



Shasta College

**INJURY &
ILLNESS
PREVENTION
PLAN**

(JULY 2023)

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PURPOSE AND AUTHORITY

The Injury and Illness Prevention Plan (IIPP) is designed to allow for effective management of safety in the workplace and to ensure safe and healthful working conditions for all employees. Implementing each of the program elements will allow compliance with the IIPP Standard.

The IIPP is intended to establish a framework for Responsibilities, Compliance, Communication, Hazard Identification, Accident Investigation, Hazard Mitigation, Training, and Recordkeeping. With proper planning, organization, and practice, management can operate a safe work environment.

The plan should include the following:

- Identify person or persons with authority and responsibility for the program
SAFETY COORDINATOR
- Ensure employees comply with safe and healthy work practices
SAFETY COORDINATOR
- Communication safety related materials to employees
TRAINING COORDINATOR
- Identify workplace hazards
INSPECTION COORDINATOR
- Procedures to correct unsafe or unhealthy conditions in a timely manner
SAFETY COORDINATOR
- Investigate accidents
INSPECTION COORDINATOR
- Provide training
TRAINING COORDINATOR
- Allow employee access to the Program
- Document elements of the Program
TRAINING COORDINATOR

The Shasta College IIPP has been developed in response to Section 3203 of the California Code of Regulations Title 8 and Section 6401.7 of the California Labor Code.

The purpose of this program is to communicate to all Shasta College employees those occupational hazards associated with the workplace. This plan is available to all employees and sets forth policy concerning occupational hazards and seeks to provide all who are employed, information concerning occupational safety and health. It is the intent of this document to establish safety and health awareness among the employees of Shasta College.

DESIGNATION OF KEY PERSONNEL

The ultimate responsibility for overseeing the development, implementation, and maintenance of the IIPP, rests with Andrew Brown, Safety Coordinator, (Shasta College- Main Campus Extended Education: Tehama, Intermountain, Trinity & Downtown HSCU Campuses). The need to have individuals from each of the sites responsible for these roles under the IIPP is necessary to insure the program is effective and functional.

Shasta College Injury and Illness Prevention Program Chain of Command is as follows:

SAFETY COORDINATOR

(Andrew Brown, Co-Chair and Pamela Carney, Co-Chair of Committee)

Coordinate with Presidents of school sites to designate a Safety Coordinator at each site

INSPECTION COORDINATOR

(Joe Trompczynski)

Coordinate with Presidents of school sites to designate an Inspection Coordinator or Inspection Team at each site

TRAINING COORDINATOR

(Amy Westlund)

Coordinate with Presidents of school sites to designate a Training Coordinator at each site

Persons assigned to these positions must follow designated responsibilities. These individuals should also strive to motivate employees to work using safe work practices.

The effectiveness of an IIPP is dependent on the selection of a qualified administrator. The **Shasta College Administration shall appoint the Safety Coordinator**. Communication of responsibilities to Shasta College-Main Campus Extended Education: Tehama, Intermountain, Trinity & Downtown HSCU Campuses is key to the success of the program.

The **Training Coordinator** shall be assigned to maintain safety training for all employees who require such training.

The **Inspection Coordinator** is responsible for the overall workplace safety inspection program. A group of persons shall be designated as Safety Ambassadors who are tasked to identify workplace hazards. Division Deans shall have responsibility for their respective classrooms/labs within the division. Administrators or Supervisors shall have the responsibility for their respective support function. The Inspection Coordinator will be responsible for overseeing this process.

Employees must fulfill certain responsibilities to assure the success of the Injury and IIPP. Each employee should act in a manner which protects his or her health and welfare as well as that of co-workers, other employees, visitors, students and the general public.

Shasta-Tehama-Trinity Joint Community College District has established a Safety Committee for Shasta College-Main Campus Extended Education: Tehama, Intermountain, Trinity and Downtown HSUC Campuses for the following purpose:

1. To meet at least quarterly.
2. To prepare, distribute, and maintain written records of the meetings.
3. To review the results of periodic, scheduled workplace inspections.
4. Review investigations of occupational accidents, causes of incidents, and submit suggestions to prevent further incidents.
5. Review reports of hazardous conditions or work practices and assist with remedial actions.
6. Verify abatement action taken to abate OSHA citations.

PROGRAM COMPLIANCE

The Safety Coordinator or designee shall actively enforce safety rules, safe work practices, and the IIPP. The Shasta College IIPP is enforced through implementing system(s) to ensure that all employees comply with workplace safety and health practice through:

- Employee training and refresher training
- Quarterly safety committee meetings
- Safe work practices
- Disciplinary actions

Compliance with this IIPP will also be achieved in the following manner:

1. The Health & Safety Committee will set positive examples for working safely and require that all staff under their direction work safely. This includes ensuring that employees are provided training on specific job duties.
2. The Health & Safety Committee will ensure that employees follow established safety policies and procedures. Performance evaluations, verbal counseling, written warnings, and other forms of disciplinary action are available.
3. The Health & Safety Committee will identify the resources necessary to provide a safe work environment for their employees and include them in budget requests.
4. The Health & Safety Committee will establish appropriate means of recognition for employees who demonstrate safe work practices.

Shasta College will actively enforce the IIPP. An employee that fails to recognize safety rules and safe work practices, shall be disciplined. Any action taken will not violate employee rights under Cal/OSHA regulations and will be enforced in a non-discriminatory fashion. Disciplinary action (consistent with bargaining unit agreements) will include, but not be limited to, the following:

1. Retraining
2. Warning
3. Warning with reprimand placed in personnel file
4. Suspension from work with no compensation and record added to personnel file
5. Discontinue employment with record added to personnel file

Whenever an employee is recognized for a positive safety attitude, or whenever an employee is disciplined, the Safety Coordinator shall document the action taken.

COMMUNICATION

The IIPP standard requires employers to explain the methods used to communicate safety matters. This communication occurs in several ways. Shasta College may communicate safety matters in the following ways:

1. Safe Work Practices
2. Safety Training (live and online)
3. Safety Meetings
4. Through the Safety Committees
5. Employee Bulletin Board, Flyers, Posters, etc.
6. Access to the Written IIPP

Communication is a two-way process. Shasta College therefore recognizes that employees must be given the opportunity to communicate safety issues to management. To this end, Shasta College agrees not to take any action against an employee for identifying workplace safety issues.

Employees wishing to point out potential safety hazards should utilize the Employee Safety Report. This form is available in the Administration, Maintenance and Operations, individual Departments and on the District Safety Website (can be submitted online) and can be submitted anonymously.

Once a form is filled out, a copy should be given to the Joe Trompczynski (Inspection Coordinator) and the original forwarded to Andrew Brown, Safety Coordinator and Jill Ault, Assistant Superintendent/Vice President of Administrative Services. It may be hand delivered, given to office personnel, emailed, or mailed. The Inspection Coordinator shall initiate inspection and corrective actions upon receipt of this form. Corrective action will be made available for public viewing. Completed forms shall be retained in appropriate files.

Under no circumstances shall Shasta College allow reprisal for an employee that submits an Employee Safety Report. As part of the employee recognition policy, Shasta College shall take into consideration an employee's willingness to identify hazards in the workplace.

The Shasta College IIPP is located at the Physical Plant Division Office, Campus Safety and in individual Departments and on www.shastacollege.edu.

From time to time, management may distribute flyers concerning safety matters to employees. These flyers may be distributed during work hours, attached to payroll checks, emailed, mailed or posted to www.shastacollege.edu. All employees shall carry out all communications in a manner understandable.

Safety Training is an important method of communication. Supervisors are required to maintain records of Safety Meetings and Training and provide copies to Human Resources.

HAZARD IDENTIFICATION

The foundation of the Shasta College IIPP is the identification of workplace hazards. By planning, many accidents can be prevented.

The Injury and Illness Prevention Standard requires that the employer implement a system of identifying and evaluating workplace hazards. This system for Shasta College includes facility inspections and employee feedback.

A workplace inspection program is essential in order to reduce unsafe conditions that may expose faculty, staff, students, and visitors to incidents that could result in personal injuries or property damage. Its primary responsibility is to ensure that systematic safety inspections are conducted as appropriate.

There are two types of inspections: overall facility inspections and specific work area inspections. To the Shasta College IIPP, the following inspections are to be conducted:

1. The overall facility inspection will be performed annually and when:
 - a. any new substances, processes, procedures, or equipment are introduced to the workplace that has occupational hazard potential.
 - b. a previously unrecognized hazard is discovered.
 - c. an accident or illness occurs.
2. Specific work area inspection by Joe Trompczynski (Inspection Coordinator) periodically, but not less than annually.

All inspections must be documented, and the Inspection Coordinator must maintain a file of this documentation. A sample inspection sheet is attached to this section and available on the District Safety Website. Once completed it will be forwarded to Maintenance and Operations. These forms are not meant to be all-inclusive. Work conditions will change over time, and so should inspection methods.

Any employee may report an unsafe condition and reporting can be anonymous. The Employee Safety Report is available in the Physical Plant Division Office, Campus Safety and in individual Departments, within this document and on www.shastacollege.edu.

HAZARD MITIGATION

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

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

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

- Immediate Danger to Persons or Environment
- Less Serious Hazards

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

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

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

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

The Hazard Mitigation Log is to be utilized to prioritize safety deficiencies according to severity, establish who will be responsible for the corrective action, and by what date the action must be implemented by. It also documents the actual date of implementation and follow-up evaluation. This log is included with this section and is also available on the www.shastacollege.edu. Once the hazard is mitigated, a completed copy of the log should be forwarded to the Safety Coordinator.

ACCIDENT INVESTIGATION

The IIPP Standard requires that employers implement a method of investigating workplace injury or illnesses. The Direct Supervisor will be responsible for conducting the initial accident or incident investigation. The Direct Supervisor and the Safety Committee will conduct a review of the investigations as appropriate. Procedures for investigations of occupational injury, illness, or exposure to hazardous substances, will cover the following:

- a) What should be reported
- b) Who does the initial investigation
- c) Who does the follow-up investigation
- d) Who receives copies of the report(s)
- e) When legally required reports must be completed

Employees are responsible to report accidents immediately to their supervisor and, if after hours and a supervisor is not available, report to Campus Safety. Direct Supervisors will investigate accidents, injuries, occupational illnesses, and near-miss incidents, to identify the causal factors or hazards immediately and use the following form to document the investigation.

Timely and thorough accident investigation is an integral part of the overall Injury and Illness Prevention Program. The accident report is intended to fact-find not fault-find. The purpose is to determine the primary and contributing causes of the accident so that appropriate action can be taken to prevent recurrence. With this in mind, any employee conducting an accident investigation should utilize the following guidelines:

1. If possible, discuss the accident at the scene.
2. Interview witnesses.
3. Show concern for the employee's injury.
4. Explain why the investigation is necessary.
5. Allow the injured or involved employee to relate his or her account of the accident without interruption.
6. Reiterate a summary of the accident to assure proper and complete understanding of the
7. employee's story.
8. Use tact in resolving any discrepancies in the employee's story.
9. If appropriate, discuss means of preventing recurrence and record all findings and actions taken on the Accident Investigation Form.

In the event of a serious incident, Physical Plant & Campus Safety will assist with the investigation, bringing in outside experts if needed. Appropriate repairs or procedural changes will be implemented promptly to mitigate the noted hazards.

All occupational injuries, illnesses, or exposures to hazardous substances must be reported to Human Resources within 24 hours after the incident becomes known to the Supervisor. For those injuries that cause an amputation, loss of an eye, or any serious degree of permanent disfigurement, that requires inpatient hospitalization other than medical observation or diagnostic testing but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone, Human Resources will contact Cal/OSHA within 8 hours.

The Accident Investigation form is included with this section and is also available on the District Safety Website. A copy of the Accident Investigation form must be forwarded to Human Resources.

EMPLOYEE TRAINING

Training is a key element to the Shasta College IIPP. This is a requirement of the standard and a form of communicating safety related materials to the employees. The training program is intended to train and instruct employees about the IIPP, general safety/healthy work practices, and specific instructions with respect to each employee's job assignment. It is the most effective tool at management's disposal to control workplace hazards.

All supervisors must ensure that the personnel they supervise receive appropriate training on the specific hazards of work they perform and the proper precautions for protection against those hazards.

Training is particularly important for new employees and whenever a new hazard is introduced into the workplace. Such hazards may include new equipment and hazardous materials or procedures. Training is also required when employees are given new job assignments on which they have not previously been trained and whenever a supervisor is made aware of a new or previously unrecognized hazard.

Training for Shasta College will occur at the following times:

1. Before a new employee begins work.
2. Any employee transferred or given a new assignment.
3. Whenever a new substance, process, procedure, or equipment, which poses a new hazard, is introduced to the workplace.
4. Whenever a new hazard is identified, following an inspection or investigation.

Management must be knowledgeable on the hazards exposed to employees under their jurisdiction and corrective/preventative measures. Management assign and ensure completion of appropriate training for employees based on job duties.

Training will occur in the following applications:

1. General Campus-Wide Training Sessions.
2. Safety Meetings.
3. Individual employee training for specific job tasks.
4. Through Keenan Safe Colleges or Keenan Safe Schools Online training.

Training is an on-going process that will focus on specific employee jobs and procedures. The main point to safety training is to prevent unsafe situations, procedures, or acts. Always document any training, regardless of length or importance. Example Training Logs are included with this section and should be completed when safety training is provided. Copies of the completed training logs should be forwarded to Human Resources. The live trainings can be tracked on the Keenan Safe Colleges or Keenan Safe Schools Online Training Program.

EMPLOYEE ACCESS TO THE PROGRAM

All employees have the right and opportunity to receive and review their employer's IIPP. Shasta College will provide access to the Program by doing one of the following:

1. Provide access in a reasonable time, place, and manner, but in no event later than five business days after the request for access is received from an employee or designated representative.
 - One printed copy of the plan must be free of charge, although the employer may charge a reasonable administrative fee for additional copies within (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided
2. Provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program.

The Shasta College will communicate the right and the procedures to access the Program to all employees.

Employees of Shasta College can receive and review our IIPP by making a written request themselves or designating an authorized representative that they give written authorization to make the request on their behalf. The written authorization request must include:

- The name and signature of the employee who is authorizing a designated representative to access the Program on their behalf
- The name of the designated representative authorized to receive the Program for the employee
- The date of the request
- The date when the written authorization will expire (if less than (1) year).

RECORDKEEPING

Recordkeeping is critical for demonstrating the effort of Shasta College towards safety and program implementation.

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

1. Copies of IIPP Safety Inspection Forms, Employee Safety Report and Hazard Mitigation Log. Retain for 2 years and maintained by Departments and Maintenance and Operations.
2. Copies of Accident Investigation Forms. Retain for 2 years by the Vice Chancellor of Administrative Services.
3. Copies of Employee Training Sign-in Sheets and related training documents. Retain for duration of each individual's employment by Human Resources.
4. Copies of Safety Postings and Safety Committee Meeting Minutes and Agendas. Retain 2 years by Human Resources.
5. Copies of Employee Exposure Records, or other required Employee Health and Safety Records. Retain for 30 years or for the duration of each individual's employment, if greater than 30 years. These records will be maintained in Human Resources.

The Safety Coordinator will be responsible for ensuring that all relevant records are completed and kept as required by this program and/or Cal/OSHA. A safe and healthy workplace is the goal of everyone at Shasta College, with responsibility shared by management and staff alike.

FORMS

- Employee Safety Report
- 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
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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 Help Desk Fresh. _____

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:

This is considered a: [] Minor offense [] Serious offense

Employee explanation of above:

Name of witness(es): _____

Issued by: _____ Date: _____
(Signature)

Approved by: _____ Date: _____
(Signature)

Employee: _____ Date: _____

[] 1ST OFFENSE

[] 2ND OFFENSE

[] 3RD 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.

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 awestlund@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: _____

Steps taken to prevent similar incident: _____

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 are involved in an accident investigation, the notes you take will be important to determine what happened and to give clues for avoiding future incidents. The information that you record should focus on 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: HR, Lead 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 HR at (530) 242- 7640 or Amy Westlund (530) 242- 7648. Please return this form as soon as possible so we can provide our administrator with all available information.

Signature

Date

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		
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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.

HAZMAT SPILL/RELEASE REPORT

Shasta-Tehama-Trinity Joint Community College District
 Shasta College Campus
 11555 Old Oregon Trail
 Redding, CA 96003

CONFIDENTIAL

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

Release/Spill

Date:
 Time:
 RP:

Report Initiated

Date:
 Time:
 By:

OES/SCEHD Notified

Date:
 Time:
 RP:

Location of Incident: Bldg. #: Rm. #:

Mitigated

Date:
 Time:
 By:

Name of Material Involved: UN #: CAS #:

Report Filed

Date:
 Time:
 RP:

Amount of Material Involved: Solid
 Liquid
 Gas

Injuries or Exposures:

<u>Persons Injured/Exposed</u>	<u>Injury/Exposure Type</u>

Parties Interviewed:

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: