

West Bay Sanitary District



Injury and Illness Prevention Program

Prepared by



45950 Hotchkiss St. · Fremont, CA 94539 · Tel: (510) 651-8289 · Fax: (510) 651-8937

<http://www.du-all.com> · E-mail: safety@du-all.com

TABLE OF CONTENTS

Revision History Log	iv
Program Adoption	v
1.0 PURPOSE	1
2.0 EVALUATING HAZARDS.....	1
3.0 SAFETY RESPONSIBILITIES & JOB SAFETY CLASSIFICATIONS	2
3.1 EMPLOYER RESPONSIBILITIES	2
3.2 DISTRICT MANAGER.....	3
3.3 SAFETY COORDINATOR.....	3
3.4 SAFETY COMMITTEE	4
3.5 MANAGERS, SUPERVISORS, FIELD SUPERVISORS, CREW LEAD WORKERS	5
3.6 HUMAN RESOURCES.....	5
3.7 EMPLOYEES.....	5
3.8 JOB CLASSIFICATIONS	6
4.0 CODE OF SAFE PRACTICES	7
5.0 PERIODIC INSPECTIONS	8
5.1 SAFETY RISK ASSESSMENT CODE	9
6.0 INJURY & ILLNESS INVESTIGATIONS AND RECORD KEEPING.....	10
6.1 INVESTIGATIONS OF OCCUPATIONAL INJURY OR ILLNESS AND CORRECTIVE ACTIONS.....	10
6.2 REPORTING TO OSHA.....	10
6.3 CAL/OSHA RECORD KEEPING	11
6.4 GENERAL SAFETY RECORD KEEPING	11
6.5 RECORDS RETENTION	12
7.0 COMMUNICATION.....	12
8.0 TRAINING	13
9.0 DISCIPLINARY PROCEDURES.....	13

Table of Contents Continued

Appendices

- A Job Safety Analysis Form
- B Safety Committee Charter
- C Safety Committee Meeting Agenda Template
- D Safety Inspection Form
- E Safety Suggestion Form
- F Safety Program and Training Checklist
- G Injury / Incident / Near Miss Investigation Report Form
- H New Employee Equipment Training Log
- I Toolbox Safety Meeting Report
- J Record Retention Requirements

© (2020) Du-All Safety, LLC. All Rights Reserved. No part of this document may be reproduced by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without written permission first from Du-All Safety, LLC. This document is for the internal use of West Bay Sanitary District only. Du-All Safety and West Bay Sanitary District are the only authorized entities allowed to alter or reproduce this document for West Bay Sanitary District's internal use.

REVISION HISTORY LOG

Date	Section	By	Correction Made
6-29-11	All	JRS	Based on GAP analysis of August 2011 and recent accident of 11-10-2011
12-01-2011	All	JRS	Temporary Worker initial training criteria, revised training list, added SSMP & OERP to list of training, periodic inspections/observations schedule.
9-25-12	All	JRS	Safety Committee Schedule to every other month or more often as needed.
7-1-13		JRS	Added web-based training & video list
7-14-14		JRS	Added 208 Operations
8-11-15	Appendix Q	JRS	Updated new location
12-22-16	Appendix K	JRS	Safety Committee Member Update
7-27-17	Appendix D	JRS	Revision Date Change
7-27-17	Cover Sheet	JRS	Alternate Title change
7-27-17	3.0	JRS	Updated Roster
7-27-17	Page 7	JRS	Updated Roster
7-27-17	Appendix G	JRS	Previous IIPP in public Safety Folder
			Program replaced with Du-All Safety IIPP
5-31-18	ALL	JRS	Based on GAP analysis of August 2011 and recent accident of 11-10-2011
10-02-18	ALL	Du-All	Complete review and integration
1-6-2020	6.2	Du-All	New CalOSHA reporting requirements

PROGRAM ADOPTION

The Management of West Bay Sanitary District is adopting this Injury and Illness Prevention Program to meet or exceed the requirements of California Code of Regulations, Title 8, Section 3203 and 1509. It applies to all full and part-time employees, temporary and seasonal employees, workers over whom West Bay Sanitary District has an employer relationship according to 8 CCR 336.10

The person with the authority and responsibility for implementing the Program:

Name _____ Title _____

Signature _____ Date _____

1.0 PURPOSE

The purpose of this Injury and Illness Prevention Program is to provide employees at West Bay Sanitary District (WBSD) with a safe and healthy workplace by identifying responsibilities to be followed by management, employees and the employer. Employees have a right to a safe workplace and their employer has a duty to ensure that every manager and supervisor is aware of WBSD's safe work practices and that they are being followed by each employee.

WBSD is adopting this Injury and Illness Prevention Program to meet or exceed the requirements of California Code of Regulations, Title 8, Section 3203. It applies to all full and paid-time employees, temporary and seasonal employees and volunteers working for WBSD.

2.0 EVALUATING HAZARDS

Before a task or job is to be started, an evaluation of the hazards associated with it needs to be completed. For example, a supervisor cannot task an employee to enter or even open a manhole cover without ensuring that the employee has been properly trained on the potential hazards of this task.

The employer, supervisors, managers, etc. must be aware of all hazards related to operating equipment or tasks being performed by their employees.

A tool that can be used in identifying and evaluating work place hazards is the Job Safety Analysis Form (Appendix A).

When hazards need to be identified & evaluated:

- i. When Safety Orders of the California Code of Regulations that govern the operation or activity (e.g. General Industrial Safety Orders, Construction Safety Orders, etc.) are revised.
- ii. During the accident investigation process.
- iii. When revealed during a routine inspection.
- iv. Whenever new substances, processes, procedures, or equipment are introduced to the work place that represents a new safety hazard.
- v. Whenever WBSD is made aware of a new or previously unrecognized hazard. When employee safety suggestions are made regarding a hazard.

This IIPP is not intended to cover all safety procedures at WBSD. WBSD has developed specific programs that may be found at each applicable department. These programs include, but are not limited to:

- Emergency Action Plan
- Emergency Operations

- Ergonomics
- Excavation and Trenching
- Exposure Control Plan (Bloodborne Pathogens)
- Concrete Dust Generating Operations
- Confined Spaces
- Fall Protection
- Hazard Communication Program
- Hearing Conservation
- Heat Illness Prevention
- Hotwork
- Lockout/Tagout (Hazardous Energy Control)
- Respiratory Protection

3.0 SAFETY RESPONSIBILITIES & JOB SAFETY CLASSIFICATIONS

3.1 EMPLOYER RESPONSIBILITIES

California employers have many different responsibilities under the California Occupational Safety and Health Act of 1973 and Title 8 of the California Code of Regulations. The following represents a list of the most important ones.

- i. Establish, implement and maintain an Injury and Illness Prevention Program and update it periodically to keep employees safe. At the latest, the IIPP should be reviewed each year by management with any employee input taken into consideration.
- ii. Inspect workplace(s) to identify and correct unsafe and hazardous conditions (Section 5.0 of this IIPP)
- iii. Make sure employees have and use safe tools and equipment and that the equipment is properly maintained.
- iv. Use color codes, posters, labels or signs to warn employees of potential hazards.
- v. Establish or update operating procedures and communicate them so employees follow safety and health requirements (Section 4.0 of this IIPP).
- vi. Provide medical examinations and training when required by Cal/OSHA standards.
- vii. Report immediately by telephone or fax to the nearest Cal/OSHA Enforcement Unit district office any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment as required by section 342(a), Title 8, California Code of Regulations (T8CCR). Serious injury or illness is defined in section 330(h), T8CCR (Section 6.2 of this IIPP).
- viii. Keep records of work-related injuries and illnesses on the log 300. At the end of the calendar year, copy the totals from the log 300 and transfer the information to the log 300A which must be posted February 1 through April 30 each year.

- ix. Post, at a prominent location within the workplace, the Cal/OSHA poster informing employees of their rights and responsibilities.
- x. Provide employees, former employees and their representatives' access to the Log and Summary of Occupational Injuries and Illnesses, Cal/OSHA form 300, at a reasonable time and in a reasonable manner.
- xi. Provide access to employee medical records and exposure records to employees or their authorized representatives.
- xii. Provide the Cal/OSHA enforcement personnel with names of authorized employee representatives who may be asked to accompany enforcement personnel during an inspection.
- xiii. Do not discriminate against employees who exercise their rights under the California OSH Act.
- xiv. Post Cal/OSHA citations at or near the work area involved. Each citation must remain posted until the violation has been corrected, or for three working days, whichever is longer. Post abatement verification documents or tags.
- xv. Correct cited violations by the deadline set in the Cal/OSHA citation and submit required abatement verification documentation. The Safety Coordinator will be responsible to ensure that any citation is abated.

3.2 DISTRICT MANAGER

The District Manager has primary authority and responsibility to ensure implementation of the IIPP and to ensure the health and safety of WBSD staff. This is accomplished by communicating WBSD's emphasis on health and safety, analyzing work procedures for hazard identification and correction, ensuring regular workplace inspection, providing health and safety training and encouraging prompt employee reporting of health and safety concerns without fear of reprisal.

3.3 SAFETY COORDINATOR

The Safety Coordinator for WBSD is Jed Beyer.

- i. Serve as Safety Committee Chair-Person
- ii. Assuming the lead role and the general authority to supervise all aspects of the IIPP and other safety related matters.
- iii. Utilizing all available resources to ensure hazards are reasonably resolved in a timely manner.
- iv. Working with management to ensure that safety is compliant in all departments by periodic inspections, training or site visits.
- v. Working and coordinating with any contracted safety consulting company to ensure safety compliance.

- vi. Working with Managers and Supervisors to ensure that safety training is being properly scheduled.
- vii. Ensuring that employees who fail to follow safe procedures outlined by WBSD are being disciplined.
- viii. Working with management and the safety committee to make final decisions in responding to employee safety suggestions.
- ix. Working with Managers and Supervisors to ensure that Cal/OSHA has been notified within 8 hours of any serious injury or death.
- x. Ensure that any Cal/OSHA citation is being abated by working with management and Cal/OSHA.
- xi. Coordinate and schedule safety training.
- xii. Ensure that all affected employees are notified of upcoming safety classes.
- xiii. Document and maintain training records for each employee.
- xiv. Maintain all Cal/OSHA related documentation.

3.4 SAFETY COMMITTEE

The safety committee is comprised of employees from different departments. There are no term limits for any committee member. The Safety Committee Charter may be found in Appendix B and the Safety Committee Meeting Agenda Template may be found in Appendix C. Generally, the safety committee will include the following job titles:

- District Manager
- Operations Maintenance and Assistant Superintendent
- Field Supervisor
- CCTV Tech II
- Pump Station Representative
- Project Manager
- Regulatory Compliance Coordinator (RCC, Committee Chair-Person)

Along with implementing the program, the safety committee members will, at a minimum, be responsible for the following:

- i. Attend, at a minimum, quarterly safety committee meetings.
- ii. Transfer all safety related information to their supervisors so that each department is aware of upcoming safety classes, safety inspections or otherwise.
- iii. Relate any safety concerns within their department to the safety committee for remediation and/or compliance. Report any unsafe conditions to their supervisor.
- iv. Support good housekeeping standards and cleanliness.
- v. Report any safety suggestions brought to their attention to the committee.
- vi. Evaluate causes of injuries and what actions need to be taken to protect other employees.

3.5 MANAGERS, SUPERVISORS, FIELD SUPERVISORS, CREW LEAD WORKERS

All personnel responsible for employee supervision shall:

- i. Ensure that his/her employees are following safety procedures and policies.
- ii. Be current on all safe work practices.
- iii. Ensure that employees are wearing all required personal protective equipment (PPE).
- iv. Not direct employees to perform tasks for which they have not received proper training.
- v. For those employees who work under the construction orders (Section 3.7.2), conduct "tailgate" or "toolbox" safety meetings at least every 2 weeks to ensure the safety mindset in every employee.
- vi. Report any injury or near miss (non-injury incidents) to the next highest supervisor who will then forward any report to Human Resources.
- vii. Ensure that every employee required to attend safety training is in attendance and attentive. If an employee misses a class, work with Human Resources and/or the Safety Coordinator to ensure that said employee receives make-up training prior to job assignment.
- viii. Understand and be aware of all hazards associated with job assignments.

3.6 HUMAN RESOURCES

Human Resources responsibilities towards safety include:

- i. Coordinate and ensure that all accident and injury reports have been filled out correctly so if a workers' compensation claim is made, all documentation is correct.
- ii. Maintain the OSHA Log 300 form. Post the OSHA 300A form from February 1 through April 30 of the previous year's accident summary in prominent locations throughout WBSD so that employees may have easy access to the summary.
- iii. Work with management and the safety committee to ensure that all employees' safety concerns or suggestions are being handled with due diligence.
- iv. Provide any forms required to be filled out by managers and employees in the event of an injury or accident.
- v. Provide departments with the most up-to-date Cal/OSHA posters informing employees of their rights and responsibilities.

3.7 EMPLOYEES

Although the employer and management have the primary responsibility in providing employees with a safe and healthy workplace, employees are ultimately responsible for their own safety.

Employees are often the eyes and ears of WBSD and their responsibilities toward safety include:

- a. Attend all required safety classes. This includes participating and being attentive.
- b. Follow established safety policies, procedures and programs.
- c. Report any unsafe or potentially dangerous situation to their supervisor so that the situation may be abated.
- d. Report all injuries and near misses to the immediate supervisor.
- e. If an employee has a safety concern, notify management either in writing or verbally. If the employee feels that their observation, suggestion or concern is going unnoticed and that the hazard still exists, the employee may contact Human Resources, the Safety Coordinator, or their Supervisor to explain the situation.
- f. Understand that an employee shall be disciplined for failure to follow safe procedures. (See Section 9.0).
- g. Work with management in updating and “fine-tuning” the Code of Safe Practices or any other work practice so that the most up-to-date and comprehensive safety procedure is being followed. (See Section 4.0)
- h. Encourage fellow employees to keep the safety “mindset.”

3.8 JOB CLASSIFICATIONS

At WBSD, employees are protected under the Cal/OSHA California Code of Regulations General Industrial Safety Orders (GISO), or the Construction Safety Orders (CSO), depending on the type of work being performed.

When employment exists in connection with the construction, alteration, painting, repairing, construction maintenance, renovation, removal, or demolition of any fixed structure or its parts, that work will be considered construction, and will be regulated by the CSO.

OSHA definition of structure: That which is built or constructed, an edifice or building of any kind, or any piece of work artificially built up or composed of parts joined together in some definite manner

Managers, supervisors or any person who has responsibility in directing or supervising an employee should be aware if the work being performed fall under the GISO or CSO. By understanding the work being performed and knowing which set of orders employees fall under, managers and supervisors may train and educate their employees on proper safety procedures regulated by Cal/OSHA. An important way for managers to learn about OSHA regulations is to attend safety classes taught by consultants and third parties and by reading the OSHA regulations that may be found on-line at www.dir.ca.gov.

It is possible that because of the diverse nature of their assignments, field staff could be governed by either set of orders depending on the task. At construction projects, the CSO take precedence over any other general orders that are inconsistent with them, except for Tunnel Safety Orders or Compressed Air Safety Orders

Where this distinction is significant, notice shall be made in this and all subordinate programs, practices, and documents.

3.8.1 General Industry Safety Orders (GISO)

Examples of work at WBSD that would be considered falling under the GISO may include:

- i. General administration
- ii. Limited automotive repair and maintenance
- iii. Warehouse maintenance
- iv. General driving
- v. Inspections (Construction, Source Control)
- vi. Machine and/or power tool use

3.8.2 Construction Safety Orders (CSO)

Examples of work/job classification at WBSD that would be considered falling under the CSO may include:

- i. Maintenance Work (plumbing)
- ii. Field Supervisors
- iii. Pump Station Crews Electrical
- iv. Painting and/or Plastering
- v. Plumbing
- vi. Operating heavy equipment or earth moving equipment
- vii. Rehabilitation Department
- viii. Carpentry
- ix. Trench and shoring, excavation
- x. Confined Space Entry

4.0 CODE OF SAFE PRACTICES

Once all hazards are identified and evaluated by using the General Industry Safety Orders (GISO), the Construction Safety Orders (CSO), other pertinent regulations, employee input, and available published statistics, the Code of Safe Practices is then developed. The code includes all the proper preventive measures to work in the environment safely.

Note that although under California Code of Regulations, the Term "Code of Safety Practices" pertains only to Construction Safety Orders, for the purposes of WBSD's IIPP, it will refer to safe work rules used for both Construction and General work.

Some departments may have specific work practices that are unique to that department. Supervisors and managers of each department should evaluate the hazards associated within their department and along with employee input develop a Code of Safe Practice to be followed by all employees to minimize injury while performing each task.

Employees are to receive specific instruction by their supervisor with respect to hazards specific to each employee's job assignment, as found in the Code of Safe Practices.

- i. The Code of Safe Practices must be reviewed and updated periodically as new hazards are identified. Each Code of Safe Practice should be reviewed at least annually by each department.
- ii. When the Code of Safe Practices is updated, workers must be trained and/or alerted by their managers, supervisors, etc. to the new hazard and the new proper safe practice(s) being implemented.

All Code of Safe Practices may be found in the binder titled "Code of Safe Practices" located in the Maintenance Department, and with the Safety Coordinator (Safety library). All of the training programs are available in the electronic file located in the Public folder on the W:/Drive under Safety.

5.0 PERIODIC INSPECTIONS

Periodic inspections are designed to ensure that the Code of Safe Practices is being followed and to help identify new or previously unrecognized hazards. Inspection reports will be kept by the Safety Coordinator and copies will be given to the appropriate managers and supervisors responsible for the inspected area(s).

Routine regulatory inspections are conducted by the Fire Marshal, San Mateo County Department of Environmental Health, and by the District's insurance carrier CSRMA. Internal inspections are coordinated through the Safety Coordinator. Capital improvement projects will be inspected upon inception and monthly until completion of project. The administration building will be inspected annually, and the maintenance area semi-annually. In addition to these facility inspections, the following specific areas are inspected: Fire Extinguishers, emergency eyewash/shower, automated electronic defibrillator, and hazardous material storage are inspected monthly. The forklift is inspected prior to each shift when it is used.

Managers and Supervisors should be conducting inspections as often as possible to ensure safe working conditions at all times.

- i. When a hazard is identified by any person, all personnel exposed to the hazard are to be warned and notified of the hazard and potential danger. This may be done by any supervisor or employee.
- ii. Hazards identified during inspections shall be corrected in a timely manner based on the risk assessment code found later in this section. If a serious hazard cannot be immediately abated without endangering workers and/or property, WBSD will remove all exposed workers from the area except those necessary to correct the existing condition.
- iii. Workers correcting any hazardous condition shall be provided with the necessary protection.
- iv. If there is a piece of equipment or a procedure that is immediately dangerous to life and health, the condition is to be corrected immediately. If the condition cannot be corrected immediately, the hazardous equipment should be locked and/or tagged out of service (or procedure discontinued).
- v. If any employee fails to follow safety procedures, the employee's supervisor should:
 - Inform the employee of the violation
 - Inform or remind the employee of the correct procedure
 - Tell the employee to comply and correct the violation(s)
 - Remind the employee of the disciplinary policy.
- vi. All safety violations, hazards and safety concerns will be documented, and a risk assessment code assigned, based on the descriptions given below.
- vii. A supervisor will designate who will fix the hazard and a completion date is to be established and checked off by the supervisor.
- viii. When the problem is fixed, the Safety Inspection Form (Appendix D) should be signed and dated by the person responsible for the work.

5.1 SAFETY RISK ASSESSMENT CODE

The Risk Assessment Code is determined as follows:

Class 1 - Critical (may cause death, serious injury, significant environmental impact, or substantial financial losses) and/or is likely to occur soon.

Class 2 - Serious (may cause injury, occupational illness, or environmental or property damage) and/or probably will occur in time.

Class 3 - Minor (probably would not significantly affect personnel or environmental safety or health, but is a violation of specific criteria).

The correction protocol that is used may include one or more of the following:

- i. Engineering control (i.e. cones, flags, lights, etc.)
- ii. Personal Protective Equipment (PPE)

- iii. Administrative control (i.e. no cell phone use while driving or flagging),
- iv. New safety rule
- v. Employee training

6.0 INJURY & ILLNESS INVESTIGATIONS AND RECORD KEEPING

6.1 INVESTIGATIONS OF OCCUPATIONAL INJURY OR ILLNESS AND CORRECTIVE ACTIONS

Once an occupational illness, accident, or injury occurs, a report must be completed by the employee and the employee's supervisor immediately. All required and necessary forms may be found in Appendix G.

In the event of a near miss (non-injury incident), the incident is still to be investigated.

6.2 REPORTING TO OSHA

The District shall report immediately by telephone to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment.

Immediately means as soon as practically possible but not longer than 8 hours after any supervisor knows of or with diligent inquiry would have known of the death or serious injury or illness. If the District can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

With regard to reporting to Cal/OSHA, a serious injury or illness is defined as one involving:

- any hospitalization, regardless of length of time, for other than medical observation or diagnostic testing;
- amputation;
- loss of an eye; or
- serious degree of permanent disfigurement.

Accidents that result in serious injury or illness, or death that occur in a construction zone on a public street or highway are now included by statute. Work-related injuries, illnesses and deaths caused by the commission of a Penal Code violation are no longer excluded from the definition of "serious injury or illness".

A serious exposure is now defined as an exposure to a hazardous substance that occurs as a result of an incident, accident, emergency, or exposure over time and is in a degree or amount sufficient to create a realistic possibility that death or serious physical harm in the future could result from the actual hazard created by the exposure.

- i. During normal work hours, employees who report a serious injury shall immediately notify a supervisor. If a supervisor is not immediately reachable, the employee shall call

Human Resource/or the Safety Coordinator to notify them of the situation. Once notified of the serious injury, the supervisor, Human Resource office, or Safety Coordinator is to notify the nearest Cal/OSHA Enforcement District Office of the serious injury or death no longer than 8 hours after the incident. A full listing of district offices is online at <http://www.dir.ca.gov/dosh/DistrictOffices.htm>. The Cal/OSHA office that is closest to WBSD, at which notification is to be made is the Cal/OSHA Enforcement District Office at:

Foster City
1065 East Hillsdale Blvd., Ste. 1 10,
Foster City 94404
(650) 573-3812
fax (650) 573-3817

- ii. If a contractor is injured, the contractor's employer must notify Cal/OSHA.
- iii. When making notification the reporting party shall include the following information, if available:
 - I. Time and date of accident.
 - II. Employer's name, address and telephone number.
 - III. Name and job title, or badge number of person reporting the accident.
 - IV. Address of site of accident or event.
 - V. Name of person to contact at site of accident.
 - VI. Name and address of injured employee(s).
 - VII. Nature of injury.
 - VIII. Location where injured employee(s) was (were) moved to.
 - IX. List and identity of other law enforcement agencies present at the site of accident.
 - X. Description of accident and whether the accident scene or instrumentality has been altered.

6.3 CAL/OSHA RECORD KEEPING

- i. Whenever an Employer's Report of Occupational Injury or Illness Form 5020 is filed, an entry must be made in the Cal/OSHA Form 300 by Human Resources.
- ii. Human Resources will also complete the Cal/OSHA Form 30 I.

6.4 GENERAL SAFETY RECORD KEEPING

Safety Coordinator will keep records of:

- i. Documented safety and health training including:
- ii. Documented accident, injury and illness investigations including the completed form(s).
- iii. Copies of all required injury- and illness-related forms

- iv. Safety Committee meeting minutes.
- v. Disciplinary records.
- vi. Inspection reports.
- vii. Training records including toolbox/tailgate meetings (Appendices H and I). Supervisors are responsible for giving a copy of their tailgate meetings to the Safety Officer/Safety Consultant and HR.
- viii. Safety suggestions (Appendix E).
- ix. Safety Committee meeting minutes.
- x. Accident reports.

6.5 RECORDS RETENTION

The legally mandated minimum records retention durations are given in Appendix J.

7.0 COMMUNICATION

Communication is an important part of the IIPP. WBSD management believes the best way to maintain the safety "mind set" is through the following means:

- a. A safety bulletin board for written communication, relevant safety topics, and posted temporary hazards.
- b. Since the employee is often in a better position to spot potential hazards in the work areas we have placed a suggestion box and forms in the Maintenance Area. Employee input with regard to safety is encouraged. All suggestions will be reviewed at the Safety Committee Meeting with a response given in a timely manner to the person making the suggestion. In the event of an anonymous suggestion, a response will be written and posted on the safety bulletin board by a committee member.
- c. Employees may also utilize the "Report ohm-safe Condition" form to communicate hazards to the Safety Committee.
- d. Safety posters and signs will be posted in common areas to help remind employees of certain hazards and to protect themselves.
- e. A standing Safety Committee meets quarterly. The Charter for the committee may be found in Appendix B.
- f. Supervisors with field staff shall conduct "toolbox" or "tailgate" safety meetings, or equivalent, with their crews at least every 10 working days to emphasize safety.
- g. Report any unsafe or potentially dangerous situation to their supervisor so that the situation may be abated. (May utilize the un-safe condition form.)
- h. Report any injury or near miss (non-injury related accident) to the next highest supervisor who will then forward any report to Human Resources.

8.0 TRAINING

Training is the most important part of this program. It is critical that everyone understand their workplace hazards and is trained in the following areas related to this IIPP:

- i. Safety procedures and policies.
- ii. Procedures to document and record workplace injuries or illnesses
- iii. Employee and management responsibilities towards safety.
- iv. WBSD's disciplinary policy.

Supervisors and/or Safety Coordinators shall receive training to familiarize them with the health and safety hazards to which employees under their immediate direction and control may be exposed.

Supervisors and/or Safety Coordinators are responsible for ensuring that those under their direction receive training on general workplace safety as well as on health and safety issues specific to their job.

Training is provided:

- i. To all employees and those given new job assignments for which training has not yet been received.
- ii. Whenever new substances, processes, procedures or equipment are introduced to the workplace that represents a new hazard.
- iii. Whenever the employer is made aware of a new or previously unrecognized hazard.

The Training Log for all employees is to be filled out completely, upon the completion of any training. All training logs, including tailgate meetings, should be forwarded to the Safety Coordinator.

9.0 DISCIPLINARY PROCEDURES

Employees who fail to comply with WBSD's safety policies and procedures will be subject to disciplinary action, up to and including, termination.

Employees should understand that the actions of managers and supervisors through the disciplinary process are intended to positively redirect their behavior toward the achievement of WBSD's goals and objectives.

While management wants to remain as positive as possible, management must properly address the adverse actions of employees.

The disciplinary policy is detailed in the Personnel Procedure Manual and the District's MOU.

Appendix A

Job Safety Analysis Form

JOB SAFETY ANALYSIS FORM

	Job: Example	Date
JOB SAFETY ANALYSIS FORM	Title of Person who does the Job:	Title of Supervisor: Analysis by:
Department	Division/Section:	Reviewed by:
Required person protective equipment	Required Material Safety Data Sheets	Approved by
SEQUENCE OF BASIC STEPS	POTENTIAL ACCIDENTS OF HAZARDS	RECOMMENDED SAFE JOB PROCEDURE
Break the job down into its basic steps, e.g. what is done first, what is done next, and so on. You can do this by 1) observing the job, 2) discussing it with a knowledgeable person, 3) drawing on your knowledge of the job, or 4) a combination of the three. Record the steps in the normal order of occurrence. Describe what is done, not the details of how it is done. Usually three or four words are sufficient to describe each basic job step.	For each job step, ask yourself what accidents could happen to the person doing this job step. You can get the answers by, 1) observing the job, 2) discussing it with a knowledgeable person, 3) recalling past accidents, or 4) a combination of the three. Ask yourself, can the person be struck by or contacted by anything, can the person strike against or come in contact with anything; can the person be caught in, on or between anything, can the person fall, can the person overexert, does the step require repetitive motions; is the person overexposed to anything injurious, such as hazardous chemicals, noise, extreme temperatures, etc.?	For each potential accident or hazard, ask yourself how the person should do the job step to avoid the potential accident, or what should the person do or not do to avoid the accident. You can get your answers by, 1) observing the job for leads, 2) discussing precautions with a knowledgeable person, 3) drawing on your personal experience, or 4) a combination of all three. Be sure to describe specifically the precautions a person must take. Don't leave out important details. Number each separate recommended precaution with the same number as the potential accident or hazard. Use specific do and don't statements. Where appropriate, include the use of personal protective equipment, and safety apparatus, materials, and facilities that would mitigate the hazard.

JOB SAFETY ANALYSIS FORM

	Job: Example	Date
JOB SAFETY ANALYSIS FORM	Title of Person who does the Job:	Title of Supervisor:
	Analysis by:	
Department	Division/Section:	Reviewed by:
Required person protective equipment	Required Material Safety Data Sheets	Approved by
SEQUENCE OF BASIC STEPS	POTENTIAL ACCIDENTS OF HAZARDS	RECOMMENDED SAFE JOB PROCEDURE

Appendix B
Safety Committee Charter

Committee Name	Committee Chair Person	Committee Members
WBSD Safety Committee	TBD, RCO	Safety Coordinators as identified in the Injury and Illness Prevention Program
Meeting Times / Location:	At a minimum Quarterly, currently meetings are held the fourth Wednesday of each month, WBSD Administrative Building	
Purpose	<p>To help insure a safe and healthful workplace and compliance with federal, state, and local safety regulations through participation in:</p> <ul style="list-style-type: none"> • Monthly safety committee meetings per CCR, 8 3203, (c) et. al. • Review quarterly safety inspections to help identify and correct hazards • Injury and illness investigations to evaluate cause of injury and corrective action to prevent recurrence • Communication between employees and management • Schedule and review employee safety training 	
Scope/Authority	<ul style="list-style-type: none"> • Provide advice and input to individual departments on safety matters • Ensure that all employees are provided with a safe and healthy workplace • Identify and discontinue unsafe practices and/or use of unsafe equipment • Schedule required safety training • Recommend corrective actions to address safety hazards • Serve as communications conduit between employees and management on safety concerns 	
Success Criteria	<ul style="list-style-type: none"> • Compliance with safety regulations and receive no OSHA citations. • Provide regularly scheduled employee safety training • Fewer accidents and injuries • Establishment of required safety programs • Improved feedback regarding employees' sense of safety and well-being 	
Decision-Making Process	<ul style="list-style-type: none"> • Strive for consensus; majority vote by area safety coordinators present to pass on recommendations or take action. Roberts Rules of Order will be loosely followed. 	
Product(s)	<ul style="list-style-type: none"> • Develop written safety programs in compliance with CCR, 8. • Provide safety training and recordkeeping • Produce quarterly periodic inspections reports • Respond to employee safety concerns and/or suggestions 	
Decision Communications	<ul style="list-style-type: none"> • Agenda and minutes of meetings to members and posted at employee worksites • Use of internal and external communication tools to disseminate major actions 	
Evaluation	<ul style="list-style-type: none"> • Annual review by the Safety Committee and Management on committee effectiveness. 	

Appendix C

Safety Committee Meeting Agenda Template



SAFETY COMMITTEE GROUP MEETING

WEDNESDAY, _____ @ 0700-0800 HOURS

AGENDA

1) CALL TO ORDER & ROLL CALL:

Start Time: _____

- _____ Jed Beyer, RCC (Chairperson)
- _____ Rupert Sandoval, Source Control Inspector
- _____ Henry Santos, Field Supervisor
- _____ Jonathon Werness, Engineer Technician
- _____ Steve Pierre, DuAll Safety
- _____ Heath Cortez, Operations Supervisor
- _____ Marvin Argueta, Field Supervisor

2) Approval of Minutes from Previous Safety Committee on: _____

3) REVIEW OF AND UPDATE ON 2018 TRAINING SCHEDULE:

4) REVIEW OF ACCIDENT, INCIDENT & NEAR MISS REPORTS:

5) REVIEW & DEVELOPMENT OF S.O.P.'s:

6) MONTHLY SAFETY INSPECTION REVIEW & AUDITS:

7) SAFETY RECOGNITION / NOMINATION:

8) EMPLOYEE SUGGESTIONS:

9) OPEN DISCUSSION:

ACTION ITEMS:

NEXT MEETING DATE: _____ **@ 0700** **ADJOURNED AT:** _____

Appendix D
Safety Inspection Form

West Bay Sanitary District Safety Inspection Form

DATE:	Inspection Conducted by:
-------	--------------------------

The following are violations of Cal/OSHA regulations, California Fire Code, California Building code, other standards, or are hazardous conditions that may cause injury or illness to employees at the WBSD, or possibly cause negative environmental impact, or interrupt the WBSD's ability to do business. These conditions require corrective action to ensure a safe and healthful workplace for employees and employer.

Findings which may not be directly traceable to an enforceable code or regulation are given in italics. Note that failure to abate these hazards may still put the WBSD at risk of injury and/or loss, civil litigation, citation under the General Duty Clause (California Labor Code Section 6400), or other action.

For explanation of Risk Assessment Codes see the last page.

Item	Finding Description	Risk Rating	Work Order Number	Date Fixed	Initials

The following items were previously identified and still need to be resolved:

Item	Finding Description	Risk Rating	Work Order Number	Date Fixed	Initials

Please initial and date corrections as they are completed.

Risk Assessment Class

Class 1 - Critical (may cause death, serious injury, significant environmental impact, or substantial financial losses) and/or is likely to occur soon.

Class 2 - Serious (may cause injury, occupational illness, or environmental or property damage) and/or probably will occur in time.

Class 3 - Minor (probably would not affect personnel or environmental safety or health, but is a violation of specific criteria).

Appendix E
Safety Suggestion Form

West Bay Sanitary District

Safety Suggestion Form

This form is for use by employees who wish to make suggestions or report an unsafe condition or practice.

Area of unsafe condition or action: _____

What unsafe condition did you see? _____

What do you think might have caused this? _____

How would you suggest improving safety? _____

Has this been reported to the Safety Coordinator? _____

Name (Optional) _____ Date: _____

WBSD encourages employees to participate in communications involving safety.
WBSD will investigate every suggestion and advise the employee of the response in a timely manner.

Anonymous Suggestions: A response will be written and posted in the Safety Committee meeting minutes.

Appendix F
Safety Program and Training Checklist

SAFETY PROGRAM AND TRAINING CHECKLIST

For all employees: at hire, transfer and annual performance review

Employee Name	
Hire/Review Date	
Job title	
Department/Division/Unit	

Initial and date each item when completed, updated and reviewed

Injury and Illness Prevention Program (IIPP):

- _____ Identify the Safety Coordinator and review the coordinators duties
- _____ Review the safety inspection and accident investigation procedures
- _____ Review avenues of safety communication (safety tailgate box, tailgates)
- _____ Review the safety discipline procedures (if not compliant with regulations)
- _____ Review of Codes of Safe Practices specific to the employee's area
- _____ Identification of necessary employee training on specific equipment:
 - _____ Spill Equipment, Forklift, Respirator, Lifts, Power Tools, etc.

Personal Protective Equipment (PPE):

- _____ PPE Hazard Assessment (what to wear, how to properly use, limitations, etc.)
- _____ Provided: _____

Hazardous Materials:

- _____ Review the Hazard Communication program and chemical inventory
- _____ Review Safety Data Sheets (SDS) and locations(s)
- _____ Review labeling requirements and the NFPA placard numbering system
- _____ Review how to safely handle chemicals on site
- _____ Review the spill procedures and spill equipment (location, etc.)
- _____ Review what to do in the event of an emergency or exposure

Fire and Evacuation

- _____ Review the primary and secondary evacuation routes
- _____ Review evacuation relocation area
- _____ Review evacuation Do's and Don'ts
- _____ Drill procedures
- _____ Emergency Plan and Contact Phone Numbers

Fleet & Equipment Program

- _____ Commercial/Non-Commercial Driver License(s) & Certification
- _____ Pre & Post Trip Vehicle Inspection: (Training, Defensive Driving, Documentation, etc.)
- _____ Seatbelt Use & Requirements
- _____ Radio, Cell Phone Use & Requirements
- _____ Vehicle Accident Process & Reporting
- _____ Equipment Specific Training & Refreshers:

Safety Programs & Training (Identify as required for specific job classification/title)

- _____ Knowledge, Awareness & Use of all Policy/Procedures/Instructions, etc.
- _____ Aerial Lift, Bucket Truck, Scissor/Man/Genie Lift Safety Certification
- _____ Asbestos Awareness Safety Training
- _____ Bloodborne Pathogens Program & Training
- _____ Confined Space Program/Permit and Entry/Rescue Training & Certification
- _____ Boom/Crane Safety Certification
- _____ DOT Requirements & Testing
- _____ Driver Safety, Defensive Driving Training
- _____ Electrical Safety Program & Training (Non-Electrician & Electrician NFPA 70E)
- _____ Ergonomics & Back Safety Training
- _____ Excavation/Trench/Shore Program/SOP & Training
- _____ Fall Protection Program & Training
- _____ Fire Extinguisher Training
- _____ First Aid/CPR/AED Certification Training
- _____ Traffic Work Zone and Flagging Safety Training
- _____ Forklift Safety Training
- _____ Hazard Communication Program & Training
- _____ Hazardous Materials Program & Safety Training
- _____ Hearing Conservation Program, Training & Annual Audiometric Testing
- _____ Heat Stress & Illness Program & Training
- _____ Ladder & Scaffold Safety Training
- _____ Lead Awareness Safety Training
- _____ Lockout/Tagout Program & Training (Equipment Specific Procedures)
- _____ Respiratory Protection Program, Medical Evaluation, FIT Testing & Training
- _____ Hotwork Program/Permit & Welding Safety Training
- _____ Management Regulatory Work Shop
- _____ Emergency Action Plan
- _____ Accident Investigation Training
- _____ IIPP Program, Tailgate, Training
- _____ Regular Safety Tailgates – ongoing provided by supervisor every 10 days
- _____ Additional Safety Training or Certification (s) identified as required: _____

Safety area equipment & Safety rules reviewed:

Add pages as needed to comply with all regulations and as identified on the Training Matrix.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Appendix G

Injury / Incident / Near Miss Investigation Report Form

Location:			
Supervisor:			
Incident Date / Time / Day of week		Date / Time Reported	
Investigation Date / Time	Incident Type:	<input type="checkbox"/> Employee Injury/ Illness	<input type="checkbox"/> Incident or Near Miss
		<input type="checkbox"/> Environmental Release	<input type="checkbox"/> Property Damage <input type="checkbox"/> Vehicle Other
Name of Employee:			
Injured Body Part(s):			
<p>Chronological Sequence of Events: Track incident from significant events prior to incident through investigation. If an injury was sustained, include medical treatment. Attach additional pages as needed. State only the facts. Do not include assumptions. Attach additional pages as needed.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>			
<p>Contributing Causes of Incident: Any cause that contributed to the incident, but would not by itself have caused the accident.</p> <p>1.</p> <p>2.</p>			
<p>Were Personal Protective Equipment (PPE), and safety procedures in use at time of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
List Relevant Details:			
Witness(es) to Incident:			
Investigated by:	Title:	Date:	

Does any other party (other than WBSD) have responsibility in any way? Yes No
If so, who and how?

Preliminary Summary: Incident resulted from (check all that apply):

<input type="checkbox"/> Unsafe Act _____	<input type="checkbox"/> Unsafe Condition _____
<input type="checkbox"/> Unauthorized work _____	<input type="checkbox"/> Failure to use P.P.E. _____
<input type="checkbox"/> Procedure violation _____	<input type="checkbox"/> Equipment Failure _____
<input type="checkbox"/> External condition _____	<input type="checkbox"/> Other _____

CORRECTIVE ACTIONS

Immediate Action:	Responsible Party:	Date:
Safety tailgate training with crew & supervisor		
Issue Employee Warning(s) to:		
Other Corrective Actions:		
Long-Term Action:	Responsible Party:	Target Date:
Schedule re-inspections until compliance is regular		
Supplemental tailgate training with whole division		

INVESTIGATION STATUS

Corrective Action Implemented: Yes No Initials: _____ Date: _____

Corrective Action is Satisfactory: Yes No Initials: _____ Date: _____

If no, what further action is needed? Describe below. Use additional form if necessary.

Investigation Reviewed with Manager and/or Human Resources & Closed: Yes No Initials: _____ Date: _____

STATEMENT OF EMPLOYEE		
Location:		
Date of Incident:	Time of Incident:	
Your statements and answers have no effect on your recovery or treatment. The goal is to determine the causes so we can prevent another injury from happening to someone else.		
Are you injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	
What happened before the incident?		
What happened during the incident?		
What happened after the incident?		
If you could do it over again, what would you do differently?		
Name:	Signature:	Date:
Statement Witness:	Signature:	Date:

STATEMENT OF WITNESS

Location:

Date of Incident:

Time of Incident:

Describe what happened before, during and after the Incident. List only the facts you witnessed, not what someone told you.

What happened before the incident?

[Empty lines for writing details about what happened before the incident]

What happened during the incident?

[Empty lines for writing details about what happened during the incident]

What happened after the incident?

[Empty lines for writing details about what happened after the incident]

Name:

Signature:

Date:

PHOTO & DIAGRAM INFORMATION SHEET		
Location:	Project Name, Number:	Date of Incident:
Photo No.		
Photo Date:		
Time of Day:		
Location:		
Brief Description: (Provide direction of photo)		
Notes:		
Photographer:		
Photo No.		
Photo Date:		
Time of Day:		
Location:		
Brief Description: (Provide direction of photo)		
Notes:		
Photographer:		

Appendix H

New Employee Equipment Training Log

New Employee Equipment Training Log

Job Related Duties	Trainer	Trainee Initials	Beginning Date	Completion Date
<i>Trailer Jet / Hydro Operation</i>				
Vehicle Maintenance and General Upkeep				
Safe Operating Procedures				
Knowledge of Various Nozzles and Uses				
Safe Traffic Set-Up Procedures				
<i>Rodder operation</i>				
Vehicle Maintenance and General Upkeep				
Safe Operating Procedures				
Knowledge of Various Cutter Blades and Uses				
Safe Traffic Set-Up Procedures				
<i>TV Operation</i>				
Camera Maintenance and Upkeep				
General Understanding of Camera Functions				
Safe Operating and Set-Up Procedures				
<i>Combination Cleaner Operation</i>				
Vehicle Maintenance and General Upkeep				
Safe Operating Procedures				
Knowledge of Various Nozzles and Uses				
Safe Traffic Set-Up Procedures				
<i>Other Essential Duties</i>				
Understanding of District Maps				
U.S.A. Marking				
Ability to Maintain Simple Written Records				
Perform Emergency Work on Sewer Lines				
Confined Space Procedures				

Appendix I

Toolbox Safety Meeting Report

Appendix J

Record Retention Requirements

Record Retention Requirements

Record	Minimum Retention (yrs)	Code citation
Workplace inspections	1	8CCR3203(b)(1)
Training records (See below for exceptions)	1	<u>8CCR3203(b)(2)</u>
Safety committee meeting records	1	8CCR3203(c)(2)
Accident investigation records OSHA300, 300A, 301	5	8CCR14300.33
Employee medical records	Termination of employment + 30 yrs	8CCR3204(d)(1)(A)
Employee exposure records (Includes all workplace monitoring data, MSDSs, Chemical inventories)	"At least" 30 yrs	8CCR3204(d)(1)(B)
Bloodborne Pathogens	3	8CCR5193(h)(2)(B)
Training Sharps injury log	5	8CCR5193(h)(3)
Hazwaste manifest receipts	3	HSC25160.2(b)(3)&(4)
Asbestos training records	Termination of employment + 1 year	8CCRI 529(n)(4)
Notification of identification, location and quantity of asbestos	Duration of ownership of building; must be transferred to new owner	8CCR I 529(n)(6)
Noise exposure measurements	2	8CCR5100(d)(1)
Audiometric test records	Duration of employment	8CCR5100(d)(2)
Maintenance of fire extinguishing systems	5	19CCR904.1(b)
Fire Alarm systems acceptance tests & as-builts	Life of system	NFPA 72, 7-5.1
Fire Alarm systems annual maintenance, inspection & testing	1 year past next test (e.g., 2 years)	NFPA 72, 7-5.2.1
Fire Sprinkler Maintenance & Service Reports	5 yrs	19 CCR 904.1 & 904.2
Fire Sprinkler Maintenance & Service Reports	1 year past next test (e.g., 2 years)	NFPA 25, 4.3.5
Reports of testing on mechanical ventilation systems such as fume hoods	5 yrs	8 CCR 5143
Reports of testing on HYAC systems for building ventilation	5 yrs	8 CCR 5142(b)(2)