



# **Injury & Illness Prevention Program**

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Campus Safety Representative

Student Senate Representative

This document is reviewed and approved annually by the District Health and Safety Committee.

Last approved on August 31, 2018.

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# INTRODUCTION

State and federal laws, as well as Shasta College policy, make the safety and health of employees the first consideration. Safety and health must be part of every operation, and is every employee's responsibility. Prevention of occupationally induced injuries and illnesses is the goal of this program.

To accomplish this goal, Administrators must be aware of conditions in all work areas that can lead to injuries or health problems. Employee cooperation in detecting hazards, reporting dangerous conditions and controlling workplace hazards is a condition of employment. Every employee must inform their Administrator immediately about safety hazards. Employees will not be discipline or suffer retaliation for reporting a safety violation.

While no plan can guarantee an accident-free workplace, following the safety procedures set forth in this guideline will significantly reduce the risk.

Administration will provide mechanical and physical protections required for personal safety and health and appropriate training, but employees bear the primary responsibility for working safely.

## **Statutory Authorities**

- California Labor Code Section 6401.7
- California Code of Regulations Title 8, Sections:
  - 1509 – Injury Illness Prevention Program
  - 3203 – Injury Illness Prevention Program
  - 5194 – Employee Right to Know Law
- CAL/OSHA Log & Summary of Occupational Injuries & Illnesses (OSHA No. 300)

A hard copy of this document is available in the Physical Plant Division Office. In the event of a discrepancy between the online edition and the printed version of the IIPP, the online version is the official version.

*The Shasta-Tehama Trinity Joint Community College District ("Shasta College") does not discriminate against any person on the basis of race, color, national origin, sex, religious preference, age, disability (physical and mental), pregnancy (including pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), gender identity, sexual orientation, genetics, military or veteran status or any other characteristic protected by applicable law in admission and access to, or treatment in employment, educational programs or activities at any of its campuses. Shasta College also prohibits harassment on any of these bases, including sexual harassment, as well as sexual assault, domestic violence, dating violence, and stalking.*

# HEALTH AND SAFETY POLICY

The personal safety and health of each employee of the College is of primary importance. Shasta College will maintain a Health and Safety program which conforms to “California Code of Regulations Title, 8 Section 3203 – Injury Illness Prevention Program.”

**Shasta College’s goal is zero accidents and injuries.**

The College Health and Safety Program include:

- Providing mechanical and physical safeguards to the maximum extent possible.
- Developing and enforcing safety and health rules, and requiring that all employees cooperate with these rules as a condition of employment.
- Investigating every accident thoroughly and promptly to identify the cause and to correct it so it will not occur again.
- Setting up a system of recognition for safe performance.
- Training new and continuing employees.

**Shasta College recognizes that the responsibility for Safety and Health is shared:**

- The employer accepts the responsibility for leadership of the health and safety program, for its effectiveness and improvement, for training and for providing the safeguards required to ensure safe working conditions.
- Administrators are responsible for developing proper attitudes towards health and safety within themselves and in those they supervise, and for ensuring that all operations are performed with the utmost regard for the safety and health of all personnel involved.
- Employees are responsible to perform the duties at a level that meets all aspects of the health and safety program including compliance with rules and regulations.

# RESPONSIBILITY

The President has designated oversight of the Injury and Illness Prevention Program (IIPP) to the Vice President of Administrative Services, whom has identified the Director of Physical Plant as having both the authority and the responsibility to implement and maintain the program as Program Administrator. The Human Resources Office in conjunction with the Physical Plant Department has put together this program for employees to follow. The program addresses Program Authority, Employee Compliance, Communication, Hazard Identification and Mitigation, Accident Investigation, Training and Instruction, Workplace Security, Emergency Procedures and Documentation Requirements.

The Human Resources Office has responsibility to coordinate training, process worker's compensation claims and work closely with department managers. Training on the important aspects of health and safety is a priority of the Human Resources Office and Physical Plant Department.

It is the responsibility of all Deans, Directors, Managers and Supervisors (known as "Administrators" herein) to develop procedures and ensure effective compliance with the Injury & Illness Prevention Program, as well as other college health and safety policies related to operations under their control.

Administrators are responsible for the enforcement of this program among the employees and students under their direction by establishing safe practices for employees to follow, and ensuring that employees receive the general safety training offered by the college. Each Administrator must also ensure that appropriate job specific safety training is received, that safety responsibilities are clearly outlined for purchasing appropriate personal protective equipment, and for evaluating employee compliance.

Immediate responsibility for workplace health and safety rests with each individual employee and/or student. Employees and students are responsible for following the established work procedures and safety guidelines in their areas. Employees and students are also responsible for using the personal protective equipment issued to protect themselves from identified hazards, and for reporting any unsafe conditions to their supervisors.

# EMERGENCY ACTION PLAN

## 1. For additional information contact:

IIPP Administrator: Director of Physical Plant at (530) 242-7920

## 2. Reporting Emergencies

Immediately report emergencies that threaten life, property or the environment:

Fire Department	911
Medical Assistance	911
Hazardous Materials	911
Police	911

Be prepared to provide your name, nature of emergency, location and call back number. Remain on the phone until directed by the 911 operator to hang up.

## 3. Campus/Classroom Emergency Action Guide (Flip Chart)

Emergency Action Guides are posted throughout the campus in building offices and classrooms. They provide emergency information and guidance to the entire college community for:

Earthquakes	Windstorms	Power Outages
Fires	Explosions	Snow and Flooding
Hazardous Materials	Bomb Threat	Shooter on Campus
Civil Disturbance	Criminal Behavior	Evacuation/Shelter in place
Medical Emergencies	Emergency Contacts	

**A complete Emergency Guide is found online under: Human Resources – Safety – Emergency Guide**

## 4. District Emergency/Contingency Plan

This plan covers all aspects of handling emergencies for Shasta College including resources, NIMS/SIMS, responsibility guides, notifications and procedures.

**The complete plan is found online under: Hazmat Compliance – Emergency/Contingency Plan**

**All Employees shall be familiar with the Emergency Guides and/or Plans.**

# COMPLIANCE

In compliance with CCR Title 8, Section 3202 “Injury Illness Prevention Program” the Injury and Illness Prevention Program (IIPP) Administrator has the authority and the responsibility for implementing and maintaining this Program for Shasta College.

Administrators are responsible for implementing and maintaining the IIPP in their work areas and for answering workers questions about the IIPP. A copy of this IIPP is available in the President’s Office, Human Resources Office and the Physical Plant Office as well as online under Human Resources Safety Program.

All workers, including Administrators, are responsible for complying with safe and healthful work practices. The Shasta College systems of ensuring that all workers comply with these practices include the following:

- Informing workers of the provisions of our IIPP.
- Providing training to workers.
- Recognizing employees who perform safe and healthful work practices.
- Documenting the process.



# COMMUNICATION

Administrators are responsible for communicating with workers about occupational safety and health in a form readily understandable by all workers.

Forms of communication include the following items:

- At time of initial employment.
- New worker orientation.
- Health and Safety Committee meetings (*Meets regularly, but not less than quarterly*)
- Training programs.
- Operations manuals.
- Regularly scheduled safety meetings.
- Posted or distributed safety information.

Shasta College's communication system encourages all workers to inform their Administrator about workplace hazards without fear of reprisal. Workers shall notify their Administrator of unsafe conditions and report all injuries. (*See Forms – Employee Safety Report, Report of Accident*)

# HAZARD ASSESSMENT, INSPECTIONS & CORRECTION PROCEDURE

## HAZARD ASSESSMENTS

Hazard Assessments can be reported by all employees, the IIPP Administrator, Supervisors and/or designee. Employees will have access to forms which will allow them to anonymously inform management about workplace hazards. Examples of hazards are:

1. When new substances, processes, procedures or equipment which present potential new hazards are introduced into the workplace.
2. When new, previously unidentified hazards are recognized.
3. When occupational injuries and illnesses occur.
4. Whenever workplace conditions warrant an inspection.

The IIPP Administrator will review the potential Hazards, record suggestions for corrective actions and identify them as immediate attention or potential hazard to be put on list for corrective action.

Human Resources will enter all accidents and illnesses on the CAL/OSHA Log & Summary of Occupational injuries and illnesses (OSHA No. 300) and post the report in accordance with regulations.

The following forms may be completed to assess hazards:

- **Employee Safety Report** – An employee safety report may be submitted to any Administrator or directly to the Human Resources Office for recording and corrective action.
- **Work Order Requisition** – A work order can be submitted via the online work order system, School Dude. Employees can contact the Physical Plant office to gain access to the system.

# INSPECTIONS

## **Inspections perform two roles in the Injury and Illness Prevention Program:**

1. They are a means of identifying potential hazards that have not been previously recognized.
2. They are used to verify the College's ongoing compliance with controls and safe practices designed to prevent occupational hazards.

Inspections shall be coordinated through the Physical Plant Office or by the supervisor. Members of the College's District Health and Safety Committee may participate as needed.

The District Health and Safety Committee may assist in performing formal inspections or may recommend hiring a consultant for such activities.

Periodic inspections will be done on an as needed basis. Written documentation of such inspection shall be maintained by the department with a copy to the IIPP Administrator.

Maintenance inspections are similar to periodic inspections. When a hazard has been identified, the incident should be documented for correction.

Intermittent inspections are made at irregular periods as a result of an accident, injury or illness investigation or a consultation visit by an outside professional.

The IIPP Administrator must be kept aware of all safety inspections and results.

## **Scheduled Safety Inspections:**

- Upon initial implementation of this program inspections of all work areas will be conducted. All inspections will be documented using the Building Safety Inspection Report format (*See Forms – Building Safety Inspection Report & instructions*). Please note abatement of any hazards on the inspection report.
- Thereafter, safety inspections will be conducted monthly.
  - Inspections will be conducted in all areas (cafeteria, classrooms, gymnasium, laboratories, locker rooms, offices, pools, sheds, shops, etc.)
  - Inspection sheets will be filled out and delivered to the IIPP Administrator.

## **Unscheduled Safety Inspections**

- Additional safety inspections will be conducted whenever new equipment or changes in procedures are introduced into the workplace that presents new hazards.
- Site Administrator(s) will conduct periodic unscheduled safety inspections of all potentially hazardous areas to assist in the maintenance of a safe and healthful workplace.
- Safety reviews will be conducted when occupational accidents occur to identify and correct hazards that may have contributed to the accident.

# HANDLING HAZARDOUS MATERIALS

The safe handling of hazardous materials includes adequate labeling, providing information such as Safety Data Sheets (SDS), and training employees on chemical hazards in the workplace. Employees have the right to know about hazards faced on the job including how to protect themselves (Cal/OSHA Hazard Communication Standard, California Code of Regulations, Title 8, Section 5194).

## Identification of Hazards

- Many products contain chemicals that are considered hazardous.
- Always consult package labeling and product Safety Data Sheets (SDS).
- Employees should assume a chemical to be hazardous until it is proven safe or proper protective actions have been taken.

## Protection Against Hazards

- Employers must provide SDS to all employees prior to the handling of hazardous materials.
- Supervisors must inform employees of hazards and safe handling methods within their department.
- Employees will review container labels and SDS's to identify specific warnings including handling and storage instructions. SDS's contain all the details about the product including its hazards, instructions for safe handling, use, disposal, storage, first aid and accidental releases.
- Employees must use Personal Protective Equipment (PPE) and clothing specified on the SDS including but not limited to gloves, eyewear and respiratory protection.
- The location of eye wash stations, fire extinguishers and other safety equipment in the area must be made available to employees.
- Consult the Shasta College Hazardous Materials Compliance program website <http://www.shastacollege.edu/hazmat> for guidance and information regarding the recognition and safe handling practices of products containing hazardous materials.
- Chemicals and products used by employees must have Safety Data Sheets (SDS) on file at the location of their use.

**HAZMAT SPILL/RELEASE REPORT**

Shasta-Tehama-Trinity Joint Community College District

Shasta College Campus

11555 Old Oregon Trail

Redding, CA 96003

**CONFIDENTIAL**

Release/Spill

Date:

Time:

RP:

Report Initiated

Date:

Time:

By:

OES/SCEHD Notified

Date:

Time:

RP:

Mitigated

Date:

Time:

By:

Report Filed

Date:

Time:

RP:

Parties Interviewed:

**CONTACTS**

Joe Wyse, Superintendent/President ..... 530-242-7510

Morris Rodrigue, Vice President, Administrative Services ..... 530-242-7525

Gregg Wood, Hazardous Materials Compliance Specialist..... 530-242-2220

Location of Incident:

Bldg. #:

Rm. #:

Name of Material Involved:

UN #:

CAS #:

Amount of Material Involved:

Solid ☐Liquid ☐Gas ☐

Injuries or Exposures:

Persons Injured/ExposedInjury/Exposure Type

Cause of Incident (Brief Description):

Action Taken:

Preventive Measures for Future Incidents:

Level of Emergency Response:

Minor ☐Level I ☐Level II ☐

Internal notifications made (ASAP):

Yes ☐No ☐State and County notification required  
(within 15 days):Yes ☐No ☐

MSDS Attached:

Yes ☐No ☐

Pictures and/or Diagrams attached:

Yes ☐No ☐

Num. of pages:

## Location of Safety Data Sheets (SDS)

Also listed online under the Hazmat Compliance Program: HMBP Emergency & Contingency Plan – <http://www.shastacollege.edu/hazmat>

<b>DIVISION</b>	<b>BUILDING NUMBER</b>	<b>DEPARTMENT</b>
Arts, Communications, & Social Sciences (ACSS)	318	Ceramics, Printmaking
(ACSS)	308	Art Supplies
Business, Agriculture, Industry, Technology & Safety	1200	Equipment Operations
(BAITS)	2400	Automotive
(BAITS)	2500	Automotive, Diesel
(BAITS)	2600	Welding
(BAITS)	4800	Farm
Food Services	2000	Dish Room & Kitchen
Physical Plant	2700	Hallway
Physical Plant	2900	Maintenance, Transportation
Physical Plant	Grounds Shed	Grounds
Sciences, Language Arts & Math (SLAM)	1400	Physical Science
(SLAM)	1600	Life Science
BAITS	2800	Fire Technology

# HAZARD CORRECTION POLICY

Unsafe or unhealthy work conditions, practices or procedures will be corrected in a timely manner based on the severity of the hazard.

## **Action on Hazards will be taken by the following procedures:**

1. When observed or discovered, a report of the hazard will be issued immediately by the affected department giving notice to Physical Plant by way of a work order or to Human Resources by completing an Employee Safety Report. Corrective action will be taken within 60 days.
2. When an imminent hazard exists which cannot be abated without endangering worker(s), and/or property, exposed workers will be removed from the area required except those necessary to correct the existing condition. Workers to correct the hazardous condition will be provided with the necessary protections.
3. All such actions taken and dates of completion shall be documented, on the appropriate form: Work Order via School Dude, Employee Safety Report, Monthly Safety Inspection Report or Hazard Assessment Checklist.

## **Non-conformance Disciplinary Actions:**

1. When an employee is found to be performing unsafe actions or violations of the Illness and Injury Prevention Program, the Administrator will immediately act to eliminate the unsafe action.
2. In some cases disciplinary action including a verbal warning or written reprimand may be issued to the employee. ("Employee Safety Reminder" form and "Disciplinary Procedures")

# ACCIDENT/EXPOSURE INVESTIGATIONS

**Administrator procedures for investigating workplace accidents and hazardous substance exposures include:**

1. Interviewing injured workers and witnesses.
2. Examining the workplace for factors associated with the accident/exposure.
3. Determining the cause of the accident/exposure.
4. Taking corrective action to prevent the accident/exposure from reoccurring.
5. Recording the findings and actions taken.

**Injured person responsibilities:**

## *Emergency:*

In an emergency call 911 immediately from any campus phone. Emergency injuries and illnesses include but are not limited to:

- Excessive bleeding and broken bones
- Chest pain
- Unconsciousness
- Life threatening injuries

If the supervisor has been able to be notified, the supervisor should notify Human Resources immediately of the emergency. After you are stabilized contact the Human Resources Office for required paperwork.

## *Non-Emergency:*

- 1) **NOTIFY SUPERVISOR:** If your supervisor is available, notify them immediately. Your supervisor is required to submit the Supervisor Report Form to Human Resources.
- 2) **CALL COMPANY NURSE:** Call the Company Nurse Hot Line at **1-877-518-6702**, Search Code NSI03, to report ALL injuries. If you are unable to do so, your supervisor should call on your behalf. ALL injuries should be reported, however minor they may seem and even if no follow-up treatment or care is needed. Calling the Company Nurse hotline does not file a workers' compensation claim, it simply reports the injury for tracking and safety follow-up purposes. If Company Nurse does not refer you to treatment, there is nothing else that you need to do.
- 3) **SEEK TREATMENT:** If the Company Nurse hotline refers you to treatment, they will typically refer you to Redding Occupational Medical Center (ROMC) unless you have a pre-designation of physician on file in Human Resources. Directions to ROMC from the main campus can be found here: Directions to ROMC.
- 4) **CONTACT HR IF REFERRED FOR TREATMENT:** If the Company Nurse hotline refers you for treatment, and you are able, contact Human Resources before obtaining your treatment for additional required paperwork. If you are not able to contact Human Resources before seeking treatment, you may go directly to treatment, but you must contact Human Resources for additional required paperwork following treatment.



# TRAINING AND INSTRUCTION

Effective dissemination of safety information lies at the very heart of a successful Injury and Illness Prevention Program. All employees including Administrators shall have training and instruction on general and job-specific safety and health practices.

## General Safe Work Practices

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

1. Fire, Safety, Evacuation and Emergency Procedures – Annual refresher required.
2. Earthquake Safety and Disaster Response
3. Campus Disaster Preparedness
4. Hazard Communication, Globally Harmonizing System (GHS) and Safety Data Sheets (SDS). – Required for all employees at least once during employment and again if new hazards are introduced to the work environment and if job duties change.
5. Injury & Illness Prevention Program (IIPP) – Required for all employees at least once during employment and again if the IIPP is newly developed.
6. Blood Borne Pathogens – Required for all employees with annual refresher requirement.
7. Sexual Harassment – All new hires will take the 20 minute *Staff-to-Staff Sexual Harassment* training, and the Administrators will be assigned the Sexual Harassment AB1825 training once every two years.

**In addition, specific instruction with respect to hazards unique to each employee's job assignment needs to be provided:**

1. Every employee with respect to hazards specific to their job assignment.
2. Employees given new job assignments for which training has not previously been provided.
3. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
4. Whenever the employer is made aware of a new or previously unrecognized hazard.

5. Administrators are to familiarize themselves with the safety and health hazards to which workers under their immediate direction and control may be exposed.

Attendance at regularly scheduled General Safety Training programs provided through your department or online at Keenan Safe Colleges (KSC) will meet this requirement. Other training forums are acceptable if approved by your Administrator.

*(Please refer to forms: "Certification by Employee", "Individual Employee Training Report" and "Employee Training Checklist")*

# RECORDKEEPING

Retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections and other activities relevant to occupational health and safety are required by Cal/OSHA under authority of CCR Title 8, Section 3203 – IIPP. To comply with this regulation, as well as to demonstrate that the critical elements of this Injury & Illness Prevention Program are being implemented, the following records will be kept on file in the District Office or school site for at least the length of time indicated below:

1. Copies of all IIPP Safety Inspection Forms. *Retain 5 years.*
2. Actions taken to correct identified unsafe conditions and work practices shall be recorded and corrected. *Retain 5 years.*
3. Copies of all Accident Investigation Forms. *Retain 5 years.*
4. Copies of all Employee Training Checklists and related Training Documents. *Retain for duration of each individual's employment.*
5. Copies of all Safety Meeting Agendas. *Retain for 5 years.*

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

A safe and healthy workplace must be the goal of everyone at the Shasta-Tehama-Trinity Joint Community College District, with responsibility shared by Administration and staff alike. If you have any questions regarding this Injury & Illness Prevention Program, please contact the IIPP Administrator at (530) 242-7920.

# FORMS

- Employee Safety Report
- Work Order Requisition
- Employee Safety Reminder w/Disciplinary Procedures
- Report of Accident
- Supervisor's Accident Investigation Report (pages 1 & 2)
- Accident Investigation Checklist
- Accident Report Form Follow-up
- Certification by Employee
- Individual Employee Training Report
- Employee Training Checklist
- Building Safety Inspection Reports & Instructions

**SHASTA COLLEGE**  
**Injury & Illness Prevention Program**

**EMPLOYEE SAFETY REPORT**

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice. Return to the Human Resources Office.

1. Description of unsafe condition or practice:

2. Causes or other contributing factors:

3. Employee's suggestion for improving safety:

Has this matter been reported to the area supervisor? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Employee name (optional) \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Use of this form to report unsafe conditions or practices is a protected activity. An employee will not be retaliated against for exercising rights to participate in communications involving health and safety.

The employer will evaluate safety reports using the Injury & Illness Prevention Program and advise affected employees of proposed action.

An alternate to this form is the Work Order Requisition that is submitted directly to the Director of Physical Plant via School Dude.

# School Dude Work Order System



## Getting Started

To log in, go to:

md.schooldude.com

Your login name is your full email address: [jdoe@shastacollege.edu](mailto:jdoe@shastacollege.edu)

Password: newuser

Be sure MaintenanceDirect is selected in the "Go to" field

You will be prompted to change your password after your first login. It will then show your profile info and ask "Are you \_\_\_\_\_?" Click "YES". It will then take you to your "home" page. There are three tabs at the top "Maint Request," "My Requests" and "Settings". By clicking on "Settings" you can edit your profile info and email notifications. Submittal password is "password."

## Entering a New Request

Click on the "Maint Request" tab at the top of your page.

Red check mark indicates



a required field

Step 1 – will be automatically filled with your contact info

Step 2 – Location (see below for location selection info) Ignore the drop down "Area" field. In the "Area/Room Number" field, enter where the work will be done. (i.e. 904, hallway, exterior, etc.)

Step 3 – Select Problem Type (select the one that best fits your problem from the drop down list)

Step 4 – Give a description of your request. Give details!

Step 5 – Time available for Maintenance. (i.e. Any, 24/7, between 2p-4p)

Step 6 – Requested Completion Date (Work Order requisitions for non-emergency services which require a deadline for completion must be submitted **TWO WEEKS** in advance in order to secure service. This will require some preplanning by you and is necessary to avoid conflicts with other work that has been requisitioned in advance and pre-scheduled.)

Step 7 – Attachment-Add any diagrams or important documents (Can be in any format)

Step 8 – Submittal Password: password

Step 9 – Submit (your email notifications will be listed)

## Priority Definitions

**Emergency** Serious, unexpected and dangerous situations requiring immediate action. Please call Physical Plant (242-7920) immediately prior to entering work order.

**Safety** Request related to potential of personal injury.

<b><u>High</u></b>	Facility and/or operational needs requiring a restricted timeline for completion.
<b><u>Medium</u></b>	Facility and/or operational needs with a standard timeline for completion.
<b><u>Low</u></b>	Facility and/or operational needs with an open timeline for completion.

# EMPLOYEE SAFETY REMINDER

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

Employee: \_\_\_\_\_

Today you were observed in an activity that violates School District safety rules, which are designed to protect you! Please protect yourself and do not repeat the offense described below. It will prevent you from being seriously injured. Disregard or noncompliance of \_\_\_\_\_ School District Safety Rules will result in disciplinary action or termination of employment.

Description of the activity and potential accident:

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This is considered a: ☐ Minor offense ☐ Serious offense

Employee explanation of above:

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Name of witness(es): \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

☐ 1<sup>ST</sup> OFFENSE

☐ 2<sup>ND</sup> OFFENSE

☐ 3<sup>RD</sup> OFFENSE



# DISCIPLINARY PROCEDURES

*NOTE: All disciplinary procedures should be negotiated with bargaining units and included in their bargaining unit agreement.*

Employees who fail to comply with safety rules will be subject to disciplinary action up to and including termination. Supervisors will follow the normal disciplinary procedures as follows:

- 1) Verbal counseling – must be documented in the employee’s personnel file.
- 2) Written warning – outlining nature of offense and necessary corrective action.
- 3) Suspension without pay or a separate disciplinary action resulting from a serious violation.
- 4) Termination – if an employee is to be terminated, specific and documented communication between the supervisor and the employee, as outlined, must have occurred.

Supervisors will be subject to disciplinary action for the following reasons:

- 1) Repeated safety rule violation by their department employees.
- 2) Failure to provide adequate training prior to job assignment.
- 3) Failure to report accidents and provide medical attention to employees injured at work.
- 4) Failure to control unsafe conditions or work practices.
- 5) Failure to maintain good housekeeping standards and cleanliness in their departments.

Supervisors who fail to maintain high standards of safety within their departments will be demoted or terminated after three documented warnings have been levied during any calendar year.



## REPORT OF ACCIDENT/INJURY

You must also call the Company Nurse Hotline to Report Accidents/Injuries  
at 1(877) 518-6702 Search Code NSIO3

Name of injured employee: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Department in which employed: \_\_\_\_\_

Work Schedule (hours per day, days per week): \_\_\_\_\_

Where did the accident occur? \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Hour: \_\_\_\_\_ A.M. or P.M.

Time you usually begin work: \_\_\_\_\_ Date you last worked: \_\_\_\_\_

Who was notified of this accident? \_\_\_\_\_

Please describe fully the event that resulted in injury. Describe what happened and how it happened.

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What area of the body was injured? \_\_\_\_\_

Were safeguards provided and/or in use, or does this not apply? \_\_\_\_\_

Name and phone number of witness(es): \_\_\_\_\_, \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Upon completion of this form please submit it to the Human Resources Office, Main Campus, Room #120  
or by email to [jspielmann@shastacollege.edu](mailto:jspielmann@shastacollege.edu)*

# SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

*This report is intended to be confidential for transmission to attorneys for the District in the event that litigation arises out of this incident.*

NAME OF INJURED: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B. \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ HOUR: \_\_\_\_\_ PHOTOS: YES NO

DATE REPORTED: \_\_\_\_\_ HOUR: \_\_\_\_\_

ACCIDENT LOCATION: \_\_\_\_\_

WITNESSES: NAMES, ADDRESSES, PHONE NUMBERS

1. \_\_\_\_\_

2. \_\_\_\_\_

TIME NOTIFIED: \_\_\_\_\_ TIME ON SCENE: \_\_\_\_\_ TIME OFF SCENE: \_\_\_\_\_

## FIELD INVESTIGATION

EXACT LOCATION OF INCIDENT: \_\_\_\_\_

Completely describe the location of incident: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident.

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

Describe injuries/illnesses which you observed or which were described to you: \_\_\_\_\_

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

Describe demeanor of person involved and include statements made as "Excited Utterances":

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

Describe shoes, physical appearance or any other characteristic that would contribute to understanding how the accident occurred: \_\_\_\_\_

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

Describe how the incident occurred; state facts, contributing factors, cite witnesses and support evidence: \_\_\_\_\_

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Steps taken to prevent similar incident: \_\_\_\_\_

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Did employee seek medical care? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Yes, name of medical facility/Doctor: \_\_\_\_\_

Date/Time: \_\_\_\_\_

\_\_\_\_\_  
Investigator's Signature

\_\_\_\_\_  
Date/Time Form Completed

\_\_\_\_\_  
Print Investigator's Name

# ACCIDENT INVESTIGATION CHECKLIST

When you're 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 the *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?
- Wasn't protective equipment 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?
- Wasn't the supervisor there at the time?

SHASTA COLLEGE  
HUMAN RESOURCES OFFICE

CONFIDENTIAL

To: Supervisor

From: Jamie Spielmann, Lead HR Specialist

Re: \_\_\_\_\_

Injury: \_\_\_\_\_

Subject: Supervisor's Accident Report Follow-up Form

Attached is the report of accident/illness filed by an employee under your supervision. Please complete the following in our efforts to support our Workers' Compensation carrier in reviewing this claim.

To your knowledge, is the attached report of accident/illness accurate?

☐ Yes

☐ No

☐ Unknown

Corrections: \_\_\_\_\_

Are there any witness/others who might have information?

Name(s) \_\_\_\_\_

Is personal protective equipment required for this job?

☐ Yes

☐ No

If yes, were they in use by the employee at the time of accident?

☐ Yes

☐ No

Are other mechanical safeguards required for the job?

☐ Yes

☐ No

If yes, were they in place at the time of the accident?

☐ Yes

☐ No

Were mechanical or other safeguards in proper working condition at the time of the accident?

☐ Yes

☐ No

☐ Unknown

Has the employee received training relating to the job?

☐ Yes

☐ No

If yes, is that training documented?

☐ Yes

☐ No

Explain what you think are causes contributing to the accident and recommendations to prevent reoccurrence: \_\_\_\_\_

Do you have any other information that you think would be helpful for our claims administrator in reviewing this claim? \_\_\_\_\_

If you have any additional concerns or questions, please contact Jamie Spielmann at (530) 242- 7641 or Greg Smith (530) 242- 7649. Please return this form as soon as possible so we can provide our administrator with all available information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 12-22-17 HR/sy

## CERTIFICATION BY EMPLOYEE

I have received and will read the Specific Safety Programs and Rules listed below. I understand that supplements and revisions of those rules may be developed from time to time, and I will be furnished copies of such supplements. I know that if I have difficulty understanding any of these programs and rules that I can ask for and receive an explanation from my supervisor.

I understand and will be guided by these rules during my employment.

SPECIFIC PROGRAMS AND RULES: (Line out any that do not apply)

- Code of Safe Practices
- Confined Space Program
- Emergency Action Plan
- Fire Prevention and Suppression in Welding
- Fire Prevention Plan
- General Safety Rules
- Hazard Communication Program
- Hazardous Materials Emergency Response Plan
- Lockout Policy
- Injury and Illness Prevention Program
- Respiratory Protection

---

Employee Signature

---

Interpreter or Witness Signature (if any)

---

Printed Name

---

Date

# INDIVIDUAL EMPLOYEE TRAINING REPORT

Type of Training:

[ ] Initial                      [ ] New Job                      [ ] Refresher                      [ ] Other

Name of Employee: \_\_\_\_\_ Job: \_\_\_\_\_

Trainer: \_\_\_\_\_ Position: \_\_\_\_\_

Subject(s): \_\_\_\_\_

Materials Used: \_\_\_\_\_

I have received training as described above and in the following:

- The potential general occupational hazards and safe practices of the company and particular hazards and practices associated with my job assignment.
- My right to obtain information pertinent to my work regarding:
  - Hazardous substances, if any
  - Government regulations
  - My individual medical records, if any
  - Records, if any, of exposure monitoring
  - Company safety and health policies, programs and procedures
- My right to ask any questions, or provide any information to my employer on safety, either directly or anonymously, without my fear of reprisal.
- Disciplinary procedures the employer will use to enforce compliance with safe practices.

I understand this training and agree to observe the safe practices for my work.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interpreter or Witness (if any)



# EMPLOYEE TRAINING CHECKLIST

(This report is to be completed with the Supervisor and New Employee within five working days of employment or new job assignment and filed with Personnel.)

Name: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Department Assigned: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Employee Past Work Experience: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING		YES	NO
A.	Was Medical Questionnaire form completed?		
B.	Has Employee taken pre-employment physical?		
C.	Are there any physical limitations?		
	If answer to "C" is yes, please explain:		
I HAVE BEEN INSTRUCTED IN THE FOLLOWING THAT HAVE BEEN CHECKED:		YES	NO
1.	Company safety policies and programs		
2.	Safety rules, both general and specific to the job assignment		
3.	Safety rule enforcement procedures		
4.	Use of tools and equipment		
5.	Proper work shoes and other personal protective equipment, as needed		
6.	Handling of product		
7.	Lifting and use of lifting equipment such as hoists and cranes		
8.	How, when and where to report injuries		
9.	Importance of housekeeping		
10.	Special hazards of job		
11.	When and where to report unsafe conditions		
12.	Safe operation of vehicle		

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

\_\_\_\_\_  
Date

Follow up on employee will be observed by: \_\_\_\_\_

Employee has performed operation to the satisfaction of the undersigned. An observation was made at time of 30-day employment.

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

\_\_\_\_\_  
Date

IMPORTANT: If this employee is transferred to another type of job, a new safety instruction report must be completed.

# ART DEPARTMENT (ACSS) SAFETY INSPECTION CHECKLIST

Performed by: \_\_\_\_\_

Date: \_\_\_\_\_

AREA	DESCRIPTION	S	U/S								
Room 300	1. Are all paintings safety racked or stored?										
	2. Floor clean and free from tripping/slipping hazards?										
	3. Switch locked on electric miter box saw?										
	4. Tools put away and locked in cabinet?										
	5. Extension cords stored properly?										
	6. Stereo off and locked when not in use?										
	7. Caution sign on paper cutter?										
Room 302	1. Nitric acid locked in cabinet?										
	2. Emergency eye wash fountain tested?										
	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Week 1</td><td style="width: 25%;">Week 2</td><td style="width: 25%;">Week 3</td><td style="width: 25%;">Week 4</td></tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </table>	Week 1	Week 2	Week 3	Week 4						
	Week 1	Week 2	Week 3	Week 4							
	3. Emergency shower sign posted?										
	4. Tools locked in cabinets when not in use?										
	5. Ladders maintained in good condition?										
	6. Oily rags kept in closed metal container?										
	7. Chemicals and solvents stored in fireproof cabinet?										
	8. All materials safely racked and stored?										
	9. Are First Aid kits properly stocked?										
	10. Have fire extinguishers been properly maintained/charged?										
11. Floors clean and free from tripping/slipping hazards?											
12. Respirators, gloves and safety goggles available?											
Room 301	1. Are all safety lock switches removed from bandsaws and tablesaws?										
	2. Floors clean and free from tripping hazards?										
	3. Emergency eye wash fountain tested?										
	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Week 1</td><td style="width: 25%;">Week 2</td><td style="width: 25%;">Week 3</td><td style="width: 25%;">Week 4</td></tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </table>	Week 1	Week 2	Week 3	Week 4						
	Week 1	Week 2	Week 3	Week 4							
	4. Have fire extinguishers been properly maintained/charged?										
	5. Electric miter saw, drill press and electric disk sander unplugged when not in use?										
	6. Safety goggles provided for power tools?										
7. Oxygen and acetylene tanks turned off?											
8. Vent for welding equipment working?											

## ART DEPARTMENT (ACSS)

### SAFETY INSPECTION CHECKLIST (continued)

AREA	DESCRIPTION	S	U/S								
Room 303	1. Glaze room: no spilled materials; all containers closed and labeled.										
	2. Spray booth: air connectors tight, exhaust system functional.										
	3. Kilns: flues, dampers operational. Burners operational. Safety showers and fire blanket accessible. Combustible materials secured.										
	4. Electric wheel plugs secured.										
	5. Floors clean.										
Woodworking Area	1. Electrical plugs. Breaker boxes.										
	2. Check belts and blades.										
	3. Inspect and test tools for safe operation.										
	4. Check grinding stones and blade guards for safe operation.										
Welding	1. Check gas bottles, valves, hoses.										
	2. Bottles stored securely?										
	3. Combustible materials secured?										
Glass Hot Shop	1. Gas appliances operational, leaks checked and reported.										
	2. Lehr gloves in good condition.										
	3. Safety shower and fire blanket accessible.										
	4. Floors clean with no debris.										
	5. Combustible materials secured.										
Glass Cold Working Area	1. Inspect glass grinding and cutting tools for safe operation.										
	2. Check sandblaster for leaks, etc.										
	3. Safety goggles available.										
	4. Air compressor operational.										
	5. Floors clean.										
Room 308	1. Chemicals properly disposed in HAZMAT containers?										
	2. Emergency eye wash fountain tested?										
	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Week 1</td><td style="width: 25%;">Week 2</td><td style="width: 25%;">Week 3</td><td style="width: 25%;">Week 4</td></tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </table>	Week 1	Week 2	Week 3	Week 4						
	Week 1	Week 2	Week 3	Week 4							
	3. Chemical bottles stored in secondary trays?										
	4. Storage cabinets locked?										
	5. Air filters changed? (every 3 months)										
	6. Paper cutter blade closed and labeled with caution sign?										
7. Water filter changed? (August & January)											

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SHASTA COLLEGE THEATRE (ACSS) SAFETY INSPECTION CHECKLIST

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

AREA	DESCRIPTION	S	U/S
<b>STAGE</b>	Is the fire curtain free from obstructions?		
	Are first aid kits stocked?		
	Are fire exits clearly marked, visible and unobstructed?		
	Are fire boxes and fire extinguishers visible and accessible?		
	Are ropes for fire curtain and smoke doors in good working order?		
	Are ladders secure?		
	Is the cherry picker in good working order?		
	Are NO ACCESS signs in place?		
	Are headsets in place and working?		
	Is the Fly-Rail (Arbor) System working properly?		
	Is the floor free from staples, nails, screws, splinters, etc.?		
	Are the electric battens functioning properly?		
	Are lighting instruments working properly?		
	Do all lighting instruments have safety cables?		
	Are cables and cords working properly?		
	Are cables and cords secure?		

Comments: \_\_\_\_\_

\_\_\_\_\_

AREA	DESCRIPTION	S	U/S
<b>Causeway and Hallways</b>	Is there 3 feet (36") clearance throughout the causeway and hallways?		
	Are ALL EXITS clearly marked, visible and unobstructed?		
	Are the floors free from hazards?		
	Are ALL fire extinguishers visible and accessible?		
	Is the dimmer bay unobstructed and ALL dimmers functional?		
	Are all lighting instruments hanging on storage bars?		
	Are cables and cords secure?		
	Are back stage monitors working? N.A.		

Comments: \_\_\_\_\_ No monitors were installed in hallways

\_\_\_\_\_

## SHASTA COLLEGE THEATRE (ACSS)

### SAFETY INSPECTION CHECKLIST (continued)

AREA	DESCRIPTION	S	U/S
<b>Make Up and Dressing Rooms</b>	Are ALL EXITS clearly marked, visible and unobstructed?		
	Are the floors free from hazards?		
	Are back stage monitors working?		
	Do ALL make up lights have covers?		
	No flammables near make up lights		
	Are first aid kits stocked?		
	Do sinks, showers and toilets flow and drain properly?		

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AREA	DESCRIPTION				S	U/S								
SCENE SHOP	Are ALL EXITS clearly marked, visible and unobstructed?													
	Are first aid kits stocked?													
	Is the floor hazard free? (no cords, lumber, scrap, pipe, tools, hardware)													
	Are AC outlets working properly?													
	Are ALL fire extinguishers visible and accessible?													
	Is the eye wash station clearly marked, visible and unobstructed?													
	Is the eye wash station working properly?													
	<table><tr><td>Week 1</td><td>Week 2</td><td>Week 3</td><td>Week 4</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>						Week 1	Week 2	Week 3	Week 4				
	Week 1	Week 2	Week 3	Week 4										
	Is the electrical shut-off switch clearly marked, visible and unobstructed?													
	Are safety guards in place where required?													
	Are sawdust collectors emptied and maintained?													
	Are safety and hazard signs posted?													
	Is safety equipment MARKED and ACCESSIBLE?													
	Are extension cords and cables secure?													
	Are extension cords and cables working properly?													
	Are ladders properly stored and maintained?													
	Are powered hand tools stored and maintained properly?													
	Are saw blades sharp?													
Do ALL electrical outlets function properly?														
Is the flammable paint cabinet inventory current?														
Is the flammable paint cabinet locked?														
Are MSDS available where necessary?														
Do the roll-up doors function properly?														

## SHASTA COLLEGE THEATRE (ACSS)

### SAFETY INSPECTION CHECKLIST (continued)

AREA	DESCRIPTION	S	U/S
<b>CONTROL BOOTH</b>	Are ALL EXITS clearly marked, visible and unobstructed?		
	Are the floors free from hazards?		
	Are ALL fire extinguishers visible and accessible?		
	Are extension cords and cables secure?		
	Are extension cords and cables working properly?		
	Are AC outlets working properly?		
	Are station lights in safe working order?		
	Are hallway and stairwell lights working?		
	Is the handrail in the stairwell secure?		
	Is the Clear Com system working		
	Are ALL Clear Com WALL STATIONS working?		
	Do ALL Clear Com STATIONS have headsets?		
	Is the backstage monitor system working?		
	Is the cue light system working? N.A.		
	Are follow spots functioning properly?		
	Do house lights function properly?		

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AREA	DESCRIPTION	S	U/S
<b>STORAGE UNIT</b>	Is scenery neatly stored and accessible?		
	Does the roll-up door function properly?		
	Are ALL lights working?		
	Is there egress from door to door?		
	Is the floor free from hazards?		

AREA	DESCRIPTION	S	U/S
<b>LOADING DOCK</b>	Is the loading dock clear?		
	Is the area free of tripping hazards?		
	Are all fire outlets unobstructed and accessible?		
	Are all doors unobstructed and accessible?		
	Are fire lanes clear?		
	Is scenery stored neatly and safely?		

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INSPECTION CHECKLIST (BAITS)

*(This checklist used for the following areas: 1200 bldg., 2400 bldg., 2500 bldg., 2600 bldg.)*

<b>GENERAL SAFETY</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENTS</b>								
No aisles obstructed												
Area free of falling hazards												
First aid materials available												
Emergency lighting functioning												
Lighting ok												
Ladders/stools in good condition												
Housekeeping is good												
Emergency phone numbers posted												
Other												
<b>STAIRS-RAMPS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENTS</b>								
Lighting adequate												
Non-slip surface												
Handrails – available and secure												
Other												
<b>SAFETY EQUIPMENT</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENTS</b>								
Emergency eye wash station functioning												
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15%;">Week 1</td> <td style="width: 15%;">Week 2</td> <td style="width: 15%;">Week 3</td> <td style="width: 15%;">Week 4</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Week 1	Week 2	Week 3		Week 4							
Week 1	Week 2	Week 3	Week 4									
Eye protection in use												
Gloves in use												
Fire blanket properly hung and accessible												
Other												
<b>FIRE EQUIPMENT/EXITS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENTS</b>								
Fire extinguisher accessible												
Fire extinguishers – tagged, serviced												
Exits – properly illuminated												
Exits clear and unobstructed												
Other												
<b>FIRE HAZARDS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENTS</b>								
Flammable aerosols and liquids stored and handled properly												
Storage areas labeled												
No defective electrical cords												
Other												

## INSPECTION CHECKLIST (BAITS) - continued

(This checklist used for the following areas: 1200 bldg., 2400 bldg., 2500 bldg., 2600 bldg.)

<b>MACHINE GUARDING</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENTS</b>
Gears, pulleys, machine parts guarded				
Points of operation guarded				
Interlocking mechanism in use				
Lockout/Tagout procedures in place				
Other				
<b>EQUIPMENT (if applicable)</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENTS</b>
Guards in place and adjusted				
Equipment secured				
Cords in safe condition				
Air compressor – guarded and labeled				
Drill press				
Band saws				
Bench grinders				
Hand grinders				
Radial arm saws				
Lathes				
Table saw				
Jointer				
Hydraulic presses				
Arc welding				
Other				
<b>COMPRESSED GAS CYLINDERS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENTS</b>
Contents identified				
Stored properly (secured, chained, capped)				
Handling procedures identified				
Other				
<b>GAS WELDING</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENTS</b>
Eye protection in use				
Warning sign present for arc welding				
Adequate ventilation				
Cylinders kept separated				
Approved curtain or screen in place				
Other				
CORRECTIVE ACTION TAKEN (indicate work order has been initiated)				

Name: \_\_\_\_\_ Date: \_\_\_\_\_



## FARM AREA SAFETY INSPECTION SHEET (BAITS)

Date _____  Name _____	BUILDING																		
	4000	4100	4200	4400	4500	4600	4700	4800	4900	Chemical Shed	Oil Shed								
Lighting functional																			
Ventilation adequate																			
Floors, aisles, doorways unobstructed																			
Electrical outlets, cords safe																			
Eyewash accessible, functional																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Week 1</th> <th style="width: 25%;">Week 2</th> <th style="width: 25%;">Week 3</th> <th style="width: 25%;">Week 4</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Week 1	Week 2	Week 3	Week 4															
Week 1	Week 2	Week 3	Week 4																
Fire extinguisher accessible, tagged, current																			
First aid kit accessible, complete																			
MSDS available **																			
Chemicals/Products identified and labeled																			
Chemical wastes properly stored																			
Hazardous materials properly stored																			
Oxygen & acetylene tanks off and secured																			

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EARLY CHILD CARE EDUCATION CENTER (ECE) Safety Checklist

Safety Inspection by: \_\_\_\_\_ Date: \_\_\_\_\_

<b>PLAY EQUIPMENT INSPECTED:</b>	<b>CONDITION</b>	<b>ACTION TAKEN</b>
Swings		
Climber Slide		
Dome		
Play House		
Shade Play Structure		
Bikes		
Fencing/Gates		
Sand Box		
<b>PLAY AREA AND SURFACES INSPECTED:</b>	<b>CONDITION</b>	<b>ACTION TAKEN</b>
Walkways		
Gravel Fall Areas		
Turf		
<b>STORAGE SHEDS INSPECTED:</b>	<b>CONDITION</b>	<b>ACTION TAKEN</b>
Ramps		
Shelves		
Doors		
<b>DRINKING FOUNTAINS INSPECTED:</b>		
<b>INSECT/RODENT PROBLEMS:</b>		
<b>TREE/SHRUBS INSPECTED:</b>		

Things to be looking at when making a safety inspection (check all that apply):

Loose/missing bolts, nuts, etc.	<input type="checkbox"/>	Steps, climbing bars, nets	<input type="checkbox"/>
Jagged/exposed bolts, screws nails, nuts, etc.	<input type="checkbox"/>	Handrails/guardrails (secure and safe)	<input type="checkbox"/>
Seats, "S" hooks, chains	<input type="checkbox"/>	Decks (surfaces clean/safe)	<input type="checkbox"/>
Broken parts, welds	<input type="checkbox"/>	Wood (cracks, splinters)	<input type="checkbox"/>
Supports/anchoring solid/safe	<input type="checkbox"/>	Loose metal, fiberglass, plastic wood parts	<input type="checkbox"/>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PHYSICAL EDUCATION AND ATHLETICS (PEAT) SAFETY CHECKLIST

Campus: \_\_\_\_\_ Date: \_\_\_\_\_

<b>BASEBALL FIELD</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>
Field is level, free of holes and foreign objects				
Area free of debris and broken glass				
Fencing in good condition				
Dugouts in good condition				
Backstop in good condition				
Base anchors are secure				
Shrubs and trees – no branches hanging over or through the fence				
Bleachers are in good condition (no loose nuts, bolts, broken braces, sharp edges)				
Other				
<b>SOFTBALL FIELD</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>
Field is level, free of holes and foreign objects				
Area free of debris and broken glass				
Fencing in good condition				
Dugouts in good condition				
Backstop in good condition				
Base anchors secure				
Shrubs and trees – no branches hanging over or through the fence				
Bleachers are in good condition (no loose nuts, bolts, broken braces, sharp edges)				
Other				
<b>FOOTBALL FIELD</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>
Field is level, free of holes and foreign objects				
Area free of debris and broken glass				
Sprinklers in proper repair and not protruding or too deep (hole)				
Fencing in good condition (barbed wire)				
Concrete anchors for fence posts not exposed				
Press box is clean and in good order				
Shrubs and trees – no branches hanging over				

or through the fence				
Bleachers are in good condition (no loose nuts, bolts, broken braces, sharp edges)				
Properly drained				
Other				

**PHYSICAL EDUCATION AND ATHLETICS (PEAT)**  
**SAFETY CHECKLIST (continued)**

<b>SOCCER FIELD</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>
Area free of debris and broken glass				
Sprinklers in proper repair and not protruding or too deep (holes)				
Fencing in good condition (barbed wire)				
Concrete anchors for fence posts not exposed				
Press box is clean and in good order				
Shrubs and trees – no branches hanging over or through the fence				
Bleachers are in good condition (no loose nuts, bolts, broken braces, sharp edges)				
Properly drained				
Other				
<b>TRACK &amp; FIELD</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>
Field is level, free of holes and foreign objects				
Area free of debris and broken glass				
Sprinklers in proper repair and not protruding or too deep (holes)				
Fencing in good condition (barbed wire)				
Concrete anchors for fence posts not exposed				
Shrubs and trees – no branches hanging over or through the fence				
Bleachers are in good condition (loose nuts, bolts, broken braces, sharp edges)				
Properly drained				
Other				
<b>JOGGING TRAIL</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>
Trail is level, free of holes and foreign objects				
Area free of debris and broken glass				
Weeds cleared				
Other				

CORRECTIVE ACTION TAKEN (indicate work order has been initiated)	
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\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## PHYSICAL PLANT DIVISION (PPD)

### INSPECTION CHECKLIST

*(This checklist is used for the following buildings: 2900 East, 2900 West, Print Shop, Warehouse)*

<b>FLOORS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>								
No wet/slip, fall hazard												
No trip hazards												
No cords across walkway												
Other												
<b>STAIRS/RAMPS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>								
Lighting adequate												
Non-slip surface												
Handrails – available and secure												
Other												
<b>GENERAL SAFETY</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>								
No aisles obstructed												
Area free of falling hazards												
First aid material available												
Emergency lighting functioning												
Emergency eye wash station checked												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Week 1</td> <td style="width: 25%;">Week 2</td> <td style="width: 25%;">Week 3</td> <td style="width: 25%;">Week 4</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Week 1	Week 2	Week 3		Week 4							
Week 1	Week 2	Week 3	Week 4									
Lighting okay												
Ladder/Stools in good condition												
Housekeeping is good												
Emergency phone numbers posted												
Other												
<b>FIRE EQUIPMENT/EXITS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>								
Fire extinguishers accessible												
Fire extinguishers – tagged, serviced												
Exits – properly illuminated												
Exits clear and unobstructed												
Other												
<b>FIRE HAZARDS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>								
Flammable aerosols and liquids stored and handled properly												
Storage areas labeled												
No defective electrical cords												
Other												

## PHYSICAL PLANT DIVISION (PPD)

### INSPECTION CHECKLIST (continued)

*(This checklist is used for the following buildings: 2900 East, 2900 West, Print Shop, Warehouse)*

<b>HAZARDOUS MATERIALS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>
MSDS's available				
Containers properly labeled				
Containers properly stored				
Other				
<b>LADDERS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>
Safe condition (safety feet, rungs, bracing, etc.)				
Non-slip surface on rungs				
Proper type and size				
Other				
<b>ELECTRICAL</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>
Extension cords used for temporary work only				
Permanent wiring installed				
Electrical panel has a 36" clearance				
Electrical panel clearly marked				
No exposed wires or frayed cords				
Other				
<b>PALLETS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>
Good condition (i.e., wood)				
Empty pallets properly stored				
Loads stacked and/or properly secured				
<b>COMPRESSED GAS CYLINDERS</b>	<b>S</b>	<b>U/S</b>	<b>N/A</b>	<b>COMMENT/LOCATION</b>
Contents identified				
Stored properly – (secured, chained, capped)				
Handling procedures identified				
<b>CORRECTIVE ACTION TAKEN</b> (indicate work order has been initiated)				

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



## POOL AND LAUNDRY (PPD)

### Monthly Safety Inspection

POOL, DECK, COPING, TILE	SAFE	UNSAFE	COMMENTS								
Diving boards, railing, ladder											
Electrical GFIC outlets											
Pool lighting, overhead, tunnels											
Fence, gates, doors											
Pool equipment – lane liner, etc.											
PUMP ROOM	SAFE	UNSAFE	COMMENTS								
Ventilation											
Lighting											
Electrical outlet, cords											
Eyewash/shower											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Week 1</th> <th style="width: 25%;">Week 2</th> <th style="width: 25%;">Week 3</th> <th style="width: 25%;">Week 4</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Week 1	Week 2	Week 3	Week 4							
Week 1	Week 2	Week 3	Week 4								
CO <sup>2</sup> safety alarm, tank, etc.											
Fire extinguisher											
Walkways, ladder, safety railing											
Pipe, tanks, controller											
Storage room											
LAUNDRY	SAFE	UNSAFE	COMMENTS								
Washers/dryers											
Chemical pumps, hoses											
Eyewash/shower											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Week 1</th> <th style="width: 25%;">Week 2</th> <th style="width: 25%;">Week 3</th> <th style="width: 25%;">Week 4</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Week 1	Week 2	Week 3	Week 4							
Week 1	Week 2	Week 3	Week 4								
Lighting											
Walkways											
Electrical outlet switches											
Fire extinguisher											

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## BUILDING 1400 SAFETY INSPECTION SHEET (SLAM)

[illegible][illegible]

## BUILDING 1600 SAFETY INSPECTION SHEET (SLAM)

[illegible]

Explanations:

[illegible]

SECURITY AND 911 PHONE CHECKLIST

Month/Year \_\_\_\_\_

Phone		Radio	Phone		Radio
_____	100 BUILDING	_____	_____	2100 BLDG	_____
_____	200 BUILDING	_____	_____	2200 BLDG	_____
_____	300 BUILDING	_____	_____	5000 BLDG	_____
_____	400 BUILDING	_____	_____	4500 BLDG	_____
_____	500 BUILDING	_____	_____	FARM DORM	_____
_____	600 BUILDING	_____	_____	911 MAIN	_____
_____	700 BUILDING	_____	_____	911 TEHAMA	_____
_____	800 BUILDING	_____			
_____	900 BUILDING	_____			
_____	1100 BUILDING	_____			
_____	1200 BUILDING	_____			
_____	1300 BUILDING	_____			
_____	1400 BUILDING	_____			
_____	1425 ROOM	_____			
_____	1600 BUILDING	_____			
_____	1632 ROOM	_____			
_____	1800 MENS	_____			
_____	1800 WOMENS	_____			
_____	2000 BUILDING	_____			

Comments/Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Campus Safety Officer                      Call #

# FOOD SERVICES

## Monthly Safety Inspection

Building: \_\_\_\_\_

Date: \_\_\_\_\_

Performed by: \_\_\_\_\_

EQUIPMENT/HAZARDS					SAFE	UNSAFE
Fire extinguishers						
First aid band aids, antiseptic, ice pack, etc.						
Cords and hoses clear of all walkways						
All eyewash stations clean, functional and clear						
Week 1	Week 2	Week 3	Week 4			
Safety guards tool rest and safety tongue						
Ventilation system						
Lighting						
Rag bins marked and functional						
Clean floors						
Railing						
Air compressor						
Condition of ladders						
Chemical and solvents stored properly						
Materials safely stored in proper locations						
Emergency evacuation guide posted						
Emergency shut-off buttons working and marked						
Oxygen and acetylene tanks off and secured						
All oils stored properly in oil shed & shed clean						

Comments: \_\_\_\_\_

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# STUDENT HEALTH & WELLNESS OFFICE

## Building Safety Inspection Sheet

	Year _____ For all offices and spaces within room/office 2020											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No wet/slip, fall hazard												
No aisles & hallways obstructed												
Area free of falling hazards												
Emergency phone numbers posted												
Evac/Lockdown guidelines posted												
Fire extinguisher present outside the office in hallway												
Fire extinguisher pressure in green zone												
Fire extinguisher inspection tag not expired												
Materials, supplies, equipment safely stored												
Furniture & equipment in working order												
Hallway exits properly marked												
Biohazardous waste material disposed properly												
Front desk and room 2026B safety buzzer check												
Red light lit on emergency fluorescent lights in room 2021 & 2022 (patient exam rooms)												

Explanations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Inspector's Name

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date

## 5000 BUILDING SAFETY INSPECTION CHECKLIST

Instructions:

Mark each item with:

✓ for satisfactory

X for unsatisfactory

Write an explanation and the location of hazards in the area provided below for each item marked as unsatisfactory

	5001	5002	5005	5006	5009	5012	5015	5022	5023	BLDG.
No slip, trip or fall hazard										
No aisles/hallways obstructed										
Area free of falling hazards										
Good housekeeping practices										
Emergency procedure guide posted										
Fire extinguishers checked**										
Exits not obstructed										
First aid kit available										
Floor and ceiling tiles intact										
Utility shut-offs labeled										
Chairs are in good condition										
Material Safety Data Sheets available										
Hazmats labeled and stored properly										
Electrical outlets not overloaded										
Electrical panels have clear access										
Other										

\*Rooms not inspected due to restricted access: 5019, 5020, 5021.

\*\*Two exterior building fire extinguishers, one on east side and one on west side.

Explanations:

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Name

Date

## BUILDING SAFETY CHECKLIST

Instructions:

Mark each item with:

Leave blank ( ☐ ) for “satisfactory”

Mark with check (✓) for “unsatisfactory” and for each write an explanation in area below.

	Rm.	Rm.	Rm.	Rm.	Rm.	Rm.	Rm.	Rm.	Rm.	Rm.
No slip, trip or fall hazard										
No aisles/hallways obstructed										
Area free of falling hazards										
Good housekeeping practices										
Emergency procedure guide posted										
Fire extinguishers checked**										
Exits not obstructed										
First aid kit available										
Floor and ceiling tiles intact										
Utility shut-offs labeled										
Chairs are in good condition										
Material Safety Data Sheets available										
Hazmats labeled and stored properly										
Electrical outlets not overloaded										
Electrical panels have clear access										
Other										

Explanations:

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



# MONTHLY FIRE EXTINGUISHER INSPECTION

Month: \_\_\_\_\_

Inspected by: \_\_\_\_\_

✓	Location	# of agent	Serial No.	Notes
<b>100 BLDG=7</b>				
	100 (Front Desk)	10#	VV987108	
	100 (E Entrance)	10#	VV987115	
	100 (S Hallway)	10#	VV987114	
	100 (Upstairs)	15#	Y393666	
	100 (W Entrance)	10#	VV988183	
	100 (126)	5#	NU407785	
	100 (103)	10# CO2	AB629856	Key card
<b>200 BLDG=12</b>				
	200 (Upstairs 211)	10#	VV987099	
	200 (N Wall)	10#	VV987093	
	200 (West Entrance)	10#	G052352	
	200 (Upstairs 208)	10#	HE509669	
	200 (258)	10#	VV987097	
	200 (Fire Alarm Rm)	5#	G967037	
	200 (W Door Cab)	10#	F370450	
	200 (220)	10#	X765065	
	200 (264)	5#	G052355	
	200 (216)	10#	VV087069	
	200 (232)	15#	R750208	
	200 (Elev. Mech. Rm)	10#	WZ679727	
<b>600 BLDG=4</b>				
	600 (W Entrance)	10#	VV987112	
	600 (E Entrance)	10#	VV987111	
	600 (N Entrance)	10#	VV987110	
	600 (Archeology)	10#	G052362	
<b>800 BLDG=4</b>				
	800 (822)	5#	G946289	
	800 (E Hallway)	10#	TB720895	
	800 (N Hallway)	10#	VV988145	
	800 (W Hallway)	10#	VV982702	
<b>900 BLDG=2</b>				
	900 (S Hallway)	5#	YD475392	
	900 (N Hallway)	5#	YD477456	
<b>1100 BLDG=2</b>				
	1100 (W Hallway)	10#	TF307721	
	1100 (E Hallway)	10#	VV988141	
<b>1300 BLDG=4</b>				
	1300 (1316)	HAL 5#	C055111	
	1300 (Hallway)	10#	VV988164	
	1300 (1301)	10# CO2	Y626396	
	1300 (1310)	10#	VV988138	
<b>1900 BLDG=6</b>				
	1900 (1905)	10#	G052353	
	1900 (1901)	H20	AB891589	
	1900 (S Entrance)	H20	AB891589	
	1900 (1902)	10#	VV987101	
	1900 (1901)	H20	AB907547	
	1900	5#	ZT600496	

## Monthly Fire Extinguisher Inspection, page 2

✓	Location	# of agent	Serial No.	Notes
<b>2000 BLDG=18</b>				
	2000 (N Entrance)	10#	ZR823680	
	2000 (Blue Phone)	10#	VV987100	
	2000 (S Entrance)	10#	XV950241	
	2000 (Stair Landing)	10#	RT334227	
	2000 (Boiler Room)	20#	D237143	
	2000 (Elevator Room)	20#	RC334484	
	2033 (Cooking Lab)	2.5 gal K-	AA166285	
	2000 (Main Kitchen)	2.5 gal K-	AA166283	
	2040 (Express)	2.5 gal K-	AA166292	
	2038 (Bistro)	2.5 gal K-	AA166294	
	2000 (Corner Grill)	2.5 gal K-	AB191425	
	2000 (Restroom)	5#	XD745257	
	2005 (Front Desk)	5#	XM422197	
	2006 (Hall)	5#	XD739547	
	2000 (DPS SE Hall)	5#	XM424358	
	2007 (Learning Svcs.)	5#	XD740039	
	2000 (TRIO Office)	10#	VV987085	
	2000 (Stage)	10#	YG883016	
<b>2100 BLDG=3</b>				
	2100 (Hall) 2108	10#	VV987102	
	2100 (N Entrance)	10#	CY615010	
	2100 (W Entrance)	10#	XV950257	
<b>2200 BLDG=3</b>				
	2200 (E Hall)	10#	VV987107	
	2200 (W Hall)	10#	VV987117	
	2200 (Boiler Room)	10#	VS240764	
<b>2300 BLDG=6</b>				
	2300 (Hall E 2318)	5#	WK713108	
	2300 (Bookstore Hall)	5#	WK714666	
	2300 (Bookstore EXIT)	5#	WK13109	
	2300 (Inside 2308)	5#	WK711525	
	2300 (2318)	5#	WK712463	
	2300 (2314)	5#	WK13106	
<b>6500 BLDG=3</b>				
	6500 (Museum)	10#	VV987116	
	6500 (Museum)	2.5 Gal	AD541814	
	6500 (Museum)	10#	VV987103	