County Safety Officer or appointee shall use the appropriate inspection checklist. Risk Management shall retain completed inspection checklists for a period of three (3) years.
2. County Risk Manager
Order any operation of equipment, job function, job site, or facility to be discontinued, stopped, vacated or closed when the continued operation or use of the equipment, performance of work, or occupation of the job site or facility constitutes an imminent hazard to employees.
3. Building Maintenance
Resolve unsafe conditions or unhealthy conditions as they relate to the maintenance of most County facilities. In leased facilities, this responsibility shall rest with the Landlord and/or Building Maintenance.

C. HAZARD REPORTING

All County employees are encouraged to report safety hazards which may effect other employees, public patrons and county-owned property or equipment. Proper and early reporting of safety hazards provides the County with an opportunity for early investigation and documentation of events. The County's goal is to assure a safe environment for all who use County facilities. Responsibilities concerning safety hazard reporting are as follows:

1. Employee
 - a. Contact your supervisor verbally, describe the safety hazard and indicate your recommended corrective action.
 - b. Complete a Hazard Report Form (see Appendix C) and submit the form to your supervisor for review and action.
 - c. If corrective action is not considered satisfactory when response is returned, contact the Risk Management Division.
 - d. At no time and under no circumstances will an employee suffer any repercussions as a result of reporting a safety concern or unsafe work condition, to a work supervisor, department head, or directly to Risk Management. The County of Mendocino strives to provide a safe work environment for all county employees, at all times.

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

Please note: Employees may contact Cal/OSHA without first notifying their supervisor. No employee shall receive reprisal for contacting Cal/OSHA or any State agency regarding safety or health issues.

2. Supervisor
 - a. Within five (5) business days, record on the Safety Hazard Report Form your analysis of the reported hazard and corrective action taken.
 - b. If necessary, include department management in hazard analysis of corrective action. Notify employee if response will be delayed.
 - c. Upon completion of corrective action, send copies to the Risk Management Division, Building Maintenance, and retain a copy for Department Safety Committee.

3. County Risk Manager
 - a. Review all Safety Hazard Condition Incident Report forms upon receipt and evaluate the merits of hazard.
 - b. When possible, investigate the hazard to obtain first hand knowledge of all facts.
 - c. Provide written response to employee with evaluation and corrective action taken.
 - d. If employee is not satisfied with corrective action, the employee may appear before the County Safety Council to discuss the hazard and corrective action.
 - e. Advise employee and Department Safety Representative of Council's recommendations.

D. ACCIDENT/INCIDENT REPORTING PROCEDURE

All job related occupational injuries or illness, motor vehicle accidents, property loss/damage, and/or injury or damage to another person (third parties), must be reported to the Risk Management Division within 24 hours.

In the case of a serious injury (requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement) or death, the Risk Management Division and Cal OSHA must be notified immediately. After hours or on weekends, immediately dial 911. Notify Cal OSHA by calling their 24-hour hotline at 1-800-321-OSHA (6742).

1. Employee Work Related Injury Or Illness
 - a. Employee
 - Immediately report the accident/incident to your supervisor.
 - If your injury or illness requires medical attention, seek medical care. Notify your supervisor of any restrictions placed on your job duties.
 - A physician's release to return to work is required for any absences for more than three (3) days.
 - b. Supervisor

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

- If the injured/ill employee requires medical care, take appropriate action to assure safety and medical care is provided.
 - Provide the employee with an Employee's Claim for Workers' Compensation Benefits--DWC Form 1 (see Appendix D) personally or by first-class mail, within one working day of receiving notice or knowledge of an injury or illness. Complete the Employees Name and Employer Section. **DO NOT COMPLETE ITEM 13 ON THE FORM UNTIL EMPLOYEE RETURNS IT.**
 - Complete an Accident Report Form (see Appendix F) and send the form to the Workers Compensation Division of the Human Resources Division at 579 Low Gap Road Ukiah, CA 95482. **EMPLOYEE IS NOT TO COMPLETE THIS FORM.** The County's third-party claims administrator will contact the employee within 24 hours, if the employee has lost time.
 - Forward all physician reports, release notices and support documents to the Workers Compensation Division of the Human Resources Division at 579 Low Gap Road Ukiah, CA 95482.
2. Non-employee Work Related Injury Or Illness
All incidents involving bodily injury to a member of the public while on County premises.
- a. Employee
 - Immediately report the accident/incident to your supervisor.
 - b. Supervisor
 - Immediately notify the Risk Management Division.
 - Complete the Accident Report Form (see Appendix F) Send the form to the Risk Management Division. Make sure the Employee and Supervisor sign the form.
3. Vehicle Accident (County Vehicle)
- a. Injury Accident
 - Injury accidents must be reported immediately to the appropriate law enforcement agency, as well as the Risk Management Division at 841 Low Gap Road, Ukiah, CA 95482. Injury Accidents also must be reported to the Workers Compensation Division of the Human Resources Department at 579 Low Gap Road Ukiah, CA 95482. After hours or on weekends, immediately dial 911. Complete the County Accident Report Form (see Appendix F) immediately or within 24 hours of the accident. Send the form to the Risk Management Division with copies to the appropriate departments/persons as indicated on the form. If you are injured and unable to report the accident, your supervisor should report it for you.
 - b. Non-Injury Accident
 - Complete the Accident Report Form by the end of the workday or within 24 hours of the accident. Send the form to the Risk Management Division with copies to the appropriate

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

departments/persons as indicated on the form.

- Contact the County Garage at (707) 463-4248 and ask for instructions. If the vehicle accident occurs after regular County business hours (8:00 a.m. to 5:00 p.m.), contact Sheriff's Dispatch at (707) 463-4086 for assistance.

4. Vehicle Accident (Personal Vehicle)

a. Injury Accident

- Injury accidents must be reported immediately to the appropriate law enforcement agency, as well as the Risk Management Division at 841 Low Gap Road, Ukiah, CA 95482. Injury Accidents also must be reported to the Workers Compensation Division of the Human Resources Department at 579 Low Gap Road Ukiah, CA 95482. After hours or on weekends, immediately dial 911.
- Complete the Accident Report Form immediately or within 24 hours of the accident. Send the form to the Risk Management Division and the Workers Compensation Division of the Human Resource Department. If you are injured and unable to report the accident, your supervisor should report it for you.
- Contact your personal auto insurance carrier for additional instructions.

b. Non-Injury Accident

- Complete the Accident Report Form by the end of the workday or within 24 hours of the accident. Send the form to the Risk Management Division.
- Contact your personal auto insurance carrier for instructions.

E. ACCIDENT INVESTIGATION

All industrial injuries and illnesses must be investigated by the department or Risk Management Division. Investigations should take place immediately after the injury or illness was reported. The purpose of conducting investigations is to determine the exact cause of the injury or illness. Similar accidents may be prevented once the cause has been determined.

1. Visit the accident scene as soon as possible, while facts are fresh and before witnesses forget important details.
2. If possible, interview the injured worker at the scene of the accident and "walk" him/her through a re-enactment.
3. All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident, even if they did not actually witness it.
4. Consider taking signed statements in cases where facts are unclear or there is an element of controversy.
5. Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.
6. Focus on causes and hazards. Develop an analysis of what happened, how it happened, and how it could have been prevented. Determine what caused

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

the accident itself, not just the injury.

7. Every investigation should include an action plan. How will you prevent such accidents in the future?
8. If a third party or defective product contributed to the accident, save the evidence. It could be critical to the recovery of claims costs.

F. SAFETY PLANNING, RULES AND WORK PROCEDURES

Safety Rules, as defined under Title 8, California Code of Regulations, have been incorporated into the County Injury and Illness Prevention Program. A copy of the County Safety Manual has been distributed to each County facility for reference by supervisors and employees. Each department has a designated Safety Representative or appointee to assure safety rules are complied with in the work place.

The Injury and Illness Prevention Program requires employees to comply with established Safety Practices. To this end, the County Safety Program provides for a system for ensuring that employees comply with Safety and Health work practices.

G. SAFETY AND HEALTH TRAINING

Training is one of the most important elements of the Injury and Illness Prevention Program. It allows employees to learn their jobs properly, brings new ideas into the work place, reinforces existing ideas and puts the program into practice. The Risk Management Division has coordinated County-wide safety and health training, as follows:

1. Driver Training is offered on a weekly basis to employees who are required to drive on County business. This training is provided by the Risk Management Division.
2. First Aid/CPR Training is offered through the Red Cross.
3. Fire Extinguisher Training is available to all interested County employees. This training is provided by the Risk Management Division.
4. The County's Safety Orientation includes a section to discuss the safety and health program.
5. Other safety and health training is offered to meet specific departmental needs.

Departments involved with the construction, alteration, painting, repairing, construction maintenance, renovation, removal, or wrecking or any fixed structure or its parts are required to conduct "toolbox" or "tailgate" safety meetings with the crews as least every ten (10) working days to emphasize safety. The management of these departments must also conduct periodic meetings with supervisors to discuss the safety problems and accidents.

A record of each meeting, documenting the topics discussed and the employees participating in the meeting will be prepared and filed with other records documenting implementation of this program. The Safety Training Record may be used to document safety meetings. Documentation will be maintained by the department for three (3) years.

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

In addition to the above, each County department provides safety training for employees in general safe work practices and specific instructions for hazards unique to the employee's job assignment. Employees are not to begin a task until training has been provided. Departments should utilize the Safety Orientation Checklist (see Appendix G) when conducting safety training. The departmental safety training is to be documented on the Record of Safety Training (see Appendix H).

H. HEALTH AND SAFETY RECORDKEEPING

1. Injury and Illness Records

Injury and Illness records are maintained in the Risk Management Division along with all incident reports relating to work place safety and health, even those where no injury or illness resulted. The records are reviewed regularly to identify any patterns, repeat situations, and/or hazardous areas in the work place. They assist in pinpointing unsafe acts, conditions, procedures and whether immediate corrective action is needed.

Every year, the Workers Compensation Division of the Human Resources Department prepares and distributes the OSHA Log 200 to all departments for posting as required. The report is posted in a place or places where notices to employees are customarily posted. The OSHA Log 200 is posted no later than February 1 and remains in place until March 1.

2. Scheduled and Periodic Facility Inspection Records

Cal/OSHA standards require that records be maintained which identify unsafe conditions and work practices. These records are to be maintained by the department and/or the Risk Management Division for at least one year. The documentation must include:

- a. Name of the person(s) conducting the inspection.
- b. Unsafe conditions and work practices identified.
- c. Action taken to correct the unsafe conditions and work practices.

3. Safety and Health Training Records

Documentation of safety and health training is required for each employee. These records must be kept for at least one year, except training records for employees who have worked for less than one year. Those records need not be retained beyond the term of employment if they are provided to the employee upon termination of employment. The documentation must specifically include:

- a. Employee name or other identifier.
- b. Training dates.
- c. Type(s) of training.
- d. Name of the training provider.

4. Exposure Records and Others

Certain Cal/OSHA standards that deal with toxic substances and hazardous exposures require records of employee exposure to these substances and sources, physical examination reports, employment records, etc. Please note: County departments using any of the regulated carcinogens have additional

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

reporting and record keeping requirements.

I. CAL/OSHA INSPECTIONS AND VIOLATIONS

1. Cal/OSHA Inspections

The Risk Management Division is to be notified immediately if Cal/OSHA requests an inspection. The inspection is to be delayed until the County Risk Manager is present or the department is notified to proceed by the Risk Management Division (this request is to protect the County's interest while complying with State Regulations).

Any alleged violation during an inspection will be classified as either serious, general, or regulatory. Depending on the circumstances, any of these violations may carry the additional designation of repeat or willful. Definitions are as follows:

- a. Serious (other than carcinogen) violation is one which presents substantial probability that an employee will suffer death or serious physical harm, unless the employer did not, and could not with exercise of reasonable diligence, know of the presence of the violation; or if the violation was minor and resulted in no substantial health hazard as determined by the division.
- b. General violation is one which does not fit the definition of Serious, but which does affect the safety and health of employees.
- c. Regulatory violation is one that pertains to permits, posting, record keeping, or reporting requirements as established by occupational safety and health regulations. Examples of violations include such things as; failure to keep required records; failure to report work related Cal/OSHA notice; failure to keep required records; failure to report work-related injuries or fatalities; failure to allow employees to exercise rights to observe monitoring or measuring; and failure to report use of a carcinogen.

2. Cal/OSHA Violations

A compliance Safety Engineer or an Industrial Hygienist may issue a citation, fine, notice, special order, or information memorandum to the County during an inspection. Definitions are as follows:

- a. A citation is written for a violation which affects the safety or health of employee.
- b. As of January 1, 2000, Cal/OSHA can assess fines on all County entities for violations.
- c. A notice in lieu of a citation may be issued when the violation does not have a direct effect on the health and safety of employee.
- d. A special order is written to abate a hazard for which there is no existing standard. It is considered an "order to correct" and has the same effects as any standard, but it applies only to the employment or place of employment described in the special order. Failure to comply with a special order will result in a citation.
- e. An information memorandum is issued where a condition exists which has

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

the potential of becoming hazardous in the future.

- f. An order to take special action is issued in situations where a safety order exists and states that the Department of Occupational Safety and Health (DOSH) may require an employer to take certain action if circumstances warrant, or prescribes a specific manner in which the employer must comply with the safety order. An order to take special action is not a citation. Failure to comply with an order to take special action will result in a citation.

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

APPENDIX "A"

OFFICE HAZARD CHECKLIST



DEPARTMENT: _____

ADDRESS: _____

INSPECTION DATE: _____

**Y = yes - N = no
NA = not applicable**

- | | |
|---|-------|
| 1. Computer/typewriter not secured at work station | _____ |
| 2. Desk chair with worn/broken casters | _____ |
| 3. Open desk/file drawers (tripping hazard) | _____ |
| 4. Files not secured | _____ |
| 5. Heavy materials stored in top drawer of file cabinet (tilting hazard) | _____ |
| 6. Obstructions in aisle or foot walk (tripping hazard) | _____ |
| 7. Telephone/electrical/computer cords not secured (tripping hazard) | _____ |
| 8. Protruding objects - pencils, razor blades, Desk spindles etc. (puncture/cut wound hazard) | _____ |
| 9. Splintered and rough edges on wooden furniture | _____ |
| 10. Sharp edges on filing-cabinet/accessories | _____ |
| 11. Loose overhead fixtures | _____ |
| 12. Office equipment too near edge of table/desk | _____ |
| 13. Bookcase not stable-no means of securing | _____ |
| 14. Broken office equipment | _____ |
| 15. Unauthorized/hazardous electric heater arrangement | _____ |
| 16. Equipment/appliances with frayed or ungrounded cord/plugs (electrical shock hazard) | _____ |

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

**Y = yes - N = no
NA = not applicable**

- 17. Fire extinguisher not available _____
- 18. Fire extinguisher inspection not updated
(Monthly and yearly) _____
- 19. First aid kit incomplete or unavailable _____
- 20. Open ceiling - possible asbestos exposure _____
- 21. Inadequate lighting _____
- 22. Inadequate ventilation _____
- 23. Floor not free of dirt/debris (slip/fall hazard) _____
- 24. Building evacuation routes, instructions not posted _____
- 25. Emergency phone numbers not posted _____

INSPECTOR:

TITLE: _____ **SIGNATURE:** _____

RETURN TO SAFETY OFFICER BY: _____

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

APPENDIX B

SAFETY INSPECTION REPORT

SECTION I - OFFICE AREA

<u>INSPECTED</u>	<u>DESCRIPTION</u>	<u>COMMENTS</u>
1. _____	All work areas and aisles are clear and free from obstructions (boxes chairs, etc).	
2. _____	Trash containers are provided and used. (However, sharp objects and dangerous substances should be disposed of in approved containers).	
3. _____	Step ladders are provided for access to shelves in closets and store rooms.	
4. _____	Boxes and other heavy objects are not stored on top shelves of closets.	
5. _____	Two or more file cabinets should be bolted together and anchored to the wall or floor to prevent tipping.	
6. _____	File cabinet drawers are kept closed at all times when not in use.	
7. _____	Lighting and ventilation should be adequate in all areas.	
8. _____	All flexible electrical cords are strategically placed in such a manner to prevent trip hazards.	
9. _____	First aid kits are readily available.	
10. _____	Emergency provider services (fire, law enforcement) including physician and ambulance telephone numbers are posted.	

SECTION 2 - FIRE PREVENTION

1. _____	All fire exits are to be free from obstructions and posted.
2. _____	Fire extinguishers are properly placed and secured.
3. _____	Fire extinguishers are conspicuously located and readily available.
4. _____	Fire extinguishers are the proper type: A - ordinary combustibles B - flammable liquids C - electrical equipment Halon - electronic equipment

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

<u>INSPECTED</u>	<u>DESCRIPTION</u>	<u>COMMENTS</u>
5. _____	Fire extinguishers are inspected regularly for proper placement, have not been activated, or been damaged.	
6. _____	Fire extinguisher serviced annually by licensed contractor. Dates:	
7. _____	Fire extinguisher location maps posted throughout the facility and visually unobstructed.	
8. _____	Facility evacuation route maps posted throughout the facility and visually unobstructed.	
9. _____	Fire sprinkler and fire flow systems free from all obstructions.	

SECTION 3 - ELECTRICAL SAFETY

1. _____	Circuits are not overloaded.	
2. _____	Electrical equipment and machinery are properly grounded.	
3. _____	Electrical cords are not frayed or showing defective wires.	
4. _____	Electrical motorized equipment is maintained as prescribed by manufactures specifications.	
5. _____	Automatic start warning signs posted near compressors and stand-by generators.	
6. _____	Electrical tools and appliances grounded properly, have approved system of double insulation.	
7. _____	Electrical panels clear from obstructions and easily accessed.	
8. _____	All electrical circuits and panels properly labeled.	
9. _____	Electrical cords, plugs and multi-boards are in good condition.	
10. _____	Refrigerators grounded with a 3 wire electrical cord.	
11. _____	Capacity of overhead chains and electrical hoists properly labeled.	
12. _____	Electrical hoists have automatic shut-off when run to ends of travel.	
13. _____	Sufficient electrical outlets for power tools.	
14. _____	All electrical cords, appliances and equipment are marked with tags indicating approval by a nationally recognized testing agency, such as the underwriters laboratory (UL).	

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

INSPECTED DESCRIPTION COMMENTS

15. _____ All portable tools and appliances have grounded cords and plugs or an approved system of double insulation.

SECTION 4 - HAZARDOUS MATERIALS

1. _____ All hazardous materials, properly marked, labels unobstructed.
2. _____ Material safety data sheets (MSDS).
3. _____ Transfer containers properly labeled with material name.
4. _____ Hazardous materials properly placed in storage area, according to MSDS sheets.
5. _____ First-aid, eye wash area immediately available to employees.
6. _____ Hazardous materials storage areas properly marked.
7. _____ Hazardous materials spills containment equipment available at storage area.
8. _____ Emergency contact telephone numbers posted: Closest medical facility, immediate supervisor, 911.
9. _____ Proper personal protective clothing available.
10. _____ Proper housekeeping - top of containers kept free of leakage.
11. _____ Containers properly secured from movement.

SECTION 5 - MAINTENANCE FACILITIES

1. _____ Overhead doors operated properly.
2. _____ Adequate storage provided for tools, ropes and hoses.
3. _____ Trip hazards removed from floors.
4. _____ Work areas and aisles clean and unobstructed.
5. _____ Work areas well lit.
6. _____ Data panel on vehicle hoist in place.
7. _____ Vehicle hoist controls properly labeled as to which position and direction of travel.
8. _____ Adequate guards provided on compressors, stand-by generators, steam cleaner, etc.
9. _____ Stairs equipped with standard rail.
10. _____ Ladders equipped with non-skid footing.

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

<u>INSPECTED</u>	<u>DESCRIPTION</u>	<u>COMMENTS</u>
11. _____	Ladders in good repair.	
12. _____	Vehicle exhaust removal equipment in good condition.	
13. _____	Aluminum ladders with electric warning.	

SECTION 6 - EQUIPMENT/MACHINERY

1. _____	Goggles, face shields available at all times.	
2. _____	All machinery may be turned off and on without reaching over moving parts.	
3. _____	Grinding wheel guarded.	
4. _____	Sufficient electrical outlets for power tools.	
5. _____	Worn tools and equipment repaired or replaced.	
6. _____	Rack and similar device provided for storage of hand tools.	
7. _____	Oxygen, acetylene and fuel gas cylinders used, handled and secured properly.	
8. _____	Pressure released on welding gauges.	
9. _____	Self closing lid on parts washing tanks.	
10. _____	Hoods and glasses for welding available.	
11. _____	Eye glass cleaning supplies available.	
12. _____	Adequate storage provided for posts, signs barriers and like equipment.	
13. _____	Work areas organized into planned areas: unusable materials, scrap metal, etc.	

SECTION 7 - GENERAL HOUSEKEEPING

1. _____	Wash room facilities clean, orderly and sanitary.	
2. _____	First-aid kits unobstructed and available.	
3. _____	Storage room well lit and orderly.	
4. _____	Exhaust fans in working condition.	
5. _____	Trash, waste and rubbish removed and disposed of properly.	
6. _____	Water heater, proper vent, relief valve clear of combustibles.	
7. _____	Break room, clean and orderly.	

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

<u>INSPECTED</u>	<u>DESCRIPTION</u>	<u>COMMENTS</u>
8. _____	Portable electric heaters not used in facility.	
9. _____	General building/facility hazards.	

SECTION 8 - SPECIAL INFORMATION

1. _____	CAL/OSHA posted: "Safety and Health Protection on the Job" displayed in a prominent location visible to all employees.
2. _____	Notice of workers' compensation benefits posted.
3. _____	Emergency telephone numbers posted and visible where they can be readily found.
4. _____	Operating permits and records up to date for special equipment and air pressure tanks.
5. _____	Training records available as prescribed by the Injury and Illness Prevention Program.

SECTION 9 - EMERGENCY MANAGEMENT

1. _____	Employees have knowledge of duties/responsibilities during emergency or disaster situations.
2. _____	Does the department conduct on site emergency planning sessions for fire, earthquake, flood or power outage?

SECTION 10 - FLAMMABLE AND COMBUSTIBLE MATERIALS

1. _____	Materials kept and stored away from open flames or spark producing areas.
2. _____	Adequate provisions provided for handling, lifting and storing flammable and combustible materials.
3. _____	Flammable, combustible, bulk oil and solvent containers marked or stenciled properly.
4. _____	Flammable and combustible storage area adequately ventilated and properly lit.
5. _____	Signs posted conspicuously on storage facility and fueling stations.
6. _____	Leaking or used containers disposed of.
7. _____	Flammable and combustible storage area housekeeping methods being properly addressed. No materials spilled on floors or container tops.
8. _____	Drip pans provided and maintained where necessary.
9. _____	Container spigots in good condition.

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

<u>INSPECTED</u>	<u>DESCRIPTION</u>	<u>COMMENTS</u>
10. _____	Portable/temporary container approved type, and properly marked for liquid material stored within.	
11. _____	Refueling pumps properly marked or stenciled (gasoline or diesel).	
12. _____	Refueling hose and automatic hose nozzle in good condition.	
13. _____	Adequate lighting available for night refueling.	
14. _____	Adequate separation maintained between battery charging equipment and greasing equipment.	
15. _____	Clean-up materials available for recapturing a substance spill.	
16. _____	Proper metal containers provided for contaminated rags or soiled equipment, properly marked and ventilated.	
17. _____	Floors and work areas free from oil, grease and other liquid materials.	

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

APPENDIX "C"

**SAFETY HAZARD CONDITION
INCIDENT REPORT**

EMPLOYEE NAME	DEPARTMENT	DATE
DESCRIBE LOCATION AND NATURE OF HAZARD		
WHAT CORRECTIVE ACTION DO YOU RECOMMEND?		
REFER TO: RISK MANAGEMENT _____ BUILDING MAINTENANCE _____ SUPERVISOR _____ DEPT. HEAD _____ SAFETY COUNCIL _____		
RISK MANAGEMENT CORRECTIVE ACTION/COMMENTS		
BUILDING MAINTENANCE CORRECTIVE ACTION/COMMENTS		
SUPERVISOR/DEPARTMENT HEAD CORRECTIVE ACTION/COMMENTS		
SAFETY COUNCIL'S CORRECTIVE ACTION/COMMENTS		

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

**APPENDIX "D"
DWC Form**

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

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____

6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____

7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

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

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____

15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
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.
SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

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.
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
7/1/04 Rev.

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

APPENDIX "E"
FORM 5020

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**



**COUNTY OF MENDOCINO
INCIDENT REPORT**

ALL REPORTS	Employee Name		Soc. Sec. No.	Job Title	Department		
	Accident Date	Time	Location		Date Reported		
	Describe What Happened						
EMPLOYEE	Type of Injury/Illness: Emotional or Physical (Please Circle)			Part of Body			
	Name of Treating Physician			Name of Hospital (If Admitted)			
	Status:	No Lost Time <input type="checkbox"/>	Lost Time <input type="checkbox"/>	Last Date Worked: Est. Return Date:			
COUNTY PROPERTY	Type:	Fire <input type="checkbox"/>	Theft <input type="checkbox"/>	Vandalism <input type="checkbox"/>	Vehicle <input type="checkbox"/>	Weather <input type="checkbox"/>	Other <input type="checkbox"/>
	Report to:	Sheriff <input type="checkbox"/>	Police <input type="checkbox"/>	Fire Dept <input type="checkbox"/>	CHP <input type="checkbox"/>	Other <input type="checkbox"/>	
	Property:	Vehicle <input type="checkbox"/>	Building <input type="checkbox"/>	Other (Specify):			
	Inv. No.	Vehicle Yr.	Vehicle Make	Lic. No.	Est. Repair/Replacement Cost		
	Describe Damage:						
	Name and Address of Person Causing Damage				Insurance Company	Policy No.	
OTHER PARTY	Type:	Bodily Injury <input type="checkbox"/>		Property Damage <input type="checkbox"/>			
	Other Party's Name and Address						
	Nature of Injury				Part(s) of Body		
	Property:	Vehicle <input type="checkbox"/>	Building <input type="checkbox"/>	Other (Specify):			
	Vehicle Yr.	Make	Lic. No.	Description of Damage			
ALL REPORTS	Describe Cause(s) of Accident and Hazards Identified						
	Describe Action(s) Taken/Scheduled to Correct Hazards/Prevent Recurrence						

SUPERVISOR PREPARING REPORT _____ Ext _____ DATE: _____

DEPT. HEAD CONCURRENCE: _____ Ext _____ DATE: _____

ORIGINAL TO RISK MANAGEMENT

MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)

APPENDIX "G"
MENDOCINO COUNTY
SAFETY ORIENTATION CHECKLIST

Distribution: Original—Departmental File/Department Safety Representative
Copy--Risk Management Division

(This Checklist is to be completed by the Supervisor and New Employee within ten working days of employment)

DATE: _____

EMPLOYEE'S NAME: _____

DEPARTMENT/DIVISION: _____

HIRE DATE: _____

JOB CLASSIFICATION: _____

New employees are to be instructed in health and safety procedures as part of their orientation. Instruction is to be completed within the first week of employment. Mark subject as instruction is completed.

- | | | |
|-----|---|-------|
| 1. | Mendocino County Safety Manual | _____ |
| | * Injury and Illness Prevention Program | |
| | * Emergency Action Plan | |
| | * Bloodborne Pathogens Program | |
| | * Hearing Conservation Plan | |
| | * Fire Prevention Plan | |
| | * Lockout Tagout Policy | |
| | * Airport Policy | |
| | * Workplace Violence Prevention Plan | |
| | * Ergonomics Plan | |
| | * Respiratory Protection Plan | |
| 2. | Discuss General Safety Rules | _____ |
| 3. | Explanation of Safety Rules for Specific Jobs | _____ |
| 4. | General Discussion of Safety Devices | _____ |
| 5. | Personal Protective Equipment | _____ |
| 6. | Proper Lifting Techniques | _____ |
| 8. | Reporting Injuries | _____ |
| 9. | Hazardous Materials | _____ |
| 10. | First Aid and Qualified Personnel | _____ |
| 11. | Reporting Unsafe Conditions | _____ |
| 12. | Job Conduct | _____ |
| 13. | Storage of Materials | _____ |
| 14. | Safety Suggestions | _____ |
| 15. | Additional Training Unique to Department | _____ |

I have received instructions and understand the above checked health and safety procedures.

Employee's Signature: _____ Date: _____

**MENDOCINO COUNTY
INJURY AND ILLNESS PREVENTION PROGRAM (I.I.P.P.)**

APPENDIX "H"