

# **Safety Policies & Procedures**



***San Joaquin Valley College***

# **INJURY & ILLNESS PREVENTION PROGRAM (IIPP)**



## ***San Joaquin Valley College Bakersfield Campus***

201 New Stine Road  
Bakersfield, CA 93309

March 2014

## INTRODUCTION

**San Joaquin Valley College (SJVC)** has developed this written Injury and Illness Prevention Program (IIPP) as part of our health and safety program. Under all circumstances, it is the intent of SJVC to comply with the requirements of the California Code of Regulations (CCR), Title 8.

The work performed by SJVC personnel is varied. We expect all personnel to follow the requirements set forth in this IIPP. This program seeks to address several safety issues regarding compliance with the Injury & Illness Prevention Program requirement, and provides guidance for the way we implement our activities in support of our safety efforts.

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## MANAGEMENT COMMITMENT TO SAFETY AND HEALTH

The purpose of this program is to ensure that all injury and illness hazards are recognized and addressed. This will help to reduce and maintain the risks and costs associated with workplace injuries and illnesses.

It is the policy of **San Joaquin Valley College, Bakersfield Campus** to provide and maintain standards of safety and health for all personnel. Management is very sincere and supportive of our safety programs, and has accepted the responsibility to ensure that all employees perform their assigned duties in a safe and correct manner. Through cooperation, communication, and training, together we will be able to obtain a safe working environment for all concerned. The safety and health of our employees continues to be the first consideration in operating this business. It takes the whole company to keep all of us safe; we cannot do this without the support of the employees.

### ASSIGNMENT OF RESPONSIBILITY

Safety is the responsibility of everyone at SJVC, Bakersfield Campus. To ensure that this Injury & Illness Prevention Program is implemented effectively, the **Campus Director** is responsible for the oversight of the Bakersfield Campus IIPP. Other personnel may be assigned to assist in completing activities. The table below provides an accounting of personnel responsible for conducting various activities outlined in this document.

Activity	Responsibility	Frequency
Compliance with Safety	<b>Management; Staff; Faculty</b>	On-Going
Safety Meetings	<b>Campus Director</b>	Monthly
Safety Inspections:		
Equipment	<b>Equipment Operators</b>	Daily, when in use
Facility	<b>Facilities Manager; Safety Officer</b>	Weekly
Accident Investigations	<b>Administrative Assistant; Facilities Manager</b>	Within 2-days of reported injury
Correction of Hazards	<b>Facilities Manager</b>	As identified
Safety Training	<b>Administrative Assistant; Facilities Manager</b>	Upon Hire; Job Assignment
Recordkeeping	<b>Administrative Assistant</b>	As activities are conducted and completed

We expect each employee, and especially those in supervisory capacities, to see that work is safely planned, safely performed, and that the requirements of this program are faithfully carried out.

The responsibilities of SJVC, Bakersfield Campus, are to:

- Ensure that workplace hazards are identified and evaluated, including procedures for investigating occupational injuries and illnesses.
- Establish and/or review methods and procedures for correcting unsafe and unhealthy conditions and work practices.
- Ensure that Employees receive training programs on general and specific safety and health practices for the company and on each of their job assignments.
- Ensure that there is a procedure for communicating SJVC safety and health rules and procedures to employees, in an understandable manner.
- Ensure compliance with safe and healthy work practices.
- Ensure that records on training, inspections, and corrective measures are properly maintained, as required by this Injury and Illness Prevention Program and Federal and State Laws.

## SAFETY COMMITTEE

### ***Structure & Process –***

**San Joaquin Valley College, Bakersfield Campus** has an active safety committee designed to assist in providing oversight to the Injury & Illness Prevention Program. The safety committee is a forum for communicating safety issues and gaining involvement in the prevention of occupational injuries and illnesses. Membership of the Safety Committee will consist of management and employee representation from each area.

Everyone employed by SJVC, Bakersfield Campus has the right to approach and address the safety committee or a committee member regarding any safety issue, without the fear of reprisal. This committee will conduct its activities in the following manner:

- Meet **Quarterly, unless there is a major safety issue that requires meeting more frequently.**
- Review and approve the minutes from the previous meeting.
- Injuries – review the previous month's number of injuries, what occurred for each injury, and corrective action taken. Where appropriate, submit suggestions (other than disciplinary action) for the prevention of future incidents.
- Follow-Up / Old Business – review status of completion on any unfinished business from the previous meeting.
- Facilities Inspection Checklists – review of the facilities inspections conducted and findings as it pertains to safety.
- Analysis & Action Planning – Submit recommendations to assist in the evaluation of safety corrective actions.
- Safety Project Management / Prioritization / Project List – discuss and complete a prioritized list of safety corrective actions.
- Annual Safety Assessment conducted by corporate- findings and status of actions to be taken:
  - Review and discuss new and outstanding Safety Service Desk Tickets submitted by corporate to assist in the evaluation of the company safety program;
  - Verify corrective action taken by campus to remediate Safety Service Desk Tickets.
- Prepare and make available to the organization and affected employees, written records of the safety and health issues to be shared, posted or discussed at safety committee meetings.

***Safety Committee Member Expectation –***

1. Safety Committee members must attend all meetings to which they are assigned. If a member misses 2 meetings in a 12 month period for other than vacation or personal emergency reasons, they will be removed from the Safety Committee.
2. Leadership – members are representatives of the company's safety efforts. They are expected to:
  - a. Encourage and promote safety activities in their work area and in the organization
  - b. Keeping discussions on the subject matter during safety committee meetings
  - c. Monitor corrective actions through to completion
3. Assignments & Role –
  - a. Take them seriously and follow through
  - b. Prepare in advance for safety committee meetings
  - c. Offer and participate in recommendations for corrective action
4. Focus & Goals –
  - a. Members focus on their assignments
  - b. Members know what they are supposed to accomplish
  - c. Members know the goals of the safety committee and conduct their activities to reflect those goals



## COMPLIANCE WITH SAFETY POLICY

The goal of this safety program is to minimize the potential for injury by encouraging safe practices. SJVC, Bakersfield Campus uses two (2) methods to ensure safety guidelines, rules and procedures are followed, as outlined below:

1. Retraining Process – Employees who are unaware of or demonstrate they are unaware of the correct safe work practices and procedures will be trained or retrained.
2. Disciplinary Policy – Employees who jeopardize or violate health and safety responsibilities / rules, who cause hazardous situations, or who fail to report or, where appropriate, fail to remedy such actions, would result in disciplinary action up to and including termination. This includes substance abuse of any type, such as: prescription drugs, illegal drugs, alcohol, etc. Violation of health and safety responsibilities / rules will be documented using the Safety Counseling Form (Appendix B).
3. An outline of the level of safety violations and example types include, but are not limited to the following:

Major Violation	Serious Violation	Violation
Failure to use locks and/or tags when it is necessary, or removal of someone else's lock or tag without following proper	Failure to use proper lifting and carrying techniques	Blocking fire exits and fire extinguishers
Failure to comply with safety investigations	Failure to report any unsafe condition with a Powered Industrial Truck; wear seatbelts	Failure to wear proper personal protective equipment in designated jobs.
	Failure to report an incident within 24 hours	Engaging in horseplay (Depending on the severity)
		Failure to report or turn in an expired fire extinguisher

## SAFETY COMMUNICATION

Open, two-way safety communication is essential to the success of this program. Our system of communication is designed to facilitate a continuous flow of information covering workplace hazards, safe working conditions, safe work practices, and use of personal protective equipment. Safety communication for SJVC, Bakersfield Campus includes:

### 1. **Safety Meetings** –

- *Schedule:* Monthly, in conjunction with an All-Staff Meeting or Managers Meeting.
- *Who is to Attend:* All Employees are expected to attend.
- *Responsibility:* **Campus Director**
- *Documentation:* Safety meetings and discussion will be documented. Safety Meeting Sign-In Sheets will be retained by the **Administrative Assistant**.

### 2. **Safety Suggestions** –

Employees may submit safety suggestions verbally.

- *Responsibility:* The **Campus Director** will review, investigate, and respond to all safety suggestions received.
- Employees may either verbally communicate safety concerns to the Facilities Manager or they may use the Facilities Service Desk System.

### 3. **Safety Information** –

The **Campus Director** may post written safety information at key locations. Safety postings may include memos, posters, and findings of annual safety assessments.

There will be **NO** reprisal or retribution for furnishing management with information regarding safety defects on equipment, hazards in the workplace, unsafe working conditions or practices, or potential hazards.

## SAFETY INSPECTIONS

Safety inspections are conducted to identify unsafe work conditions and practices. SJVC, Bakersfield Campus will conduct safety inspections as follows:

1. Of the following areas –
  - *Work Areas (Facility)* –
    - *Weekly*
      - **Who: Facilities Manager or Designated Representative**
      - **Responsibility:** The Weekly Safety Inspection Form (Appendix C) will serve as documentation in completing the inspection. A signature on the form used will serve as confirmation that all items were covered as part of a complete inspection.
    - *Equipment* –
      - **Who: Daily by Authorized Equipment Operators.**
      - **Responsibility:** The safety list found in the equipment's operating manual will serve as the list of items checked. If any deficiencies are noted, they will be reported and corrected before the equipment is used.
2. Whenever new substances, processes, procedures, or equipment are introduced into the workplace and present a new safety hazard.
3. Whenever the **Campus Director** or **Facilities Manager** is made aware of any new or previously unrecognized hazard(s).

## OCCUPATIONAL INJURY & ILLNESS INVESTIGATIONS

The purpose of an injury or illness investigation is to find the cause of an accident and prevent further recurrence, *not to assign blame*. It is our policy to carry out a thorough occupational injury and illness investigation, to obtain facts, and focus on causes and hazards.

All work related injuries or illnesses must be **immediately** reported. Accidents will be reported by completing the Incident Report (Appendix D). Investigations of occupational injuries or illnesses will be conducted promptly following each reporting, and documented using the Investigation Report (Appendix E), as follows:

- The Administrative Assistant and Facilities Manager will collectively conduct investigations for occupational injuries/illnesses. The investigation will be completed within 2-days of the reported injury/illness.

Input is encouraged to determine how the hazard should be abated. Once abatement has been decided upon, action will be taken to correct any hazards and practices to prevent a recurrence. All corrective actions will be documented.

**NOTE:** Every employer in California is required to **immediately** report any serious injury, illness or death of an employee which occurs in a place of employment or in connection with any employment to the nearest Cal/OSHA office (California Code of Regulations Title 8, Section 342). Reportable serious injuries or illnesses include:

- Overnight hospitalization (other than for observation),
- Amputation,
- Serious permanent disfigurement, or
- Fatality.

**In the event any of the above injuries occurs, immediately contact Russ Lebo, Chief Financial Officer or Tammie Zaczek, Director of Human Resources who are authorized to contact Cal/OSHA.**

**Phone number for the Cal/OSHA District Office is (661) 588-6400**

**Address: 7718 Meany Ave., Bakersfield, CA 93308**

## **CORRECTION OF HAZARDS**

Unsafe or unhealthy work conditions, practices, or procedures will be corrected in a timely manner based upon the severity of the hazards. Hazards will be corrected according to the following procedures:

1. When identified, observed, or discovered. If a hazard cannot be corrected immediately, employees will be instructed on the safe procedure, practice and behavior until a remedy can be achieved.
2. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary and equipped to correct the existing condition.

All corrective actions taken will be documented on the appropriate forms such as service/purchase orders, logs, accident investigation report, etc. and include the date of completion and signature/initials of the person designated to take the corrective action.

The **Facilities Manager** will coordinate corrections of hazards as defined in this section.

## SAFETY TRAINING & INSTRUCTION

Training is the key to productivity, safety, and operating efficiency. Everyone will receive training and instruction on this IIPP with general and job-specific safety and health practices and procedures. Safety training will be conducted according to the following procedures:

1. Once this program is established, initial training for all current employees.
2. Upon hire.
3. Whenever new substances, processes, procedures or equipment, which represent a new hazard, are introduced into the workplace.
4. Whenever SJVC is made aware of a new or previously unrecognized hazard.
5. To all workers with respect to hazards specific to each job assignment.
6. To all Supervisors with respect to hazards specific to each employee's job assignment;
7. Whenever retraining is deemed necessary.

The **Campus Director** is responsible for overseeing and ensuring that safety training is conducted as outlined in this section.

## **MAINTENANCE of IIPP RECORDS**

Documentation of the below safety activities will be retained and maintained by the **Administrative Assistant**

For a period of one (1) year:

- Safety & Health Trainings
- Safety Meeting Minutes

For a period of five (5) years:

- Occupational Injury & Illness Incident and Investigation Reports

Documentation of the below safety activities will be retained and maintained by the **Facilities Manager** for a period of one (1) year:

- Hazard Abatement
- Facility Inspection Reports

## Code of Safe Practices

Employees shall follow these safety rules and practices to maintain compliance with San Joaquin Valley College's safety program:

### General Safe Behaviors:

1. Report all incidents, injuries and illnesses to your supervisor or Administrative Assistant regardless of how minor the injury might seem within 24 hours.
2. Report all unsafe conditions and equipment to your supervisor or Facilities Manager immediately.
3. Anyone known to be under the influence of intoxicating liquor or drugs shall not be allowed on the job while in that condition.
4. Horseplay, scuffling and other acts which tend to have an adverse influence on the safety or well-being of the employees, are prohibited.
5. Smoking is prohibited in all San Joaquin Valley College facilities and is limited to outside designated smoking areas.
6. Always use the proper lifting technique. Never attempt to lift, push, pull or carry an object that is too heavy. You must contact your supervisor when help is needed to move a heavy object.
7. Never stack material in an unstable manner or precariously on top of bookcases, file cabinets or other relatively high places.
8. When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material, etc.
9. Do not undertake a job until you have received instructions on how to do it properly and safely and are authorized to perform the job.
10. Do not undertake a job that appears to be unsafe.
11. Do not use chemicals without fully understanding their toxic properties and without the knowledge required to work with them safely.
12. Personal protective equipment must be used when and where appropriate and properly maintained.

### Maintenance of Safe Work Environment:

13. Means of egress shall be kept unblocked, well-lighted and unlocked during work hours.
14. Stairways should be kept clear of items that can be tripped over, and all areas under stairways that are egress routes should not be used for storage.
15. Materials and equipment will not be stored against doors or exits, fire ladders of fire extinguisher stations.
16. Aisles must be kept clear at all times.
17. General housekeeping also extends to the restrooms, lunch and break areas and the parking lot.
18. Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.




19. When working with a computer, have all pieces of furniture adjusted, positioned and arranged to minimize strain on all parts of the body.
20. Never leave desk or cabinet drawers open.
21. Do not open more than one upper drawer at a time, particularly the top two drawers on tall file cabinets.
22. All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of ground.
23. All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
24. Appliances, such as coffee pots and microwaves, should be kept in working order and inspected for signs of wear, heat or fraying of cords.
25. Report exposed wiring and cords that are frayed or have deteriorated insulation so that they can be repaired promptly.
26. Fans used in work areas should be guarded. Guards must not allow fingers to be inserted through mesh. Newer fans are equipped with proper guards.
27. All spills shall either be immediately reported or be wiped up promptly.

#### Hazardous Material Handling Safety:

28. Always keep flammable or toxic chemicals in closed containers when not in use.
29. Do not eat in areas where hazardous chemicals are present.
30. Be aware of the potential hazards involving various chemicals stored or used in the workplace.
31. Cleaning supplies should be stored away from edible items on kitchen shelves.
32. Cleaning solvents and flammable liquids should be stored in appropriate containers.
33. Solutions not intended for consumption should be kept in well-labeled containers.

#### Construction/Shop Safety:

34. Never use a metal ladder where it could come in contact with energized parts of equipment, fixtures or circuit conductors.
35. Maintain sufficient access and working space around all electrical equipment to permit ready and safe operations and maintenance.
36. Do not use any portable electrical tools and equipment that are not grounded or double-insulated.
37. Inspect pallets and their loads for integrity and stability before loading or moving.
38. Do not use compressed air for cleaning off clothing.
39. Do not store compressed gas cylinders in areas which are exposed to heat sources, electric arcs or high temperature lines.
40. Wear hearing protection in all areas identified as having high noise exposure.
41. Goggles or face shields must be worn when grinding.
42. Do not use any faulty or worn hand tools.

 <p style="text-align: center;"><b>Facilities Weekly Inspection Report</b></p>		Date:				
		Campus:				
		Inspected by:				
Type	Description	Room /Unit #	1 Need Immediate Attention	2 Need Scheduled Attention	3 Need No Attention	Comments / Action or expected Take IMMEDIATE ACTION ITEMS REQUIRED DISPOSITION OR COMPLETION DATE
Equipment	Air compressor service inspection and certification					
Equipment	Air compressor, numbered and functional, operating permit to be current and clearly visible					
Equipment	Automatic door closers, Check for leaks repair or replace as necessary					
Equipment	Carts Mobile - TV's, LCD projectors & printers, numbered, functional, inspected for frayed wires, broken plug ends					
Equipment	Chemical Spill Kit, inspect for supply stock and ensure for unobstructed access					
Equipment	Chemical Storage & Labeling, Ensure all secondary containers are properly labeled and dated					
Equipment	Classroom and office computers and printers are functional					
Equipment	Copy machines functional and numbered					
Equipment	Dental chairs, Check for hydraulic fluid leaks, clean, repair or replace as necessary					
Equipment	Electrical extension cords & power strips, check for heat discoloration, smoke, frayed wires, broken plug ends					
Equipment	Emergency eyewash station and showers numbered, and tested to ensure proper working condition					
Equipment	All microwaves, water dispensers, coffee makers, inspected to ensure proper working condition					
Equipment	All CPU's monitors, scanners, fax units, phones, printers, TV's, VCR's & LCD projectors inspected for proper working condition					
Equipment	Fire extinguisher inspected to ensure proper working condition, securely mounted, unobstructed access, date tags up to date					
Equipment	First aid kit and fire extinguisher signage VISIBLE					
Equipment	AID Machine inspected to ensure proper working condition, power status is OK, electrode pads and battery are not expired					
Equipment	Desks, chairs, tables, Keyboards trays inspected to ensure proper working condition					
Equipment	Materials carton storage on hallway floors <b>PROHIBITED</b>					
Equipment	Secure/lock down compressed air/gas bottles with approved stand, strapping & valve protector cover					
Equipment	Vending machines, numbered, functional, inspected and maintained in accordance to Mfg. specifications					
Equipment	Verify ready status of all PEP for all applications, e.g. masks, gloves, safety glasses, face shields, body harnesses					
Equipment	Verify Sharps Containers, fill level is maintained to prevent overflow & ensure containers are locked & inaccessible					
Property	A/C filters, in classrooms inspected and replaced every 90 days					
Property	A/C units, numbered and functional, check for excessive condensation padding R & R as necessary					
Property	Electrical panels, unobstructed access, numbered, labeled and blank switch openings plugged w/ cover face plates					
Property	Electrical Sockets functional & fastened to wall correctly, check for heat discoloration or electrical smoke					
Property	Elevator operating permit posted & visible, verify all switch buttons & phone functional and door closes properly					
Property	Emergency Evacuation Maps ensure they are current, posted and VISIBLE					
Property	Emergency exit sign, test power source to ensure functioning properly and battery is charged.					
Property	Emergency (ALL) exit, 911 signage visible, inspected and maintained in accordance to Mfg. specifications					
Property	Emergency interior lights, test power source to ensure functioning properly and battery is charged.					
Property	Interior door lock mechanisms, functional and in good working order, all departments					
Property	Interior lights functional, visual check for burned out light bulbs. Check for electrical smoke					
Property	Interior window lock mechanisms functional and in good working order, all departments					
Property	Landscape lawn, planters, shrubs mowed and trimmed					
Property	Landscape Parking lot Clean and free of litter and misc. debris					
Property	Landscape sprinklers Functional, check for excessive puddle ling R & R as necessary					
Property	MSDS stations, numbered, and up to date					
Property	Parking lot drive surface free of pot holes, traffic signs properly posted & visible					
Property	Storage Racks over 5' high must be bolted to floor in accordance with CAR 1511(b)					
Property	Storage racks/shelves must contain Maximum Weight Capacity Signs in accordance with CAR 1511(b)					
Property	Thermostat controls functional and numbered					
Property	Water fountains, functional, check for padding and or leaks. R & R as necessary					
<b>Report by: Ralph Ortiz</b>						

Emergency Safety [Refer to the Emergency Action Plan Procedures Handbook for policy and procedures]:

43. In the event of fire, notify front desk or management and follow evacuation procedures.
44. Upon hearing fire alarm, stop work and proceed to the nearest clear exit. Gather at designated location and remain there.
45. Only trained employees may attempt to respond to a fire or other emergency.
46. In the event of medical emergency, notify front desk or management to initiate Emergency Response Team. If life threatening, call 911.

Security [Refer to the Campus Security Report for policy and procedures]:

47. Employees are required to display their SJVC picture ID badge at all times while conducting business at SJVC facilities.
48. Employees visiting other SJVC facilities are to check in at the reception desk upon arrival and obtain an authorized Visitors ID badge or display their own picture ID badge.
49. All guests and visitors of employees are required to check in at the reception desk upon arrival and obtain an authorized Visitors ID badge. Guests and visitors are not allowed in the classroom without the prior approval of the Campus Director.
50. All personal belongings should be secured at all times. The College cannot assume responsibility or liability for personal items that are lost, stolen or damaged.
51. Any crimes committed against an employee on SJVC premises should be immediately reported to the Campus Director or supervisor so that notification to the law enforcement agency with jurisdiction can be done.



# SAFETY COUNSELING FORM

DATE:

TO:

C: Personnel File

FROM:

---

## Purpose

The purpose of this safety counseling is to address an activity/procedure, as described below, which violates safety expectations.

## Policy or Policies Violated

[List policy/policies violated by quoting the employee handbook, faculty handbook and/or any other source/document of policies, or list essential duties/responsibilities/competencies from job descriptions that is not being performed to College standards]

## Discussion

We are bringing attention to this observation because of SJVCs' sincere concern for safety and health. Safety expectations are designed for the protection of all: we hope you share this concern.

[Describe or list poor work performance or infractions with dates/times; previous discussions/warnings issued regarding same matter, etc.]

## Conclusion

Production, economy, or convenience shall not take precedence over safety.

[Describe/communicate specific expectations for improvement with a specific period of time the improvements must occur]

## Acknowledgement

*The above observation has been discussed and is understood. I agree that this violation of the safety expectations will not occur again. I acknowledge receiving a copy of and carefully reading this written warning. I fully understand that further display of such acts may lead to further disciplinary action up to and including termination of my employment with SJVC.*

\_\_\_\_\_  
[Insert Employee Name]

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Insert Supervisor's Name]

\_\_\_\_\_  
Date



# Incident Report

- |                                    |  |                                      |                                   |   |   |
|------------------------------------|--|--------------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Bakersfield     | <input type="checkbox"/> Bakersfield | <input type="checkbox"/> Fresno   | <input type="checkbox"/> Rancho Cordova | <input type="checkbox"/> Modesto                |
| <input type="checkbox"/> On-Line   | <input type="checkbox"/> Hanford         | <input type="checkbox"/> Hesperia    | <input type="checkbox"/> Aviation | <input type="checkbox"/> Ontario        | <input type="checkbox"/> Temecula               |
| <input type="checkbox"/> Lancaster | <input type="checkbox"/> San Diego       | <input type="checkbox"/> Call Center | <input type="checkbox"/> Madera   | <input type="checkbox"/> Delano         |   |
| <input type="checkbox"/> Employee  | <input type="checkbox"/> Extern/Clinical | <input type="checkbox"/> Student     | <input type="checkbox"/> Visitor  | <input type="checkbox"/> Patient        | <input type="checkbox"/> Independent Contractor |

Name of Injured: \_\_\_\_\_

Date/Time of Injury: \_\_\_\_\_

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

Location of Incident: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Date/Time Injury Reported: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reported to: \_\_\_\_\_

Student #: \_\_\_\_\_ Student Program: \_\_\_\_\_

Shift begins: \_\_\_\_\_ Shift ends: \_\_\_\_\_

Task being performed when incident occurred: \_\_\_\_\_

Injured Part of the Body: \_\_\_\_\_

How did the incident occur? \_\_\_\_\_

What caused the incident to occur? \_\_\_\_\_

Name of witnesses: \_\_\_\_\_

Was First Aid administered?  Yes  No By Whom? \_\_\_\_\_

Additional treatment administered?  Yes  No By Whom? \_\_\_\_\_

Transportation provided by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact called?  Yes  No Name of Contact: \_\_\_\_\_

Refused medical treatment at this time?  Yes  No  
[Note: Employees may request medical treatment at any time if work related injury/illness does not resolve.]

Declined student liability insurance?  Yes  No Student has primary insurance?  Yes  No

Report completed by: \_\_\_\_\_ Date: \_\_\_\_\_

*I have read the above report and understand that by signing this report I am verifying to the best of my knowledge that the information is true.*

Signature:



# Investigation Report

- |                                    |   |                                      |                                   |                                      |                                   |
|------------------------------------|---|--------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Rancho Cordova | <input type="checkbox"/> Modesto     | <input type="checkbox"/> Fresno   | <input type="checkbox"/> Bakersfield | <input type="checkbox"/> Hesperia |
| <input type="checkbox"/> On-Line   | <input type="checkbox"/> Hanford        | <input type="checkbox"/> Visalia     | <input type="checkbox"/> Aviation | <input type="checkbox"/> Ontario     | <input type="checkbox"/> Temecula |
| <input type="checkbox"/> Lancaster | <input type="checkbox"/> Chula Vista    | <input type="checkbox"/> Call Center | <input type="checkbox"/> Madera   | <input type="checkbox"/> Delano      |                                   |
- Employee   
 Extern/Clinical   
 Student   
 Visitor   
 Patient   
 Independent Contractor

Name of Injured: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Task being performed when incident occurred: \_\_\_\_\_

Injured Part of the Body: \_\_\_\_\_

Description of incident, contributing factors and supporting evidence: \_\_\_\_\_

\_\_\_\_\_

Name of witness: \_\_\_\_\_ Actually saw incident occur?  Yes  No

Statement: \_\_\_\_\_

\_\_\_\_\_

Name of witness: \_\_\_\_\_ Actually saw incident occur?  Yes  No

Statement: \_\_\_\_\_

\_\_\_\_\_

Corrective action taken to prevent similar accidents: \_\_\_\_\_

\_\_\_\_\_

Was safety equipment provided?  Yes  No  N/A If yes, was it used?  Yes  No

Safety Violation:  Yes  No Describe: \_\_\_\_\_

Training Required:  Yes  No Describe: \_\_\_\_\_

Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>REVIEW OF INVESTIGATION</b>	
Do you concur with the findings and corrective actions of this investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, explanation and action taken: _____	
_____	
Director Signature: _____	Date: _____

The **purpose** of an investigation is to find the root cause of the injury or illness so the hazard or practice can be rectified to **prevent further occurrences**. It is **not to fix blame**.

- **Scene** – visit promptly.
- **Interview** – injured worker and witnesses.
  - Interview PRIVATELY (individually), one at a time.
  - If possible, "Walk" the injured through a mock re-enactment.
  - Obtain written and signed witness statements.
- **Document** – details. Take photos, diagram or sketch the scene; take measurements when appropriate.
- **Focus** – on the root causes. Don't jump to conclusions. Try to answer the following:
  - a) What happened?
  - b) What was the employee doing?
  - c) Why did the incident happen?
  - d) What unsafe system "traps" led to this injury or illness?
  - e) What should be done?

**Discuss** – ideas for prevention.

- **Follow up** – with corrective action. Make it visible so everyone is aware of the outcome.

### Third Party Involvement

When a third party appears to be involved, retain evidence. Get the name(s) of involved individuals/company(ies), addresses, phone numbers, license and insurance information. If a piece of equipment may have contributed, get equipment serial numbers, manufacturer name(s), copies of maintenance records, name(s) of individuals/company(ies) conducting maintenance or repairs, dates of maintenance or repair, date of build, etc.

**NOTE:** Every employer in California is required to **immediately** report any serious injury or illness, or death of an employee, which occurs in a place of employment or in connection with any employment to the nearest Cal/OSHA office (California Code of Regulations Title 8, Section 342). Reportable serious injuries or illnesses include:

- Overnight hospitalization (other than for observation).
- Amputation.
- Serious permanent disfigurement, or
- Fatality.

**In the event any of the above injuries occurs, immediately contact Russ Lebo, Chief Financial Officer or Tammie Zaczek, Director of Human Resources who are authorized to contact Cal/OSHA.**

**Phone number for the Cal/OSHA District Office is (661) 588-6400**

**Address: 7718 Meany Ave., Bakersfield, CA 93308**

<b>JOB TITLE</b>	<b>PERSONNEL NAME</b>
<b>CAMPUS DIRECTOR</b>	<i>KELLY MACY</i>
<b>FACILITIES MANAGER</b>	<i>DAVID KIRK</i>
<b>ADMINISTRATIVE ASSISTANT</b>	<i>CECILA GUILLEN</i>
<b>SAFETY OFFICERS</b>	<i>ALLIED BARTON SECURITY</i>



## **FRONT DESK PROCEDURES- BAKERSFIELD**

### **NOTIFICATION OF EMERGENCY**

1.) For serious or life threatening injuries and situations, call 911. Be prepared to provide name, location and nature of the incident.

2.) Contact the Safety Officer or a member of the Emergency Response Team (ERT) [Refer to the Emergency Response Team Contact List], Follow the instructions of the ERT member.

3.) Take notes if possible.

**4.) If the situation requires evacuation, take Emergency Response binder to the gathering area and give it to an ERT member. If an ERT member is not available then provide it to police or fire-rescue.**

### **NOTIFICATION OF NON-EMERGENCY**

1.) Obtain the following information: name, location and nature of the incident.

2.) Contact the Safety Officer or a member of the Emergency Response Team (ERT) [Refer to the Emergency Response Team Contact List]. Follow the instructions of the ERT member.

3.) Take notes if possible.

### **Arranging Medical Care for Work-Related Injury or Illness**

If the Administrative Assistant is unavailable, a member from the management team will need to give the injury/illness immediate attention and follow these steps:

**1.) Do NOT attempt to provide first aid beyond what you have been trained to do! Members of the ERT are trained to be first responders.**

If the injured requires additional treatment, obtain **Authorization for Medical Treatment form** and send injured to:

Central Valley Occupational Medical Group  
4100 Truxton Avenue, Suite 200  
Bakersfield, CA 93309  
(661) 632-1540  
(661) 632-1538 FAX

Consider whether it is safe for the injured to transport themselves to the medical provider. If the designated emergency contact, other family or

## **FRONT DESK PROCEDURES- BAKERSFIELD**

friend(s) can not be contacted, a member of the Emergency Response Team may transport the injured or an ambulance should be contacted.

Call the doctor's office to advise them when the injured may be arriving, the nature of the injury and any other pertinent information.

### **2.) Complete an Incident Report**

Investigate the cause of the injury and complete an **Incident Report**. In non life threatening situations the report should be completed prior to sending the injured for medical treatment. Have the injured verify the information to be correct and sign and date the form.

### **3.) Notify Injurer's Emergency Contact**

Notification of an injurer's emergency contact should be done when they are unable to do so. Be prepared to provide the following information:

- A description of the incident
- The nature of the injuries
- Where the injured was taken for treatment
- How to reach the injured by telephone

### **4.) Immediately Report Death or Serious Injury**

Should an incident result in serious injury or death, you must complete the **Serious Incident Report** and contact immediately in the following order:

1. Student and Employee Services Coordinator at Corporate Office
2. Director of Human Resources
3. CFO or other member of Senior Management

### **5.) Documentation**

Insure that all paperwork is retained and given to the Administrative Assistant. In addition, an e-mail should be sent or a voice mail left for the Administrative Assistant regarding the incident so that follow-up can be prompt.

**NOTE: The above procedures are appropriate for all employees who have sustained an industrial injury or illness. Students should be referred to their personal physician or walk-in clinic.**

# **INJURY & ILLNESS PREVENTION PROGRAM (IIPP)**



## ***San Joaquin Valley College Fresno Campus***

295 East Sierra Ave.  
Fresno, CA 93710

March 2014

## INTRODUCTION

**San Joaquin Valley College (SJVC)** has developed this written Injury and Illness Prevention Program (IIPP) as part of our health and safety program. Under all circumstances, it is the intent of SJVC to comply with the requirements of the California Code of Regulations (CCR), Title 8.

The work performed by SJVC personnel is varied. We expect all personnel to follow the requirements set forth in this IIPP. This program seeks to address several safety issues regarding compliance with the Injury & Illness Prevention Program requirement, and provides guidance for the way we implement our activities in support of our safety efforts.

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### APPENDICES

- Appendix A – Code of Safe Practices
- Appendix B – Safety Counseling Form
- Appendix C – Weekly Safety Inspection Checklist
- Appendix D – Incident Report
- Appendix E – Investigation Report
- Appendix F – Personnel References

## MANAGEMENT COMMITMENT TO SAFETY AND HEALTH

The purpose of this program is to ensure that all injury and illness hazards are recognized and addressed. This will help to reduce and maintain the risks and costs associated with workplace injuries and illnesses.

It is the policy of **San Joaquin Valley College, Fresno Campus** to provide and maintain standards of safety and health for all personnel. Management is very sincere and supportive of our safety programs, and has accepted the responsibility to ensure that all employees perform their assigned duties in a safe and correct manner. Through cooperation, communication, and training, together we will be able to obtain a safe working environment for all concerned. The safety and health of our employees continues to be the first consideration in operating this business. It takes the whole company to keep all of us safe; we cannot do this without the support of the employees.

## ASSIGNMENT OF RESPONSIBILITY

Safety is the responsibility of everyone at SJVC, Fresno Campus. To ensure that this Injury & Illness Prevention Program is implemented effectively, the **Campus Director** is responsible for the oversight of the Fresno Campus IIPP. Other personnel may be assigned to assist in completing activities. The table below provides an accounting of personnel responsible for conducting various activities outlined in this document.

Activity	Responsibility	Frequency
Compliance with Safety	<b>Management; Staff; Faculty</b>	On-Going
Safety Meetings	<b>Campus Director</b>	Bi-Monthly
Safety Inspections:		
Equipment	<b>Equipment Operators</b>	Daily, when in use
Facility	<b>Facilities Manager; Safety Officer</b>	Weekly
Accident Investigations	<b>Administrative Assistant; Facilities Manager</b>	Within 2-days of reported injury
Correction of Hazards	<b>Facilities Manager</b>	As identified
Safety Training	<b>Administrative Assistant; Facilities Manager</b>	Upon Hire; Job Assignment
Recordkeeping	<b>Administrative Assistant</b>	As activities are conducted and completed

We expect each employee, and especially those in supervisory capacities, to see that work is safely planned, safely performed, and that the requirements of this program are faithfully carried out.

The responsibilities of SJVC, Fresno Campus, are to:

- Ensure that workplace hazards are identified and evaluated, including procedures for investigating occupational injuries and illnesses.
- Establish and/or review methods and procedures for correcting unsafe and unhealthy conditions and work practices.
- Ensure that Employees receive training programs on general and specific safety and health practices for the company and on each of their job assignments.
- Ensure that there is a procedure for communicating SJVC safety and health rules and procedures to employees, in an understandable manner.
- Ensure compliance with safe and healthy work practices.
- Ensure that records on training, inspections, and corrective measures are properly maintained, as required by this Injury and Illness Prevention Program and Federal and State Laws.

## SAFETY COMMITTEE

### ***Structure & Process –***

**San Joaquin Valley College, Fresno Campus** has an active safety committee designed to assist in providing oversight to the Injury & Illness Prevention Program. The safety committee is a forum for communicating safety issues and gaining involvement in the prevention of occupational injuries and illnesses. Membership of the Safety Committee will consist of management and employee representation from each area.

Everyone employed by SJVC, Fresno Campus has the right to approach and address the safety committee or a committee member regarding any safety issue, without the fear of reprisal. This committee will conduct its activities in the following manner:

- Meet **Quarterly, unless there is a major safety issue that requires meeting more frequently.**
- Review and approve the minutes from the previous meeting.
- Injuries – review the previous month's number of injuries, what occurred for each injury, and corrective action taken. Where appropriate, submit suggestions (other than disciplinary action) for the prevention of future incidents.
- Follow-Up / Old Business – review status of completion on any unfinished business from the previous meeting.
- Facilities Inspection Checklists – review of the facilities inspections conducted and findings as it pertains to safety.
- Analysis & Action Planning – Submit recommendations to assist in the evaluation of safety corrective actions.
- Safety Project Management / Prioritization / Project List – discuss and complete a prioritized list of safety corrective actions.
- Annual Safety Assessment conducted by corporate- findings and status of actions to be taken:
  - Review and discuss new and outstanding Safety Service Desk Tickets submitted by corporate to assist in the evaluation of the company safety program;
  - Verify corrective action taken by campus to remediate Safety Service Desk Tickets.
- Prepare and make available to the organization and affected employees, written records of the safety and health issues to be shared, posted or discussed at safety committee meetings.



***Safety Committee Member Expectation –***

1. Safety Committee members must attend all meetings to which they are assigned. If a member misses 2 meetings in a 12 month period for other than vacation or personal emergency reasons, they will be removed from the Safety Committee.
2. Leadership – members are representatives of the company’s safety efforts. They are expected to:
  - a. Encourage and promote safety activities in their work area and in the organization
  - b. Keeping discussions on the subject matter during safety committee meetings
  - c. Monitor corrective actions through to completion
3. Assignments & Role –
  - a. Take them seriously and follow through
  - b. Prepare in advance for safety committee meetings
  - c. Offer and participate in recommendations for corrective action
4. Focus & Goals –
  - a. Members focus on their assignments
  - b. Members know what they are supposed to accomplish
  - c. Members know the goals of the safety committee and conduct their activities to reflect those goals

## COMPLIANCE WITH SAFETY POLICY

The goal of this safety program is to minimize the potential for injury by encouraging safe practices. SJVC, Fresno Campus uses two (2) methods to ensure safety guidelines, rules and procedures are followed, as outlined below:

1. Retraining Process – Employees who are unaware of or demonstrate they are unaware of the correct safe work practices and procedures will be trained or retrained.
2. Disciplinary Policy – Employees who jeopardize or violate health and safety responsibilities / rules, who cause hazardous situations, or who fail to report or, where appropriate, fail to remedy such actions, would result in disciplinary action up to and including termination. This includes substance abuse of any type, such as: prescription drugs, illegal drugs, alcohol, etc. Violation of health and safety responsibilities / rules will be documented using the Safety Counseling Form (Appendix B).
3. An outline of the level of safety violations and example types include, but are not limited to the following:

Major Violation	Serious Violation	Violation
Failure to use locks and/or tags when it is necessary, or removal of someone else's lock or tag without following proper	Failure to use proper lifting and carrying techniques	Blocking fire exits and fire extinguishers
Failure to comply with safety investigations	Failure to report any unsafe condition with a Powered Industrial Truck; wear seatbelts	Failure to wear proper personal protective equipment in designated jobs.
	Failure to report an incident within 24 hours	Engaging in horseplay (Depending on the severity)
		Failure to report or turn in an expired fire extinguisher

## SAFETY COMMUNICATION

Open, two-way safety communication is essential to the success of this program. Our system of communication is designed to facilitate a continuous flow of information covering workplace hazards, safe working conditions, safe work practices, and use of personal protective equipment. Safety communication for SJVC, Fresno Campus includes:

### 1. **Safety Meetings –**

- *Schedule:* Bi-Monthly, in conjunction with an All-Staff Meeting or Managers Meeting.
- *Who is to Attend:* All Employees are expected to attend.
- *Responsibility:* **Campus Director**
- *Documentation:* Safety meetings and discussion will be documented. Safety Meeting Sign-In Sheets will be retained by the **Administrative Assistant**.

### 2. **Safety Suggestions –**

Employees may submit safety suggestions verbally.

- *Responsibility:* The **Campus Director** will review, investigate, and respond to all safety suggestions received.
- Employees may either verbally communicate safety concerns to the Facilities Manager or they may use the Facilities Service Desk System.

### 3. **Safety Information –**

The **Campus Director** may post written safety information at key locations. Safety postings may include memos, posters, and findings of annual safety assessments.

There will be **NO** reprisal or retribution for furnishing management with information regarding safety defects on equipment, hazards in the workplace, unsafe working conditions or practices, or potential hazards.

## SAFETY INSPECTIONS

Safety inspections are conducted to identify unsafe work conditions and practices. SJVC, Fresno Campus will conduct safety inspections as follows:

1. Of the following areas –
  - *Work Areas (Facility)* –
    - *Weekly*
      - **Who: Facilities Manager or Designated Representative**
      - **Responsibility:** The Weekly Safety Inspection Form (Appendix C) will serve as documentation in completing the inspection. A signature on the form used will serve as confirmation that all items were covered as part of a complete inspection.
  - *Equipment* –
    - **Who: Daily by Authorized Equipment Operators.**
    - **Responsibility:** The safety list found in the equipment's operating manual will serve as the list of items checked. If any deficiencies are noted, they will be reported and corrected before the equipment is used.
2. Whenever new substances, processes, procedures, or equipment are introduced into the workplace and present a new safety hazard.
3. Whenever the **Campus Director** or **Facilities Manager** is made aware of any new or previously unrecognized hazard(s).

## OCCUPATIONAL INJURY & ILLNESS INVESTIGATIONS

The purpose of an injury or illness investigation is to find the cause of an accident and prevent further recurrence, *not to assign blame*. It is our policy to carry out a thorough occupational injury and illness investigation, to obtain facts, and focus on causes and hazards.

All work related injuries or illnesses must be **immediately** reported. Accidents will be reported by completing the Incident Report (Appendix D). Investigations of occupational injuries or illnesses will be conducted promptly following each reporting, and documented using the Investigation Report (Appendix E), as follows:

- The Administrative Assistant and Facilities Manager will collectively conduct investigations for occupational injuries/illnesses. The investigation will be completed within 2-days of the reported injury/illness.

Input is encouraged to determine how the hazard should be abated. Once abatement has been decided upon, action will be taken to correct any hazards and practices to prevent a recurrence. All corrective actions will be documented.

**NOTE:** Every employer in California is required to **immediately** report any serious injury, illness or death of an employee which occurs in a place of employment or in connection with any employment to the nearest Cal/OSHA office (California Code of Regulations Title 8, Section 342). Reportable serious injuries or illnesses include:

- Overnight hospitalization (other than for observation),
- Amputation,
- Serious permanent disfigurement, or
- Fatality.

**In the event any of the above injuries occurs, immediately contact Russ Lebo, Chief Financial Officer or Tammie Zaczek, Director of Human Resources who are authorized to contact Cal/OSHA.**

**Phone number for the Cal/OSHA District Office is (559) 445-5302**

**Address: 2550 Mariposa Street, Suite 4000, Fresno, CA 93721**

## **CORRECTION OF HAZARDS**

Unsafe or unhealthy work conditions, practices, or procedures will be corrected in a timely manner based upon the severity of the hazards. Hazards will be corrected according to the following procedures:

1. When identified, observed, or discovered. If a hazard cannot be corrected immediately, employees will be instructed on the safe procedure, practice and behavior until a remedy can be achieved.
2. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary and equipped to correct the existing condition.

All corrective actions taken will be documented on the appropriate forms such as service/purchase orders, logs, accident investigation report, etc. and include the date of completion and signature/initials of the person designated to take the corrective action.

The **Facilities Manager** will coordinate corrections of hazards as defined in this section.

## SAFETY TRAINING & INSTRUCTION

Training is the key to productivity, safety, and operating efficiency. Everyone will receive training and instruction on this IIPP with general and job-specific safety and health practices and procedures. Safety training will be conducted according to the following procedures:

1. Once this program is established, initial training for all current employees.
2. Upon hire.
3. Whenever new substances, processes, procedures or equipment, which represent a new hazard, are introduced into the workplace.
4. Whenever SJVC is made aware of a new or previously unrecognized hazard.
5. To all workers with respect to hazards specific to each job assignment.
6. To all Supervisors with respect to hazards specific to each employee's job assignment;
7. Whenever retraining is deemed necessary.

The **Campus Director** is responsible for overseeing and ensuring that safety training is conducted as outlined in this section.

## **MAINTENANCE of IIPP RECORDS**

Documentation of the below safety activities will be retained and maintained by the **Administrative Assistant**

For a period of one (1) year:

- Safety & Health Trainings
- Safety Meeting Minutes

For a period of five (5) years:

- Occupational Injury & Illness Incident and Investigation Reports

Documentation of the below safety activities will be retained and maintained by the **Facilities Manager** for a period of one (1) year:

- Hazard Abatement
- Facility Inspection Reports



## Code of Safe Practices

Employees shall follow these safety rules and practices to maintain compliance with San Joaquin Valley College's safety program:

### General Safe Behaviors:

1. Report all incidents, injuries and illnesses to your supervisor or Administrative Assistant regardless of how minor the injury might seem within 24 hours.
2. Report all unsafe conditions and equipment to your supervisor or Facilities Manager immediately.
3. Anyone known to be under the influence of intoxicating liquor or drugs shall not be allowed on the job while in that condition.
4. Horseplay, scuffling and other acts which tend to have an adverse influence on the safety or well-being of the employees, are prohibited.
5. Smoking is prohibited in all San Joaquin Valley College facilities and is limited to outside designated smoking areas.
6. Always use the proper lifting technique. Never attempt to lift, push, pull or carry an object that is too heavy. You must contact your supervisor when help is needed to move a heavy object.
7. Never stack material in an unstable manner or precariously on top of bookcases, file cabinets or other relatively high places.
8. When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material, etc.
9. Do not undertake a job until you have received instructions on how to do it properly and safely and are authorized to perform the job.
10. Do not undertake a job that appears to be unsafe.
11. Do not use chemicals without fully understanding their toxic properties and without the knowledge required to work with them safely.
12. Personal protective equipment must be used when and where appropriate and properly maintained.

### Maintenance of Safe Work Environment:

13. Means of egress shall be kept unblocked, well-lighted and unlocked during work hours.
14. Stairways should be kept clear of items that can be tripped over, and all areas under stairways that are egress routes should not be used for storage.
15. Materials and equipment will not be stored against doors or exits, fire ladders of fire extinguisher stations.
16. Aisles must be kept clear at all times.
17. General housekeeping also extends to the restrooms, lunch and break areas and the parking lot.
18. Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.

19. When working with a computer, have all pieces of furniture adjusted, positioned and arranged to minimize strain on all parts of the body.
20. Never leave desk or cabinet drawers open.
21. Do not open more than one upper drawer at a time, particularly the top two drawers on tall file cabinets.
22. All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of ground.
23. All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
24. Appliances, such as coffee pots and microwaves, should be kept in working order and inspected for signs of wear, heat or fraying of cords.
25. Report exposed wiring and cords that are frayed or have deteriorated insulation so that they can be repaired promptly.
26. Fans used in work areas should be guarded. Guards must not allow fingers to be inserted through mesh. Newer fans are equipped with proper guards.
27. All spills shall either be immediately reported or be wiped up promptly.

#### Hazardous Material Handling Safety:

28. Always keep flammable or toxic chemicals in closed containers when not in use.
29. Do not eat in areas where hazardous chemicals are present.
30. Be aware of the potential hazards involving various chemicals stored or used in the workplace.
31. Cleaning supplies should be stored away from edible items on kitchen shelves.
32. Cleaning solvents and flammable liquids should be stored in appropriate containers.
33. Solutions not intended for consumption should be kept in well-labeled containers.

#### Construction/Shop Safety:

34. Never use a metal ladder where it could come in contact with energized parts of equipment, fixtures or circuit conductors.
35. Maintain sufficient access and working space around all electrical equipment to permit ready and safe operations and maintenance.
36. Do not use any portable electrical tools and equipment that are not grounded or double-insulated.
37. Inspect pallets and their loads for integrity and stability before loading or moving.
38. Do not use compressed air for cleaning off clothing.
39. Do not store compressed gas cylinders in areas which are exposed to heat sources, electric arcs or high temperature lines.
40. Wear hearing protection in all areas identified as having high noise exposure.
41. Goggles or face shields must be worn when grinding.
42. Do not use any faulty or worn hand tools.

Emergency Safety [Refer to the Emergency Action Plan Procedures Handbook for policy and procedures]:

43. In the event of fire, notify front desk or management and follow evacuation procedures.
44. Upon hearing fire alarm, stop work and proceed to the nearest clear exit. Gather at designated location and remain there.
45. Only trained employees may attempt to respond to a fire or other emergency.
46. In the event of medical emergency, notify front desk or management to initiate Emergency Response Team. If life threatening, call 911.

Security [Refer to the Campus Security Report for policy and procedures]:

47. Employees are required to display their SJVC picture ID badge at all times while conducting business at SJVC facilities.
48. Employees visiting other SJVC facilities are to check in at the reception desk upon arrival and obtain an authorized Visitors ID badge or display their own picture ID badge.
49. All guests and visitors of employees are required to check in at the reception desk upon arrival and obtain an authorized Visitors ID badge. Guests and visitors are not allowed in the classroom without the prior approval of the Campus Director.
50. All personal belongings should be secured at all times. The College cannot assume responsibility or liability for personal items that are lost, stolen or damaged.
51. Any crimes committed against an employee on SJVC premises should be immediately reported to the Campus Director or supervisor so that notification to the law enforcement agency with jurisdiction can be done.



# SAFETY COUNSELING FORM

DATE:

TO:

C: Personnel File

FROM:

---

## Purpose

The purpose of this safety counseling is to address an activity/procedure, as described below, which violates safety expectations.

## Policy or Policies Violated

[List policy/policies violated by quoting the employee handbook, faculty handbook and/or any other source/document of policies, or list essential duties/responsibilities/competencies from job descriptions that is not being performed to College standards]

## Discussion

We are bringing attention to this observation because of SJVCs' sincere concern for safety and health. Safety expectations are designed for the protection of all: we hope you share this concern.

[Describe or list poor work performance or infractions with dates/times; previous discussions/warnings issued regarding same matter, etc.]

## Conclusion

Production, economy, or convenience shall not take precedence over safety.

[Describe/communicate specific expectations for improvement with a specific period of time the improvements must occur]

## Acknowledgement


*The above observation has been discussed and is understood. I agree that this violation of the safety expectations will not occur again. I acknowledge receiving a copy of and carefully reading this written warning. I fully understand that further display of such acts may lead to further disciplinary action up to and including termination of my employment with SJVC.*

\_\_\_\_\_  
[Insert Employee Name]

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Insert Supervisor's Name]

\_\_\_\_\_  
Date

 <b>Facilities Weekly Inspection Report</b>		Date: _____ Campus: _____ Inspected by: _____			Comments / Action or expected Task IMMEDIATE ACTION ITEMS REQUIRED DISPOSITION OR COMPLETION DATE
		Room /Unit #	1 Need Immediate Attention	2 Need Scheduled Attention	
Type	Description				
Equipment	Air compressor service inspection and certification				
Equipment	Air compressor, numbered and functional, operating permit to be current and clearly visible				
Equipment	Automatic door closers, Check for leaks repair or replace as necessary				
Equipment	Carts Mobile - TV's, LCD projectors & printers, numbered, functional, inspected for frayed wires, broken plug ends				
Equipment	Chemical Spill Kit, inspect for supply stock and ensure for unobstructed access				
Equipment	Chemical Storage & Labeling, Ensure all secondary containers are properly labeled and dated				
Equipment	Classroom and office computers and printers are functional				
Equipment	Copy machines functional and numbered				
Equipment	Dental chairs, Check for hydraulic fluid leaks, clean, repair or replace as necessary				
Equipment	Electrical extension cords & power strips, check for heat discoloration, smoke, frayed wires, broken plug ends				
Equipment	Emergency eyewash station and showers numbered, and tested to ensure proper working condition				
Equipment	All microwaves, water dispensers, coffee makers, inspected to ensure proper working condition				
Equipment	All CPU's monitors, scanners, fax units, phones, printers, TV's, VCR's & LCD projectors inspected for proper working condition				
Equipment	Fire extinguisher inspected to ensure proper working condition, securely mounted, unobstructed access, date tags up to date				
Equipment	First aid kit and fire extinguisher signage VISIBLE				
Equipment	AID Machine inspected to ensure proper working condition, power status is OK, electrode pads and battery are not expired				
Equipment	Desks, chairs, tables, Keyboards trays inspected to ensure proper working condition				
Equipment	Materials carton storage on hallway floors <b>PROHIBITED</b>				
Equipment	Secure/lock down compressed air/gas bottles with approved stand, strapping & valve protector cover				
Equipment	Vending machines, numbered, functional, inspected and maintained in accordance to Mfg. specifications				
Equipment	Verify ready status of all PEP for all applications, e.g. masks, gloves, safety glasses, face shields, body harnesses				
Equipment	Verify Sharps Containers, fill level is maintained to prevent overflow & ensure containers are locked & inaccessible				
Property	A/C filters, in classrooms inspected and replaced every 90 days				
Property	A/C units, numbered and functional, check for excessive condensation padding R & R as necessary				
Property	Electrical panels, unobstructed access, numbered, labeled and blank switch openings plugged w/ cover face plates				
Property	Electrical Sockets functional & fastened to wall correctly, check for heat discoloration or electrical smoke				
Property	Elevator operating permit posted & visible, verify all switch buttons & phone functional and door closes properly				
Property	Emergency Evacuation Maps ensure they are current, posted and VISIBLE				
Property	Emergency exit sign, test power source to ensure functioning properly and battery is charged.				
Property	Emergency (ALL) exit, 911 signage visible, inspected and maintained in accordance to Mfg. specifications				
Property	Emergency interior lights, test power source to ensure functioning properly and battery is charged.				
Property	Interior door lock mechanisms, functional and in good working order, all departments				
Property	Interior lights functional, visual check for burned out light bulbs. Check for electrical smoke				
Property	Interior window lock mechanisms functional and in good working order, all departments				
Property	Landscape lawn, planters, shrubs mowed and trimmed				
Property	Landscape Parking lot Clean and free of litter and misc. debris				
Property	Landscape sprinklers Functional, check for excessive puddling R & R as necessary				
Property	MSDS stations, numbered, and up to date				
Property	Parking lot drive surface free of pot holes, traffic signs properly posted & visible				
Property	Storage Racks over 5' high must be bolted to floor in accordance with CAR 1511(b)				
Property	Storage racks/shelves must contain Maximum Weight Capacity Signs in accordance with CAR 1511(b)				
Property	Thermostat controls functional and numbered				
Property	Water fountains, functional, check for padding and or leaks. R & R as necessary				
Report by: Ralph Ortiz					



# Incident Report

- Corporate       Rancho Cordova       Modesto       Fresno       Bakersfield       Hesperia
- On-Line       Hanford       Visalia       Aviation       Ontario       Temecula
- Lancaster       Chula Vista       Call Center       Madera       Delano
- Employee       Extern/Clinical       Student       Visitor       Patient       Independent Contractor

Name of Injured: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

Address: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Date/Time Injury Reported: \_\_\_\_\_

Telephone: \_\_\_\_\_ Reported to: \_\_\_\_\_

Student #: \_\_\_\_\_ Student Program: \_\_\_\_\_ Shift begins: \_\_\_\_\_ Shift ends: \_\_\_\_\_

Task being performed when incident occurred: \_\_\_\_\_

Injured Part of the Body: \_\_\_\_\_

\_\_\_\_\_

How did the incident occur? \_\_\_\_\_

\_\_\_\_\_

What caused the incident to occur? \_\_\_\_\_

\_\_\_\_\_

Name of witnesses: \_\_\_\_\_

Was First Aid administered?  Yes  No By Whom? \_\_\_\_\_

Additional treatment administered?  Yes  No By Whom? \_\_\_\_\_

Transportation provided by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact called?  Yes  No Name of Contact: \_\_\_\_\_

Refused medical treatment at this time?  Yes  No  
[Note: Employees may request medical treatment at any time if work related injury/illness does not resolve.]

Declined student liability insurance?  Yes  No Student has primary insurance?  Yes  No

Report completed by: \_\_\_\_\_ Date: \_\_\_\_\_

*I have read the above report and understand that by signing this report I am verifying to the best of my knowledge that the information is true.*

Signature: \_\_\_\_\_



# Investigation Report

- Corporate       Rancho Cordova       Modesto       Fresno       Bakersfield       Hesperia
- On-Line       Hanford       Visalia       Aviation       Ontario       Temecula
- Lancaster       Chula Vista       Call Center       Madera       Delano
- Employee       Extern/Clinical       Student       Visitor       Patient       Independent Contractor

Name of Injured: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Task being performed when incident occurred: \_\_\_\_\_

Injured Part of the Body: \_\_\_\_\_

Description of incident, contributing factors and supporting evidence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of witness: \_\_\_\_\_ Actually saw incident occur?  Yes  No

Statement: \_\_\_\_\_

\_\_\_\_\_

Name of witness: \_\_\_\_\_ Actually saw incident occur?  Yes  No

Statement: \_\_\_\_\_

\_\_\_\_\_

Corrective action taken to prevent similar accidents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was safety equipment provided?  Yes  No  N/A If yes, was it used?  Yes  No

Safety Violation:  Yes  No Describe: \_\_\_\_\_

Training Required:  Yes  No Describe: \_\_\_\_\_

Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEW OF INVESTIGATION**

Do you concur with the findings and corrective actions of this investigation?  Yes  No

If No, explanation and action taken: \_\_\_\_\_

\_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The **purpose** of an investigation is to find the root cause of the injury or illness so the hazard or practice can be rectified to **prevent further occurrences**. It is **not to fix blame**.

- **Scene** – visit promptly.
- **Interview** – injured worker and witnesses.
  - Interview PRIVATELY (individually), one at a time.
  - If possible, "Walk" the injured through a mock re-enactment.
  - Obtain written and signed witness statements.
- **Document** – details. Take photos, diagram or sketch the scene; take measurements when appropriate.
- **Focus** – on the root causes. Don't jump to conclusions. Try to answer the following:
  - a) What happened?
  - b) What was the employee doing?
  - c) Why did the incident happen?
  - d) What unsafe system "traps" led to this injury or illness?
  - e) What should be done?

**Discuss** – ideas for prevention.

- **Follow up** – with corrective action. Make it visible so everyone is aware of the outcome.

### Third Party Involvement

When a third party appears to be involved, retain evidence. Get the name(s) of involved individuals/company(ies), addresses, phone numbers, license and insurance information. If a piece of equipment may have contributed, get equipment serial numbers, manufacturer name(s), copies of maintenance records, name(s) of individuals/company(ies) conducting maintenance or repairs, dates of maintenance or repair, date of build, etc.

**NOTE:** Every employer in California is required to **immediately** report any serious injury or illness, or death of an employee, which occurs in a place of employment or in connection with any employment to the nearest Cal/OSHA office (California Code of Regulations Title 8, Section 342). Reportable serious injuries or illnesses include:

- Overnight hospitalization (other than for observation).
- Amputation.
- Serious permanent disfigurement, or
- Fatality.

**In the event any of the above injuries occurs, immediately contact Russ Lebo, Chief Financial Officer or Tammie Zaczek, Director of Human Resources who are authorized to contact Cal/OSHA.**

**Phone number for the Cal/OSHA District Office is (559) 445-5302**

**Address: 2550 Mariposa Street, Suite 4000, Fresno, CA 93721**



<b>JOB TITLE</b>	<b>PERSONNEL NAME</b>
<b>CAMPUS DIRECTOR</b>	<i>SUMER AVILA</i>
<b>FACILITIES MANAGER</b>	<i>PATRICIA BAVERY</i>
<b>ADMINISTRATIVE ASSISTANT</b>	<i>ALICE RODRIGUEZ</i>
<b>SAFETY OFFICERS</b>	<i>ALLIED BARTON SECURITY</i>

## **FRONT DESK PROCEDURES- FRESNO**

### **NOTIFICATION OF EMERGENCY**

1.) For serious or life threatening injuries and situations, call 911. Be prepared to provide name, location and nature of the incident.

2.) Contact the Safety Officer or a member of the Emergency Response Team (ERT) [Refer to the Emergency Response Team Contact List], Follow the instructions of the ERT member.

3.) Take notes if possible.

**4.) If the situation requires evacuation, take Emergency Response binder to the gathering area and give it to an ERT member. If an ERT member is not available then provide it to police or fire-rescue.**

### **NOTIFICATION OF NON-EMERGENCY**

1.) Obtain the following information: name, location and nature of the incident.

2.) Contact the Safety Officer or a member of the Emergency Response Team (ERT) [Refer to the Emergency Response Team Contact List]. Follow the instructions of the ERT member.

3.) Take notes if possible.

### **Arranging Medical Care for Work-Related Injury or Illness**

If the Administrative Assistant is unavailable, a member from the management team will need to give the injury/illness immediate attention and follow these steps:

**1.) Do NOT attempt to provide first aid beyond what you have been trained to do! Members of the ERT are trained to be first responders.**

If the injured requires additional treatment, obtain ***Authorization for Medical Treatment form*** and send injured to:

Concentra  
7265 N. First Street, Suite 105  
Fresno, CA 932720  
(559) 431-8181  
(559) 431-1291 FAX

Or

## **FRONT DESK PROCEDURES- FRESNO**

Concentra  
2610 Tuolumne Street  
Fresno, CA 93721  
(559) 268-0666

Consider whether it is safe for the injured to transport themselves to the medical provider. If the designated emergency contact, other family or friend(s) can not be contacted, a member of the Emergency Response Team may transport the injured or an ambulance should be contacted.

Call the doctor's office to advise them when the injured may be arriving, the nature of the injury and any other pertinent information.

### **2.) Complete an Incident Report**

Investigate the cause of the injury and complete an ***Incident Report***. In non life threatening situations the report should be completed prior to sending the injured for medical treatment. Have the injured verify the information to be correct and sign and date the form.

### **3.) Notify Injurer's Emergency Contact**

Notification of an injurer's emergency contact should be done when they are unable to do so. Be prepared to provide the following information:

- A description of the incident
- The nature of the injuries
- Where the injured was taken for treatment
- How to reach the injured by telephone

### **4.) Immediately Report Death or Serious Injury**

Should an incident result in serious injury or death, you must complete the ***Serious Incident Report*** and contact immediately in the following order:

1. Student and Employee Services Coordinator at Corporate Office
2. Director of Human Resources
3. CFO or other member of Senior Management

### **5.) Documentation**

Insure that all paperwork is retained and given to the Administrative Assistant. In addition, an e-mail should be sent or a voice mail left for the Administrative Assistant regarding the incident so that follow-up can be prompt.

**FRONT DESK PROCEDURES- FRESNO**

**NOTE: The above procedures are appropriate for all employees who have sustained an industrial injury or illness. Students should be referred to their personal physician or walk-in clinic.**