EMPLOYEE

SAFETY AND HEALTH MANUAL

COUNTY OF SAN BERNARDINO

SEPTEMBER 2000

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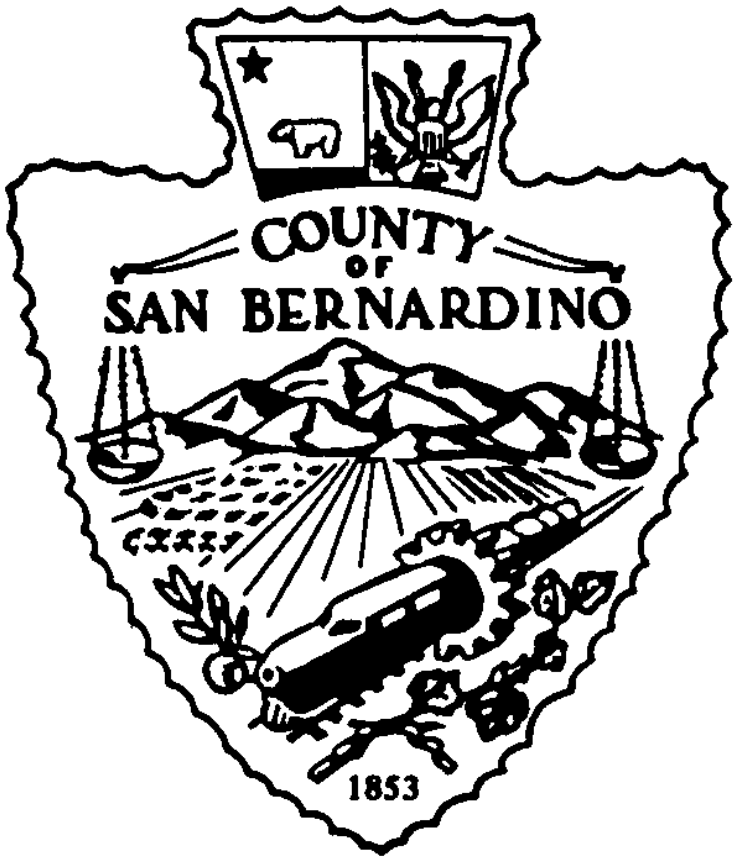

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Introduction

INTRODUCTION

NO JOB IS SO IMPORTANT AND NO SERVICE SO URGENT THAT IT CANNOT BE DONE SAFELY.

Within the County, responsibilities for safety and health are shared:

> The **County of San Bernardino** as an employer is responsible for implementation of the Occupational Illness and Injury Prevention Program, its effectiveness and improvement, for ensuring safe working conditions, environment and practices, and for the training of all employees.
>
> **Supervisors** are responsible for developing proper attitudes toward Safety and Health in themselves and in those they supervise, for ensuring that all operations are performed with the utmost regard for the safety and health of all personnel involved, training each new employee, and assuring that all County safety policies and practices are implemented and enforced.
>
> **Employees** are responsible for wholehearted, genuine cooperation with all aspects of the Occupational Illness and Injury Prevention Program, compliance with all rules and regulations, and continuously practicing safety while performing their duties.

Unsafe conditions, unsafe actions, occupational diseases and occupational injuries are to be reported to a supervisor promptly.

Reporting, or willful assistance in reporting, a nonexistent injury shall be grounds for disciplinary action. Violators of safe working practices may also be subject to disciplinary action.

The purpose of the safety manual is to provide a source of reference, and guide, to management personnel within the County of San Bernardino. It should be used by department managers in formulating departmental safety policy, "Occupational Illness/Injury Prevention Program", and by line supervisors whose ultimate responsibility is to train and direct employees in the safe performance of their jobs.

USE OF THE MANUAL

MANDATED PROCEDURES:

Title 8 of the California Code of Regulations requires employers to prepare and implement specific programs in the realm of employee health and safety. Standards for these programs are enforced by the California Department of Industrial Relations, Division of Occupational Safety and Health.

County of San Bernardino mandated programs included in this manual are:

1. Occupational Injury/Illness Prevention Program
2. Hazardous Material/Substance Communication
3. Confined Space Entry
4. Equipment Lockout/Tagout/Blockout
5. Hearing Conservation
6. Respirator Protection
7. Safety Inspections
8. Hazard Report
9. Personal Protection
10. Accident Investigation
11. Fire and Emergency Evacuation
12. Bloodborne Pathogens
13. Workplace Violence
14. Ergonomics

Each County department is to place a high priority upon assuring that the above listed programs are implemented into their safety activities.

GENERAL SAFETY

Beyond the mandated requirements, this manual includes reprints of San Bernardino County Policies on employee health and safety. Department personnel will find the manual a reference as well as a source of excerpts useful for developing a departmentally specific approach to safety.

It is the responsibility of individual departments to prepare and implement departmentally specific safety programs, employee training guidelines and injury prevention practices. As departments prepare procedures or training outlines, copies are to be inserted into the department's copy of the County Safety Manual with a copy to Risk Management Division/Safety Section. Managers must keep in mind that this manual contains mandated programs which are to be implemented, as well as general safety information. The mandated programs provide minimum standards and may be enlarged upon or expanded by departments in preparing specific programs.

Those sections of the Safety Manual requiring departmentally specific activity include a canary colored index divider in addition to the standard divider for each section. The canary dividers are numbered to correspond with the appropriate sections in which they are placed. Individual departments and/or locations are to include into the sub-sections provided all departmentally or site specific information, procedure and outlines.

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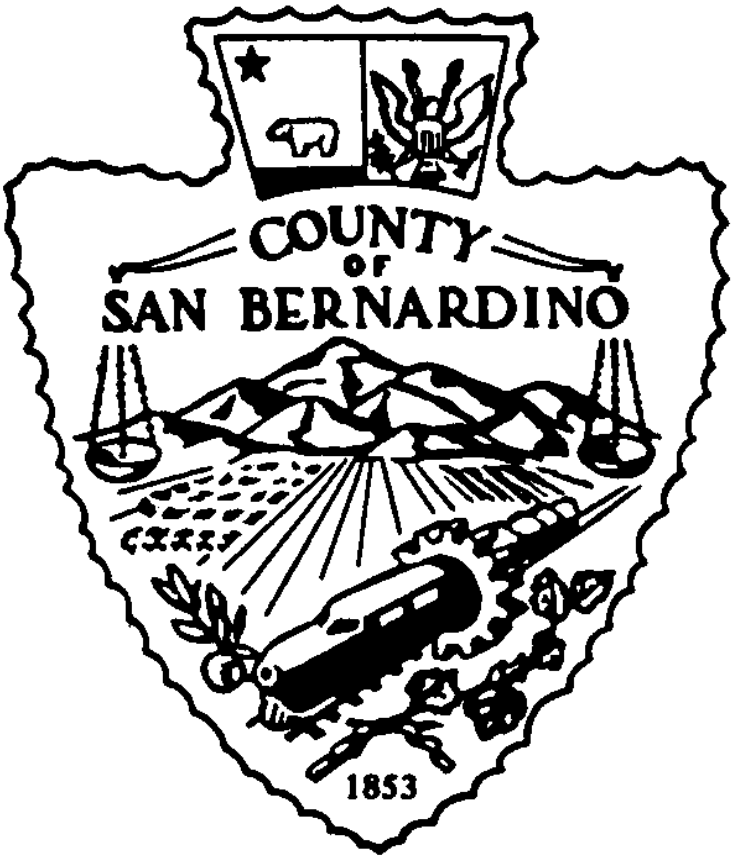
Policy



SUBJECT

COUNTY ACCIDENT PREVENTION PROGRAM

APPROVED

ROBERT O. TOWNSEND

CHAIRMAN, BOARD OF SUPERVISORS

POLICY STATEMENT

The county of San Bernardino, in accordance with Section 3202, title 8 of the government code, will develop and maintain a County Accident Prevention Program to foster a safe and healthful working environment for all county employees and the public using County facilities.

POLICY AMPLIFICATION

A. General

The County Accident Prevention Program will encompass OSHA training and safety programs which shall include, but not be limited to, the following:

1. Training designed to instruct management and employees concerning County and OSHA general safety and health working rules and practices and to provide instruction with respect to job hazards.

2. Safety inspections designed to correct unsafe or unhealthful working practices and conditions.

B. Authority

General Services Agency-Risk Management Division is the designated authority for administering the County Accident Prevention Program.

1. The Risk Management Division shall be responsible for initiation and promotion of the Accident Prevention Program.

2. OSHA and safety training will be conducted by the GSA Risk Management Division and Personnel Department. All program content will be determined by the risk Management Division.

C. Program Objectives

1. Provide general rules of safe practice which will be applied uniformly for any particular working condition.

2. Provide procedures for employees to report unsafe or unhealthful condition of work. Instruct and encourage employees to use these procedures.

3. Provide procedures for the investigation and evaluation of each accident (injury or non-injury) to determine reason it occurred and how its recurrence may be prevented.

4. Provide all levels of management and supervision with adequate training to ensure an understanding of the enforcement requirements of County and OSHA health and safety regulations.

5. Provide training to first-line supervisors so that they are aware of the capabilities of their subordinates and ensure work assignments are given only to employees who are properly trained and know the predictable job hazards to be avoided.

6. Provide new employees indoctrination training in sufficient detail so that employees understand tasks to be performed, predictable hazards to be avoided, and the employee's responsibilities in carrying out county and OSHA health and safety regulations.

7. Provide safeguards so employees assigned to a task which may be subject to a foreseeable hazard, are not allowed to proceed without responsible supervisory instructions.

8. Maintain records of training, periodic inspections and corrective actions taken as a means of verifying the effectiveness of the total accident prevention program. the Risk Management Division will take what action as may be deemed necessary to carry out these program objectives under the direction of the County Administrative Officer and the Board of Supervisors.

	COUNTY OF SAN BERNARDINO **POLICY MANUAL**	No. 09-06 ISSUE 1 PAGE 1 OF 1 By EFFECTIVE 8/18/86
SUBJECT DRIVER IMPROVEMENT PLAN		APPROVED *ROBERT HAMOCK* CHAIRMAN, BOARD OF SUPERVISORS

POLICY STATEMENT

Each Agency, Department, and/or Board-governed Special District will develop an internal Driver Improvement Plan to promote safe driving practices to protect the County's employees and vehicle fleet, and to reduce the County's vehicle liability exposure.

POLICY AMPLIFICATION

The plan objectives are:

A. Designate management action, employee training and related procedures to improve departmental driving.

B. Develop a departmental plan to address repetitive preventable vehicle accidents including consistent management actions and employee training.

C. Designate administrative responsibilities for the Driver Improvement Plan.

GENERAL RESPONSIBILITIES

The Plan should include the following functions as a minimum:

A. District/Department Head

1. Verify employees who drive on County business have valid California Driver's Licenses.

2. Ensure driver training is provided per Standard Practice 09-04 and that Driver Training needs are evaluated at least annually.

3. Ensure that all supervisors evaluate employee's vehicle accident records during Work Performance Evaluations.

4. Require dispositive action accomplished through personal counseling, formal reprimand, or disciplinary measure (suspension, demotion, reduction in salary step, dismissal) based upon facts and circumstances attending each preventable vehicle accident.

B. Risk Management

1. Provide and fund appropriate Driver's Training for new employees and professional County drivers per Standard Practice 09-04.

2. Provide, fund, and schedule appropriate Driver's training for employees with preventable accidents as recommended by the Safety Awards and Review Board.

3. Keep department heads or directors and supervisors advised of all employees with preventable accidents.

POLICY STATEMENT

The policy of the board of supervisors for the county of San Bernardino shall be that all employees whose duties require the operation of a motor vehicle receive driver training.

POLICY AMPLIFICATION

The objectives of the Driver Training Program are:

a. Provide voluntary driver training to County employees.

b. Provide driver training to County employees who are required to operate motor vehicles.

c. Provide special driver training to County employees who perform special driving assignments.

d. Provide remedial driver training.

DEPARTMENTS/FUNCTIONS AFFECTED

All County Agencies, Departments and Board-Governed Special Districts under the jurisdiction of the Board of Supervisors.

RESPONSIBILITIES

1. The Environmental Public Works Agency (EPWA) will conduct the Behind the Wheel Driver Training.

2. The Training & Learning Center will coordinate the Driver Awareness and New Employee Orientation classes.

3. The General Services Agency (GSA) shall defray all outside instructional costs, associated with the Driver Training Program, to the Liability and Workers' Compensation Trust Funds.

4. The Occupational Safety and Health Committee and the Safety Awards and Review Boards shall monitor the Driver Training Program.

POLICY STATEMENT

It is the policy of the County of San Bernardino to provide safe working conditions, a healthful work environment, and to promote continuing safety awareness at all levels of employment within the County. A safety program must be founded on safety awareness.

The County recognizes its responsibility to provide a safe place of employment, to provide safety devices, protective equipment, employee training and mechanical safeguards; to protect the life, safety, health and welfare of employees; and to initiate, maintain, and enforce a program to fulfill this responsibility.

POLICY AMPLIFICATION

A. GENERAL

The County Occupational Illness/Injury Prevention Program shall include, but not be limited to, the following:

1. Methods for assuring that employees comply with safe and healthy work practices. These include employee incentives, training programs and disciplinary procedures.

2. A combination of methods for communicating with employees on matters relating to occupational safety and health. These include safety meetings, training programs, posting and written communications.

3. A method for employees, without fear of reprisal, to advise the County of unsafe practices, conditions and work place hazards.

4. An inspection program for identifying, evaluating and ensuring correction of unsafe practices, conditions and work place hazards.

5. A procedure to investigate occupational injuries, occupational illnesses or exposure to hazardous substances; prevent such illness, injury or exposure from reoccurring.

6. An Occupational Health and Safety Training Program to instruct employees in general safe and healthy work practices. This program shall include a general safety orientation for all employees as well as specific training regarding hazards and potential exposures inherent in each employees job assignment.

7. Procedures to document the safety training of all San Bernardino County employees.

B. RESPONSIBILITY

Assistant Administrative Officers, Department Heads, and Directors of Board-Governed Special Districts are responsible for implementation of the Prevention Program in each department within their area of responsibility.

C. AUTHORITY

Human Resources/Risk Management division is the designated authority for providing consultation for the County Occupational Illness/Injury Prevention Program.

1. Risk Management Division shall provide consultation to assist Departments and Districts in the development, distribution monitoring and promotion of the Prevention Program.

2. Risk Management Division shall provide consultation to assist Departments and Districts in preparing programs, policy and guidelines to meet requirements of the California Labor code and the California Code of Regulations.

3. Risk Management Division shall be responsible for providing management and supervisory training to develop the management personnel skills and knowledge necessary to train all County employees.

PROGRAM OBJECTIVES:

A. To ensure that the County of San Bernardino is in complete conformance with Section 3203, title 8, California Code of Regulations, General Industry Safety Orders.

B. To provide procedures, guidelines and training policy necessary to ensure the occupational safety and health of San Bernardino County employees.

C. To promote safety awareness among all employees of the County of San Bernardino.

POLICY STATEMENT

It is the goal of the Board of Supervisors to assure that all work done by County employees and all services provided by and to San Bernardino County be done and provided in a safe and healthful manner. Toward the accomplishment of this goal, the Occupational Safety and Health Committee is established to monitor, review and evaluate the County Occupational Safety and Health Program and to recommend to County administration and the Board of supervisors such policies and actions deemed necessary and advisable to prevent injury or illness.

POLICY AMPLIFICATION

I. GENERAL

A. The Occupational Safety and Health Committee is established for a period of four years commencing March 15, 1978 and, prior to the expiration date, shall be reviewed by the County Administrative Officer to evaluate the need for continuation of the Committee.

B. The Committee shall prepare rules and regulations for its conduct of business for adoption by the Board of Supervisors.

II. MEMBERSHIP AND TERMS OF OFFICE

A. The members of the Committee shall be appointed by the Board of Supervisors and shall be selected from the following County organizations:

1. A member of the Board of Supervisors, or a delegated alternate, shall serve as the Committee Chairperson.

2. The County Administrative Officer (ex officio) or a delegated alternate.

3. A representative from each Agency and each group of County Services.

4. A representative from each exclusive employee organization.

5. Additional members as may be determined by the Board of Supervisors.

6. The County Risk Manager (ex officio) shall be a non-voting member who shall serve as Committee Secretary and provide advisory and staff support for the Committee.

B. The terms of office shall be in accordance with Board of Supervisors' Policy an Boards, Commissions and Committees (01-12).

III. MEETINGS

A. Meetings shall be held at least once per quarter year in locations determined by the Committee with special meetings being called by the Chairperson as required.

B. The Committee is subject to the provisions of the Brown Act (California Government Code Section 54950 et. seq.).

IV. FUNCTIONS AND RESPONSIBILITIES

A. The primary function of the Committee shall be to aid in the development and make recommendations to the Board of Supervisors regarding:

1. Injury Control and Accident Prevention;

2. Procedures for reporting, investigating and reviewing accidents, injuries and occupational diseases;

3. Occupational Safety and Health Education and training;

4. Occupational Safety and Health Inspection;

5. County employee emergency and disaster planning; and

6. Policies and procedures needed to attain the goal of this policy.

B. The committee shall establish sub-committees, known as Safety Awards and Review Boards, for investigation, review and recommendations for the prevention of vehicle accidents, occupational accidents and occupational health problems and for recommendation of awards in recognition of outstanding achievements in the health and safety field.

1. Safety Awards and Review Boards shall be established for the general County, the Sheriff's Office and such other organizational units as may be appropriate.

2. Upon presentation by the County Risk Manager, County Safety Inspectors or Agency or Department Safety Officers, the appropriate Safety Awards and Review Board is authorized to investigate evidence and solicit testimony from employee witnesses concerning accidents and hazards to determine if the incident was preventable and to recommend corrective action needed to eliminate such hazards.

3. The Safety Awards and Review Board shall review actions taken to preclude or mitigate occupational safety and health hazards and recommend additional action if required.

V. RECORDS

A. Minute records of the proceedings of each meeting of the Committee and each Sub-Committee shall be kept.

B. A record of each report, investigation and review together with any recommendations shall be kept on file and be available for analysis of the program effectiveness.

POLICY STATEMENT

In addition to the Illness/Injury Prevention Program, which defines measures necessary to protect the health and safety of County employees, it is the policy of San Bernardino County to implement a Zero Tolerance Standard with regard to threats and violent behavior in the work place. This includes threats and violent behavior, direct, indirect, implied, or actual, from any person, and directed toward any person, occurring at any County facility or in connection with the conduct of county business without regard to location.

POLICY OBJECTIVE

1. To assure that all workplace threats and violent behavior are addressed promptly.

2. To assure the level of physical/facility security in San Bernardino County work places is sufficient to protect the health and safety of County employees.

3. To ensure that the County of San Bernardino is in complete conformance with all Title 8, California Code of Regulations, General Industry Safety Orders, mandates relative to violence in the workplace.

POLICY AMPLIFICATION

Zero Tolerance with regard to threats and/or violent behavior shall include, but not be limited to, the following proactive measures and/or prohibited behavior:

1. No person shall engage, or be allowed to engage, in violent conduct or make threats of violence, implied, actual, direct or indirect, at a county work place or in connection with the conduct of County business.

2. All threatening comments or behavior, direct, indirect, implied or actual, are to be taken seriously, and are never to be dismissed as "harmless" or "just blowing off steam".

3. Threatening comments, action, or violent behavior at any County location or at any location where County business is being conducted are to be reported immediately to Department supervision. Supervisors shall take necessary steps to assure the incident is immediately reported to an appropriate Department Head.

4. The supervisor to whom an incident is reported shall immediately provide security for the threatened individual, co-workers and the public at the work site by:

   a. Immediately placing an employee alleged to have made threats or engaged in violent behavior on paid leave pending the outcome of an investigation;

b. Ensuring that any threatening or violent person, employee or member of the public, leaves the work site.

c. Immediately contacting an appropriate Law Enforcement Agency if necessary to ensure removal of the offender from the scene.

d. Ensuring that an employee who has been the victim of job related threats or violence away from County work sites does not revisit the scene until authorities have dealt with the matter.

5. All threats and violent behavior, implied, actual, direct or indirect, are to be documented and investigated by the Department's Personnel Officer. Such documentation shall include a narrative of the incident including names and other appropriate identification of the parties involved, verbal comments made or description of the violent behavior, witness names and witness statements.

6. County employees who engage in threats or violence, direct, indirect, implied or actual, against co-workers or any other person in connection with County business, are to be subject to legal action by law enforcement authorities and disciplinary action, up to and including termination of employment.

7. Except as specifically permitted, San Bernardino County employees are prohibited from possessing or using defensive weapons during the course of County employment.

RESPONSIBILITY

1. ASSISTANT ADMINISTRATIVE OFFICERS, ELECTED OFFICIALS AND DIRECTORS OF BOARD-GOVERNED SPECIAL DISTRICTS

a. Exercise responsibility and authority for implementation of procedures to assure the Health and Safety of County employees as defined in Policy #09-07, dated July 11, 1991, San Bernardino County Illness/Injury Prevention Program.

b. Implement this Violence and threats in the Workplace - Zero Tolerance policy forthwith.

2. DEPARTMENT MANAGERS

a. Ensure this policy is fully implemented in all work locations within their area of responsibility.

b. Ensure that mid-level managers and supervisors are fully informed of Zero Tolerance and that all action defined under Policy Amplification is followed.

c. Assure that incident documentation is completed accurately and in a timely manner.

d. Ensure that Appointing Authority, organization supporting Personnel Officer/Assistant Personnel Officer, Risk Management Division/Safety Section, as well as other appropriate sources of consultation, are promptly notified of threats and violent behavior.

e. Ensure that appropriate managers and supervisors attend all training with regard to Work Place Violence presented by Human Resources/Risk Management Division/Safety Section.

f. Ensure that all threats and violent behavior, direct, indirect, actual or implied, are reported to appropriate law enforcement agencies, if appropriate based upon discussion with the Department Personnel Officer and Risk Management.

g. Ensure that all County work sites and work practices under individual areas of responsibility are reviewed for the purpose of providing employee security and protection from the potential of reasonably foreseeable violent action.

h. Assure that all reports of threats and violent behavior, direct, indirect, actual or implied, are fully and formally investigated by the Department's Personnel Officer, with the assistance and involvement of appropriate supporting and/or consultive staff.

3. SUPERVISION

a. Report all incidents immediately to management.

b. Ensure safety of victim.

c. Provide appropriate levels of training to employees as required by San Bernardino County Illness/Injury Prevention Program.

d. Attend prescribed training.

4. RISK MANAGEMENT DIVISION

a. Prepare guidelines and programs in conformance with all Title 8, California Code of Regulations, mandates.

b. Prepare and present manager/supervisor training.

c. Maintain records of incidents.

d. Provide consultation with regard to workplace threats and violence as well as workplace physical/facility security.

	COUNTY OF SAN BERNARDINO **POLICY MANUAL**	No. 08-01 ISSUE 2 PAGE 1 OF 1 By EFFECTIVE 4/22/97
SUBJECT COUNTY BUILDING COORDINATION		APPROVED *JERRY EAVES* CHAIRMAN, BOARD OF SUPERVISORS

POLICY

It is the policy of the Board of Supervisors to promote essential building security and safety precautions and maintain efficient and orderly use of facilities under the jurisdiction of the Board of Supervisors.

POLICY AMPLIFICATION

1. Reduction or elimination of hazards to the public or to employees and theft or vandalism to County property will be accomplished by a system of rules and procedures set forth in Emergency Evacuation Plans, Fire Plans, Safety Procedures, Department Emergency Operations Plans, Standard Practices, and other activities related to facilities under County jurisdiction.

2. Building security standards and related rules and procedures will be subject to policy approved by the Board of Supervisors.

3. A system of Safety Coordinators will be established to implement this policy.

	COUNTY OF SAN BERNARDINO STANDARD PRACTICE	No. 08-01SP By	ISSUE 3 PAGE1 OF 2 EFFECTIVE4/22/97
DEPARTMENT		APPROVED	
SUBJECT COUNTY SAFETY COORDINATORS		*J. HLAWEK*	

PURPOSE

To establish the responsibility and procedure to promote essential department and/or building security and safety precautions, emergency actions, and to maintain efficient and orderly use of facilities under County jurisdiction.

DEPARTMENTS AND FUNCTIONS AFFECTED

All Groups, Departments of the County, Board-governed Special Districts, and individual operating locations.

FOREWORD

The procedures outlined in this Standard Practice are subject to the County Building Coordination Policy approved by the Board of Supervisors.

RESPONSIBILITY AND PROCEDURE

1. Definition of Terms

For the purpose of this Standard Practice, the following definitions will apply:

COUNTY SAFETY COORDINATOR - An official appointed to administer building, safety, and security rules and procedures, coordinate Emergency Evacuation Plans, Department Emergency Operation Plans, Building Security Plans, Fire Plans, and Safety Procedures.

EMERGENCY EVACUATION PLAN - A plan prepared by each Group and/or Department or operating location for buildings under County jurisdiction, setting forth emergency procedures, including building evacuation in the case of fire, bomb threat or other valid reason.

COUNTY DEPARTMENT EMERGENCY OPERATION PLAN - A plan prepared by each group or department to guide emergency preparedness, response, and recovery per San Bernardino County Policy 09-01.

BUILDING SECURITY PLAN - A plan prepared by each Group, Department, or operating location setting forth security rules and procedures as required for buildings under County jurisdiction.

2. County Safety Coordinator Appointment

a. Department Heads, with the concurrence and assistance of the County Safety Officer will select a Safety Coordinator and an alternate for each designated facility.

b. A list of appointments and replacements, as they occur, will be submitted to Group Administrators and Department Heads, Office of Emergency Services, Facilities Management Department, and Risk Management Division, Human Resources.

3. Group Administrators and Department Heads

a. Execute Emergency Evacuation, Disaster Preparedness, Security Plans, and Safety Procedures.

b. Take necessary steps to insure that Safety Coordinators receive cooperation and support necessary for the promotion of building security and safety for personnel under the Group/ Department jurisdiction.

4. County Safety Coordinators

a. Coordinate with affected Departments' Emergency Evacuation Plans, Department Emergency Operation Plans, Building Security Plans and Safety Procedures developed by Group Administrators and Department Heads for facilities, as required.

b. Ensure that rules, procedures and guidelines of plans are compatible with applicable regulatory mandates and local building and licensing agency requirements. To ensure Plans are viable, conduct walk-thrus with the Office of Emergency Services and Risk Management Division/Safety Officer or designees, once plans are finalized. Office of Emergency Services and the County Safety Officer shall be notified of Plan changes. Such plans may include procedures for evacuation exercises, and, in specific cases, may include the coordination of maintenance calls for multi-tenant buildings.

c. Administer guidelines and policy concerning an individual and/or group circulating petitions on building facilities under County jurisdiction in accordance with procedure 08-14SP.

5. County Safety Officer

a. Assure the selection of a Safety Coordinator and alternate for each building department, and/or operating location under jurisdiction of the County Board of Supervisors.

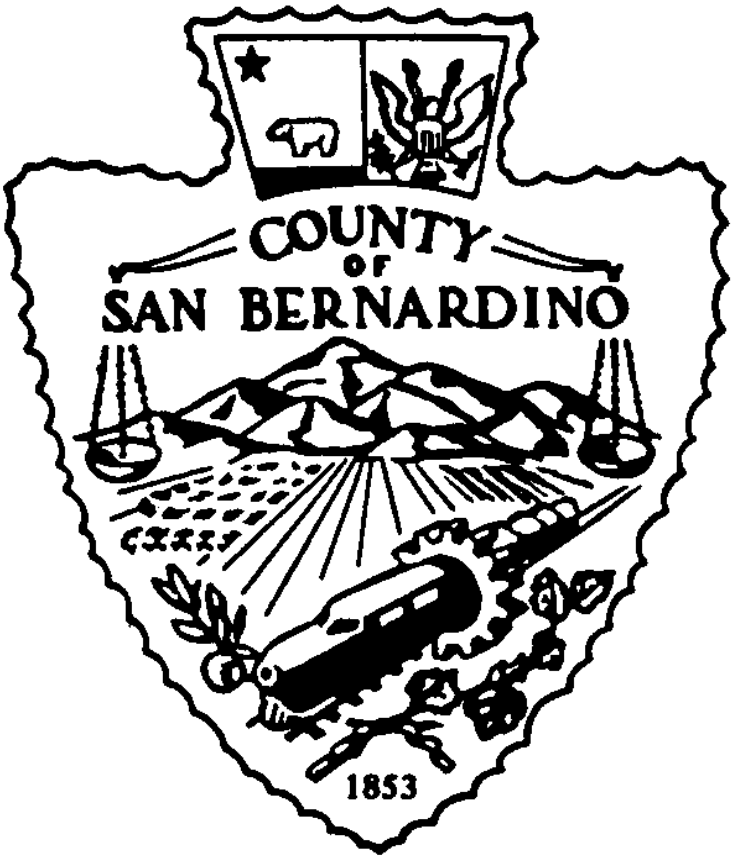
b. Formulate, develop and implement procedures and practices to insure that Evacuation Plans, Security Plans, Fire Plans, and Safety Procedures are in compliance with regulatory mandates.

c. Provide consultation, guidance and technical support to Group Administrators, Department Heads, individual Managers, and Safety Coordinators in fulfilling the directions herein.

d. Provide training to Safety Coordinators to assure the level of competence and knowledge necessary to implement this procedure.

e. Monitor, audit, and periodically report to appropriate management with regard to implementation of this Standard Practice and Board of Supervisors Policy #08-01.

Safety Committees



OCCUPATIONAL SAFETY AND HEALTH COMMITTEE

The Board of Supervisors has established an Occupational Safety and Health Committee (OSHC). Please refer to the appropriate policy, beginning on page 3.

Group/Department

The Department Head shall establish a Department Safety Committee, to include a minimum of one Supervisory member from each operating facility of the department.

The purpose of Safety Committees, at both the management and department levels, is to review accidents, injuries, hazardous conditions and work practices; to initiate and monitor corrective action, assure injury/illness prevention training, and to monitor implementation of the County Occupational Illness/Injury Prevention Program throughout the County.

The Occupational Safety and Health Committee meets quarterly. Department Safety Committees are to meet not less than quarterly. Meeting minutes are to be prepared. Minutes are to be forwarded to the Safety Officer who will summarize appropriate material for presentation to the County Occupational Safety and Health Committee.

Department Safety Committee Responsibilities

Department safety and health committees must at a minimum perform the following functions:

- Meet regularly, but not less than quarterly;
- Prepare and make available to affected employees, written records of safety and health issues discussed at the committee meetings and maintain for review. The committee meeting records shall be maintained for at least one (1) year;
- Review results of the periodic, scheduled worksite inspections;
- Review investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents;
- Review investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;
- Submit recommendations to assist in the evaluation of employee safety suggestions.

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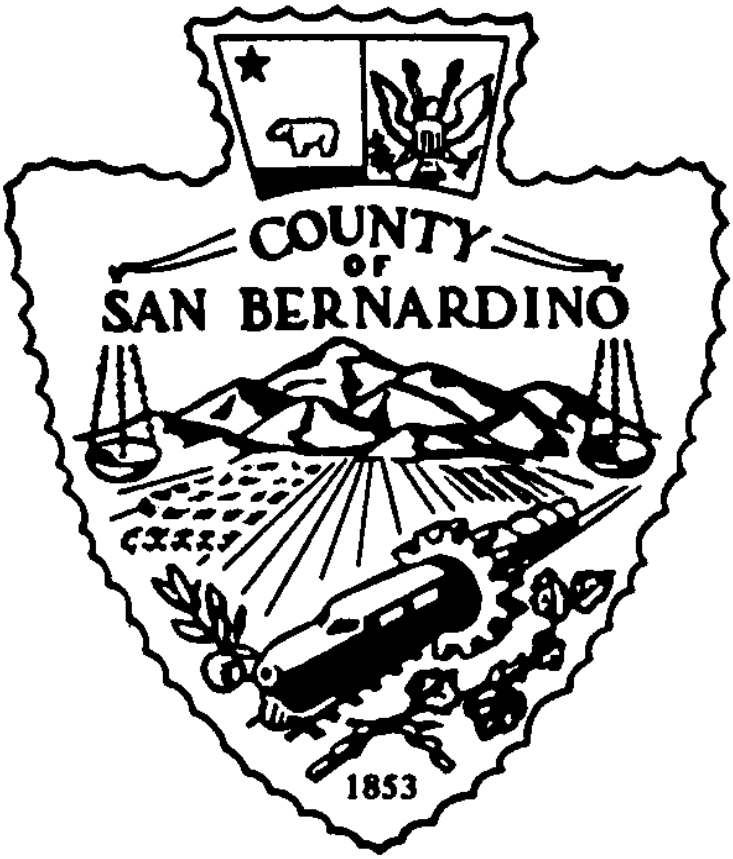
Injury Prevention



County of San Bernardino

EMPLOYEE SAFETY

The Board of Supervisors' Resolution of December 11, 1961 established policy governing the **County Safety Program**. This resolution assigns responsibility for safety to all County employees.

Each Group/Department shall implement safe working practices and conditions, developing those procedures necessary but not provided herein.

Supervisors are responsible and accountable for the safety of employees within their area of responsibility and are to regard safety as an essential part of their job. All employees, including volunteer workers are to be provided safety training and shall be advised of the potential hazards associated with their work. Employees are to be specifically instructed as to how to reduce job hazards. Employees shall not be assigned tasks which are beyond their skill or physical capabilities.

Employees must follow safe practices in all work activities. This requirement is a condition of continued employment.

Hazardous conditions and actions are to be reported and corrected, and all injuries and accidents shall be reported.

No employee shall engage in playful activities which might result in injury to the individual or to co-workers.

First aid materials shall be provided and used only when and for the purpose required.

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OCCUPATIONAL ILLNESS/INJURY PREVENTION PROGRAM

SCOPE

Title 8, California Code of Regulations, General Industry Safety Orders, Section 3203 requires every California employer to establish, implement and maintain an effective written injury prevention program. Policy establishes the practice of San Bernardino County relative to Section 3203. This is included in the Policy section of the County Safety Manual.

Recognizing that individual departments require differing degrees of safety activity and training, this program includes minimum standards that must be implemented and maintained in all County departments.

Those departments that have well established formalized safety training/injury prevention programs only need review existing procedure to ensure that the minimum standards of this program are included in existing department procedure.

Departments that have not yet established or implemented a formal program to ensure the training, health and safety of employees must do so following the guidelines of this program.

PURPOSE

Section 3203, CCR, GISO requires the following:

1. Implementation and maintenance of an effective written Occupational Injury and Illness Prevention Program;

2. Identification of the person or position with authority and responsibility for implementing the "Program";

3. Systems to ensure that employees comply with safe and healthy work practices;

4. Systems for communicating with employees on matters relating to health and safety;

5. Systems for employees to communicate hazardous conditions and practices to employers;

6. Periodic inspections for identifying and evaluating work place hazards;

7. An Occupational Health and Safety Training Program;

8. Systems for investigating accidents and "near misses";

9. Documentation of "Program" activities including:

   A. Records of inspections and correction of unsafe conditions;
   B. Records of employee training including employee name and specific training subject;
   C. Records of accident investigations.

RESPONSIBILITY AND AUTHORITY

County of San Bernardino Policy establishes that Assistant Administrative Officers, Department Heads and Directors of Board Governed Special Districts are the responsible individuals for implementation and maintenance of the Occupational Illness and Injury Prevention Program.

THE FOLLOWING INCLUDES MINIMUM ACCEPTABLE STANDARDS REQUIRED OF ALL COUNTY DEPARTMENTS RELATIVE TO ILLNESS AND INJURY PREVENTION:

1. Each newly hired County employee shall be scheduled for and attend an Employee Orientation Program prior to actually reporting to work. The orientation may be that scheduled by the Human Resources Department or may be departmentally developed and presented. Such orientation is to include safety and health training/accident prevention of a general nature and is to include the following subject matter:

   A. Code of Safe Practices
   B. Workers' Compensation

C. Defensive Driving - Vehicle Safety
D. Back Injuries
E. Slips/Falls
F. Sprains/Strains
G. Cuts/Bruises
H. Substance Exposure

2. Individual departments are to establish written procedures consistent with other County/Department Policy and Memoranda to ensure that employees comply with all safe and healthy work practices outlined within the County Safety Manual, including this program. Such procedures shall include disciplinary activity, incentives and training/retraining programs.

   Supervisors must ensure that employees comply with all County work rules, practices and procedures. Progressive discipline up to and including termination is appropriate for those who do not. Employees are not to be subject to discipline for being injured, but may be for an unsafe act resulting in the injury.

   All incentive awards, progressive discipline and training are to be documented in employee files as well as appropriately noted in departmental or supervisor safety files.

3. Each department is to establish and implement systems to ensure that supervisors schedule and conduct periodic safety meetings or "General Instructional Talks" (GIT's). Their purpose is to establish safety awareness among employees, to inform, to train, and to introduce new products, procedures, and equipment to the work place.

   Supervisors are to schedule and maintain a calendar of these safety meetings and prepare a subject/roster record of all GIT's. GIT's are not intended to replace individual employee safety training but supplement such training as outlined hereafter. See Section 14 of the County Safety Manual for additional information relative to safety meetings.

4. Supervisors are to instruct all employees of the "Hazard Report" as contained in Section 15 of the County Safety Manual. Supplies of these reports are to be maintained at all County locations and made freely and anonymously available to employees. Hazard Reports are to be processed strictly according to instructions on the reverse side of the form. Hazard Report forms are available through Central Stores and may be available online.

5. Supervisors are to periodically inspect the work place for which they are responsible. Inspections are to include an examination and evaluation of the facility, equipment, and work practices relative to safety and health. All such inspections are to be conducted using the format and information included in Section 4 of the County Safety Manual. The purpose of these inspections is to identify, evaluate, and initiate correction of, hazardous conditions and practices.

   Documentation of all inspections is to be maintained by the supervisor. Such documentation is to include notations of all corrective action and employee communication as a result of the inspection.

6. Each department is to prepare a safety training outline or outlines specific to the activities of the department. The department outline is to be used for the purpose of initially training each new employee. These outlines must include the following elements:

   A. Introduction to the workplace and list of known potential hazards, i.e. equipment, facility, products, activities;
   B. List of equipment, machinery, tools for which employee is to be trained;
   C. Emergency fire and evacuation plans;
   D. Hazardous Communication - see Section 2 of the County Safety Manual;
   E. Respirator Protection Program - see Section 7 of the County Safety Manual;

F. Confined Space Entry - see Section 8 of the County Safety Manual;
G. Hearing Conservation - see Section 3 of the County Safety Manual;
H. Personal Protective Equipment - see Section 9 of the County Safety Manual;
I. Lock Out/Tag Out - see Section 10 of the County Safety Manual;
J. Specific illness/injury prevention training based upon department experience and/or injury frequency;
K. Department specific work rules.

The purpose of the training outline is to provide each supervisor a guide to train employees. Supervisors are to provide outlined training to all new employees. **All training is to be documented in departmental training files and the employee's personnel file.**

Employee training is the key to injury/ illness prevention, and is a supervisory responsibility. While some aspects of training may be delegated by a supervisor, follow-up, monitoring, discipline and documentation cannot be delegated.

Supervisors shall use training aids in making employees aware of safe practices. These aids include but are not limited to audio/visual aids, department produced manuals, manufacturer product instructions, "Industry" brochures and State or Federally prepared job specific programs, such as are followed by Law Enforcement and Fire Protection personnel.

7. Each department shall establish an accident or "near miss" investigation procedure in conformance with Section 5 of the County Safety Manual. The procedure will provide the supervisor a system to investigate accidents, injuries and illness, to evaluate the cause, correct hazards, adjust work practices, and identify training priorities.

8. Departments shall establish procedures which ensure that occupational illness/ injury prevention activities are documented. Such documentation shall include:

   A. Records of inspection, evaluation, and correction of unsafe conditions/practices;
   B. Records of employee training;
   C. Records of safety meetings;
   D. Records of accident investigations.

   The Appendix portion of the County Safety Manual includes forms adopted for documentation of activities.

9. Each department shall establish a procedure to ensure that all drivers of County vehicles attend the Risk Management Division funded Driver Awareness Program. Such procedure shall ensure that all drivers involved in preventable vehicle accidents attend the Driver Awareness Program for retraining. Driver training/retraining may be accomplished by approved departmentally established programs.

10. Each department shall establish a procedure to ensure that appropriately identified County employees attend the Risk Management Division Care of the Back Program. These employees shall include as a minimum, employees who suffer a back injury, employees engaged in work activities having the potential for back injury, and employees identified by the Center for Employee Health and Wellness as requiring such training.

11. All employee training completed in conformance with this program is to be documented. The Appendix of this manual includes forms to be used in documenting employee training, safety meetings, as well as classroom training programs.

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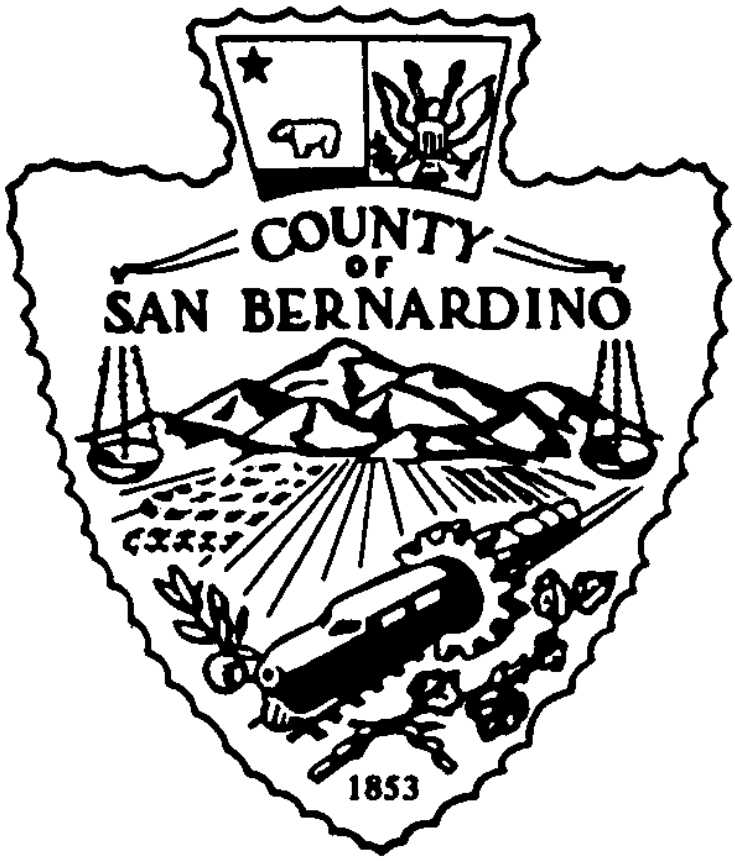
Hazard Communication



HAZARD COMMUNICATION PROGRAM

SCOPE

This establishes County of San Bernardino procedure for hazard communication. It provides information and guidance on the process of identifying hazardous materials/ substances used in the workplace during the course of employment. The program identifies documentation, communication, training, and medical surveillance following exposure necessary to ensure the health and safety of County employees. **This procedure sets forth minimum standards for all County departments.** Individual departments may implement more stringent standards. Copies of department prepared programs are to be provided to Risk Management Division/ Safety Section upon request, as well as included in the immediately following divider labeled "Department Program".

PURPOSE

Title 8, California Code of Regulations, General Industry Safety Orders, Section 5194 requires employers to establish a Written Hazard Communication Program including procedures for employee training, hazard identification, labeling, records maintenance, and medical surveillance.

INTRODUCTION

Substance/material identified as being hazardous exists in many work places within the County of San Bernardino. Regulations require employers to prepare and implement a **written** Hazard Communication Program. Within the following guidelines, individual County departments shall prepare department specific written programs.

IDENTIFYING PRODUCTS AND CHEMICALS

At each work location, an inventory shall be prepared to include all products, materials, and chemicals used in the workplace. All containers found in work areas are to be included in the inventory.

The identification process involves preparing an inventory for each product, chemical and substance at all locations within the county. Unidentified products/substances in unmarked containers are to be disposed of during the inventory process according to hazardous material disposal requirements established by the County Department of Environmental Health Services.

In addition, an inventory form must be prepared identifying the location of and product contained by each pipe in the workplace.

HAZARD EXEMPTIONS

The Hazard Communication Program <u>does not</u> apply to:

1. Consumer products packaged for distribution to and use by the general public, unless employee exposure is greater than exposure to the ordinary customer.

2. Any hazardous waste as such term is defined by the Solid Waste Disposal Act, as amended by the Resource Conservation and recovery Act.

3. Tobacco or tobacco products.

4. Wood or wood products (non-excluded hazardous substances which are used in conjunction with wood or wood products, or are known to be present as impurities in those materials).

5. Articles (hazardous substances used in the manufacture or use of an article covered unless otherwise excluded).

6. Foods, drugs, or cosmetics intended for personal consumption or use while employees are in the workplace.

7. Retail food sale establishments and all other retail trade establishments, except for processing and repair work areas.

8. The use of a substance in compliance with regulation of the Director of Food and Agriculture issued pursuant to Section 12981 of the Food and Agricultural Code.

Proposition 65 Warnings: The County is exempt from Health and Safety Code Section 25249.11 (a) and (b), Safe Drinking Water and Toxic Enforcement Act 1986.

MATERIAL SAFETY DATA SHEETS (MSDS)

Manufacturers are required to provide an MSDS for each chemical and substance produced. The MSDS is a fact sheet summarizing basic information about a substance and detailing the hazard potential.

An MSDS is to be obtained from the manufacturer or supplier for each hazardous substance employees' use or may be exposed to in the workplace. New or revised MSDS's will be reviewed with all affected employees within 30 days of receipt of the MSDS.

An MSDS should be requested from the supplier prior to the purchase of unusual or extraordinary products. Risk Management Division/ Safety Section shall be consulted before using any product posing extraordinary hazards or subject to extensive regulation. **Consultation with the Occupational Health Officer and Risk Management Division/Safety Section is mandatory prior to the purchase or use of any product or substance containing a known carcinogen.**

TRADE SECRETS

Manufacturers or importers may withhold the specific identity of a chemical if they are protecting a bona fide trade secret and have notified the Director of the Department of Industrial Relations. All sections of an MSDS except the specific chemical identity must be completed by such manufacturer. As a general rule, County Departments are to avoid using products containing substances which the manufacturer will not identify.

Manufacturers or importers must release the actual chemical identity to health and safety professionals under both emergency and non-emergency conditions. The rules in the General Industry Safety Orders, Section 3204(f) in Title 8 of the California Administrative Code provide specific conditions for trade secret release and for holding the information confidential.

HAZARD DETERMINATION

The hazard potential of each inventoried item is to be determined by information provided on the MSDS. Risk Management Division/ Safety Section may consulted on questions relative to the potential hazard of a product.

The nature of the physical hazard posed by each product is to be identified as follows:

Combustible Liquid
Pyrophoric
Explosive
Oxidizer
Compressed Gas
Unstable or
Flammable
Water Reactive
Organic Peroxide

Chemicals posing health hazards are to be identified as follows:

Carcinogenic
Toxic Agent
Corrosive
Irritant
Sensitizer
Reproductive Agent

MSDS's must be obtained for any product evaluated as a **HEALTH** or **PHYSICAL HAZARD** or both. These health and physical hazards should be covered in employee training sessions using information from the MSDS.

LABELING

All containers containing highly toxic, corrosive, flammable, oxidizing, pyrophoric, or any other hazardous substances will be labeled, tagged, or marked with the identity of the hazardous substance(s), appropriate hazard warning, personal protective equipment to be used when working with the contents, and the name and address of the manufacturer, importer, or other responsible party.

Within the County of San Bernardino, formal labels shall be prepared for all secondary containers of hazardous products/chemicals. Secondary containers are defined as any product container other than that in which the product was purchased. Portable and on-site stationary containers are classified as secondary containers. **The use of any food or drink container as a secondary container, even temporarily, is strictly prohibited.** Label making materials are available through Central Stores and are to be used in identifying all secondary containers.

LABELING EXEMPTIONS

Title 8, Section 5194 does not require additional labeling of the following substances:

1. Any pesticide, as such term is defined in the Federal Insecticide, Fungicide, and Rodenticide Act, when subject to labeling requirements of that Act and labeling regulations issued under the Act by the Environmental Protection Agency.

2. Any food, food additive, color additive, drug or cosmetic, including materials intended for use as ingredients (e.g., flavors and fragrances)in such products, as such terms are defined in the Federal Food, Drug and Cosmetic Act.

3. Any distilled spirits (beverage alcohols), wine, or malt beverage intended for non-industrial use.

4 Any consumer product or hazardous substance as those terms are defined in the Consumer Product Act and Federal Hazardous Substances Act.

TRAINING

Hazard training and information is to be provided to all employees about hazardous substances in the work area at the time of initial assignment and whenever a new hazard is introduced into the work area. Employees from other locations temporarily working in a supervisor's area of responsibility are to be provided a hazard orientation by the area supervisor prior to any work activities.

Work location specific training is to be developed by department management and is to include as a minimum:

1. Review of Hazard Communication Program, including an explanation of the labeling system, what they are and how to use material safety data sheets, and how employees can obtain and use the appropriate hazard information.

2. Identification of all hazardous material in the workplace.

3. Instruction about measures employees can take to protect themselves from hazards in the workplace, including specific procedures the department has implemented, such as appropriate work practices, emergency procedures, and personal protective equipment to be used.

4. Methods and observations that may be used to detect the presence or release of a hazardous substance in the work area (such as monitoring devices, exposures, symptoms, etc.).

5. Hazard spill response, clean up, and disposal.

6. Medical Surveillance.

7. Location of MSDS'.

8. Training documentation shall include a class roster, a copy of the program outline, samples of handouts, copies of tests, the training date, and name of instructor.

MEDICAL MANAGEMENT

Risk Management/Safety Section and the Occupational Health Division will ensure that all medical guidelines mandated by Title 8,

California Code of Regulations, General Industry Safety Orders are implemented for those employees exposed to action levels of hazardous materials/substances.

Risk Management/Safety Section shall be responsible to ensure that appropriate monitoring/testing is completed for the purposes of determining exposure levels. The need for monitoring will be established by department request.

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EXAMPLE MSDS REQUEST LETTER
County of San Bernardino

Chemical Company or Distributor
(Street Address or P.O. Box
(City, State, Zip Code)

_____
(Date)

RE: MSDS FOR (Products/Chemicals)

Please send a copy of your Materials Safety Data Sheet (MSDS) for the above product(s). The MSDS is needed for compliance with the State of California Hazard Communication Standard, Section 5194 of Title 8, California Code of Regulations.

Please send the MSDS to:

(Department Name)
(Street Address)
(City, State, Zip Code)
(Attn: Supervisor)

If you have any questions concerning this request, please contact _____ at ( ) _____

Sincerely,

(Name of County Representative)
(Title)

cc: Safety Officer, Risk Management Division

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EMPLOYEE TRAINING CHECKLIST
County of San Bernardino

(This report is to be completed by the Supervisor and New Employee within five working days of employment or new job assignment. Additional forms are to be prepared as the employee receives safety training during the course of employment, at least annually).

NAME _____ BIRTH DATE _____

Date Employed: _____ SSN: _____ Department Assigned: _____

Job Title: _____ Employee Past Work Experience: _____

A. Has Employee taken pre-employment physical? ☐ yes ☐ no
B. Are there any physical limitations? ☐ yes ☐ no

If answer to B is yes, please explain:

I HAVE BEEN INSTRUCTED IN THE FOLLOWING SUBJECTS THAT ARE CHECKED:

1. Safety policies and programs ☐ yes ☐ no
2. Safety rules, both general and specific to the job assignment ☐ yes ☐ no
3. Safety rule enforcement procedures ☐ yes ☐ no
4. Use of tools and equipment ☐ yes ☐ no
5. Proper work shoes and other personal protective equipment ☐ yes ☐ no
6. Handling of material ☐ yes ☐ no
7. Lifting and use of lifting equipment such as hoists and cranes ☐ yes ☐ no
8. How, when and where to report injuries ☐ yes ☐ no
9. Importance of housekeeping ☐ yes ☐ no
10. Special hazards of job ☐ yes ☐ no
11. When and where to report unsafe conditions ☐ yes ☐ no
12. Safe operation of vehicle ☐ yes ☐ no
13. Personal protective equipment: List items _____ _____ _____ _____ _____
14. Hazardous materials: List items _____ _____ _____ _____ _____
15. Tools/Equipment: List items _____ _____ _____ _____ _____
16. List all training not indicated above (use back of form if necessary: _____

_____

Employee Signature _____ Date _____

Follow up on employee will be observed by _____

Employee has performed operation to the satisfaction of the undersigned. An observation was completed on the date indicated.

Supervisor Signature _____ Date _____

IMPORTANT: If employee is transferred to another job, an additional safety instruction report must be completed.

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WRITTEN HAZARD COMMUNICATION PROGRAM EXAMPLE

Each San Bernardino County department must prepare and implement a written Hazard Communication Program. This is a sample format, which may be used by those departments that have not prepared a more extensive written program. You may obtain your copy of this written program through E-mail by contacting San Bernardino County Risk Management Division, Safety Section.

INTRODUCTION

(*Department*) has developed the following Hazard Communication Program to fulfill the commitment of maintaining a healthful work environment for County of San Bernardino employees.

This program provides information about chemicals and other hazardous products, control of hazards, Material Safety Data Sheets (MSDS), container labeling, and employee information and training.

MATERIAL SAFETY DATA SHEETS (MSDS)

Copies of MSDS for all hazardous substances to which employees may be exposed are maintained at (*location*). (*Position/Person*) will be responsible for obtaining and maintaining MSDS records for (*Department*). (*Position/Person*) will review all incoming MSDS for new and significant health/safety information. (*Name*) will see that all new information is brought to the attention of affected employees. (*Position/Person*) will ensure that no new hazardous substance is used in the (*Department*) until an MSDS has been obtained for the product and employee training completed.

(*Position/Person*) will review the MSDS for completeness. If an MSDS is incomplete or insufficient, a new MSDS will be requested from the manufacturer.

MSDS's are available to all employees at their work location for review during each work shift. If MSDS's are not available or new hazardous substances in use do not have an MSDS, please contact (*Position/Person*) immediately.

CONTAINER LABELING

It is the policy of (*Department*) that no container of hazardous substances will be released for use until the following label Information is verified:

1. Containers are clearly labeled as to contents.
2. Appropriate hazard warnings are noted.
3. The name and address of the manufacturer are listed.

The responsibility for appropriate labels has been assigned to (*Name of Person/Position*).

To further ensure employees are aware about hazards of materials used in work areas, it is our policy to label all secondary containers. (*Position/Person*) will ensure that all secondary containers are labeled with either an extra copy the original manufacturer's label or with generic labels designed for the purpose of labeling secondary containers.

EMPLOYEE INFORMATION AND TRAINING

Newly hired employees are to attend an orientation scheduled by (*Position/Person*) and receive training on the following subjects:

1. Requirements contained in the Hazard Communication Program.
2. Identification of all operations in the work area where hazardous substances are present.
3. Location and availability of the written Hazard Communication Program.
4. Physical and health effects of hazardous substances in the work area.
5. Methods and observation techniques used to determine the presence or release of hazardous substances in the work area.

6. Methods to minimize or prevent exposure to hazardous substances through safe work practices and use of Personal Protective Equipment (PPE).

7. Precautions taken by (*Department*) to minimize or prevent exposure to hazardous substances.

8. Emergency and first aid procedures relative to hazardous substance exposure.

9. How to read labels and review MSDS to obtain appropriate hazard information.

10. Hazardous spill response, clean up, and disposal.

It is important that employees understand all information and training. Questions are to be referred to (*Position/Person*).

Whenever a new hazardous substance is introduced into a work area, (*Supervisory Position/Person*) will review items 1 - 10 above as they relate to the new material with all affected employees.

Employees are prohibited from using any hazardous material unless trained as follows:

1. Nature of Hazard
2. Personal Protective Equipment
3. Exposure First Aid
4. Safe Work Practices
5. Spill Response, Clean Up and Disposal

LIST OF HAZARDOUS SUBSTANCES

As MSDS records are obtained, a list of all hazardous substances at (Department) will be prepared and included as a part of this program. The location of each substance will be identified on this list.

HAZARDOUS NON-ROUTINE TASKS

Periodically, employees are required to perform non-routine tasks using hazardous substances. Prior to starting work on such projects, each affected employee will be given information by their supervisor about hazards to which they may be exposed during the activity. This information will include:

1. Specific hazards.

2. Protective/safety measures which must be used.

3. Measures the (*Department*) has taken to lessen the hazards including ventilation, respirators, presence of another employee and emergency procedures.

A list of non-routine tasks with the potential of hazardous exposure shall be prepared by (*Position*) and posted at (*Location*) for the information of employees.

All questions about this program should be directed to (*Position/Person*). This program will be monitored by (*Position/Person*) and Risk Management Division/ Safety Section to ensure that policies are carried out and that the program is effective.

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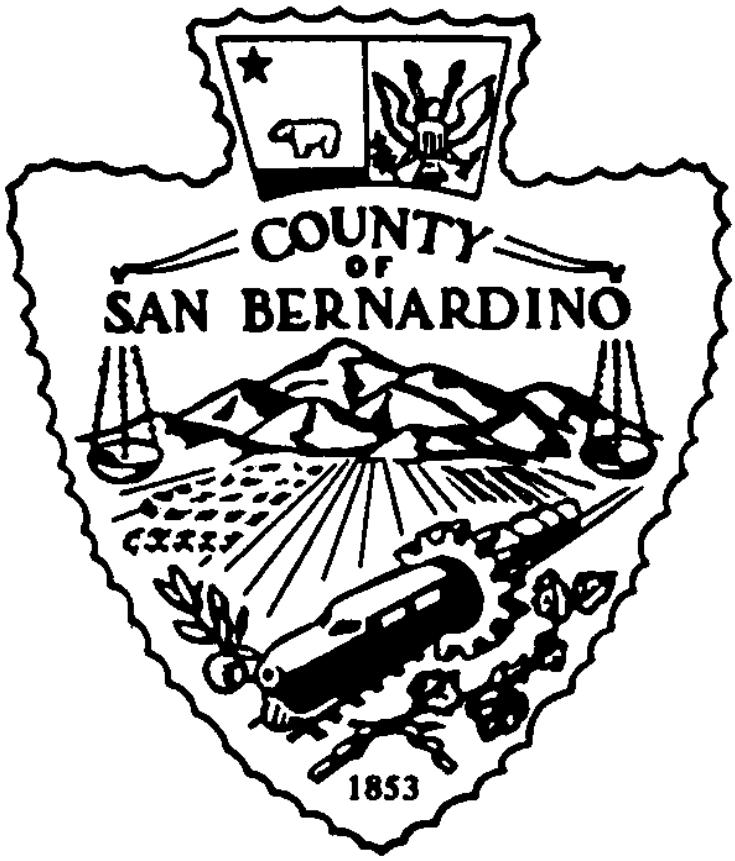
Hearing Conservation



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NOISE CONTROL AND HEARING CONSERVATION

SCOPE

This establishes the County of San Bernardino procedure for noise control and hearing conservation. It provides information and guidance on the process of identifying noise hazards and includes guidelines to be used by County departments in preparing individualized programs. It also provides procedure to ensure appropriate medical monitoring for those employees exposed to excess noise during the course of employment. The program identifies documentation, communication, and training necessary to ensure the health and safety of County employees. **This procedure sets forth minimum standards for all County departments**. Individual departments may implement more stringent standards. Copies of department prepared programs are to be provided Risk Management Division/Safety Section, upon request, as well as included in the immediately following divider labeled "Department Program".

PURPOSE

Title 8, California Code of Regulations, General Industry Safety Orders, Article 105 requires employers to establish an effective Hearing Conservation Program including procedures for employee training, noise monitoring and medical surveillance. Section 3203 of the above referenced code requires employers to prepare written programs relative to the prevention of occupational illness, injury and injurious exposure.

INTRODUCTION

Department management, supervisors, employees, Risk Management Division/Safety Section and the Center for Employee Health and Wellness shall share responsibilities for implementing and maintaining an effective Noise Control and Hearing Conservation Program within the County of San Bernardino.

RESPONSIBILITIES OF MANAGEMENT

Department management and supervisors have the following responsibilities with regard to Noise Control and Hearing Conservation:

1. Ensure the implementation of the Noise Control and Hearing Conservation Program throughout all departments within the County.

2. Authorize budgeting and expenditure of necessary resources to implement the program.

3. Provide corrective action as may be deemed necessary or practical to modify or replace equipment, machinery, facilities and tools which are found to create noise levels above exposure limits if technologically feasible.

4. Request Risk Management Division/Safety Section to study specific operations, facilities, and equipment to determine employee noise level exposure.

5. Ensure that employees undergo annual Audiometric examination (baseline, annual, and termination) as deemed necessary by Risk Management Division/Safety Section and the Medical Director.

Supervisors of employees in areas or operations which have been determined to have noise levels above acceptable or controllable levels shall:

1. Arrange to have exposed employees equipped with approved hearing protection devices as prescribed by Risk Management Division/ Safety Section and the Medical Director.

2. Conduct training and make frequent checks to ensure employees are properly using hearing protection devices. Strictly enforce the use of hearing protection devices where determined necessary.

3. Cooperate with Risk Management Division/ Safety Section and the Center for Employee Health and

Wellness in completing required periodic audiometric examinations.

4. Ensure employees comply with requirements specified in Title 8, California Code of Regulations, General Industry Safety Orders, and the policies or procedures specified herein.

5. Utilize Risk Management Division/Safety Section to make sound level studies and surveys of specific equipment areas, facilities, work locations, and operations to determine the degree of employee noise level exposure.

6. Reevaluate work areas and locations where employees are known to be, or suspected of being, exposed to noise levels at or above an 8-hour time weighted average (TWA) of 85 dBA.

7. Authorize the use of hearing protection devices as necessary to comply with Title 8, Article 105.

8. Specify those areas, equipment, operations and employees having a noise exposure equal to or greater than 85 dBA time weighted average (TWA). Document those areas and send copy to Risk Management Division/ Safety Section.

9. Identify those areas and jobs where hearing protection is required. Document those areas and jobs and send copy to Risk Management Division/Safety Section.

10. Prepare an educational program on hearing conservation for employees.

DEFINITIONS

This glossary defines words and terms relevant to noise control and audiometry. It has been compiled to provide assistance in understanding terms used in this Section.

Action level - An 8-hour time weighted average of 85 decibels measured on the A-scale, slow response, or equivalently, a dose of fifty percent.

Audiogram - A chart, graph or table resulting from an audiometric test showing an individual's hearing threshold levels as a function of hearing (from 500 to 6000 Hertz).

Audiologist - A professional, specializing in the study and rehabilitation of hearing, who is certified by the American Speech-Language-Hearing Association or licensed by a state board of examiners.

A-Weighted Sound Level - (dBA) - The ear does not respond equally to all frequencies. Therefore, to obtain a single number representing the sound level of a noise containing a wide range of frequencies in a manner representative of the ear's response, it is necessary to reduce, or weight, the effects of the low and high frequencies with respect to the middle frequencies. The result and sound level is said to be A-weighted.

Baseline Audiogram - The audiogram against which future audiograms are compared.

Competent Person – One who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

Criterion Sound Level - A sound level of 90 decibels.

Daily Noise Dose - The cumulative noise exposure of an employee during a working day.

Decibel (dB) - A non-dimensional unit used to express levels. It is a logarithmic expression of the ratio of a measured quantity to reference quantity.

Dose - A single index number as defined by Cal/ OSHA.

Dosimeter - An instrument which registers the occurrence and accumulative duration of noise exceeding a predetermined level at a chosen point in the environment. As a calculation is based on the dose (Noise Exposure Index) concept, and is measured in a percent of the allowable limit.

Frequency - The time rate of repetition of a periodic phenomenon. It is expressed in Hertz (H2), formerly in cycles per second (cps).

Hearing Conservation Program (HCP) - An integrated control program designed to prevent any significant permanent noise-induced hearing loss resulting from on-the-job noise exposure. An effective HCP will (a) identify and analyze the levels of noise exposure, (b) control the noise exposure by engineering controls, by the use of personal protective equipment, and/or administrative methods, (c) measure the degree of hearing loss (or confirm no loss) by pre-placement balance and periodic audiometric examinations.

Hearing Protector - A device inserted into or placed over the ear for the purpose of reducing air-conducted sounds, e.g. ear plugs or earmuffs.

Hearing Threshold Level (HTL) - The amount the threshold of hearing exceeds a standard audiometric reference. Units; decibels. Current levels are referenced to ANSI-1969 standard or ISO-1964 standard.

Hertz (Hz) - Unit of measurement of frequency, numerically equal to cycles per second.

Impulse of Impact Noise - A sound with a rise time of not more than 35 milliseconds to peak intensity and a duration of not more that 500 milliseconds to the time when the level is 20 dB below the peak. If the impulse recurs at intervals less than 1/2 second, they shall be considered as continuous noise.

Intermittent Noise - A steady state or continuous signal which is interrupted by periods of silence or periods of noise at levels below 55 dBA. Intermittent noise does not vary by more than 40 dBA in 500 milliseconds.

Noise - Disturbing, harmful or unwanted noise.

Noise Exposure Index - The integrated effect over a given time period at different noise levels and duration, often reported as a Dose.

Noise Induced Hearing Loss - The term used to refer to the slowly progressive inner ear hearing loss that results from exposure to continuous noise over a long time period as contrasted to acoustic trauma or physical injury to the ear.

Permanent Threshold Shift (PTS) - The component of threshold shift which shows no progressive reduction with passage of time when the apparent cause is removed.

Representative Exposure - Measurements of an employee's noise dose or 8-hour time-weighted average sound level that the employers deem to be representative of the exposure to other employees in the work place.

Sound Level Meter (SLM) - An instrument used to measure noise and sound levels, comprised of a microphone, amplifier, rectifier, output meter, and optional frequency-weighing networks.

Standard Threshold Shift - A change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more at 2000, 3000 and 4000 Hertz in either ear.

Steady-Stake Noise - Noises that are continuous or that consist of impulses spaced less that 0.5 seconds apart.

Time-Weighted Average Sound Level - That sound level, which if constant over an 8-hour exposure, would result in the same noise dose as is measured.

Threshold of Hearing - The lowest detectable level of audible sound reported as a function of frequency.

NOISE LEVEL EXPOSURE LIMITS

The following exposure limits are established to protect employees from harmful effects of noise in the workplace.

CONTINUOUS NOISE

Protection against the effects of noise exposure shall be provided when sound levels exceed those shown below when measured on the A-scale of standard Type II sound level meter at a slow response.

Permissible Noise Exposure Limits

Duration per day, hours	Sound level, dBA slow response
8	**85**
6	**87**
4	**90**
3	**92**
2	**95**
1.5	**97**
1	**100**
0.5	**105**
0.25 or less	**110**

IMPULSIVE OR IMPACT NOISE

Exposure to impulsive or impact noise shall not exceed 140 dBA peak sound pressure level as measured by an impulsive-type sound level meter.

MEASUREMENT OF NOISE LEVELS

Noise and levels of exposure shall be measured by a competent person using sound level meters meeting current ANSI S1.4 "Specification for Sound Level Meters", or dosimeters meeting current ANSI S1.25, "Specification for Personal Noise Dosimeters".

PERIODIC MONITORING OF NOISE LEVELS

Noise monitoring or measuring shall be conducted by Risk Management Division/Safety Section approved contractors when levels are, or suspected to be at or above 85 dBA; when employees complain of noise levels; or when supervisors believe that excessive noise exposure is occurring.

EMPLOYEE EXPOSURE TO NOISE LEVELS

As practical, exposure to excessive noise shall be eliminated by engineering and/or administrative controls.

HEARING CONSERVATION

If an employee's exposure to noise equals or exceeds an 8-hour time weighted average (TWA) sound level of 85 dBA, an effective Hearing Conservation Program shall be initiated. An exposure level of 85 dBA or greater will trigger the Hearing Conservation Program.

The Hearing Conservation Program shall contain three basic parts.

1. Assessment of Employee's Noise Exposure.

2. Control of Noise Exposure:

   a. Engineering and/or Administrative Controls;

   b. Hearing Protection Devices (to be used only after abatement of noise has been documented as engineering and/or economically infeasible).

3. Audiometric Testing.

NOISE MONITORING

The initiation of a monitoring program is to be considered whenever employees have:

1. Difficulty communicating by speech while they are in the noise area, and the listener and speaker face each other at a distance of two feet, or;

2. Employee complaints such as head noises or ringing in the ears after working in a noise area for extended periods, or;

3. A temporary loss of hearing that has the effect of muffling speech and other sounds after extended exposure to the noise.

Managers and Supervisors shall determine if any employee is exposed to a daily dose greater than exposure permitted under this program.

If routine/periodic survey monitoring identifies an employee for inclusion in a Hearing Conservation Program, additional monitoring shall be conducted to obtain measurements of other employees who may be similarly exposed.

HEARING PROTECTORS

Hearing protectors issued to employees shall provide a degree of protection to reduce noise exposure below limits prescribed.

Evaluation of hearing protection devices for specific noise environments shall be performed using one of the methods prescribed in the Cal/OSHA Hearing Conservation Amendment (29CFR 191095 Appendix B).

Those employees required to wear hearing protectors shall be given an opportunity to select hearing protectors from a variety (at least two) of suitable types (i.e. earplugs or earmuffs).

Procedures shall be established and implemented to ensure proper issuance, cleaning, maintenance and training in the use of hearing protectors.

Each employee receiving a pair of earplugs for reduction of exposure shall be fitted by an individual qualified and/or trained in the proper selection and fitting of ear plugs.

A variety of suitable hearing protectors (ear plugs and earmuffs) shall be made available to all identified employees. To ensure the required level of protection is achieved with ear plug-type protectors, a proper medical fit will be conducted.

Hearing protection will be worn if it is determined that a standard threshold shift has occurred as evidenced by audiometric testing.

AUDIOMETRIC TESTING AND EVALUATION

All employees identified by monitoring for inclusion in a Hearing Conservation Program shall be administered a preliminary (baseline) and subsequent (annual monitoring) audiometric (hearing) test. Annual re-testing shall be conducted so long as the employee meets the established exposure criteria. Audiometric testing shall be arranged and approved by the Medical Director, Center for Employee Health and Wellness, Human Resources.

RECORDKEEPING

Risk Management Division/Safety Section and the Center for Employee Health and Wellness shall establish a record keeping system which meets the requirements of Title 8, California Code of Regulations, General Industry Safety Orders, Section 5100. These records shall be maintained for at least 30 years. The following shall be maintained:

1. Noise exposure measurements.
2. Audiometric test results including audiograms, name and classification of employee, date of audiogram, the name of the examiner, date of audiometer calibration and date of employee's last noise assessment.
3. Background noise levels in audiometric test rooms.
4. Training records.

ACCESS TO RECORDS

All records required shall be provided upon written request to affected employees, former employees, representatives designated by the individual employee or a designated representative of Cal/OSHA.

Managers and Supervisors will follow the San Bernardino County guideline to comply with requests for employee exposure and medical records.

TRAINING

Employees shall be informed of hazardous areas through appropriate signing and instructions. Hearing protectors shall not be issued to an employee until proper use and maintenance procedures have been demonstrated by the supervisor. All employee training shall be documented on a San Bernardino County training document form located in the Appendix.

TRAINING PROGRAM CONTENTS

Training sessions for employees identified for inclusion in a Hearing Conservation Program will include discussion of the effects of noise on hearing; the purpose of hearing protectors; use and care of hearing protectors; and the purpose and explanation of audiometric testing. The advantages and disadvantages of different hearing protectors, alternation of various types and instructions on selection and fitting, shall also be reviewed with

employees. Supervisors are to make use of audio/ visual and written materials available through Risk Management Division/ Safety Section in training programs.

ANNUAL TRAINING

Annual re-training will be required for employees exposed to excessive noise levels as specified in this procedure.

TECHNICAL EVALUATION

It is the policy of San Bernardino County to implement the practices outlined in the Appendices of Article 105, Control of Noise Exposures, Title 8, California Code of Regulations, General Industry Safety Orders, which deal with the technical aspects of noise control. These appendices are listed below:

1. Appendix A, Noise Exposure Computation.

2. Appendix B, Audiometric Measuring Instruments.

3. Appendix C, Audiometric Test Rooms.

4. Appendix D, Acoustic Calibration of Audiometers.

5. Appendix E, Methods of Estimating the Adequacy of Hearing Protection Attenuation.

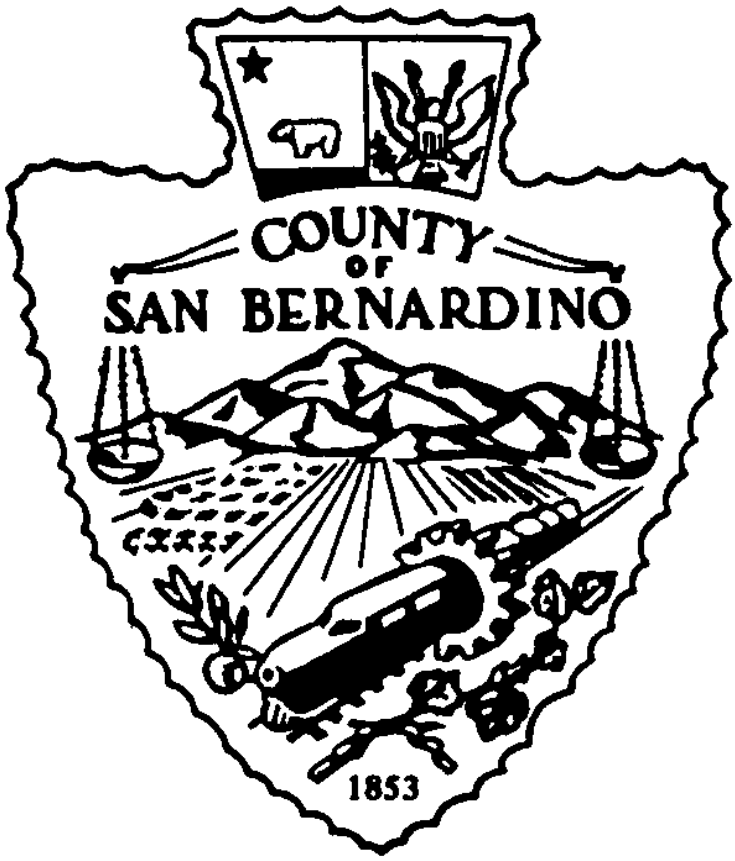
To ensure that the practices outlined in the aforementioned Appendices are implemented throughout all departments, consultation services can be obtained through Risk Management Division/Safety Section. It is the responsibility of departmental management to either provide or arrange for consultation.

DISCIPLINARY ACTION

Employees who violate the provisions of the Hearing Conservation Program are subject to disciplinary action which may include warning, reprimand, suspension, reduction, or discharge from County services.

safety/docs/sftymnl/master/noise hearing.doc

Safety Inspection



SAFETY SELF INSPECTION PROGRAM

Inspection, evaluation, and correction of hazardous conditions and/or practices in the workplace is vital in eliminating occupational illness and injury.

It is the policy of San Bernardino County to eliminate such hazards.

In keeping with the provisions of the County Occupational Injury/Illness Prevention Program, each department head shall ensure that an effective safety inspection program be implemented.

Pages through this section include inspection guidelines to be used by departments in implementing its program. Page 73 of this section includes a general Safety Inspection Checklist to be used for documentation of non-hazardous environments safety inspections.

The reverse side of Page 73 is designed so each department may include department or site specific elements on an otherwise County-wide form.

The nature of the work environment as well as illness/injury frequency or severity determines frequency and type of safety inspections. **Management shall ensure, however, that each work location is thoroughly inspected at least semi-annually.**

SAN BERNARDINO COUNTY

INSPECTION MANUAL

Prepared by

County of San Bernardino
Human Resources
Risk Management Division
Safety Section

SAFETY SELF INSPECTION CHECKLIST

Inspection, evaluation, and correction of hazardous conditions and/or practices in the workplace is vital in eliminating occupational illness and injury. It is the policy of San Bernardino County to eliminate such hazards.

These safety requirements have been written in the form of checklists and grouped for use by Departments in conducting required self inspections of their facilities. Checklists cover the following subjects.

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C. Injury/Illness Prevention Program	3	W. Compressed Air Receivers/Vessels	42
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I. Stairs and Stairways	21	CC. Toxic Substances	56
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Q. Abrasive Wheel Equipment (Grinders)	31	KK. Flammable & Combustible Materials	66
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Date _____

A. EMPLOYER POSTINGS	YES	NO	N/A	OTHER
1. Is the Cal/OSHA Poster "Safety and Health Protection on the Job" displayed in a prominent location where all employees are likely to see it?	[ ]	[ ]	[ ]	[ ]
2. Are emergency telephone numbers posted where they can be readily found in case of emergency?	[ ]	[ ]	[ ]	[ ]
3. Where employees may be exposed to toxic substances or harmful physical agents, has appropriate information concerning employee access to medical and exposure records, and "Material Safety Data Sheets", etc., been posted or otherwise made readily available to affected employees? Is County Hazard Communication Program implemented fully?	[ ]	[ ]	[ ]	[ ]
4. Are signs concerning "Exiting from buildings", room capacities, floor loading, exposures to X-ray or other harmful radiation or substances posted where appropriate?	[ ]	[ ]	[ ]	[ ]
5. Is the Industrial Welfare Commissions' poster regulating wages, hours and working conditions posted?	[ ]	[ ]	[ ]	[ ]
6. Is the "Discrimination in Employment" poster displayed?	[ ]	[ ]	[ ]	[ ]
7. Is the "Americans With Disabilities Act" poster displayed?	[ ]	[ ]	[ ]	[ ]
8. Is the "Notice of Unemployment and Disability Insurance" poster displayed?	[ ]	[ ]	[ ]	[ ]
9. Is the "Summary of Occupational Injuries and Illnesses" posted in the month of February?	[ ]	[ ]	[ ]	[ ]
10. Is the "Notice of Compensation Carrier" poster displayed?	[ ]	[ ]	[ ]	[ ]
11. Is the "Voting Time Off" poster displayed?	[ ]	[ ]	[ ]	[ ]
12. Is the "No Smoking Warning" poster displayed?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

B. RECORDKEEPING	YES	NO	N/A	OTHER
1. Are all occupational injuries or illnesses, except minor injuries requiring only first aid, being recorded as required on the Cal/OSHA Form 200?	[ ]	[ ]	[ ]	[ ]
2. Are employee medical records and records of employee exposure to toxic substances or harmful physical agents up-to-date?	[ ]	[ ]	[ ]	[ ]
3. Have arrangements been made to maintain required records for the legal period of time for each specific type record? (Some records must be maintained for at least 40 years).	[ ]	[ ]	[ ]	[ ]
4. Are operating permits and records up-to-date for such items as elevators, air pressure tanks, liquefied petroleum gas tanks, etc.?	[ ]	[ ]	[ ]	[ ]
5. Are carcinogen use reports filed with Cal/OSHA as required? (Contact Safety Department for list of regulated carcinogens).	[ ]	[ ]	[ ]	[ ]
6. Are employee safety and health records maintained?	[ ]	[ ]	[ ]	[ ]
7. Is documentation of safety inspections and corrections maintained?	[ ]	[ ]	[ ]	[ ]
8. Are safety committee meetings and records maintained?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

C. INJURY/ILLNESS PREVENTION PROGRAM

		YES	NO	N/A	OTHER
1.	Do you have a written, effective Injury/Illness Prevention Program?	[ ]	[ ]	[ ]	[ ]
2.	Do you have a person who is responsible and has authority for overall activities of the Illness/ Injury Prevention Program? Is this person identified in the written program?	[ ]	[ ]	[ ]	[ ]
3.	Do you have a system for identifying and evaluating your workplace hazards?	[ ]	[ ]	[ ]	[ ]
4.	Do you systematically correct these hazards in a timely manner?	[ ]	[ ]	[ ]	[ ]
5.	Do you provide training in both general and specific safe work practices?	[ ]	[ ]	[ ]	[ ]
6.	Do you encourage employee participation in health and safety matters?	[ ]	[ ]	[ ]	[ ]
7.	Do you maintain an on-going safety training program? Do you maintain all written training documents for each employee?	[ ]	[ ]	[ ]	[ ]
8.	Do you have a system in place that ensures employees will be recognized for safe and healthful work practices?	[ ]	[ ]	[ ]	[ ]
9.	Are employees disciplined for willful violations or disregard of safe work practices?	[ ]	[ ]	[ ]	[ ]
10.	Is there a system of two-way communication of safety and health concerns in place?	[ ]	[ ]	[ ]	[ ]
11.	If there is no safety committee, is there a system in place for communicating safety and health concerns to employees?	[ ]	[ ]	[ ]	[ ]
12.	On construction sites, is a "Code of Safe Practices" posted?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

C. INJURY/ILLNESS PREVENTION PROGRAM	YES	NO	N/A	OTHER
13. Safety Meetings:				
A. For industrial shops construction areas or other high hazard work places, are "toolbox" or "tailgate" meetings conducted every 10 days or sooner?	[ ]	[ ]	[ ]	[ ]
B. In other work sites (e.g., office areas, clinics, non-industrial sections of hospitals, schools, etc.), are safety meetings held at least once a month?	[ ]	[ ]	[ ]	[ ]
14. Accident Investigations (refer to Document 403, SSOM):				
A. Are all accidents investigated by the supervisor after the accidents have occurred?	[ ]	[ ]	[ ]	[ ]
B. Are investigation forms completed within 48 hours of occurrence, or as soon as possible?	[ ]	[ ]	[ ]	[ ]
C. Are copies of completed accident forms forwarded to the County Safety Office within 72 hours of completion?	[ ]	[ ]	[ ]	[ ]
D. Is the County Safety Office notified immediately by telephone of all serious incidents involving injury/illness to more than one person, serious disabling injury/illness or death, major property damage or environmental impairment?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

D. CHEMICALS

		YES	NO	N/A	OTHER
1.	Are employees trained in safe handling practices of hazardous chemicals such as acids, caustics, etc.?	[ ]	[ ]	[ ]	[ ]
2.	Are employees aware of the potential hazards involving various chemicals stored or used in the workplace such as acids, bases, caustics, epoxies, etc.?	[ ]	[ ]	[ ]	[ ]
3.	To avoid splashing, are tools handled carefully while working around acid or other chemicals?	[ ]	[ ]	[ ]	[ ]
4.	Are tools neutralized with a reagent and rinsed with water after they have been used on equipment containing hazardous chemicals?	[ ]	[ ]	[ ]	[ ]
5.	When items have had hazardous chemicals rinsed off of them, is the water discarded down the drain?	[ ]	[ ]	[ ]	[ ]
6.	Is personal protective equipment (goggles, respirators, aprons, gloves, etc.) worn when the inhalation of fumes/ hazardous substances or injurious bodily contact with acids/corrosive materials may occur?	[ ]	[ ]	[ ]	[ ]
7.	Are acid or caustic spills cleaned up immediately?	[ ]	[ ]	[ ]	[ ]
8.	Are acid spills cleaned up with an approved absorbent material (acid spills shall not be cleaned up with materials such as sawdust, waste materials, or cloth)?	[ ]	[ ]	[ ]	[ ]
9.	Are containers (vats, tanks, carboys, drums, etc.) of hazardous chemicals/substances plainly labeled as to contents indicating existing hazards and precautionary measures for use?	[ ]	[ ]	[ ]	[ ]
10.	Do only authorized personnel use pesticides, herbicides, fungicides or any agricultural chemicals having critical toxicity ratings?	[ ]	[ ]	[ ]	[ ]
11.	Are emergency showers and eye washes provided in work areas where there is a potential of employees coming into contact with hazardous chemicals? (The injured employee must be able to reach an emergency shower and/or eyewash within 10 seconds).	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

D. CHEMICALS		YES	NO	N/A	OTHER
12.	Have written emergency procedures been developed for coping with hazardous chemical spills?	[ ]	[ ]	[ ]	[ ]
13.	Have standard operating procedures been established for chemical handling?	[ ]	[ ]	[ ]	[ ]
14.	Are rules posted for specifying the proper safety equipment required in areas where chemicals, hazardous substances, pesticides, herbicides, etc., are stored or handled?	[ ]	[ ]	[ ]	[ ]
15.	Are good housekeeping practices enforced?	[ ]	[ ]	[ ]	[ ]
16.	Is care taken to avoid mixing incompatible chemicals/ substances (e.g., hoses being used that are incompatible with chemicals being transferred or supplied through them, incompatible cleaning solvents being mixed, etc.)?	[ ]	[ ]	[ ]	[ ]
17.	Pipelines for carrying chemicals:				
A.	To prevent or minimize injuries from valve packing failure or failed gaskets and bolted flanges, have valve stems been surrounded by a metal hood or enclosure which would deflect spray away from the person operating the valve?	[ ]	[ ]	[ ]	[ ]
B.	Are pipelines and valves clearly identified by tags, lettered markings, and distinctive colors?	[ ]	[ ]	[ ]	[ ]
C.	Are the piping systems locations well lit?	[ ]	[ ]	[ ]	[ ]
D.	Are pipes periodically inspected for condition and transfer integrity?	[ ]	[ ]	[ ]	[ ]
E.	Are valves and connectors periodically inspected?	[ ]	[ ]	[ ]	[ ]
F.	When repairs are necessary, are they promptly accomplished?	[ ]	[ ]	[ ]	[ ]
G.	Are pipes substantially supported and protected against physical impact and excessive stresses arising from settlement, vibration, expansion or contraction?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

D. CHEMICALS

		YES	NO	N/A	OTHER
18.	Are tanks and vats installed so that rupture or overflow is contained or controlled through dikes, stumps, etc.?	[ ]	[ ]	[ ]	[ ]
19.	Are material handling devices such as dollies, hand-trucks, etc., used whenever possible to move drums, boxes and carboys?	[ ]	[ ]	[ ]	[ ]
20.	Are hazardous flammable or explosive chemicals stored in locked earthquake-braced cabinets or enclosures to prevent unauthorized use, potential spills, or release of toxic substances?	[ ]	[ ]	[ ]	[ ]
21.	Are flammable or toxic chemicals kept in closed containers when not in use?	[ ]	[ ]	[ ]	[ ]
22.	Where needed for emergency use, are respirators stored in a convenient, clean and sanitary location?	[ ]	[ ]	[ ]	[ ]
23.	Are employees prohibited from eating in areas where hazardous chemicals are present?	[ ]	[ ]	[ ]	[ ]
24.	If a respiratory protection program is in effect, are employees instructed on the correct usage and limitations of the respirators?	[ ]	[ ]	[ ]	[ ]
25.	Are the respirators approved by the National Institute for Occupational Safety and Health (NIOSH) for this particular application?	[ ]	[ ]	[ ]	[ ]
26.	Are respirators regularly inspected, cleaned, sanitized, and maintained?	[ ]	[ ]	[ ]	[ ]
27.	Are personnel fit tested and receive yearly physicals as required by the County Respiratory Protection Program?	[ ]	[ ]	[ ]	[ ]
28.	If hazardous substances are used in the work processes, is there a medical or biological monitoring system in operation?	[ ]	[ ]	[ ]	[ ]
29.	Is ventilation equipment provided for the removal of contaminants from such operations as production grinding, buffing, spray painting, and/or vapor degreasing? Is it operating properly?	[ ]	[ ]	[ ]	[ ]

Location _____ Inspected By: _____

Date _____

D. CHEMICALS

		YES	NO	N/A	OTHER
30.	Is a general exhaust ventilation system (natural or mechanically induc4ed frest air movement) used to control dusts, vapors, gases, fumes, smoke, solvents, or mists which may be generated in the work place? Is it adequate?	[ ]	[ ]	[ ]	[ ]
31.	Is a local exhaust ventilation system (removes contaminants at point where they are produced) being used to control airborne contaminants?	[ ]	[ ]	[ ]	[ ]
32.	Do employees complain about dizziness, headaches, nausea, irritation or other facts of discomfort when they use solvents or other chemicals?	[ ]	[ ]	[ ]	[ ]
33.	Is there a dermatitis problem - do employees complain about skin dryness, irritation or sensitization?	[ ]	[ ]	[ ]	[ ]
34	Is vacuuming used for clean-up rather than blowing or sweeping dusts?	[ ]	[ ]	[ ]	[ ]
35.	Are materials which give off toxic, asphyxiant, or anesthetic fumes/vapors stored in remote or isolated locations when not in use?	[ ]	[ ]	[ ]	[ ]

Location:_____ Inspected By:_____

Date _____

E. ELECTRICITY

		YES	NO	N/A	OTHER
1.	Do only authorized and qualified electricians make repairs or work on electrical equipment?	[ ]	[ ]	[ ]	[ ]
2.	Are steam, water or oil leaks near electrical equipment reported immediately to the supervisor in charge?	[ ]	[ ]	[ ]	[ ]
3.	Are working surfaces kept dry when working with or near electrical equipment or appliances?	[ ]	[ ]	[ ]	[ ]
4.	Is electrical equipment being used that has frayed, worn or otherwise deteriorated insulation?	[ ]	[ ]	[ ]	[ ]
5.	Do only authorized electricians work on live circuits?	[ ]	[ ]	[ ]	[ ]
6.	Lockout/tagout program:				
A.	Is there an effective program?	[ ]	[ ]	[ ]	[ ]
B.	Are employees given training on lockout/tagout procedures?	[ ]	[ ]	[ ]	[ ]
C.	Is the training documented?	[ ]	[ ]	[ ]	[ ]
D.	Are appropriate employees provided with individually keyed personal safety locks?	[ ]	[ ]	[ ]	[ ]
E.	Are employees required to keep personal control of their key(s) while they have safety locks in use?	[ ]	[ ]	[ ]	[ ]
F.	Is the locking-out of control circuits in lieu of locking-out main power disconnects prohibited?	[ ]	[ ]	[ ]	[ ]
G.	Is it required that employees check the safety of the lockout by attempting to start up after making sure no one is exposed?	[ ]	[ ]	[ ]	[ ]
H.	Where the power disconnecting means for equipment does not also disconnect the electrical control circuit:				
1.	Are the appropriate electrical enclosures identified?	[ ]	[ ]	[ ]	[ ]
2.	Is a means provided to assure the control circuit can also be disconnected and locked out?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

E. ELECTRICITY		YES	NO	N/A	OTHER
I.	When electrical equipment or lines are to be serviced, maintained or adjusted, are necessary switches opened, locked-out and tagged-out whenever possible.	[ ]	[ ]	[ ]	[ ]
7.	Are electricians familiar with the Cal/OSHA Electrical Safety Orders?	[ ]	[ ]	[ ]	[ ]
8.	Are all employees required to report as soon as feasible, any obvious hazard to life or property observed in connection with electrical equipment or lines?	[ ]	[ ]	[ ]	[ ]
9.	Are employees instructed to make preliminary inspections and/or appropriate tests to determine what conditions exist before starting work on electrical equipment or lines?	[ ]	[ ]	[ ]	[ ]
10.	Are portable electrical tools and equipment grounded, or of the double-insulated type?	[ ]	[ ]	[ ]	[ ]
11.	Are electrical appliances such as vacuum cleaners, polishers, vending machines, etc., grounded?	[ ]	[ ]	[ ]	[ ]
12.	Do extension cords being used have a grounding conductor?	[ ]	[ ]	[ ]	[ ]
13.	Are multiple plug adapters prohibited?	[ ]	[ ]	[ ]	[ ]
14.	Are ground-fault circuit interrupters installed on each temporary 15 or 20 ampere, 120 volt AC circuit at locations where constructions, demolition, modifications, alterations, or excavations are being performed?	[ ]	[ ]	[ ]	[ ]
15.	Are all temporary circuits protected by suitable disconnecting switches or plug connectors at the junction with permanent wiring?	[ ]	[ ]	[ ]	[ ]
16.	Is exposed wiring, and cords with frayed or deteriorated insulation repaired or replaced promptly?	[ ]	[ ]	[ ]	[ ]
17.	Are flexible cords and cables free of splices or taps?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

E. ELECTRICITY

		YES	NO	N/A	OTHER
18.	Are clamps or other securing means provided on flexible cords or cables at plug receptacles, tools, equipment, and is the cord jacket securely held in place?	[ ]	[ ]	[ ]	[ ]
19.	Are all cord, cable and raceway connections intact and secure?	[ ]	[ ]	[ ]	[ ]
20.	In wet or damp locations, are electrical tools and equipment appropriate for the use or location or otherwise protected?	[ ]	[ ]	[ ]	[ ]
21.	Is the location of electrical power lines and cables (overhead, underground, underfloor, other side of walls) determined before digging, drilling or similar work is begun?	[ ]	[ ]	[ ]	[ ]
22.	Are metal measuring tapes, ropes, hand lines or similar devices with metallic thread woven into the fabric, prohibited where they could come into contact with energized parts of equipment or circuit breakers?	[ ]	[ ]	[ ]	[ ]
23.	Is the use of metal ladders prohibited in areas where the ladder or the user could come in contact with energized parts of equipment or circuit conductors?	[ ]	[ ]	[ ]	[ ]
24.	Are all disconnecting switches and circuit breakers labeled to indicate their use or equipment served?	[ ]	[ ]	[ ]	[ ]
25.	Are disconnecting means always opened before fuses are replaced?	[ ]	[ ]	[ ]	[ ]
26.	Do all interior wiring systems include provisions for grounding metal parts or electrical raceways, equipment and enclosures?	[ ]	[ ]	[ ]	[ ]
27.	Are all electrical raceways and enclosures securely fastened in place?	[ ]	[ ]	[ ]	[ ]
28.	Are only approved electrical cabinets and enclosures used to house energized circuits and equipment?	[ ]	[ ]	[ ]	[ ]
29.	Are electrical cabinets and enclosures locked to prevent unauthorized access?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

E. ELECTRICITY

		YES	NO	N/A	OTHER
30.	Is sufficient access and working space provided and maintained about all electrical equipment (e.g., panel boards, safe switches, switchboards, distribution boards, etc.) to permit ready and safe operations and maintenance.	[ ]	[ ]	[ ]	[ ]
31.	Are all unused openings (including conduit knockouts) in electrical enclosures and fittings closed with appropriate covers, plugs or plates?	[ ]	[ ]	[ ]	[ ]
32.	Are electrical enclosures such as switches, receptacles, junction boxes provided with tight fitting covers or plates?	[ ]	[ ]	[ ]	[ ]
33.	Electrical motors:				
A.	Are disconnecting switches for electrical motors in excess of two horsepower cable of opening the circuit when the motor is in a stalled condition without exploding? (Switches must be horsepower rated equal to or in excess of the motor hp rating).	[ ]	[ ]	[ ]	[ ]
B.	Is low voltage (under current) protection provided in the control device of motors driving machines which could cause probable injury from inadvertent starting?	[ ]	[ ]	[ ]	[ ]
C.	Is each motor disconnecting switch or circuit breaker located within sight of the motor control device?	[ ]	[ ]	[ ]	[ ]
D.	Is the controller for each motor, in excess of two horse-power, rated in horsepower equal to or in excess of the rating of the motor it serves?	[ ]	[ ]	[ ]	[ ]
34.	Are employees who regularly work on or around energized electrical equipment or lines instructed in cardio-pulmonary resuscitation (CPR) methods?	[ ]	[ ]	[ ]	[ ]
35.	Are employees prohibited from working alone on energized lines or equipment over 600 volts?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

E. ELECTRICITY

		YES	NO	N/A	OTHER
36.	Is plaster or drywall around an electrical outlet box or fitting broken or incomplete?	[ ]	[ ]	[ ]	[ ]
37.	Are electrical control panels oily or dirty?	[ ]	[ ]	[ ]	[ ]
38.	Are outlet boxes, switches and junction boxes that are located or installed in damp or wet locations, corrosion resistant?	[ ]	[ ]	[ ]	[ ]
39.	Do electrical receptacles or boxes have broken parts or missing covers or face plates?	[ ]	[ ]	[ ]	[ ]
40.	Do electrical plugs have broken attachment prongs?	[ ]	[ ]	[ ]	[ ]
41.	Do electrical outlets show any signs of overheating (e.g., soot-like discoloration on receptacle or wall surface)?	[ ]	[ ]	[ ]	[ ]
42.	Are all 15 and 20 ampere attachment plugs and connectors of dead-front construction?	[ ]	[ ]	[ ]	[ ]
43.	Are terminal covers for electrical plugs an integral part of the device and not a removable plastic or fiber disc?	[ ]	[ ]	[ ]	[ ]
44.	Are all electric panel boards, boxes, cabinets and switch enclosures covered or isolated to prevent accidental contact with live pars and protect equipment from contamination?	[ ]	[ ]	[ ]	[ ]
45.	Are disconnector switches, including service entrance switches, and each feeder and branch circuit, legibly and durably marked at the point of origin to indicate its purpose (proper identification is to be specific: for example, not merely "lights", but rather "lights" - front lobby)?	[ ]	[ ]	[ ]	[ ]
46.	Are doors on panelboards kept closed?	[ ]	[ ]	[ ]	[ ]
47.	Is all electric equipment (including motors, heaters and appliances) legibly and durably marked with the manufacturer's name or trademark, voltage, current and wattage?	[ ]	[ ]	[ ]	[ ]
48.	Are doors or gates to vaults, equipment rooms and similar enclosures kept locked?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

E. ELECTRICITY		YES	NO	N/A	OTHER
49.	Do service entrance doors have panic release devices?	[ ]	[ ]	[ ]	[ ]
50.	Are over-current devices such as fuses and circuit breakers readily available?	[ ]	[ ]	[ ]	[ ]
51.	Is easily ignitable material kept away from circuit breakers?	[ ]	[ ]	[ ]	[ ]
52.	Are arcing parts (fuses and circuit breakers) and suddenly moving parts (old-style circuit breaker handles) properly located and/or shielded to prevent burning or otherwise injuring personnel?	[ ]	[ ]	[ ]	[ ]
53.	Are the exposed, non-current carrying metal parts of fixed equipment such as supports, guards, enclosures, frames, etc., tested to make sure they are properly grounded? (Resistance should be very low).	[ ]	[ ]	[ ]	[ ]
54.	Are the metal parts of non-electrical equipment (e.g., frames and tracks of electrically operated cranes, hand operated metal shifting ropes, cables of electric elevators, metal partitions, grill work, and similar metal enclosures) or any equipment where the voltage exceeds 1000 volts between conductors grounded?	[ ]	[ ]	[ ]	[ ]
55.	Are cable, conduit, raceway connections, joints, and fittings tight to assure proper grounding?	[ ]	[ ]	[ ]	[ ]
56.	On cord and plug-connected equipment, are frames, enclosures, and other non-current-carrying metal parts (that may possibly become energized) properly grounded?	[ ]	[ ]	[ ]	[ ]
57.	Are all conduits and enclosures free from rust and corrosion?	[ ]	[ ]	[ ]	[ ]
58.	For electric portable hand-tools, is continuity checked periodically from the grounding blade of the plug to an unpainted portion of the portable tool? (Continuity should be close to zero but may vary according to the grounding cord length and size).	[ ]	[ ]	[ ]	[ ]

Location:_____ Inspected By:_____

Date _____

E. ELECTRICITY

		YES	NO	N/A	OTHER
59.	For ungrounded electrical hand-tools, are they protected by an approved double insulation system or the equivalent? Is the equipment distinctively marked?	[ ]	[ ]	[ ]	[ ]
60.	Are attachment plugs for portable tools, appliances, and equipment in good repair and suitable for the conditions of use and location?	[ ]	[ ]	[ ]	[ ]
61.	For temporary wiring during construction, are all 15 and 20 ampere, 125 volt single-phase receptacles equipped with ground fault circuit interrupted protection or an acceptable assured grounding procedure?	[ ]	[ ]	[ ]	[ ]
62.	On construction sites, are receptacle adapters attached to string lighting? (Receptacles on construction sites shall not be installed on branch circuits which supply temporary lighting).	[ ]	[ ]	[ ]	[ ]
63.	Flexible cords and extension cords (flexible cords/cables are attached to appliances and are normally energized from an approved electrical receptacle. They are not to be confused with extension cords that supplement a regular supply cord):				
A.	Are extension cords only used for temporary purposes such as with portable appliances, tools, and similar equipment that are not normally used at one specific location?	[ ]	[ ]	[ ]	[ ]
B.	Are flexible cords energized from an approved receptacle outlet?	[ ]	[ ]	[ ]	[ ]
C.	Are flexible or extension cords being used as a substitute for fixed wiring?	[ ]	[ ]	[ ]	[ ]
D.	Are flexible or extension cords prohibited from being run through doorways and windows? Are they run through structural holes in walls, ceilings or floors?	[ ]	[ ]	[ ]	[ ]
E.	Are flexible or extension cords prohibited from being attached to building surfaces (e.g., walls, ceilings, doors, etc.)?	[ ]	[ ]	[ ]	[ ]
F.	Are flexible cords used only in continuous lengths without splices or tapes?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

E. ELECTRICITY		YES	NO	N/A	OTHER
G.	Are cords replaced when damaged, worn or deteriorated (e.g., cracks, cuts, swelling, etc.)?	[ ]	[ ]	[ ]	[ ]
H.	Where flexible cords are attached to plugs, connector bodies, or other devices, is a strain relief device or measure (e.g., cord grip, knot in cord or winding with tape) incorporated to prevent a pull on the cord from being directly transmitted to joints or terminal screws?	[ ]	[ ]	[ ]	[ ]
64.	Are portable hand lamps equipped with a handle of molded composition or of some other insulating material? Are they guarded?	[ ]	[ ]	[ ]	[ ]
65.	Are metallic guards on portable lamps grounded?	[ ]	[ ]	[ ]	[ ]
66.	Are all electrical boxes and enclosures securely fastened?	[ ]	[ ]	[ ]	[ ]
67.	Is equipment such as conduit, cable, boxes and enclosures periodically inspected and replaced when damage (e.g., slack in cables between supports, flattened conduit bends, kinks, or twists in cable, etc.) is discovered?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

F. FIRE PROTECTION

		YES	NO	N/A	OTHER
1.	Is fire alarm system tested at least annually?	[ ]	[ ]	[ ]	[ ]
2.	Are interior stand pipes and valves inspected regularly?	[ ]	[ ]	[ ]	[ ]
3.	Are outside fire hydrants flushed at least once a year and on a routine preventive maintenance schedule?	[ ]	[ ]	[ ]	[ ]
4.	Are fire doors and shutters in good operating condition?	[ ]	[ ]	[ ]	[ ]
5.	Are fire doors and shutters unobstructed and protected against obstructions, including their counterweights?	[ ]	[ ]	[ ]	[ ]
6.	Are fire door and shutter fusible links in place?	[ ]	[ ]	[ ]	[ ]
7.	Are automatic sprinkler system water control valves, air and water pressures checked weekly?	[ ]	[ ]	[ ]	[ ]
8.	Is the maintenance of automatic sprinkler systems assigned to responsible persons or to a sprinkler contractor?	[ ]	[ ]	[ ]	[ ]
9.	Are sprinkler heads protected by metal guards, when exposed to physical damage?	[ ]	[ ]	[ ]	[ ]
10.	Is proper clearance maintained below sprinkler heads?	[ ]	[ ]	[ ]	[ ]
11.	Are portable fire extinguishers provided in adequate number and type?	[ ]	[ ]	[ ]	[ ]
12.	Are fire extinguishers mounted in readily accessible locations?	[ ]	[ ]	[ ]	[ ]
13.	Are fire extinguishers recharged regularly and noted on the inspection tag?	[ ]	[ ]	[ ]	[ ]
14.	Are employees periodically instructed in the use of extinguishers and fire protection procedures?	[ ]	[ ]	[ ]	[ ]
15.	Are all work areas adequately illuminated?	[ ]	[ ]	[ ]	[ ]
16.	Are pits and floor openings covered or otherwise guarded?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

G. PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING	YES	NO	N/A	OTHER
1. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injury such as punctures, abrasions, contusions or burns?	[ ]	[ ]	[ ]	[ ]
2. Are protective goggles or face shields provided and worn where there is any danger of flying debris?	[ ]	[ ]	[ ]	[ ]
3. Are employees who need corrective lenses (glasses or contacts) in working environments having harmful exposures, required to wear only approved safety glasses, protective goggles, or use other medically approved precautionary procedures?	[ ]	[ ]	[ ]	[ ]
4. Are protective gloves, aprons, shields, or other means provided against cuts, corrosive liquids and chemicals?	[ ]	[ ]	[ ]	[ ]
5. Are hard hats provided and worn where danger of falling objects exists?	[ ]	[ ]	[ ]	[ ]
6. Are hard hats inspected periodically for damage to the shell and suspension system?	[ ]	[ ]	[ ]	[ ]
7. Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, poisonous substances, falling objects, crushing or penetrating actions?	[ ]	[ ]	[ ]	[ ]
8. Are approved respirators provided for regular or emergency use where needed? Is County Respirator Protection Program implemented fully?	[ ]	[ ]	[ ]	[ ]
9. Is all protective equipment maintained in a sanitary condition and ready for use?	[ ]	[ ]	[ ]	[ ]
10. Do you have eye wash facilities and a quick Drench Shower within the work area where employees are exposed to injurious corrosive materials?	[ ]	[ ]	[ ]	[ ]
11. Where special equipment is needed for electrical workers, is it available?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

G. PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING	YES	NO	N/A	OTHER
12. When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards?	[ ]	[ ]	[ ]	[ ]
13. Is protection against the effects of occupational noise exposure provided when sound levels exceed those of the Cal/OSHA noise standard? Is County Hearing Conservation Program implemented fully?	[ ]	[ ]	[ ]	[ ]
14. Are adequate work procedures, protective clothing and equipment provided and used when cleaning up spilled toxic or otherwise hazardous materials or liquids?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

H. FLOORS AND WALL OPENINGS

		YES	NO	N/A	OTHER
1.	Are floor openings guarded by a cover, a guard rail, or equivalent on all sides (except at entrance to stairways or ladders)?	[ ]	[ ]	[ ]	[ ]
2.	Are toeboards installed around the edges of permanent floor openings (where persons may pass below the opening)?	[ ]	[ ]	[ ]	[ ]
3.	Are skylight screens of such construction and mounting that they will withstand a load of at least 200 pounds?	[ ]	[ ]	[ ]	[ ]
4.	Is the glass in windows, doors, glass walls, etc., which are subject of human impact, of sufficient thickness and type for the intended use?	[ ]	[ ]	[ ]	[ ]
5.	Are grates or similar type covers over floor openings such as floor drains, designed so foot traffic or rolling equipment will not be affected by the grate spacing?	[ ]	[ ]	[ ]	[ ]
6.	Are unused portions of service pits and pits not actually in use either covered or protected by guard rails or equivalent?	[ ]	[ ]	[ ]	[ ]
7.	Are manhole covers, trench covers and similar covers, and their supports designed to carry a truck rear axle load of at least 20,000 pounds when located in roadways and subject to vehicle traffic?	[ ]	[ ]	[ ]	[ ]
8.	Are floor or wall openings in fire resistive construction provided with doors or covers compatible with the fire rating of the structure and provided with self closing features when appropriate?	[ ]	[ ]	[ ]	[ ]

Location: _____

Inspected By: _____

Date _____

I. STAIRS AND STAIRWAYS

		YES	NO	N/A	OTHER
1.	Are standard stair rails or handrails on all stairways having four or more risers?	[ ]	[ ]	[ ]	[ ]
2.	Are all stairways at least 22 inches wide?	[ ]	[ ]	[ ]	[ ]
3.	Do stairs have at least a 7-foot overhead clearance?	[ ]	[ ]	[ ]	[ ]
4.	Do stairs angle no more than 50 and no less than 30 degrees?	[ ]	[ ]	[ ]	[ ]
5.	Are stairs of hollow-pan type treads and landings filled level with solid material?	[ ]	[ ]	[ ]	[ ]
6.	Are step risers on stairs uniform from top to bottom, with no riser spacing greater than 7 ½ inches?	[ ]	[ ]	[ ]	[ ]
7.	Are steps on stairs and stairways designed or provided with a surface that renders them slip resistant?	[ ]	[ ]	[ ]	[ ]
8.	Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads?	[ ]	[ ]	[ ]	[ ]
9.	Do stairway handrails have at least 1 ½ inches of clearance between the handrails and the wall or surface they are mounted on?	[ ]	[ ]	[ ]	[ ]
10.	Are stairway handrails capable of withstanding a load of 200 pounds, applied in any direction?	[ ]	[ ]	[ ]	[ ]
11.	Where stairs or stairways exit directly into any area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees from stepping into the path of traffic?	[ ]	[ ]	[ ]	[ ]
12.	Do stairway landings have a dimension measured in the direction of travel, at least equal to the width of the stairway?	[ ]	[ ]	[ ]	[ ]

Location: _____

Inspected By: _____

Date _____

I. STAIRS AND STAIRWAYS	YES	NO	N/A	OTHER
13. Is the vertical distance between stairway landings limited to 12 feet or less?	[ ]	[ ]	[ ]	[ ]
14. Is a stairway provided to the roof of each building four or more stories in height, provided the roof slope is 4 in 12 or less?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

J. ELEVATED SURFACES

		YES	NO	N/A	OTHER
1.	Are signs posted, when appropriate, showing the elevated surface load capacity?	[ ]	[ ]	[ ]	[ ]
2.	Are surfaces elevated more than 30 inches above the floor or ground provided with standard guard rails?	[ ]	[ ]	[ ]	[ ]
3.	Are all elevated surfaces (beneath which people or machinery could be exposed to falling objects) provided with standard 4-inch toeboards?	[ ]	[ ]	[ ]	[ ]
4.	Is a permanent means of access and egress provided to elevated storage and work surfaces?	[ ]	[ ]	[ ]	[ ]
5.	Is required headroom provided where necessary?	[ ]	[ ]	[ ]	[ ]
6.	Is material on elevated surfaces piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading?	[ ]	[ ]	[ ]	[ ]
7.	Are dock boards or bridge plates used when transferring materials between docks and trucks or rail cars?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

K WALKWAYS

		YES	NO	N/A	OTHER
1.	Are aisles and passageways kept clear?	[ ]	[ ]	[ ]	[ ]
2.	Are aisles and walkways marked appropriately?	[ ]	[ ]	[ ]	[ ]
3.	Are wet surfaces covered with non-slip materials?	[ ]	[ ]	[ ]	[ ]
4.	Are holes in the floor, sidewalk or other walking surface repaired properly, covered or otherwise made safe?	[ ]	[ ]	[ ]	[ ]
5.	Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?	[ ]	[ ]	[ ]	[ ]
6.	Are materials or equipment stored so sharp projectives will not interfere with the walkway?	[ ]	[ ]	[ ]	[ ]
7.	Are spilled materials cleaned up immediately?	[ ]	[ ]	[ ]	[ ]
8.	Are changes of direction or elevations readily identifiable?	[ ]	[ ]	[ ]	[ ]
9.	Are aisles or walkways that pass near moving or operating machinery, welding operations or similar operations arranged so employees will not be subjected to potential hazards?	[ ]	[ ]	[ ]	[ ]
10.	Is adequate headroom provided for the entire length of any aisle or walkway?	[ ]	[ ]	[ ]	[ ]
11.	Are standard guard rails provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground?	[ ]	[ ]	[ ]	[ ]
12.	Are bridges provided over conveyors and similar hazards?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

I. EXITING - EGRESS

		YES	NO	N/A	OTHER
1.	Are all exits marked with an exit sign and illuminated by a reliable light source?	[ ]	[ ]	[ ]	[ ]
2.	Are the directions to exits, when not immediately apparent, marked with visible signs?	[ ]	[ ]	[ ]	[ ]
3.	Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AN EXIT", "TO BASEMENT", "STORE-ROOM", etc.?	[ ]	[ ]	[ ]	[ ]
4.	Are exit signs provided with the word "EXIT", in lettering at least 5 inches high and the stroke of the lettering at least ½ inch wide?	[ ]	[ ]	[ ]	[ ]
5.	Are exit doors side-hinged?	[ ]	[ ]	[ ]	[ ]
6.	Are all exits kept free of obstruction?	[ ]	[ ]	[ ]	[ ]
7.	Are at least two means of egress provided from elevated platforms, pits or rooms where the absence of a second exit would increase the risk of injury from hot, poisonous, corrosive, suffo-cating, flammable or explosive substances?	[ ]	[ ]	[ ]	[ ]
8.	Are there sufficient exits to permit prompt escape in case of emergency?	[ ]	[ ]	[ ]	[ ]
9.	Are special precautions taken to protect employees during construction and repair operations?	[ ]	[ ]	[ ]	[ ]
10.	Is the number of exits from each floor of a building and the number of exits from the building itself, appropriate for the building occupancy load?	[ ]	[ ]	[ ]	[ ]
11.	Are exit stairways which are required to be separated from other parts of a building enclosed by at least one-hour fire-resistive construction?	[ ]	[ ]	[ ]	[ ]

Location _____

Inspected By: _____

Date _____

I. EXIT - EGRESS	YES	NO	N/A	OTHER
12. When ramps are used as part of required exiting from a building, is the ramp slope limited to 1 ft. vertical and 8 ft. horizontal?	[ ]	[ ]	[ ]	[ ]
13. Where exiting will be through frameless glass doors, glass exit doors, storm doors, etc., are the doors fully tempered and meet safety requirements for human impact?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

M. EXIT DOORS

		YES	NO	N/A	OTHER
1.	Are doors which are required to serve as exits designed and constructed so that the way of exit travel is obvious and direct?	[ ]	[ ]	[ ]	[ ]
2.	Are windows which could be mistaken for exit doors, made inaccessible by means of barriers or railings?	[ ]	[ ]	[ ]	[ ]
3.	Can exit doors be open from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?	[ ]	[ ]	[ ]	[ ]
4.	Is a revolving, sliding or overhead door prohibited from serving as a required exit door?	[ ]	[ ]	[ ]	[ ]
5.	Where panic hardware is installed on a required exit door, will it allow the door to open by applying a force of 15 pounds or less in the direction of the exit traffic?	[ ]	[ ]	[ ]	[ ]
6.	Are doors on cold storage rooms provided with an inside release mechanism which will release the latch and open the door even if it's padlocked or otherwise locked on the outside?	[ ]	[ ]	[ ]	[ ]
7.	Where exit doors open directly onto any street, alley or other area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees stepping into the path of traffic?	[ ]	[ ]	[ ]	[ ]
8.	Are doors that swing in both directions and located between rooms with frequent traffic provided with viewing panels in each door?	[ ]	[ ]	[ ]	[ ]

Location _____ Inspected By: _____

Date _____

N. PORTABLE LADDERS

		YES	NO	N/A	OTHER
1.	Are all ladders maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached and moveable parts operating freely without binding or undue play?	[ ]	[ ]	[ ]	[ ]
2.	Are non-slip safety feet provided on each ladder?	[ ]	[ ]	[ ]	[ ]
3.	Are ladder rungs and steps free of grease and oil?	[ ]	[ ]	[ ]	[ ]
4.	Is it prohibited to place a ladder in front of doors opening toward the ladder except when the door is blocked open, locked or guarded?	[ ]	[ ]	[ ]	[ ]
5.	Is it prohibited to place ladders on boxes, barrels, or other unstable bases to obtain additional height?	[ ]	[ ]	[ ]	[ ]
6.	Are employees instructed to face the ladder when ascending or descending?	[ ]	[ ]	[ ]	[ ]
7.	Are employees prohibited from using ladders that are broken, missing steps, rungs, or cleats, broken side rails or other faulty equipment?	[ ]	[ ]	[ ]	[ ]
8.	Are employees instructed not to use the top step of ordinary stepladders as a step?	[ ]	[ ]	[ ]	[ ]
9.	When portable rung ladders are used to gain access to elevated platforms, roofs, etc., does the ladder always extend at least 3 feet above the elevated surface?	[ ]	[ ]	[ ]	[ ]
10.	Is it required t hat when portable rung or cleat type ladders are used, the base is so placed that slipping will not occur, or it is lashed or otherwise held in place?	[ ]	[ ]	[ ]	[ ]
11.	Are portable metal ladders legibly marked with signs reading "CAUTION - Do Not Use Around Electrical Equipment" or equivalent wording?	[ ]	[ ]	[ ]	[ ]
12.	Are employees instructed to only adjust extension ladders while standing at a base (not while standing on the ladder or from a position above the ladder)?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

O. PORTABLE HAND TOOLS AND EQUIPMENT

		YES	NO	N/A	OTHER
1.	Are all tools and equipment (both company and employee-owned) used by employees at the workplace in good condition?	[ ]	[ ]	[ ]	[ ]
2.	Are hand tools such as chisels, punches, etc. which develop mushroomed heads during use, reconditioned or replaced as necessary?	[ ]	[ ]	[ ]	[ ]
3.	Are broken or fractured handles on hammers, axes and similar equipment replaced promptly?	[ ]	[ ]	[ ]	[ ]
4.	Are worn or bent wrenches replaced regularly?	[ ]	[ ]	[ ]	[ ]
5.	Are appropriate handles used on files and	[ ]	[ ]	[ ]	[ ]
6.	Are employees made aware of the hazards caused by faulty or improperly used hand tools?	[ ]	[ ]	[ ]	[ ]
7.	Are appropriate safety glasses, face shields, etc. used while using hand tools or equipment which might produce flying materials or be subject to breakage?	[ ]	[ ]	[ ]	[ ]
8.	Are jacks checked periodically to assure they are in good operating condition?	[ ]	[ ]	[ ]	[ ]
9.	Are tool handles wedged tightly in the head of all tools?	[ ]	[ ]	[ ]	[ ]
10.	Are tool cutting edges kept sharp so the tool will move smoothly without binding or skipping?	[ ]	[ ]	[ ]	[ ]
11.	Are tools stored in dry, secure locations where they won't be tampered with?	[ ]	[ ]	[ ]	[ ]
12.	Is eye and face protection used when driving hardened or tempered spuds or nails?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

P. PORTABLE (POWER-OPERATED) TOOLS AND EQUIPMENT	YES	NO	N/A	OTHER
1. Are grinders, saws and similar equipment provided with appropriate safety guards?	[ ]	[ ]	[ ]	[ ]
2. Are power tools used with the correct shield, guard, or attachment, recommended by the manufacturer?	[ ]	[ ]	[ ]	[ ]
3. Are portable circular saws equipped with guards above and below the base shoe?	[ ]	[ ]	[ ]	[ ]
4. Are circular saw guards checked to assure they are not wedged up, thus leaving the lower portion of the blade unguarded?	[ ]	[ ]	[ ]	[ ]
5. Are rotating or moving parts of equipment guarded	[ ]	[ ]	[ ]	[ ]
6. Are all cord-connected, electrically-operated tools and equipment effectively grounded or of the approved double insulated type?	[ ]	[ ]	[ ]	[ ]
7. Are effective guards in place over belts, pulleys, chains, sprockets, on equipment such as concrete mixers, air compressors, etc.?	[ ]	[ ]	[ ]	[ ]
8. Are portable fans provided with full guards or screens having openings ½ inch or less?	[ ]	[ ]	[ ]	[ ]
9. Is hoisting equipment available and used for lifting heavy objects, and are hoist ratings and characteristics appropriate for the task?	[ ]	[ ]	[ ]	[ ]
10. Are ground-fault circuit interrupters provided on all temporary electrical 15 and 20 ampere circuits, used during periods of construction?	[ ]	[ ]	[ ]	[ ]
11. Are pneumatic and hydraulic hoses on power-operated tools checked regularly for deterioration or damage?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

Q. ABRASIVE WHEEL EQUIPMENT (GRINDERS)

		YES	NO	N/A	OTHER
1.	Is the work rest used and kept adjusted to within 1/8 inch of the wheel?	[ ]	[ ]	[ ]	[ ]
2.	Is the adjustable tongue on the top side of the grinder used and kept adjusted to within 1/4 inch of the wheel?	[ ]	[ ]	[ ]	[ ]
3.	Do side guards cover the spindle, nut and flange and 75 percent of the wheel diameter?	[ ]	[ ]	[ ]	[ ]
4.	Are bench and pedestal grinders permanently mounted?	[ ]	[ ]	[ ]	[ ]
5.	Are goggles or face shields always worn when grinding?	[ ]	[ ]	[ ]	[ ]
6.	Is the maximum RPM rating of each abrasive wheel compatible with the RPM rating of the grinder motor?	[ ]	[ ]	[ ]	[ ]
7.	Are fixed or permanently mounted grinders connected to their electrical supply system with metallic conduit or other permanent wiring method?	[ ]	[ ]	[ ]	[ ]
8.	Does each grinder have an individual on and off control switch?	[ ]	[ ]	[ ]	[ ]
9.	Is each electrically operated grinder effectively grounded?	[ ]	[ ]	[ ]	[ ]
10.	Before new abrasive wheels are mounted, are they visually inspected and ring tested?	[ ]	[ ]	[ ]	[ ]
11.	Are dust collectors and powered exhausts provided on grinders used in operations that produce large amounts of dust?	[ ]	[ ]	[ ]	[ ]
12.	Are splash guards mounted on grinders that use coolant to prevent the coolant reaching employees?	[ ]	[ ]	[ ]	[ ]
13.	Is cleanliness maintained around grinders?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

R. POWDER-ACTUATED EQUIPMENT

		YES	NO	N/A	OTHER
1.	Are employees who operate powder-actuated tools trained in their use and carry a valid operator's card?	[ ]	[ ]	[ ]	[ ]
2.	Do the powder-actuated tools being used have written approval of the Division of Occupational Safety and Health?	[ ]	[ ]	[ ]	[ ]
3.	Is each powder-actuated tool stored in its own locked container when not being used?	[ ]	[ ]	[ ]	[ ]
4.	Is a sign at least 7 inches by 10 inches with bold face type reading "POWDER-ACTUATED TOOL IN USE" conspicuously posted when the tool is being used?	[ ]	[ ]	[ ]	[ ]
5.	Are powder-actuated tools left unloaded until they are actually ready to be used?	[ ]	[ ]	[ ]	[ ]
6.	Are powder-actuated tools inspected for obstructions or defects each day before use?	[ ]	[ ]	[ ]	[ ]
7.	Do powder-actuated tool operators have and use appropriate personal protective equipment such as hard hats, safety goggles, safety shoes and ear protectors?	[ ]	[ ]	[ ]	[ ]

Location: _____

Inspected By: _____

Date _____

S. MACHINE GUARDING

		YES	NO	N/A	OTHER
1.	Is there a training program to instruct employees on safe methods of machine operation?	[ ]	[ ]	[ ]	[ ]
2.	Is there adequate supervision to ensure that employees are following safe machine operating procedures?	[ ]	[ ]	[ ]	[ ]
3.	Is there a regular program of safety inspection of machinery and equipment?	[ ]	[ ]	[ ]	[ ]
4.	Is all machinery and equipment kept clean and properly maintained?	[ ]	[ ]	[ ]	[ ]
5.	Is sufficient clearance provided around and between machines to allow for safe operations, set up and servicing, material handling and waste removal?	[ ]	[ ]	[ ]	[ ]
6	Is equipment and machinery securely placed and anchored when necessary to prevent tipping or other movement that could result in personal injury?	[ ]	[ ]	[ ]	[ ]
7.	Is there a power shut-off switch within reach of the operator's position at each machine?	[ ]	[ ]	[ ]	[ ]
8.	Can electric power to each machine be locked out for maintenance, repair, or security?	[ ]	[ ]	[ ]	[ ]
9.	Are the noncurrent-carrying metal parts of electrically operated machines bonded and grounded?	[ ]	[ ]	[ ]	[ ]
10.	Are foot-operated switches guarded or arranged to prevent accidental actuation by personnel or falling objects?	[ ]	[ ]	[ ]	[ ]
11.	Are manually operated valves and switches controlling the operating of equipment and machines clearly identified and readily accessible?	[ ]	[ ]	[ ]	[ ]
12.	Are all emergency stop buttons colored red?	[ ]	[ ]	[ ]	[ ]
13.	Are all pulleys and belts that are within 7 feet of the floor or working level properly guarded?	[ ]	[ ]	[ ]	[ ]
14.	Are all moving chairs and gears properly guarded?	[ ]	[ ]	[ ]	[ ]
15.	Are splash guards mounted on machines that use coolant to prevent the coolant from reaching employees?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

S. MACHINE GUARDING

		YES	NO	N/A	OTHER
16.	Are methods provided to protect the operator and other employees in the machine area from hazards created at the point operation, ongoing nip points, rotating parts, flying chips, and sparks?	[ ]	[ ]	[ ]	[ ]
17.	Are machinery guards secure and arranged so that they do not offer a hazard in their use?	[ ]	[ ]	[ ]	[ ]
18.	If special handtools are used for placing and removing material, do they protect the operator's hands?	[ ]	[ ]	[ ]	[ ]
19,	Are revolving drums, barrels, and containers guarded by an enclosure that is interlocked with the drive mechanism, so that revolution cannot occur unless the guard enclosure is in place?	[ ]	[ ]	[ ]	[ ]
20.	Do arbors and mandrels have firm and secure bearings and are they free from play?	[ ]	[ ]	[ ]	[ ]
21.	Are provisions made to prevent machines from automatically starting when power is restored after a power failure or shutdown?	[ ]	[ ]	[ ]	[ ]
22.	Are machines constructed to be free from excessive vibration when the largest size tool is mounted and run at full speed?	[ ]	[ ]	[ ]	[ ]
23.	If machinery is cleaned with compressed air, is air pressure controlled and personal protective equipment or other safeguards utilized to protect operators and other workers from eye and body injury?	[ ]	[ ]	[ ]	[ ]
24.	Are fan blades protected with a guard having openings no larger than ½ inch when operating within 7 feet of the floor?	[ ]	[ ]	[ ]	[ ]
25.	Are saws used for ripping equipped with anti-kick back devices and spreaders?	[ ]	[ ]	[ ]	[ ]
26.	Are radial arm saws so arranged that the cutting head will gently return to the back of the table when released?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

T. LOCKOUT/TAGOUT/BLOCKOUT POSSIBILITIES

		YES	NO	N/A	OTHER
1.	Is all machinery or equipment capable of movement required to be de-energized or disengaged and blocked or locked-out during cleaning, servicing, adjusting or setting up operations, whenever possible?	[ ]	[ ]	[ ]	[ ]
2.	Where the power disconnecting means for equipment does not also disconnect the electrical control circuit:				
	a. Are the appropriate electrical enclosures identified?	[ ]	[ ]	[ ]	[ ]
	b. Are means provided to assure the control circuit can also be disconnected and locked-out?	[ ]	[ ]	[ ]	[ ]
3.	Is the locking-out of control circuits in lieu of locking-out main power disconnects prohibited?	[ ]	[ ]	[ ]	[ ]
4.	Are all equipment control valve handles provided with a means for locking-out?	[ ]	[ ]	[ ]	[ ]
5.	Does the lock-out procedure require that stored energy (mechanical, hydraulic, air, etc.) be released or blocked before equipment is locked-out for repairs?	[ ]	[ ]	[ ]	[ ]
6.	Are appropriate employees provided with individually keyed personal safety locks?	[ ]	[ ]	[ ]	[ ]
7.	Are employees required to keep personal control of their key(s) while they have safety locks in use?	[ ]	[ ]	[ ]	[ ]
8.	Is it required that only the employee exposed to the hazard place or remove the safety lock?	[ ]	[ ]	[ ]	[ ]
9.	Is it required that employees check the safety of the lock-out by attempting a start up after making sure no one is exposed?	[ ]	[ ]	[ ]	[ ]
10.	Are employees instructed to always push the control circuit stop button prior to re-energizing the main power switch?	[ ]	[ ]	[ ]	[ ]
11.	Is there a means provided to identify any or all employees who are working on locked-out equipment by their locks or accompanying tags?	[ ]	[ ]	[ ]	[ ]
12.	Are a sufficient number of accident preventative signs or tags and safety padlocks provided for any reasonably foreseeable repair emergency?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

T. LOCKOUT/TAGOUT/BLOCKOUT POSSIBILITIES	YES	NO	N/A	OTHER
13. When machine operations, configuration or size requires the operator to leave his or her control station to install tools or perform other operations, and that part of the machine could move if accidently activated, is such element required to be separately locked or blocked out?	[ ]	[ ]	[ ]	[ ]
14. In the event that equipment or lines cannot be shut down, locked-out and tagged, is a safe job procedure established and rigidly followed?	[ ]	[ ]	[ ]	[ ]

Location:_____ Inspected By:_____

Date _____

U. WELDING, CUTTING, AND BRAZING

		YES	NO	N/A	OTHER
1.	Are only authorized and trained personnel permitted to use welding, cutting or brazing equipment?	[ ]	[ ]	[ ]	[ ]
2.	Does each operator have a copy of the appropriate operating instructions and directed to follow them?	[ ]	[ ]	[ ]	[ ]
3.	Are compressed gas cylinders regularly examined for obvious signs of defects, deep rusting, or leakage?	[ ]	[ ]	[ ]	[ ]
4.	Is care used in handling and storage of cylinders, safety valves, relief valves, etc., to prevent damage?	[ ]	[ ]	[ ]	[ ]
5.	Are precautions taken to prevent the mixture of air or oxygen with flammable gases, except at a burner or in a standard torch?	[ ]	[ ]	[ ]	[ ]
6.	Are only approved apparatus (torches, regulators, pressure-reducing valves, acetylene generators, and manifolds) used?	[ ]	[ ]	[ ]	[ ]
7.	Are cylinders kept away from sources of heat?	[ ]	[ ]	[ ]	[ ]
8.	Are the cylinders kept away from elevators, stairs or gangways?	[ ]	[ ]	[ ]	[ ]
9.	Is it prohibited to use cylinders as rollers or supports?	[ ]	[ ]	[ ]	[ ]
10.	Are empty cylinders appropriately marked and their valves closed?	[ ]	[ ]	[ ]	[ ]
11.	Are signs reading: DANGER - NO SMOKING, MATCHES, OR OPEN LIGHTS, or the equivalent, posted?	[ ]	[ ]	[ ]	[ ]
12.	Are cylinders, cylinder valves, couplings, regulators, hoses, and apparatus kept free of oily or greasy substances?	[ ]	[ ]	[ ]	[ ]
13.	Is care taken not to drop or strike cylinders?	[ ]	[ ]	[ ]	[ ]
14.	Unless secured on special trucks, are regulators removed and valve-protection caps put in place before moving cylinders?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

U. WELDING, CUTTING, AND BRAZING

		YES	NO	N/A	OTHER
15.	Do cylinders without fixed hand wheels have keys, handles, or non-adjustable wrenches on stem valves when in service?	[ ]	[ ]	[ ]	[ ]
16.	Are liquefied gases stored and shipped valve-end up with valve covers in place?	[ ]	[ ]	[ ]	[ ]
17.	Are provisions made to never crack a fuel-gas cylinder valve near sources of ignition?	[ ]	[ ]	[ ]	[ ]
18.	Before a regulator is removed, is the valve closed and gas released from the regulator?	[ ]	[ ]	[ ]	[ ]
19.	Is red used to identify the acetylene (and other fuel-gas) hose, green for oxygen hose, and black for inert gas and air hose?	[ ]	[ ]	[ ]	[ ]
20.	Are pressure-reducing regulators used only for the gas and pressures for which they are intended?	[ ]	[ ]	[ ]	[ ]
21.	Is open circuit (No Load) voltage of arc welding and cutting machines as low as possible and not in excess of the recommended limits?	[ ]	[ ]	[ ]	[ ]
22.	Under wet conditions, are automatic controls for reducing no load voltage used?	[ ]	[ ]	[ ]	[ ]
23.	Is grounding of the machine frame and safety ground connections of portable machines checked periodically?	[ ]	[ ]	[ ]	[ ]
24.	Are electrodes removed from the holders when not in use?	[ ]	[ ]	[ ]	[ ]
25.	Is it required that electric power to the welder be shut off when no one is in attendance?	[ ]	[ ]	[ ]	[ ]
26.	Is suitable fire extinguishing equipment available for instant use?	[ ]	[ ]	[ ]	[ ]
27.	Is the welder forbidden to coil or loop welding electrode cable around his body?	[ ]	[ ]	[ ]	[ ]
28.	Are wet machines thoroughly dried and tested before being used?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

U. WELDING, CUTTING, AND BRAZING

		YES	NO	N/A	OTHER
29.	Are work and electrode lead cables frequently inspected for wear and damage, and replaced when needed?	[ ]	[ ]	[ ]	[ ]
30.	Do means for connecting cable lengths have adequate insulation?	[ ]	[ ]	[ ]	[ ]
31.	When the object to be welded cannot be moved and fire hazards cannot be removed, are shields used to confine heat, sparks and slag?	[ ]	[ ]	[ ]	[ ]
32.	Are fire watchers assigned when welding or cutting is performed in locations where a serious fire might develop?	[ ]	[ ]	[ ]	[ ]
33.	Are combustible floors kept wet, covered by damp sand, or protected by fire-resistant shields?	[ ]	[ ]	[ ]	[ ]
34.	When floors are wet down, are personnel protected from possible electrical shock?	[ ]	[ ]	[ ]	[ ]
35.	When welding is done on metal walls, are precautions taken to protect combustibles on the other side?	[ ]	[ ]	[ ]	[ ]
36.	Before hot work is begun, are used drums, barrels, tanks, and other containers so thoroughly cleaned that no substances remain that could explode, ignite, or produce toxic vapors?	[ ]	[ ]	[ ]	[ ]
37.	Is it required that eye protection helmets, hand shields and goggles meet appropriate standards?	[ ]	[ ]	[ ]	[ ]
38.	Are employees exposed to the hazards created by welding, cutting, or brazing operations protected with personal protective equipment and clothing?	[ ]	[ ]	[ ]	[ ]
39.	Is a check made for adequate ventilation where welding or cutting is performed?	[ ]	[ ]	[ ]	[ ]
40.	When working in confined places, are environmental monitoring tests taken and means provided for quick removal of welders in case of an emergency?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

V. COMPRESSORS AND COMPRESSED AIR

		YES	NO	N/A	OTHER
1.	Are compressors equipped with automatic, temperature-activated shutoff mechanisms, or with fusible plugs installed in the compressor discharge lines as near the compressor as possible?	[ ]	[ ]	[ ]	[ ]
2.	Are compressors equipped with automatic pressure release valves, pressure gauges, and drain valves?	[ ]	[ ]	[ ]	[ ]
3.	Are compressor air intakes installed and equipped to ensure that only clean uncontaminated air enters the compressor?	[ ]	[ ]	[ ]	[ ]
4.	Are air filters installed on the compressor intake?	[ ]	[ ]	[ ]	[ ]
5.	Are compressors operated and lubricated in accordance with the manufacturer's recommendations?	[ ]	[ ]	[ ]	[ ]
6.	Are safety devices on compressed air systems checked frequently?	[ ]	[ ]	[ ]	[ ]
7.	Before any repair work is done on the pressure system of a compressor, is the pressure bled off and the system locked out?	[ ]	[ ]	[ ]	[ ]
8.	Are signs posted to warn of the automatic starting feature of the compressors?	[ ]	[ ]	[ ]	[ ]
9.	Is the belt drive system totally enclosed to provide protection for the front, back, top and sides?	[ ]	[ ]	[ ]	[ ]
10.	Is it strictly prohibited to direct compressed air towards a person?	[ ]	[ ]	[ ]	[ ]
11.	Are employees prohibited from using highly compressed air for cleaning purposes?	[ ]	[ ]	[ ]	[ ]
12.	If compressed air is used for cleaning off clothing, is the pressure reduced to less than psi?	[ ]	[ ]	[ ]	[ ]
13.	When using compressed air for cleaning, do employees wear protective chip guarding and personal protective equipment?	[ ]	[ ]	[ ]	[ ]

Location:_____ Inspected By:_____

Date _____

V. COMPRESSORS AND COMPRESSED AIR

		YES	NO	N/A	OTHER
14.	Are safety chains or other suitable locking devices used at couplings of all high pressure hose lines of 3/4 inch inside diameter or larger, and lines of smaller size, where a connection failure would create a hazard?	[ ]	[ ]	[ ]	[ ]
15.	Before compressed air is used to empty containers of liquid, is the safe working pressure of the container checked?	[ ]	[ ]	[ ]	[ ]
16.	When compressed air is used with abrasive blast cleaning equipment, is the operating valve a type that must be held open?	[ ]	[ ]	[ ]	[ ]
17.	When compressed air is used to inflate auto tires, is a clip-on chuck and an incline regulator preset to 40 psi required?	[ ]	[ ]	[ ]	[ ]
18.	Is it prohibited to use compressed air to clean up or move combustible dust if such action could cause the dust to be suspended in the air and cause a fire or explosion hazard?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

W. COMPRESSED AIR RECEIVERS/VESSELS

		YES	NO	N/A	OTHER
1.	Is every receiver equipped with a pressure gauge and with one or more automatic, spring-loaded safety valves?	[ ]	[ ]	[ ]	[ ]
2.	Is the total relieving capacity of the safety valve capable of preventing pressure in the receiver from exceeding the maximum allowable working pressure of the receiver by more than 10%?	[ ]	[ ]	[ ]	[ ]
3.	Is every air receiver provided with a drain pipe and valve at the lowest point for the receivers periodically drained of moisture and oil?	[ ]	[ ]	[ ]	[ ]
4.	Are compressed air receivers periodically drained of moisture and oil?	[ ]	[ ]	[ ]	[ ]
5.	Does each compressed air receiver have an inspection opening for internal inspections?	[ ]	[ ]	[ ]	[ ]
6.	Are all air receivers periodically inspected externally for corrosion, dents, etc.?	[ ]	[ ]	[ ]	[ ]
7.	Are all safety valves tested frequently and at regular intervals to determine whether they are in good operating condition?	[ ]	[ ]	[ ]	[ ]
8.	Is each compressed air receiver inspected internally at least once a year by a qualified inspector?	[ ]	[ ]	[ ]	[ ]
9.	Are the external surfaces of air receivers kept free of oil and dust accumulation?	[ ]	[ ]	[ ]	[ ]
10.	Is the inlet of air receivers and piping systems kept free of accumulated oil and carbonaceous materials?	[ ]	[ ]	[ ]	[ ]
11.	Have the following safety procedures been established for the internal inspection of air receivers?				
	a. All starting and control equipment tagged and locked-out?	[ ]	[ ]	[ ]	[ ]
	b. The air pressure released from the vessel?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

W. COMPRESSED AIR RECEIVERS/VESSELS		YES	NO	N/A	OTHER
c.	Externally bolted manhole covers first pried loose from their seats before entirely removing all of the bolts or nuts?	[ ]	[ ]	[ ]	[ ]
d.	All manhole covers removed to improve ventilation?	[ ]	[ ]	[ ]	[ ]
e.	Tank atmosphere tested for oxygen and carbon dioxide concentrations and toxic, flammable, or combustible gases and vapors before employees are permitted to enter the tank?	[ ]	[ ]	[ ]	[ ]
f.	If a hazardous atmosphere is present, is respiratory equipment required to be used (supplied-air type)?	[ ]	[ ]	[ ]	[ ]
g.	Are employees entering the tank required to be equipped with a lifeline and a safety watcher positioned at the tank opening?	[ ]	[ ]	[ ]	[ ]
h.	Are employees required to wear proper type, face, hand and foot protection to prevent injuries?	[ ]	[ ]	[ ]	[ ]
i.	Are portable electric lamps or tools used inside the tank, explosion-proof and grounded?	[ ]	[ ]	[ ]	[ ]
j.	After cleaning, is the inside inspected for loose scale, wiping rags, tools or pieces of lint?	[ ]	[ ]	[ ]	[ ]
k.	Are new gaskets placed on the manhole covers?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

X. COMPRESSED GAS CYLINDERS

		YES	NO	N/A	OTHER
1.	Are cylinders with a water weight capacity over 30 pounds, equipped with means for connecting a valve protector device, or with a collar or recess to protect the valve?	[ ]	[ ]	[ ]	[ ]
2.	Are cylinders legibly marked to clearly identify the gas contained?	[ ]	[ ]	[ ]	[ ]
3.	Are compressed gas cylinders stored in areas which are protected from external heat sources such as flame impingement, intense radiant heat, electric arcs, or high temperature lines?	[ ]	[ ]	[ ]	[ ]
4.	Are cylinders located or stored in areas where they will not be damaged by passing or falling objects or subject to tampering by unauthorized persons?	[ ]	[ ]	[ ]	[ ]
5.	Are cylinders stored or transported to prevent creating a hazard by tipping, falling or rolling?	[ ]	[ ]	[ ]	[ ]
6.	Are cylinders containing liquefied fuel gas, stored or transported in a position so that the safety relief device is always in direct contact with the vapor space in the cylinder?	[ ]	[ ]	[ ]	[ ]
7.	Are valve protectors always placed on cylinders when the cylinders are not in use or connected for use?	[ ]	[ ]	[ ]	[ ]
8.	Are all valves closed off before a cylinder is moved, when the cylinder is empty, and at the completion of each job?	[ ]	[ ]	[ ]	[ ]
9.	Are low pressure fuel-gas cylinders checked periodically for corrosion, general distortion, cracks, or any other defect that might indicate a weakness or render it unfit for service?	[ ]	[ ]	[ ]	[ ]
10.	Does the periodic check of low pressure fuel-gas cylinders include a close inspection of the cylinder's bottom?	[ ]	[ ]	[ ]	[ ]

Location: _____

Inspected By: _____

Date _____

Y. HOIST AND AUXILIARY EQUIPMENT

		YES	NO	N/A	OTHER
1.	Is each overhead electric hoist equipped with a limit device to stop the hook travel at its highest and lowest point of safe travel?	[ ]	[ ]	[ ]	[ ]
2.	Will each hoist automatically stop and hold any load up to 125 percent of its rated load, if its actuating force is removed?	[ ]	[ ]	[ ]	[ ]
3.	Is the rated load of each hoist legibly marked and visible to the operator?	[ ]	[ ]	[ ]	[ ]
4.	Are stops provided at the safe limits of travel for trolley hoist?	[ ]	[ ]	[ ]	[ ]
5.	Are the controls of hoist plainly marked to indicate the direction of travel or motion?	[ ]	[ ]	[ ]	[ ]
6.	Is each cage-controlled hoist equipped with an effective warning device?	[ ]	[ ]	[ ]	[ ]
7.	Are close-fitting guards or other suitable devices installed on hoist to assure hoist ropes will be maintained in the sheave groves?	[ ]	[ ]	[ ]	[ ]
8.	Are all hoist chains or ropes of sufficient length to handle the full range of movement for the application while still maintaining two full wraps on the drums at all times?	[ ]	[ ]	[ ]	[ ]
9.	Are nip points or contact points between hoist ropes and sheaves which are permanently located within seven feet of the floor, ground or working platform, guarded?	[ ]	[ ]	[ ]	[ ]
10.	Is it prohibited to use chains or rope slings that are kinked or twisted?	[ ]	[ ]	[ ]	[ ]
11.	Is it prohibited to use the hoist rope or chain wrapped around the load as a substitute for a sling?	[ ]	[ ]	[ ]	[ ]
12.	Is it prohibited to carry loads over people?	[ ]	[ ]	[ ]	[ ]
13.	Are only employees who have been trained in the proper use of hoists allowed to operate them?	[ ]	[ ]	[ ]	[ ]

Location: _____

Inspected By: _____

Date _____

Y. HOIST INSPECTION CHECKLIST

		YES	NO	N/A	OTHER
14.	Identification:				
a.	Hoist identification	[ ]	[ ]	[ ]	[ ]
b.	Capacity _____ lbs. and/or tons	[ ]	[ ]	[ ]	[ ]
c.	Location _____	[ ]	[ ]	[ ]	[ ]
15.	Frequency of Inspection:				
a.	Normal use - conduct monthly	[ ]	[ ]	[ ]	[ ]
b.	Heavy duty use - conduct weekly	[ ]	[ ]	[ ]	[ ]
c.	Severe duty - conduct daily	[ ]	[ ]	[ ]	[ ]
16.	Load Chain:				
a.	Clean chain by removing any foreign material such as dirt and grease.	[ ]	[ ]	[ ]	[ ]
b.	Inspect chain for wear using gauge.	[ ]	[ ]	[ ]	[ ]
c.	Inspect chain for gouges, nicks, arc burns, twisted, bent and worn or damaged links.	[ ]	[ ]	[ ]	[ ]
d.	Slack the chain and observe if wear exists at interlink bearing surface between links.	[ ]	[ ]	[ ]	[ ]
e.	Inspect the loose end link. loose and screw and double end block and clevis pin on double reeved units.	[ ]	[ ]	[ ]	[ ]
f.	After inspecting, lubricate chain as specified in manual.	[ ]	[ ]	[ ]	[ ]
g.	Inspect for correct reeving on multi-reeved hoist and for capsized hook block. Inspect sheave wheel for freedom of movement.	[ ]	[ ]	[ ]	[ ]
h.	Inspect end ring for damage.	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

Y. HOIST INSPECTION CHECKLIST

		YES	NO	N/A	OTHER
17.	Hooks:				
a.	Inspect hooks for signs of opening, cracking, bending, arc burns, welds, nicks and gouges.	[ ]	[ ]	[ ]	[ ]
b.	Lower hooks should be free to swivel and upper hooks if so desired.	[ ]	[ ]	[ ]	[ ]
c.	Inspect hooks for safety latches and condition of latches.	[ ]	[ ]	[ ]	[ ]
d.	Hook throat openings (upper and lower).	[ ]	[ ]	[ ]	[ ]
18.	Suspension Adapters (Adapt hoist to hooks):				
a.	Inspect the suspension adapter and make sure it is fully seated.	[ ]	[ ]	[ ]	[ ]
19.	Miscellaneous:				
a.	Inspect frames and end covers to see that they are securely fastened and that no screws or lock washers are missing. Replace missing hardware. A crack in the enclosure would indicate abuse or severe overloading. Replace damaged parts.	[ ]	[ ]	[ ]	[ ]
b.	Check for oil leaks and oil level.	[ ]	[ ]	[ ]	[ ]
c.	Inspect hangers for cracks, gouges and other damage.	[ ]	[ ]	[ ]	[ ]
d.	Inspect hook block pins and dead end pins for wear, tightness, bending and cracks.	[ ]	[ ]	[ ]	[ ]
e.	Tightness of all screws to be assured.	[ ]	[ ]	[ ]	[ ]
f.	Inspect for correct capacity insert.	[ ]	[ ]	[ ]	[ ]
g.	Check to assure that all warning labels are legible and intact.	[ ]	[ ]	[ ]	[ ]
h.	Inspect plunger for damage and freedom of movement.	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

Y. HOIST INSPECTION CHECKLIST

		YES	NO	N/A	OTHER
l.	Inspect covers and hook, blocks for cracks, gouges and other damage.	[ ]	[ ]	[ ]	[ ]
j.	Inspect lever for bending (overloading).	[ ]	[ ]	[ ]	[ ]
k.	Inspect cloverleaf for wear.	[ ]	[ ]	[ ]	[ ]
20.	Electrical:				
a.	Inspect for correct phasing. Hoist should lift when up button is depressed.	[ ]	[ ]	[ ]	[ ]
b.	Inspect push button and power cord for damaged wires or insulation.	[ ]	[ ]	[ ]	[ ]
c.	Inspect push button station for external damage or wear.	[ ]	[ ]	[ ]	[ ]
21.	Hoist Operation:				
a.	With no load on hoist, run hook up to hoist until upper limit switch operates, stopping hoist.	[ ]	[ ]	[ ]	[ ]
b.	Test lower limit switch in a similar manner by running hook to lower limit of travel.	[ ]	[ ]	[ ]	[ ]
c.	Hook should stop promptly in A and B.	[ ]	[ ]	[ ]	[ ]
d.	With full load on hoist, raise load off floor, stop it, and then start it up again. Then run load down, stopping before load reaches floor.	[ ]	[ ]	[ ]	[ ]
e.	If two (2) speed, check both speeds under full load.	[ ]	[ ]	[ ]	[ ]
f.	Check operation of load protector. Load protector should not slip at rated load.	[ ]	[ ]	[ ]	[ ]
22.	Trolley Operation:				
a.	If hoist is mounted on a trolley, operate trolley in both directions under load.	[ ]	[ ]	[ ]	[ ]
b.	Check rail stops.	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

Y. HOIST INSPECTION CHECKLIST

		YES	NO	N/A	OTHER
c.	Match trolley capacity with hoist capacity.	[ ]	[ ]	[ ]	[ ]
d.	Check trolley beam adjustment.	[ ]	[ ]	[ ]	[ ]
23.	Chain Containers:				
a.	If hoist is equipped with a chain container, check operation of lower limit as before and note that there must be at least 8 links in the chain controller when the hook is at lower limit of travel.	[ ]	[ ]	[ ]	[ ]
b.	Lower hook uppermost point when at upper limit of travel should be just below the bottom of the chain container.	[ ]	[ ]	[ ]	[ ]
c.	Check for correct size of chain container.	[ ]	[ ]	[ ]	[ ]
d.	Bracket screw must be tight.	[ ]	[ ]	[ ]	[ ]
e.	Inspect chain container for damage.	[ ]	[ ]	[ ]	[ ]
f.	Inspect support links (links must not be opened).	[ ]	[ ]	[ ]	[ ]

CAUTION: Should the hoist fail inspection, it should be repaired or removed from service immediately.

Location: _____ Inspected By: _____

Date _____

Z. INDUSTRIAL TRUCKS (FORKLIFTS) AND SIMILAR EQUIPMENT	YES	NO	N/A	OTHER
1. Are only trained personnel allowed to operate industrial trucks?	[ ]	[ ]	[ ]	[ ]
2. Is training documented?	[ ]	[ ]	[ ]	[ ]
3. Is substantial overhead protective equipment provided on high lift rider equipment?	[ ]	[ ]	[ ]	[ ]
4. Are the required lift truck operating rules posted and enforced?	[ ]	[ ]	[ ]	[ ]
5. Is directional lighting provided on each industrial truck that operates in an area with less than 2 foot candles per square foot of general lighting?	[ ]	[ ]	[ ]	[ ]
6. Does each industrial truck have a warning horn, whistle, gong, or other device which can be clearly heard above the normal noise in the areas where operated?	[ ]	[ ]	[ ]	[ ]
7. Are the brakes on each industrial truck capable of bringing the vehicle to a complete and safe stop when fully loaded?	[ ]	[ ]	[ ]	[ ]
8. Will the industrial trucks' parking brake effectively prevent the vehicle from moving when unattended?	[ ]	[ ]	[ ]	[ ]
9. Are industrial trucks operating in areas where flammable gases or vapors, or combustible dust or ignitable fibers may be present in the atmospnere, approved for such locations?	[ ]	[ ]	[ ]	[ ]
10. Are motorized hand and hand/rider trucks designed so that the brakes are engaged and power to the drive motor is disengaged when the operator releases the control device?	[ ]	[ ]	[ ]	[ ]
11. Are industrial trucks with internal combustion engine operated in buildings or enclosed areas carefully checked to ensure they do not cause harmful concentration of dangerous gases or fumes?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

AA. ENTERING CONFINED SPACES

		YES	NO	N/A	OTHER
1.	Are confined spaces required to be thoroughly emptied of any corrosive or dangerous material, such as acids or caustics, before entry?	[ ]	[ ]	[ ]	[ ]
2.	Are all lines of a confined space containing inert, toxic, flammable, or corrosive materials valved off and blanked or disconnected and separated before entry?	[ ]	[ ]	[ ]	[ ]
3.	Is it required that all impellers, agitators, or other moving equipment inside confined spaces be locked-out if they present a hazard?	[ ]	[ ]	[ ]	[ ]
4.	Is either natural or mechanical ventilation provided prior to confined space entry?	[ ]	[ ]	[ ]	[ ]
5.	Are appropriate atmospheric tests performed to check for: oxygen deficiency, toxic substance and explosive concentrations in the confined space entry?	[ ]	[ ]	[ ]	[ ]
6.	Is adequate illumination provided for the work to be performed in the confined space?	[ ]	[ ]	[ ]	[ ]
7.	Is the atmosphere inside the confined space periodically tested during conduct of work?	[ ]	[ ]	[ ]	[ ]
8.	Is there an assigned safety watch employee outside of the confined space whose sole responsibility is to watch the work in progress, sound an alarm if necessary, and render assistance?	[ ]	[ ]	[ ]	[ ]
9.	Is the safety watch employee appropriately trained and equipped to handle an emergency?	[ ]	[ ]	[ ]	[ ]
10.	Is the safety watch employee or other employees prohibited from entering the confined space without lifelines or respiratory equipment if there is any question as to the cause of an emergency?	[ ]	[ ]	[ ]	[ ]
11.	Is approved appropriate respiratory equipment required if the atmosphere inside the confined space cannot be made satisfactory?	[ ]	[ ]	[ ]	[ ]
12.	Is all portable electrical equipment used inside confined spaces either grounded and insulated, or equipped with ground fault protection?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

AA.. ENTERING CONFINED SPACES	YES	NO	N/A	OTHER
13. Before gas welding or burning is started in a confined space, are hoses checked for leaks, compressed gas bottles forbidden inside of the confined space, torches lighted only outside of the confined area and the confined area tested for an explosive atmosphere each time before a lighted torch is to be taken in the confined space?	[ ]	[ ]	[ ]	[ ]
14. If employees will be using oxygen consuming equipment such as salamanders, torches, furnaces, etc., in a confined space, is sufficient air provided to assure combustion without reducing the oxygen concentration of the atmosphere below 19.5 percent by volume?	[ ]	[ ]	[ ]	[ ]
15. Whenever combustion type equipment is used in a confined space, are provisions made to ensure the exhaust gases are vented outside of the enclosure?	[ ]	[ ]	[ ]	[ ]
16. Is each confined space checked for decaying vegetation or animal matter which may produce methane?	[ ]	[ ]	[ ]	[ ]
17. Is the confined space checked for possible industrial waste which could contain toxic properties?	[ ]	[ ]	[ ]	[ ]
18. If the confined space is below the ground and near areas where motor vehicles will be operating, is it possible for vehicle exhaust or carbon monoxide to enter the space?	[ ]	[ ]	[ ]	[ ]
19. Are County Confined Space Entry Procedures fully implemented?	[ ]	[ ]	[ ]	[ ]

Location:_____ Inspected By:_____

Date _____

BB. GENERAL ENVIRONMENTAL CONTROLS

		YES	NO	N/A	OTHER
1.	Are all work areas properly illuminated?	[ ]	[ ]	[ ]	[ ]
2.	Are employees instructed in proper first aid and other emergency procedures?	[ ]	[ ]	[ ]	[ ]
3.	Are agents identified which may cause harm by inhalation, ingestion, skin absorption or contact?	[ ]	[ ]	[ ]	[ ]
4.	Are employees aware of the hazards involved with the various chemicals they may be exposed to in their work environment, such as ammonia, chlorine, epoxies, caustics, etc.?	[ ]	[ ]	[ ]	[ ]
5.	Is employee exposure to chemicals in the workplace kept within acceptable levels?	[ ]	[ ]	[ ]	[ ]
6.	Can a less harmful method or product be used?	[ ]	[ ]	[ ]	[ ]
7.	Is the work area's ventilation system appropriate?		[ ]	[ ]	[ ] [ ]
8.	Are spray painting operations done in spray rooms or booths equipped with an appropriate exhaust system?	[ ]	[ ]	[ ]	[ ]
9.	Is employee exposure to welding fumes controlled by ventilation, use of respirators, exposure time, or other means?	[ ]	[ ]	[ ]	[ ]
10.	Are welders and other workers nearby provided with flash shields during welding operations?	[ ]	[ ]	[ ]	[ ]
11.	If forklifts and other vehicles are used in buildings or other enclosed areas, are the carbon monoxide levels kept below maximum acceptable levels?	[ ]	[ ]	[ ]	[ ]
12.	Has there been a determination that noise levels in the facilities are within acceptable levels?	[ ]	[ ]	[ ]	[ ]
13.	Are proper precautions being taken when handling asbestos and other fibrous materials?	[ ]	[ ]	[ ]	[ ]
14.	Are caution labels and signs used to warn of asbestos?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

BB. GENERAL ENVIRONMENTAL CONTROLS	YES	NO	N/A	OTHER
15. Are wet methods used, when practicable, to prevent the emission of airborne asbestos fibers, silica dust and other similar hazardous materials?	[ ]	[ ]	[ ]	[ ]
16. Is vacuuming used whenever possible rather than blowing or sweeping dust?	[ ]	[ ]	[ ]	[ ]
17. Are employees prohibited from eating in areas where toxic materials are present?	[ ]	[ ]	[ ]	[ ]
18. Are grinders, saws, and other machines that produce respirable dusts vented to an industrial collector or central exhaust system?	[ ]	[ ]	[ ]	[ ]
19. Are all local exhaust ventilation systems designed and operating properly to provide air flow and volume necessary for the application for which system is used?	[ ]	[ ]	[ ]	[ ]
20. Is personal protective equipment provided, used and maintained wherever necessary?	[ ]	[ ]	[ ]	[ ]
21. Are there written standard operating procedures for the selection and use of respirators where needed?	[ ]	[ ]	[ ]	[ ]
22. Are restrooms and washrooms kept clean and sanitary?	[ ]	[ ]	[ ]	[ ]
23. Is all water provided for drinking, washing, and cooking potable?	[ ]	[ ]	[ ]	[ ]
24. Are all outlets for water not suitable for drinking clearly identified?	[ ]	[ ]	[ ]	[ ]
25. Are employees' physical capacities assessed before being assigned to jobs requiring heavy work?	[ ]	[ ]	[ ]	[ ]
26. Are employees instructed in the proper manner of lifting heavy objects?	[ ]	[ ]	[ ]	[ ]
27. Where heat is a problem, have all fixed work areas been provided with spot cooling or air conditioning?	[ ]	[ ]	[ ]	[ ]
28. Are employees screened before assignment to areas of high heat to determine if their health condition might make them more susceptible to having an adverse reaction to heat?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

BB. GENERAL ENVIRONMENTAL CONTROLS

		YES	NO	N/A	OTHER
29.	Are employees working on streets and roadways where they are exposed to the hazards of traffic, required to wear bright colored warning vests?	[ ]	[ ]	[ ]	[ ]
30.	Are exhaust stacks and air intakes so located that contaminated air will not be recirculated within a building or other enclosed area?	[ ]	[ ]	[ ]	[ ]
31.	Is equipment producing ultra-violet radiation properly shielded?	[ ]	[ ]	[ ]	[ ]

Location: _____

Inspected By: _____

Date _____

CC. TOXIC SUBSTANCES

		YES	NO	N/A	OTHER
1.	Is there a list of chemicals used in your workplace?	[ ]	[ ]	[ ]	[ ]
2.	If toxic materials are used in your processes, do you have a medical or biological monitoring system in operation?	[ ]	[ ]	[ ]	[ ]
3.	Are material safety data sheets available for all chemicals used?	[ ]	[ ]	[ ]	[ ]
4.	Are you familiar with the Threshold Limit Values or Permissible Exposure Limits of airborne contaminants and physical agents used in your workplace?	[ ]	[ ]	[ ]	[ ]
5.	Have control procedures been instituted for toxic materials, where appropriate, such as respirators, ventilation systems, handling practices, etc.?	[ ]	[ ]	[ ]	[ ]
6.	Whenever possible are toxic substances handled in properly designed and exhausted booths or similar locations?	[ ]	[ ]	[ ]	[ ]
7.	Do you use general dilution or local exhaust ventilation systems to control dusts, vapors, gases, fumes, smoke, solvents or mists which may be generated in your workplace?	[ ]	[ ]	[ ]	[ ]
8.	Is ventilation equipment provided for removal of contaminants from such operations as: production grinding, buffing, spray painting, and/or vapor degreasing, and is it operating properly?	[ ]	[ ]	[ ]	[ ]
9.	Do employees complain about dizziness, headaches, nausea, irritation, or other factors of discomfort when they use solvents or other chemicals?	[ ]	[ ]	[ ]	[ ]
10.	Is there a dermatitis problem? Do employees complain about dryness, irritation, or sensitization of the skin?	[ ]	[ ]	[ ]	[ ]
11.	Are employees instructed on the correct usage and limitations of respirators? Are respirators NIOSH approved for the particular application? Are they regularly inspected and cleaned, sanitized and maintained?	[ ]	[ ]	[ ]	[ ]
12.	If internal combustion engines are used, is carbon monoxide kept within acceptable levels?	[ ]	[ ]	[ ]	[ ]

Location:_____ Inspected By:_____

Date _____

CC. TOXIC SUBSTANCES

		YES	NO	N/A	OTHER
13.	Is vacuuming used, rather than blowing or sweeping dusts whenever possible for clean-up?	[ ]	[ ]	[ ]	[ ]
14.	Are materials which give off toxic asphyxiant, suffocating or anesthetic fumes, stored in remote or isolated locations when not in use?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

DD. CHEMICAL EXPOSURES

		YES	NO	N/A	OTHER	
1.	Are employees trained in the safe handling practices of hazardous chemicals such as acids, caustics, etc.?	[ ]	[ ]	[ ]	[ ]	
2.	Are employees aware of the potential hazards involving various chemicals stored or used in the workplace such as acids, bases, caustics, epoxies, phenols, etc.?	[ ]	[ ]	[ ]	[ ]	
3.	Is employee exposure to chemicals kept within acceptable levels?	[ ]	[ ]	[ ]	[ ]	
4.	Are eye wash fountains and safety showers provided in areas where corrosive chemicals are handled?	[ ]	[ ]	[ ]	[ ]	
5.	Are all containers, such as vats, storage tanks, etc. labeled as to their contents, e.g., "CAUSTICS"?	[ ]	[ ]	[ ]	[ ]	
6.	Are all employees required to use personal protective clothing and equipment when handling chemicals (gloves, eye protection, respirators, etc.)?	[ ]	[ ]	[ ]	[ ]	
7.	Are flammable or toxic chemicals kept in closed containers when not in use?	[ ]	[ ]	[ ]	[ ]	
8.	Are piping systems contents clearly marked as to their content?	[ ]	[ ]	[ ]	[ ]	
9.	Have standard operating procedures been established and are they being followed when cleaning up chemical spills?	[ ]	[ ]	[ ]	[ ]	
10.	Where corrosive liquids are frequently handled in open containers or drawn from storage vessels or pipe lines, are adequate means readily available for neutralizing or disposing of spills or overflows properly and safely?	[ ]	[ ]	[ ]	[ ]	
11.	Where needed for emergency use, are respirators stored in a convenient, clean and sanitary location?	[ ]	[ ]	[ ]	[ ]	
12.	Are respirators intended for emergency use adequate for the various uses for which they may be needed?	[ ]	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

13.	Are employees prohibited from eating in areas where toxic chemicals are present?	[ ]	[ ]	[ ]	[ ]
14.	Is personal protective equipment provided, used and maintained whenever necessary	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

EE. NOISE

		YES	NO	N/A	OTHER
1.	Are there areas in the workplace where continuous noise levels exceed 85dBA?	[ ]	[ ]	[ ]	[ ]
2.	Is there an ongoing preventive health program to educate employees in: safe levels of noise, exposures; effects of noise on their health; and the use of personal protection?	[ ]	[ ]	[ ]	[ ]
3.	Have work areas where noise levels make voice communication between employees difficult been identified and posted?	[ ]	[ ]	[ ]	[ ]
4.	Are noise levels being measured using a sound level meter and an octave band analyzer and records being kept?	[ ]	[ ]	[ ]	[ ]
5.	Have engineering controls been used to reduce excessive noise levels wherever the operation reasonably permits?	[ ]	[ ]	[ ]	[ ]
6.	Where engineering controls are determined to not be feasible, are administrative controls being used to minimize individual employee exposure to noise?	[ ]	[ ]	[ ]	[ ]
7.	Is approved hearing protective equipment (noise attenuating devices) available to every employee working in noisy areas?	[ ]	[ ]	[ ]	[ ]

Date _____

FF. FUELING

		YES	NO	N/A	OTHER
1.	Is it prohibited to fuel an internal combustion engine with a flammable liquid while the engine is running?	[ ]	[ ]	[ ]	[ ]
2.	Are fueling operations done in such a manner that likelihood of spillage will be minimal?	[ ]	[ ]	[ ]	[ ]
3.	When spillage occurs during fueling operations, is the spilled fuel washed away completely, evaporated, or other measures taken to control vapors before restarting the engine?	[ ]	[ ]	[ ]	[ ]
4.	Are fuel tank caps replaced and secured before starting the engine ?	[ ]	[ ]	[ ]	[ ]
5.	In fueling operations is there always metal contact between the container and the fuel tank?	[ ]	[ ]	[ ]	[ ]
6.	Are fueling hoses of a type designed to handle the specific type of fuel?	[ ]	[ ]	[ ]	[ ]
7.	Is it prohibited to handle or transfer gasoline in open containers?	[ ]	[ ]	[ ]	[ ]
8.	Are open lights, open flames, or sparking, or arcing equipment prohibited near fueling or transfer of fuel operations?	[ ]	[ ]	[ ]	[ ]
9.	Is smoking prohibited in the vicinity of fueling operations?	[ ]	[ ]	[ ]	[ ]
10.	Are fueling operations prohibited in building or other enclosed areas that are not specifically ventilated for this purpose?	[ ]	[ ]	[ ]	[ ]
11.	Where fueling or transfer of fuel is done through a gravity flow system, are the nozzles of the self-closing type?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

GG. IDENTIFICATION OF PIPING SYSTEMS

		YES	NO	N/A	OTHER
1.	When nonpotable water is piped through a facility, are outlets or taps posted to alert employees that it is unsafe and not to be used for drinking, washing or other personal use?	[ ]	[ ]	[ ]	[ ]
2.	When hazardous substances are transported through above ground piping, is each pipeline identified at points where confusion could introduce hazards to employees?	[ ]	[ ]	[ ]	[ ]
3.	When pipelines are identified by color painting, are all visible parts of the line so identified?	[ ]	[ ]	[ ]	[ ]
4.	When pipelines are identified by color painted bands or tapes, are the bands or tapes located at reasonable intervals and at each outlet, valve or connection?	[ ]	[ ]	[ ]	[ ]
5.	When pipelines are identified by color, is the color code posted at all locations where confusion could introduce hazards to employees?	[ ]	[ ]	[ ]	[ ]
6.	When the contents of pipelines are identified by name or name abbreviation, is the information readily visible on the pipe near each valve or outlet?	[ ]	[ ]	[ ]	[ ]
7.	When pipelines carrying hazardous substances are identified by tags, are the tags constructed of durable materials, the message carried clearly and permanently distinguishable and are tags installed at each valve or outlet?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

HH. CONTROL OF HARMFUL SUBSTANCES BY VENTILATION

		YES	NO	N/A	OTHER
1.	Is the volume and velocity of air in each exhaust system sufficient to gather the dusts, fumes, mists, vapors or gases to be controlled, and to convey them to a suitable point of disposal?	[ ]	[ ]	[ ]	[ ]
2.	Are exhaust inlets, ducts and plenums designed, constructed, and supported to prevent collapse or failure of any part of the system?	[ ]	[ ]	[ ]	[ ]
3.	Are clean-out ports or doors provided at intervals not to exceed 12 feet in all horizontal runs of exhaust ducts?	[ ]	[ ]	[ ]	[ ]
4.	Where two or more different type of operations are being controlled through the same exhaust system, will the combination of substances being controlled, constitute a fire, explosion or chemical reaction hazard in the duct?	[ ]	[ ]	[ ]	[ ]
5.	Is adequate makeup air provided to areas where exhaust systems are operating?	[ ]	[ ]	[ ]	[ ]
6.	Is the source point for makeup air located so that only clean, fresh air, which is free of contaminates, will enter the work environment?	[ ]	[ ]	[ ]	[ ]
7.	Where two or more ventilation systems are serving a work area, is their operation such that one will not offset the functions of the other?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

II. SANITIZING EQUIPMENT AND CLOTHING

		YES	NO	N/A	OTHER
1.	Is personal protective clothing or equipment that employees are required to wear or use, of a type capable of being cleaned easily and disinfected?	[ ]	[ ]	[ ]	[ ]
2.	Are employees prohibited from interchanging personal protective clothing or equipment, unless it has been properly cleaned?	[ ]	[ ]	[ ]	[ ]
3.	Are machines and equipment which process, handle or apply materials which could be injurious to employees, cleaned and/or decontaminated before being overhauled or placed in storage?	[ ]	[ ]	[ ]	[ ]
4.	Are employees prohibited from smoking or eating in any area where contaminates that could be injurious, if ingested, are present?	[ ]	[ ]	[ ]	[ ]
5.	When employees are required to change from street clothing into protective clothing, is a clean change room with separate storage facility for street and protective clothing provided?	[ ]	[ ]	[ ]	[ ]
6.	Are employees required to shower and wash their hair as soon as possible after a known contact has occurred with a carcinogen?	[ ]	[ ]	[ ]	[ ]
7.	When equipment, materials, or other items are taken into, or removed from a carcinogen regulated area, is it done in a manner that will not contaminate non-regulated areas or the external environment?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

JJ. TIRE INFLATION

		YES	NO	N/A	OTHER
1.	Where tires are mounted and/or inflated on drop center wheels, is a safe practice procedure posted and enforced?	[ ]	[ ]	[ ]	[ ]
2.	Where tires are mounted and/or inflated on wheels with split rims and/or retainer rings, is a safe practice procedure posted and enforced?	[ ]	[ ]	[ ]	[ ]
3.	Does each tire inflation hose have a clip-on chuck with at least 24 inches of hose between the chuck and an in-line hand valve and gauge?	[ ]	[ ]	[ ]	[ ]
4.	Does the tire inflation control valve automatically shutoff the air flow when the valve is released?	[ ]	[ ]	[ ]	[ ]
5.	Is a tire restraining device such as a cage, rack or other effective means used while inflating tires mounted on split rims, or rims using retainer rings?	[ ]	[ ]	[ ]	[ ]
6.	Are employees strictly forbidden from taking a position directly over or in front of a tire while it's being inflated?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

KK. FLAMMABLE AND COMBUSTIBLE MATERIALS

		YES	NO	N/A	OTHER
1.	Are combustible scrap, debris and waste materials (oily rags, etc.) stored in covered metal receptacles and removed from the worksite promptly?	[ ]	[ ]	[ ]	[ ]
2.	Is proper storage practiced to minimize the risk of fire, including spontaneous combustion?	[ ]	[ ]	[ ]	[ ]
3.	Are approved containers and tanks used for the storage and handling of flammable and combustible liquids?	[ ]	[ ]	[ ]	[ ]
4.	Are all connections on combustible storage drums and liquid piping both vapor and liquid tight?	[ ]	[ ]	[ ]	[ ]
5.	Are all flammable liquids kept in closed containers when not in use (e.g., parts cleaning tanks, pans, etc.)?	[ ]	[ ]	[ ]	[ ]
6.	Are bulk drums of flammable liquids grounded and bonded to containers during dispensing?	[ ]	[ ]	[ ]	[ ]
7.	Do storage rooms for flammable and combustible liquids have explosion-proof lights?	[ ]	[ ]	[ ]	[ ]
8.	Do storage rooms for flammable and combustible liquids have mechanical or gravity ventilation?	[ ]	[ ]	[ ]	[ ]
9.	Is liquefied petroleum gas stored, handled, and used in accordance with safe practices and standards?	[ ]	[ ]	[ ]	[ ]
10.	Are no smoking signs posted on liquefied petroleum gas tanks?	[ ]	[ ]	[ ]	[ ]
11.	Are liquefied petroleum storage tanks guarded to prevent damage from vehicles?	[ ]	[ ]	[ ]	[ ]
12.	Are all solvent wastes, and flammable liquids kept in fire-resistant, covered containers until they are removed from the worksite?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

KK. FLAMMABLE AND COMBUSTIBLE MATERIALS	YES	NO	N/A	OTHER
13. Is vacuuming used whenever possible rather than blowing or sweeping combustible dust?	[ ]	[ ]	[ ]	[ ]
14. Are firm separators placed between containers of combustibles or flammable, when stacked one upon another, to assure their support and stability?	[ ]	[ ]	[ ]	[ ]
15. Are fuel gas cylinders and oxygen cylinders separated by distance, fire resistant barriers, etc., while in storage?	[ ]	[ ]	[ ]	[ ]
16. Are fire extinguisher selected and provided for the types of materials in areas where they are to be used?	[ ]	[ ]	[ ]	[ ]
a. Class A - Ordinary combustible material fires.	[ ]	[ ]	[ ]	[ ]
b. Class B - Flammable liquid, gas or grease fires.	[ ]	[ ]	[ ]	[ ]
c. Class C - Energized-electrical equipment fires.	[ ]	[ ]	[ ]	[ ]
17. Are appropriate fire extinguisher mounted within 75 feet of outside areas containing flammable liquids, and within 10 feet of any inside storage area for such materials?	[ ]	[ ]	[ ]	[ ]
18. Are extinguisher free from obstructions or blockage?	[ ]	[ ]	[ ]	[ ]
19. Are all extinguisher serviced, maintained and tagged at intervals not to exceed one year?	[ ]	[ ]	[ ]	[ ]
20. Are all extinguisher fully charged and in their designated places?	[ ]	[ ]	[ ]	[ ]
21. Where sprinkler systems are permanently installed, are the nozzle heads so directed or arranged that water will not be sprayed into operating electrical switch boards and equipment?	[ ]	[ ]	[ ]	[ ]
22. Are "NO SMOKING" signs posted where appropriate in areas where flammable or combustible materials are used or stored?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

KK. FLAMMABLE AND COMBUSTIBLE MATERIALS

		YES	NO	N/A	OTHER
23.	Are safety cans used for dispensing flammable or combustible liquids at a point of use?	[ ]	[ ]	[ ]	[ ]
24.	Are all spills of flammable or combustible liquids cleaned up promptly?	[ ]	[ ]	[ ]	[ ]
25.	Are storage tanks adequately vented to prevent the development of excessive vacuum or pressure as a result of filling, emptying, or atmosphere temperature changes?	[ ]	[ ]	[ ]	[ ]
26.	Are **"NO SMOKING"** rules enforced in areas involving storage and use of hazardous materials?	[ ]	[ ]	[ ]	[ ]

Location: _____

Inspected By: _____

Date _____

LL. SPRAYING OPERATIONS

		YES	NO	N/A	OTHER
1.	Is adequate ventilation assured before spray operations are started?	[ ]	[ ]	[ ]	[ ]
2	Is mechanical ventilation provided when spraying operations are done in enclosed areas?	[ ]	[ ]	[ ]	[ ]
3.	When mechanical ventilation is provided during spraying operations, is it so arranged that it will not circulate the contaminated air?	[ ]	[ ]	[ ]	[ ]
4.	Is the spray area free of hot surfaces?	[ ]	[ ]	[ ]	[ ]
5.	Is the spray area at least 20 feet from flames, sparks, operating electrical motors and other ignition sources?	[ ]	[ ]	[ ]	[ ]
6.	Are portable lamps used to illuminate spray areas suitable for use in a hazardous location?	[ ]	[ ]	[ ]	[ ]
7.	Is suitable respiratory equipment provided and used when appropriate during spraying operations?	[ ]	[ ]	[ ]	[ ]
8.	Do solvents used for cleaning have a flash point of 100° Fahrenheit or more?	[ ]	[ ]	[ ]	[ ]
9.	Are fire control sprinkler heads kept clean?	[ ]	[ ]	[ ]	[ ]
10.	Are "NO SMOKING" signs posted in spray areas, paint rooms, paint booths, and paint storage areas?	[ ]	[ ]	[ ]	[ ]
11.	Is the spray area kept clean of combustible residue?	[ ]	[ ]	[ ]	[ ]
12.	Are spray booths constructed of metal, masonry, or other substantial non-combustible material?	[ ]	[ ]	[ ]	[ ]
13.	Are spray booth floors and baffles non-combustible and easily cleaned?	[ ]	[ ]	[ ]	[ ]
14.	Is infrared drying apparatus kept out of the spray area during spray painting operations?	[ ]	[ ]	[ ]	[ ]
15.	Is the spray booth completely ventilated before using the drying apparatus?	[ ]	[ ]	[ ]	[ ]
16.	Is the electric drying apparatus properly grounded?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

LL. SPRAYING OPERATIONS

		YES	NO	N/A	OTHER
17.	Are lighting fixtures for spray booths located outside of the booth and interior lighted through sealed clear panels?	[ ]	[ ]	[ ]	[ ]
18.	Are the electric motors for exhaust fans placed outside booths or ducts?	[ ]	[ ]	[ ]	[ ]
19.	Are belts and pulleys inside the booth fully enclosed?	[ ]	[ ]	[ ]	[ ]
20.	Do ducts have access doors to allow cleaning?	[ ]	[ ]	[ ]	[ ]
21.	Do all drying spaces have adequate ventilation?	[ ]	[ ]	[ ]	[ ]

Location: _____ Inspected By: _____

Date _____

MM. MEDICAL SERVICES AND FIRST AID

		YES	NO	N/A	OTHER
1.	Is there a hospital, clinic, or infirmary for medical care within a 30 minute proximity of the workplace?	[ ]	[ ]	[ ]	[ ]
2.	If medical and first aid facilities are not in proximity, are at least two employees on each shift currently qualified to render first aid?	[ ]	[ ]	[ ]	[ ]
3.	Are emergency telephone numbers posted?	[ ]	[ ]	[ ]	[ ]
4.	Are first aid kits easily accessible to each work area, with necessary supplies available, periodically inspected and replenished as needed?	[ ]	[ ]	[ ]	[ ]
5.	Are means provided for quick drenching or flushing of the eyes and body in areas where corrosive liquids or materials are handled?	[ ]	[ ]	[ ]	[ ]

Location: _____

Inspected By: _____

PART II

CHECKLISTS

County of San Bernardino

SAFETY INSPECTION CHECKLIST

LOCATION:	INSPECTION DATE:
DEPARTMENT:	INSPECTED BY:

DESCRIPTION	O.K.	CORRECTIVE ACTION NEEDED/INITIATED	DATE
WALKING SURFACES			
Aisles/halls correctly established and clear			
No tripping hazards in evidence			
Floors clean, dry, free of hazards			
Carpets and rugs secure, good repair			
Outside walkways, parking areas, in good repair			
STAIRWAYS, RAMPS, STORAGE AREAS			
Adequate lighting suitable for work to be done			
Ramps have non-slip surface			
Stairways clear - not cluttered - good repair			
Emergency lighting in place, functioning			
Handrails/guardrails installed and in good condition			
Hazardous storage appropriate - containers labeled			
Cabinets, shelves, racks - secured against tipping			
DOCUMENTS/RECORDS			
OSHA 300 logs available			
Hazardous Communication/MSDS available			
Training/Meeting documentation maintained			
Required procedures, notices, rules posted			
EQUIPMENT, MACHINES, TOOLS			
Equipment/machines secured, guards in place			
Drawers closed when not in use			
Equipment furniture in good mechanical condition			
Fans guarded, secure from falling or tipping			
Paper cutter equipped with guard; blade spring functioning			
Safe step stools/ladders used when needed (non-rolling			
Protective equipment available			
Supplies, materials, safely stacked			
Knives, scissors, other sharp tools used/stored correctly			
ELECTRIC HAZARDS			
Machines and equipment grounded			
Extension cords - isobar type only			
Condition of equipment cords (not patched or spliced)			
Condition of plugs and wall outlets			
Electric switch panels clear (at least 30" open area)			
Circuits not overloaded			
Coffee pots (commercial/industrial type only)			
Appliances include safety switches			
FIRE PREVENTION			
Fire extinguishers properly located, marked, inspected			
Emergency/evacuation plan posted			
Fire escapes clear - exits marked			
Fire doors not blocked open			
Sprinkler heads not blocked (24" ceiling clearance)			
Excess paper and trash removed			
SANITATION, WATER SUPPLY, PERSONAL PROTECTION			
Drinking water available			
Condition of toilet facilities			
Condition of approved eating areas			
Food scraps, peels, wrappings disposed of daily			
First-aid kit and supplies available			

USE REVERSE SIDE OF FORM FOR DEPARTMENT/SITE SPECIFIC INSPECTION ELEMENTS

County of San Bernardino

SAFETY INSPECTION CHECKLIST

LOCATION:		INSPECTION DATE:	
DEPARTMENT:		INSPECTED BY:	
DESCRIPTION	O.K.	CORRECTIVE ACTION NEEDED/INITIATED	DATE

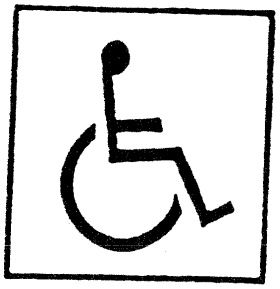
safety/docs/sftymnl/safety inspec checklist.doc

FACILITY ACCESSIBILITY CHECKLIST

County: _____ Date Of Survey: _____

Facility Location: _____ Surveyed By: _____

	COMPLY	
	YES	NO
I. SITE ACCESS (EXTERIOR)		
Signs and Identification		
A. Signs provided at accessible parking space.		
B. Signs provided to indicate accessible entries at existing buildings where not the primary entry.		
C. Color of signs, white on a blue background.		



Stairways		
A. All treads and upper approach: 2" wide contrasting strip at nosing.		
B. Handrails required to be 30-34 inches above the nosing of the treads and extend a minimum of 12" beyond the top and bottom nosing.		

Ramps

A. Ramp width shall be:

1. 48" if building occupancy is less than 300
2. 60" if building occupancy is 300 or more

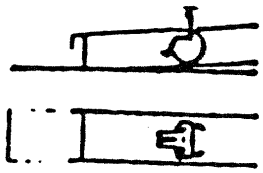
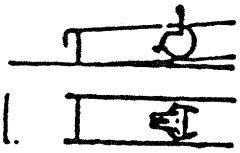
B. Maximum slope of 1:12.

C. Surface shall be slip resistant.(broom finish)

D. Ramp shall have at least 6'- of clearance at bottom.

E. Ramp shall have at least 5' of clearance at top.

F. Handrails on each side 30-34" above ramp surface.

CLEARANCE AT BOTTOM OF RAMP	Ramp shall have at least 6 feet of straight clearance at the bottom.	
RAMP WIDTH	Ramp width shall be 48" or 60".	

PARKING

A. Width of parking stall shall be 9' with adjacent clear space of 5' and a length of 18'.

B. Sign on ground and elevated sign. At least one of every eight accessible parking stalls shall have a sign "Van Accessible"

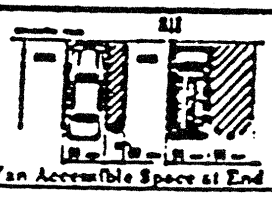
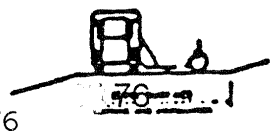
C. Spaces required:

D. Maximum slope of 1/4" per foot.

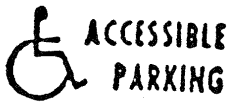
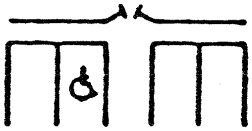
E. Wheelchair access to walks should not require going behind parked cars.

F. Parking garage/facility shall have a 8'2" minimum vertical clearance at entrance and to parking space.

G. Van Accessible spaces shall be 9' wide with a clear space of 9'.

WIDTH OF STALL	Accessible spaces should be 9 feet wide with clear space of 5 feet except for "Van Accessible".	 Van Accessible Space at End
PARKING SPACE OPEN ON ONE SIDE	Should allow room to get in and out of an automobile onto a level surface which is suitable for wheeling and walking.	

COMPLY	
YES	NO

SAFE PATH OF TRAVEL	Individuals in wheelchairs or using braces & crutches are not compelled to wheel or walk behind parked cars.	
ACCESSIBLE PARKING SPACES	Should be set aside and identified for use by persons with disabilities.	
PROXIMITY TO THE FACILITY	Accessible parking spaces should be close to the facility.	
NUMBER OF SPACES	TOTAL PARKING IN LOT 1-25 26-50 51-75 76-100 101-150 151-200 201-300 301-400 401-500 501-1000 1001 and over	REQUIRED MINIMUM NUMBER OF ACCESSIBLE SPACES 1 2 3 4 5 6 7 8 9 2 percent of total 20 plus 1 for each 100 over 1000

II. BUILDING ACCESS (INTERIOR)

WALKS AND SIDEWALKS

A. Width 48"

ENTRANCE

A. Is at least one primary entrance usable by persons in wheelchairs?

B. Is the entrance at least 32" wide?

C. If entrance is through double doors, is at least one of the openings 32" wide?

D. If thresholds are not level with the floor, are they sloped?

E. Is there a level landing length of 60" on the swing side of the door?

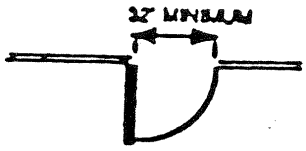
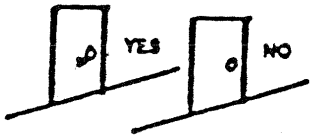
F. Is there a level landing length of 44" opposite the direction of the door swing?

G. Is the door hardware operable by a single effort? e.g. levered handle

H. When the accessible entrance is other than the main entrance, a sign showing its' location shall be posted at the main entrance and visible from adjacent sidewalks.

SIGNS FOR ACCESSIBLE ENTRANCE	When the accessible entrance is other than the main entrance, a sign showing its location shall be posted at the main entrance and visible from adjacent sidewalk.	

COMPLY	
YES	NO

WIDTH	Doors shall have a clear opening of no less than 32" when open.	
DOOR OPENING EFFORT	Doors shall be operable by a single effort.	

COMPLY	
YES	NO

FLOORS

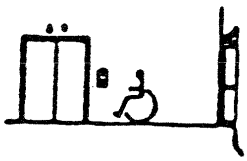
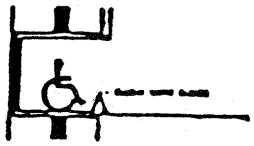
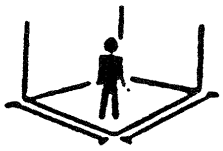
A. If there are changes in floor level in public areas, are these areas accessible by ramp or lift?

ELEVATOR

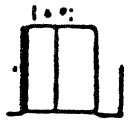
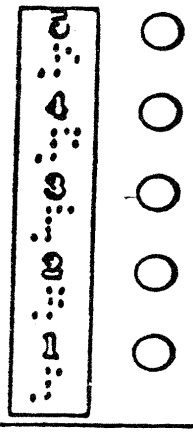
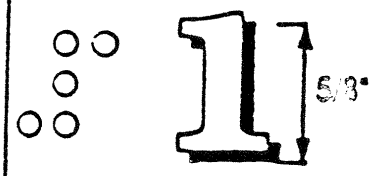
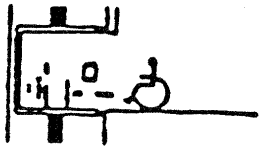
A. Is elevator marked handicap accessible?

B. Is opening with doors open at least 32"?

C. Are inside dimensions at least 68" wide and 51" deep?

ACCESS TO ELEVATORS	Elevators shall be accessible to persons with disabilities on the level they use to enter the building.	
ELEVATOR DOORS	Shall have a minimum clear opening of no less than 32" when open.	
ELEVATOR CAR THRESHOLD	As much as possible, thresholds shall be flush with the floor.	
ELEVATOR CAR FLOOR AREA	Average turning space required is 60" x 60" or 63" x 56".	

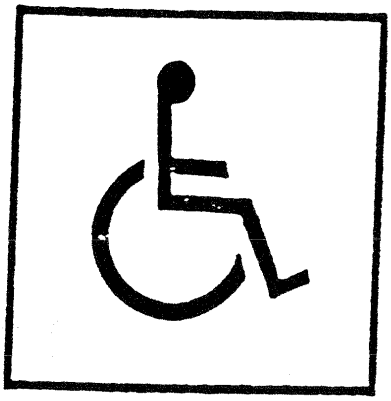
	COMPLY	
	YES	NO
D. Are the control buttons less than 48' high ?		
E. Are there floor indicators in Braille and in Arabic numerals?		
F. Are there raised Braille and Arabic numerals to the left of the control buttons ? raised 5/8" high letters ?		
G. If there is a phone in the elevator, is it no more than 48" from the floor ?		

DOOR CASINGS	Door casings on all elevator floors shall have number of floor embossed in braille and marked arabic numerals on both sides at a height of approximately 42".	
BRAILLE AND ARABIC NUMERALS	Elevators shall have braille and marked arabic numerals corresponding to numerals on elevator buttons immediately to the left of buttons.	
ELEVATOR CAR CONTROLS	Elevator controls should be identified with raised arabic numerals and braille symbols that are 5/8" in height.	
HEIGHT OF CONTROLS	The contol buttons shall be less than 48" from the floor.	

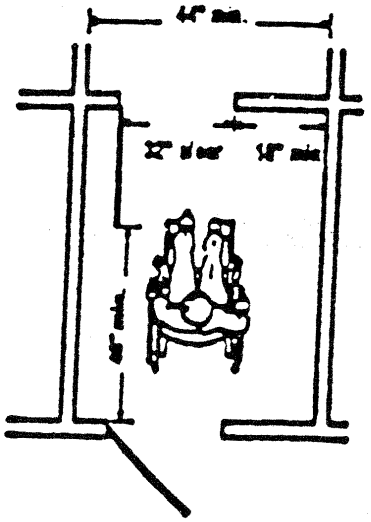
RESTROOMS

	COMPLY	
	YES	NO
A. Is the entrance door and/or exit door at least 32" wide?		
B. Is there a clear space for turnaround of 60"?		
C. If there is a vestibule as a part of the entrance, and one or both doors (outer door and inside door) swing into the vestibule, is the space large enough for a wheelchair, 48"?		
D. Are accessible restroom facilities clearly marked? When toilet facilities are accessible, a sign showing their location shall be in the building directory, in the main lobby and at any specially used accessible entrance.		

SIGNS FOR ACCESSIBLE TOILET FACILITIES	When special toilet facilities are accessible, a sign showing their location shall be in the building directory, in the main lobby, and at any specially used accessible entrance.



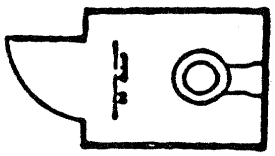
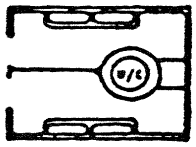
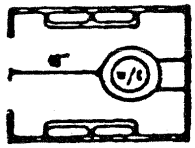
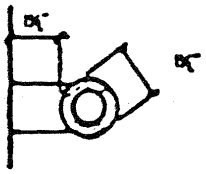
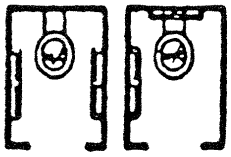
VESTIBULE



Space is necessary to allow backing and turning space for a wheelchair to clear the inswinging door.

E. Is there at least one stall that:

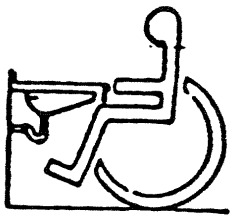
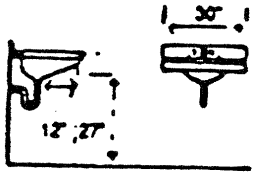
1. Has a clear entry of 32" if located at the end or 34" if located at a side?
2. Has 48" in front of the stall for either a side or front transfer?
3. Has grab bars on each side or on one side and the back of the stall and at least 33" but not more than 36" from the floor.
4. Has a privacy curtain or door that opens outward.
5. Has door opening/closing hardware that is operable by a single motion?

STALL DOOR	Stall door shall be 32" wide and swing out.	
STALL DIMENSIONS	Toilet rooms shall have at least one stall that is 3' wide and at least 4' 8", preferably 5' deep.	
CLEAR SPACE IN FRONT OF WATER CLOSET	At least 48"	
GRAB BARS	Toilet stalls shall have grab bars on each side, 33" high and parallel to the floor. 1 1/2" clearance between grab bars and wall.	
GRAB BAR DIAMETER	Grab bars shall have an outside diameter of 1 1/2".	
LOCATION OF GRAB BARS	Has grab bars on each side or on one side and the back of the stall.	

COMPLY	
YES	NO

COMPLY	
YES	NO

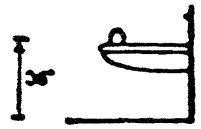
F. Is there at least one Lavatory with a rim or counter surface no higher than 34" above the floor. A clear space in front of 30" x 48". Hot water and drain pipes insulated ?

LAVATORIES	Toilet rooms shall have lavatories with narow aprons, mounted at standard height and useable by persons in wheelchairs.	
LAVATORY KNEE CLEARANCE	Knee clearance should be 27" high x 12" deep x 30" wide.	
INSULATION OF PIPES	Drain pipes and hot water pipes under a lavatory are covered or insulated so that wheelchair individuals are not burned.	

	COMPLY	
	YES	NO

WATER FOUNTAINS

If water fountains are provided, is there one with the basin no more than 36" above the floor or has a paper cup dispenser?

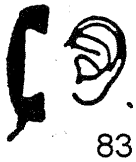
WATER FOUNTAIN HEIGHT	Water fountain basin is no more than 36" from the floor	

PUBLIC TELEPHONES

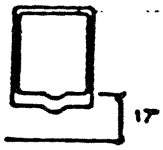
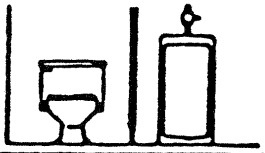
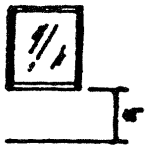
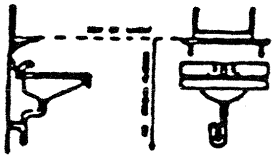
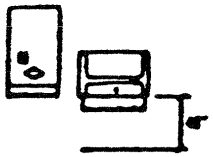
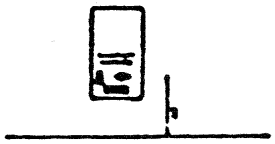
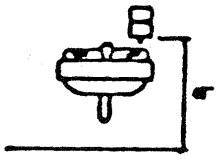
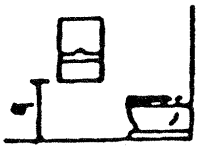
A. If there are telephones available to the public, is at least one equiped with an amplifier for the hearing impaired?

B. Is one usable by a person in a wheel chair?

Is there a sufficient clear floor space of 30" by 48" in front of and to the sides to allow an approach by a person in a chair ? Are the operable parts no more than 54" above the floor for side reach or 48" for forward reach.

HEIGHT OF PUBLIC TELEPHONES	Telephones should be placed so the dial and handset can be reached by individuals in wheelchairs. (54" or 48")	
KNEE & TOE SPACE BELOW TELEPHONE	Knee & toe space is 27" high.	
AUDIO AMPLIFICATION	When provided, at least one public telephone should be equipped for those with hearing disabilities and so identified with instructions.	

	COMPLY	
	YES	NO
G. Is there at least one urinal with basin floor level or maximum of 17" above the floor?		
H. Is at least one towel or sanitary napkin dispenser with operating parts within 40" of the floor?		
I. Is there at least one mirror usable by a person in a wheelchair within 40" from the floor?		

WALL-MOUNTED URINALS	Wall-mounted urinals shall have basin opening a maximum of 17" from the floor.	
FLOOR-MOUNTED URINALS	Floor-mounted urinals shall be level with the main floor of the toilet room.	
MIRRORS	At least one mirror shall be provided above lavatories with bottom edge 40" from the floor.	
SHELVES	If there are shelves one shall be provided above lavatories 40" from the floor, measured from the top of the shelf.	
TOWEL DISPENSERS	At least one shall be mounted no higher than 40" from the floor.	
SANITARY NAPKIN DISPENSERS	At least one shall be mounted no higher than 40" from the floor.	
SOAP DISPENSERS	At least one shall be mounted no higher than 40" from the floor.	
TOILET SEAT COVER DISPENSERS	One shall be in stall that is accessible and shall be mounted no higher than 40" from the floor.	

Draft Safety Inspection Form

Location:_____ **Date:**_____

Inspector:_____ **Signature:**_____

Machinery & Tools	**YES**	**NO**	**N/A**
Well Maintained			
Properly Grounded			
Guards in Place			
Proper Lighting			
Adequate Ventilation			
Hoses & Cords in Good Condition			
Signs	**YES**	**NO**	**N/A**
Exits Marked			
Safety Areas Marked Around Equipment			
Evacuation Routes Posted			
Electrical Outlets Marked			
Air/Gas/Fluid Outlets Marked			
Emergency Phone Numbers Posted			
No Smoking Posted			
Personal Protective Equipment (PPE)	**YES**	**NO**	**N/A**
Readily Available			
Good Condition			
Employees Trained to Use			
Adequate for Task			
Hazardous Material	**YES**	**NO**	**N/A**
Containers Properly Labeled			
Containers Covered Properly			
Absorbents Available			
Waste Stream Documented			
MSDS Available			
Business Plan Current			
General	**YES**	**NO**	**N/A**
Safety Meetings Conducted Monthly			
Facility Neat			

Comments:

Draft Safety Inspection Form

Location:_____ **Date:**_____

Inspector:_____ **Signature:**_____

Machinery & Tools	**YES**	**NO**	**N/A**
Well Maintained			
Properly Grounded			
Guards in Place			
Proper Lighting			
Adequate Ventilation			
Hoses & Cords in Good Condition			
Signs	**YES**	**NO**	**N/A**
Exits Marked			
Safety Areas Marked Around Equipment			
Evacuation Routes Posted			
Electrical Outlets Marked			
Air/Gas/Fluid Outlets Marked			
Emergency Phone Numbers Posted			
No Smoking Posted			
Personal Protective Equipment (PPE)	**YES**	**NO**	**N/A**
Readily Available			
Good Condition			
Employees Trained to Use			
Adequate for Task			
Hazardous Material	**YES**	**NO**	**N/A**
Containers Properly Labeled			
Containers Covered Properly			
Absorbents Available			
Waste Stream Documented			
MSDS Available			
Business Plan Current			
General	**YES**	**NO**	**N/A**
Safety Meetings Conducted Monthly			
Facility Neat			

Comments:

COUNTY OF SAN BERNARDINO
TRANSPORTATION/FLOOD CONTROL DEPARTMENT
SEMI - ANNUAL SAFETY INSPECTION

LOCATION:_____INSPECTION DATE:_____
INSPECTORS:_____

DESCRIPTION:	CORRECTIVE ACTION NEEDED/INITIATED:	DATE DONE:
SUPERVISOR'S OFFICE AREA:		
Quarterly Inspection Forms		
Storage		
Evacuation Plan		
Form 200 File		
Employee Health and Safety Manual		
Key Safe/Equipment Safe		
First Aid Kits		
OSHA Publications		
EMPLOYEE'S OFFICE AREA:		
Storage		
Restrooms		
FLOOD CONTROL STORAGE AREA:		
Storage		
OIL SHED:		
Storage		
SHOP AREA:		
Storage		
Air Compressor/Air Supply		
EHD Permits		
Ladders		
Drills		
Fans		
LOFT AREA:		
Storage		
Stairs/Hand Rails		
YARD AREA:		
Storage		
NPDES Supplies		
Propane Tank		
Tire Chains		
Lighting		
Fencing		
Culvert Systems		
Hoppers		
Sumps		
Asphalt		
RESIDENCE:		
FIELD AREA:		
Work Zones		
Personal Protection		

OTHER COMMENTS

NPDES FACILITY SITE WALK CHECKLIST
for San Bernardino County Transportation/Flood Control Department -

AREAS/ITEMS TO BE INSPECTED	INSPECTION PERFORMED			
	YES	NO**	NA	COMMENTS
INSPECT ITEMS 1-5 FOR COMPLIANCE/NOTE WHETHER ITEMS 6-8 ARE ADDRESSED/ OBSERVE WHETHER ITEMS 9-12 ARE ADDRESSED:				
1. Outdoor areas where trash, waste, and scrap materials are stored.				
2. Outdoor areas where new materials and supplies, especially liquids, are stored.				
3. Fueling islands.				
4. Outside areas where vehicles/equipment maintenance is performed.				
5. Areas immediately outside of buildings in which vehicle/equipment maintenance is performed				
6. Areas where vehicle/equipment washing is performed.				
7. Materials are properly contained, stored, and disposed of.				
8. Areas where vehicles, equipment, and materials should be covered with a tarp, moved indoors, or provided with a drip pan while parked or stored.				
9. Spills, leaks, and drips have been cleaned up and where absorbent and containers for used materials need to be provided.				
10. Buckets containing liquids are stored in designated areas.				
11. All drums and containers are properly labeled as to their contents.				
12. Hoses are present and marked for what they are used for.				
13. Non-stormwater discharges (e.g., washwater) or excessive roof drainage is contacting contaminated areas of the facility and contributing to nonpoint source pollution.				
ADDITIONAL AREAS/ITEMS INSPECTED:				

** Explain in the Comments column why the area/item was not inspected and what action, if any, needs to be taken

NPDES ANNUAL YARD/FACILITY INSPECTION REPORT
for San Bernardino County Transportation/Flood Control Department -

FACILITY ACTIVITIES	BEST MANAGEMENT PRACTICES IMPLEMENTED			
	YES	NO**	NA	COMMENTS
MATERIAL LOADING/UNLOADING/HANDLING/STORAGE:				
1. Are loading/unloading areas covered?				
2. Is the use of safer alternative products promoted?				
3. Are wastes tracked, re-used, and recycled properly?				
4. Are materials stored indoors or in covered and bermed areas?				
5. Is secondary containment provided, where appropriate?				
6. Are materials stored in covered, bermed areas?				
7. Are materials and waste containers covered and/or have lids?				
8. Are material stockpiles stored indoors or covered with a roof or tarp?				
9. Are materials returned to designated storage areas after use?				
10. Are storage areas and material containers protected from equipment and vehicle traffic?				

FACILITY ACTIVITIES	BEST MANAGEMENT PRACTICES IMPLEMENTED			
	YES	NO**	NA	COMMENTS
FILLING OF ABOVE GROUND STORAGE TANKS (AST)/UNDER GROUND STORAGE TANKS (UST):				
1. Is the filling of ASTs/USTs monitored?				
2. Do ASTs have secondary containment where appropriate?				
3. Is secondary containment in place during filling of ASTs/USTs?				

NPDES ANNUAL YARD/FACILITY INSPECTION REPORT (Continued)
for San Bernardino County Transportation/Flood Control Department -

FACILITY ACTIVITIES	BEST MANAGEMENT PRACTICES IMPLEMENTED			
	YES	NO**	NA	COMMENTS
DISPENSING FUEL				
1. Is fuel monitored?				
2. Are signs posted warning against "topping off" and requiring monitoring during fuel operations?				
3. Are pump shut off valves clearly marked?				
4. Is the fueling area designed to prevent runon of stormwater and runoff of spills?				

FACILITY ACTIVITIES	BEST MANAGEMENT PRACTICES IMPLEMENTED			
	YES	NO**	NA	COMMENTS
VEHICLE/EQUIPMENT MAINTENANCE				
1. Is there a preventive maintenance program?				
2. Are maintenance activities conducted indoors or under cover?				
3. Are maintenance activities conducted on paved surfaces in designated areas?				
4. Are vehicle and equipment wastes collected, recycled, and disposed of properly?				

NPDES ANNUAL YARD/FACILITY INSPECTION REPORT (Continued)
for San Bernardino County Transportation/Flood Control Department -

FACILITY ACTIVITIES	BEST MANAGEMENT PRACTICES IMPLEMENTED			
	YES	NO**	NA	COMMENTS
VEHICLE/EQUIPMENT PARKING AND STORAGE				
1. Are vehicles and equipment kept off erodible areas?				
2. Are vehicles and equipment parked and stored in designated areas only?				
3. Are drip pans placed under stored vehicles and equipment to contain leaks?				

FACILITY ACTIVITIES	BEST MANAGEMENT PRACTICES IMPLEMENTED			
	YES	NO**	NA	COMMENTS
VEHICLE/EQUIPMENT/MATERIAL WASHING AND STEAM CLEANING				
1. Are signs prohibiting vehicle and equipment washing and steam cleaning posted?				
2. Are washing and steam cleaning activities performed off site at commercial facilities or in designated areas?				
3. Are designated wash areas covered and bermed?				
4. Are washing and steam cleaning discharges prevented from entering the storm drain system?				

NPDES ANNUAL YARD/FACILITY INSPECTION REPORT (Continued)
for San Bernardino County Transportation/Flood Control Department -

FACILITY ACTIVITIES	BEST MANAGEMENT PRACTICES IMPLEMENTED			
	YES	NO**	NA	COMMENTS
LEAK AND SPILL CLEANUP				
1. Are leaks and spills cleaned up immediately using dry methods (i.e., brooms, rags, or absorbents)?				
2. Are materials to clean up spills and leaks easily accessible and clearly marked?				
3. Are used absorbents and spill clean up materials and contaminated soils promptly and properly disposed?				

FACILITY ACTIVITIES	BEST MANAGEMENT PRACTICES IMPLEMENTED			
	YES	NO**	NA	COMMENTS
LANDSCAPE, GARDEN, AND GENERAL MAINTENANCE AND CLEANING				
1. Have non-storm discharges to the storm drains been eliminated or permitted?				
2. Are good housekeeping practices implemented and reminders posted in appropriate locations?				
3. Are work areas and outside areas kept clean and orderly?				
4. Are garbage and waste materials collected and disposed of regularly?				
5. Is the use of less harmful (i.e., safer alternative) products promoted?				
6. Are employees trained and regularly informed of BMPs and good housekeeping practices and trained in the use of spill control materials?				

** Indicate in the "Comments" column what action will be taken to implement the BMP or that the BMP is no longer appropriate.

Name: _____
Signed: _____
Title: _____
Phone #: _____
Date: _____

Safety/Risk Management Rounds

Situation or Hazard Observed

Time & Date: _____

Department/Unit/Area (as applicable): _____

Building/location: _____

Check and/or describe Issues:

☐ **Security**

- ☐ Lack of proper facility I.D.
- ☐ Failure to lock or secure window/doors.
- ☐ _____

☐ Other/Comments: _____

☐ **Infection Control:** ☐ Improper sharps disposal _____

- ☐ Inappropriate use of Medical Red Bag waste disposal.
- ☐ Personal Protective Equipment dispenser(s) stock empty.
- ☐ Food/beverage in restricted area.
- ☐ Clean or soiled linen stored improperly. _____
- ☐ Inappropriate use of P.P.E. _____

☐ Other/Comments: _____

☐ **Personal Safety:** ☐ Failure to comply with Life Safety/Fire regulations. _____

- ☐ Obstruction of walkway, equipment stored on both sides of hall. _____
- ☐ Failure to take safety precautions. _____
- ☐ Improper chemical usage/labeling
- ☐ Failure to post warning sign
- ☐ Failure to clean up spill
- ☐ Improper lifting techniques
- ☐ Improper/lack of, use of back support

☐ Other/Comments: _____

Rounds conducted by: _____

Safety Subcommittee Reps. Signature: _____ Date: _____

_____

☐ Response requested. Return to: _____ By: _____

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LOSS CONTROL CHECKLIST

ITEM	YES	NO	N/A
Outdoor walks			
Surfaces are level			
Surfaces are free of cracks/bulges			
Surfaces are properly pitched			
Surfaces are paved			
Surfaces are properly illuminated			
Surfaces are free of debris			
Indoor Walks:			
Surfaces are level			
Surfaces are free of cracks/bulges			
Surfaces are not slippery			
Surfaces are free of highly waxed areas			
Carpets are firmly fastened in place			
Areas between carpets and other surfaces are free of gaps			
Flooring tiles are not slippery			
Terrazzo flooring is not slippery			
Marble flooring is not slippery			
Mats are available to cover terrazzo/marble flooring in case of rain or snow			
Surfaces are free of debris.			
Staircases:			
Steps are uniform and meet the design requirements of local/state codes.			
Handrails are provided			
Winding/spiral/circular staircases are not used			
Doors do not open onto staircases			
Landings are level and well designed			
Stair cases and landings are well illuminated			
Landings and staircases are free of debris			
Landings and staircases are well maintained			
Warning signs are installed in critical areas			

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ITEM	YES	NO	N/A
Balconies			
Surfaces are free of irregularities			
Surfaces are not slippery			
Carpets are fastened in place and are free of holes			
Guardrails are provided around the periphery			
The spacing between railings is limited to 4-8 inches			
Surfaces are adequately illuminated			
Ramps			
Surfaces are free of irregularities			
The slope of the ramp is 4-15 degrees			
Surfaces are paved with non-slip material			
Ramps are equipped with handrails			
Handrails are 30-34 inches above the walking surface			
Peripheral areas are free of projections			
Ramps are at least 36 inches wide			
Landings are provided at points of turning, entrance, and exit			
Parking lots			
Surfaces are smooth and free from potholes			
Surfaces are paved with weather resistant materials			
Spacing of cars is established by markers			
Wheel stops are provided for each space			
Speed bumps are properly designed			
Markings are provided in handicapped zones			
Safe access routes in parking lots are marked			
Illumination is adequate			
Bathrooms			
Surfaces are smooth			
Surfaces are free of puddles			
Surfaces are not slippery			
Tub and shower areas are equipped with grab bars			

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ENVIRONMENTAL ROUNDS SURVEY
CARE AREAS

Area Surveyed:_____
Sent to Department:_____

STAFF KNOWLEDGE	YES	NO	COMMENTS	CORRECTIVE ACTION
Employees demonstrate proper lifting techniques?				
Safety rules reviewed on a periodic basis? Date of last training?				
Emergency procedures posted and reviewed with employees?				
Employees can describe role in case of fire?				
Employees can describe role in case of disaster?				
Employees can identify location of MSDS sheets for chemicals used by department?				
Employees know what MSDS stands for?				
What sign indicates infections material?				
What is the #1 method for preventing the spread of infection?				
Employees can describe fire bell sequence for their area and adjacent areas?				
INFECTION CONTROL PRACTICES				
Personal protective equipment available? Personal protective equipment worn?				
Universal Precautions are demonstrated at all times?				
Employees wear gloves in patient rooms?				
Employees wear gloves outside patient room?				
Employees can demonstrate proper handwashing technique?				
EQUIPMENT/FACILITY MANAGEMENT:				
All patient bathing areas have grab bars?				
All patient bathing areas have functioning nurse call systems?				
Patient bathroom doors that are locked form inside have external release mechanism?				
Floor surfaces free of cracks, holes and tripping hazards?				
Lights in proper working order?				

	YES	NO	COMMENTS	CORRECTIVE ACTION
Electrical cords are in good condition, without fraying?				
All electrical equipment in patient care areas have three prong grounded plugs or double-insulated plugs?				
Are electrical outlets in good condition and properly grounded?				
Ventilators are plugged into emergency outlets?				
HOUSEKEEPING PRACTICES:				
Areas clean? Areas are orderly? Areas are safely arranged?				
Floors are dry and free of slippery material?				
Floors, furniture and walls are clean and free of spilled items?				
Employees examine linen for sharp objects before changing? (Please demonstrate)				
How do you check linen for sharp objects? (Explain)				
Clean and soiled linen are in proper areas?				
Dirty linen on floor?				
Clean linen on window sills?				
Clean linen covered on carts?				
Stairwells are clean and well lighted?				
All spills are cleaned up immediately?				
Is the refrigerator clean? Are open cans dated and not expired?				
Is equipment clean? (ie rolling stock - wheelchairs, IV poles, medication carts)				
Are sharps container removal and replaced before they are full?				
GENERAL SAFETY PRACTICES				
Heavy items are stored high and not close to sprinkler hear? (Must be 18" below sprinkler) High storage is stable?				
Storage is at least 3" above floor?				
Patient rooms and corridors are free of unnecessary equipment and obstructions?				
Exits well marked or lighted?				
Fire exits accessible?				
No fire hazards present?				
Are fire extinguishers/pulls unobstructed?				
Fire extinguishers are inspected semiannually?				

	YES	NO	COMMENTS	CORRECTIVE ACTION
Other:				

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INTERVIEW QUESTIONS FOR SAFETY/ENVIRONMENTAL ROUNDS

1. Where are your Policies and Procedures kept? Do you have a separate Safety Manual?

2. Do you employees receive annual training? (Ed Day)
   How does the Department Manager know if the employee has completed the annual training?

3. Are the employees aware of the hospital smoking policies?

4. Are the employees allowed to eat or drink in their work areas?

5. Are employees using Universal precautions? (i.e. gloves, eye protection)?

6. Are the employees of this department trained in lifting and transporting heavy objects? (i.e. patients, etc.).

7. Are the employees aware of how to properly dispose of syringes, needles, glassware? (Where applicable).

8. Are the employees of this department educated in the machinery or other items specific to the department?
   Is this policy carried out for both new employees and transfer employees?
   Is this policy carried out with the acquisition of new equipment?

9. What are two or three pieces of equipment unique to this department?

   _____

   _____

   _____

10. Are the employees aware of how they are to report faulty equipment?

11. Are the employees aware of how to obtain equipment?

12. Do the employees review, and understand the Fire Plan for your department?

13. Do the employees know the location of the fire alarms?

14. Are the employees aware of the evacuation routes for their work area?

15. Do the employees know the location and use of the fire extinguishers in this department?

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INTERVIEW QUESTIONS FOR SAFETY/ENVIRONMENTAL ROUNDS

16. Are the employees of this department trained in electrical safety precautions and procedures?

17. Are the employees aware of the locations of the emergency power outlets?

18. Do the employees know how to report potential electrical problems?

19. Are the employees of this department trained in the emergency responses to dangerous spills?

20. Do all the employees know where the MSDS is located?

21. Does anyone in your department ever need to pour chemicals of liquids from a larger to a smaller container?
    If YES: Is proper labeling used on the smaller container?

22. Are they any flammable liquids used in this department?
    If YES: Are these liquids stored in a metal cabinet?

23. Is the Disaster Plan reviewed with the employees periodically?

24. Are the employees aware of there the emergency phone of back-up communication systems are located?

25. Are step ladders used in this department?
    If YES: Do all step ladders used have non-skid surfaces on them?

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SAFETY SURVEILLANCE
ENVIRONMENTAL ROUNDS

DATE:_____

DEPARTMENT_____

INSPECTED BY_____

GENERAL

	YES	NO	ACTION TAKEN
1. Furniture and fixtures free from sharp edges			
2. Aisles and passageways are clear and provide easy movement			
3. Floors provided with non-slip surfaces			
4. Stairways equipped with standard handrails			
5. Safety treads provided on all step-stools and step-ladders			
6. Non-slip tread on stairways			
7. All electrical machinery in good condition and properly grounded			
8. Electrical cords and phone cables secured to prevent tripping hazards			
9. Employees instructed on use of machines			
10. Storage and equipment areas clean and orderly			
11. Flammable materials stored in metal cabinets			
12. No Smoking rule enforced			
13. Employees instructed in Fire Emergency procedures			
14. Fire extinguishers properly charged and free from obstruction			
15. Fire Evacuation Routes diagrammed and posted			
16. Fire escape and exit signs in working order			
17. All lights in working order			

PLANT OPERATIONS

1. Ladders in good condition, equipped with safety tread, metal ladders marked properly			
2. Electrical equipment, extension cords properly grounded			
3. Flammable liquids stored in approved containers			
4. Fire extinguishers of correct type for each location			
5. Protective equipment, devices, clothing used as required			
6. Shop areas clean and orderly			
7. Fire alarms tested regularly			

ENVIRONMENTAL SERVICES

1. Adequate and proper storage space for tools and materials			
2. Vacuum cleaners, floor polishers and other equipment in good repair			
3. Electrical tools properly grounded			
4. Floor areas blocked off when being mopped, waxed etc.			

ENVIRONMENTAL SERVICES CONTINUED	YES	NO	ACTION TAKEN
5. Proper tools used on each job			
6. Needle disposal container provided at strategic locations			

FOOD SERVICE

1. Electrical appliances in good working order and properly grounded			
2. All machinery equipped with proper guards			
3. Sharp tools handled with care and safely stored			
4. Floors, walls and ceilings free of cracks, holes or other irregularities			
5. Adequate exhaust vents on all cooking units			
6. Vents equipped with proper filters and regularly cleaned			
7. Adequate food storage to prevent contamination			
8. Hairnets or other hair covering worn			
9. Drain lines cleaned on regular basis			
10. Broken, cracked or chipped glass or china properly handled and discarded			
11. Mobile food cards in good operating condition			
12. Instruction given on proper use of equipment			
13. Hand trucks and dollies properly used			
14. Safety latch on walk-in refrigerators and freezer doors			
15. All pilot lights and dials on gas units work			
16. Pot holders available and used by cooks			
17. Stability of cafeteria tables and chairs			

NURSING

1. Furniture in patient rooms safety arranged			
2. All doors and drawers kept closed			
3. Oxygen/isolation precaution signs posted			
4. Infectious/inoperative equipment tagged/reported			
5. Defective/inoperative equipment tagged/reported			
6. Patient food trays safety arranged and handled			
7. All drugs, chemicals and acids safety handled and stored			
8. Food and medication stored separately			
9. Equipment and materials in storage rooms raised off floors			
10. Electrical equipment equipped with 3-way plugs			

LABORATORY

1. Eyebath and safety showers or equivalent devices available in high hazard areas and access clear			
2. All chemical supplies clearly labeled			
3. Needle disposal containers not overfilled			
4. Bunsen burners adjusted and safety placed			
5. Centrifuges covered when in operation			
6. Storage of flammable liquids kept in approved safety cabinet			

SURGERY

1. Oxygen and gas connections checked regularly			
2. Gas cylinders properly secured to prevent falling			
3. Cylinders removed from room when empty			
4. Electrical equipment in good condition, properly grounded			
5. Wheels locked on operating table when transferring patients			
6. Sharp instruments properly handled			
7. Autoclave doors closed when not in use			
8. Floors free of all foreign material			
9. Protective equipment, devices and clothing used as required			
10. Electrical equipment equipped with 3-way plugs			

RADIOLOGY

1. Contamination disposal procedures followed			
2. All chemical supplies clearly labeled			
3. Electrical equipment properly grounded			
4. Needle disposal containers not overfilled			
5. Wheelchairs and gurneys checked for unsafe conditions			
6. Radioactive material properly checked and stored			

RESPIRATORY THERAPY

1. All electrical machinery in good condition and properly grounded			
2. Flammable materials stored in metal containers			
3. Protective equipment, devices and clothing used as required			
4. Needle disposal containers not overfilled			
5. All "H" cylinders in gas storage room capped and chained			
6. All "E" cylinders in racks or stands in gas room			
7. All "E: cylinders in stands in all other Medical Center areas			
8. All life support equipment plugged into "RED" sockets			

CENTRAL SERVICE

	YES	NO	ACTION TAKEN
1. Protective equipment, devices and clothing used as required			
2. Flammable materials stored in metal cabinets			
3. Employees instructed on use of machines			
4. Furniture and fixtures free of sharp edges			

NON SPECIFIED

	YES	NO	ACTION TAKEN

YES = FULL COMPLIANCE NO = CON-COMPLIANCE, REQUIRES NOTIFICATION IN ACTION TAKEN

ADDITIONAL INFORMATION:

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OFFICE SAFETY CHECKLIST

Department _____ Date _____

Location _____

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	WORK ENVIRONMENT			
1	Is the facility free of environmental hazards – dust, chemicals, radiation, welding rays, excess heat or cold, or excessive noise – that result from job performance?			
2	Are all work areas clean, sanitary, orderly and adequately illuminated?			
3	Is combustible scrap, debris, and waste stored safely and removed from the worksite promptly?			
4	Is equipment that produces ultra-violet light properly shielded?			
	POSTINGS: EMERGENCY INFORMATION			
5	Are emergency phone numbers posted where they can be readily found in case of an emergency?			
6	Are fire evacuation procedures posted? NOTE: In the County of San Bernardino, emergency evacuation drills are required twice each calendar year. One drill should be during the first week in April in connection with the statewide emergency exercise.			
7	Is emergency information posted in every area where hazardous waste is stored?			
	FIRE PREVENTION/CONTROL			
8	If the facility has a non-supervised fire alarm system, is it tested bimonthly?			
9	If the facility has a supervised fire alarm system (that is, the system indicates malfunctions), is it tested yearly? NOTE: This testing includes any installed smoke detector and fire alarm systems.			
10	Do solvents used for cleaning have a flashpoint of 100 degrees F or more?			
11	Are fire doors and shutters in good operating condition?			
12	Are fire doors and shutter fusible links in place?			
13	Are fire doors and shutters unobstructed and protected against obstructions, including their counterweights?			
14	Are fire control sprinkler heads kept clean?			
15	Are automatic sprinkler system water control valves, air and water pressure checked weekly/periodically as required?			
16	Are sprinkler heads protected by metal guards when exposed to physical damage?			
17	Is proper clearance maintained below sprinkler heads?			

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	FIRE PREVENTION/CONTROL (Cont'd)			
18	Are appropriate fire extinguishers mounted, located, and identified so that they are readily accessible to employees?			
19	Are all fire extinguishers inspected and recharged regularly, and noted on the inspection tag? NOTE: Refer to the separate checklist for portable fire extinguisher inspections.			
	EXITS			
20	Are exits properly marked?			
21	Does lighting in hallways and exit signs conform to government standards? (5 foot-candles)			
22	Are there emergency power supplies for lights and exits signs? NOTE: Illuminated exit signs are required to have both bulbs functional. Emergency lighting is supposed to be tested quarterly.			
23	Are exits kept free of obstructions? NOTE: Exits start with egress routes that start at individual workstations. All egress routes must be maintained free of obstructions. Walkways must have 36 inches of clear space; main aisles and halls must have 48 inches of clearance.			
24	Are the directions to exits, when not immediately apparent, marked with visible signs?			
25	Are doors, passageways or stairways that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AN EXIT, " "TO BASEMENT," "STOREROOM," etc.?			
26	Are doors that are required to serve as exits designed and constructed so that the way of exit travel is obvious and direct?			
27	Can an exit door be opened from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?			
28	Are windows, which could be mistaken for exit doors, made inaccessible by means of barriers or railings?			
	WALKWAYS			
29	Are materials or equipment stored in such a way that sharp objects will not interfere with the walkway? NOTE: Wrinkled or worn carpeting can be a hazard to normal passage and aggravate emergency egress conditions.			
30	Are pits and floor openings covered or otherwise guarded?			
31	Are temporary barricades in place to restrict traffic around the area of any renovations?			
32	Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 36 inches above any adjacent floor or the ground?			
	STAIRS			
33	Are stair railings of standard height? (30" to 34" above stair tread surface)			
34	Does every stairway with four or more treads have a handrail?			

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	STAIRS (Cont'd)			
35	Are risers uniform in height and conform to proper height?			
36	Are standard railings provided on the open side of exposed stairs?			
37	Are all stairways at least 22 inches wide?			
38	Do stairs rise at an angle of no more than 50 degrees and no less than 30 degrees?			
39	Are stair treads designed or provided with a surface that renders them slip resistant?			
40	Where stairs or stairways are present in any area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees from stepping into the path of traffic?			
41	Where doors or gates open directly on a stairway, is there a platform provided so [that] the swing of the door does not reduce the width of the platform to less than 21 inches?			
42	Are stairway handrails capable of withstanding a load of 200 pounds, applied within two inches of the top edge, in any downward or outward direction?			
	ELECTRICAL SYSTEMS			
43	Is sufficient access and working space provided and maintained about all electrical equipment to permit ready and safe operations and maintenance?			
44	Are all cord and cable connections intact and secure?			
45	Are all disconnecting switches and circuit breakers labeled to indicate their use or equipment served?			
46	Are all unused openings (including conduit knockouts) in electrical enclosures and fittings enclosed with appropriate covers, plugs, or plates?			
47	Are switches, receptacles, etc., provided with tight- fitting covers or plates?			
48	Where extension cords are in use, do they have a grounding conductor?			
49	Are electrical appliances such as vacuum cleaners, polishers, vending machines, extension cords, etc., grounded?			
50	Are exposed wiring and cords with frayed or deteriorated insulation repaired or replaced promptly?			
51	Are flexible (extension) cords and cables free of splices or taps?			
52	Is the use of multiple plug adapters prohibited?			
	WORKSTATIONS			
53	Does the working space allow for a full range of work movements?			
54	Is the workstation designed to minimize or eliminate twisting at the waist, reaching above the shoulder, bending at the waist, static muscle loading, extension of the arms, bending or twisting of the wrist, and elevation of elbows?			

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	WORKSTATIONS (Cont'd)			
55	Are mechanical aids and equipment provided where feasible?			
56	Are all task requirements visible from comfortable positions?			
57	Is the work surface height proper and adjustable?			
58	Have actions been taken to prevent employees' hands and arms from being subjected to pressure from sharp edges on work surfaces?			
59	Are armrests and footrests provided where needed?			
60	Are wrist supports present at computer workstations?			
61	Are cushioned floor mats provided for workers who are required to stand for long periods?			
62	Where chairs or stools are provided, are they easily adjustable and suited to the task?			
63	Have computer monitors been adjusted to minimize the glare on their screens?			
64	Where there are overhead bins/cabinets, are the doors closed when access is not required and fully open when access is required?			
65	Where the workstation is equipped with a keyboard tray, does the occupant have comfortable and full access to the tray?			
66	Is all heavy equipment kept at least four (4) inches from the edge of the work surface?			
67	Have all sharp edges (that could injure employees or snag clothing) been eliminated from furniture?			
	COPY ROOM			
68	Is there at least six square feet (three feet wide by two feet deep) of space in front of the copier?			
69	Is the paper cutter safe? NOTE: This means that the guard is securely in place, the blade can be raised and lowered without resistance, the blade lock is functional, and the blade is left in the down position when not in use.			
70	Are staplers left in the normal closed (down) position when not in use and are they kept at least four inches from the edge of the work surface?			
71	Are all cabinet doors kept fully closed when access is not required?			

NOTES:

1. If you are in a County owned building, contact Facilities Management Department for corrective action(s) on identified facility deficiencies. If you are in a leased building, contact your landlord, property management company, and/or Buildings & Finance Department (of HSS). If the deficiency(ies) is/are not corrected within 60 days of identification, notify Steve Robles, Safety Officer by email. Send a courtesy copy of this notification email to Randy Frazier (for County facilities) or to David Slaughter, Real Estate Services, (for leased facilities).

2. Document corrective actions for each identified deficiency. This documentation includes (but is not limited to) who was notified and when, what corrective actions were proposed, when corrective actions were taken, if the corrective actions were only temporary, and when final corrective actions were complete. If corrective actions are not initiated within ten days of identification (and notification), record your follow-up actions.

3. Maintain this checklist (along with documentation of corrective actions for deficiencies) in the affected facility for two years *after the year in which the inspection is performed.* (If you perform the inspection in 2002, keep the checklist (and records of corrective actions for deficiencies) through December 31, 2004)

FIRE PROTECTION SYSTEM
INSPECTION CHECKLIST

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	PORTABLE FIRE EXTINGUISHERS			
1	Are portable fire extinguishers securely mounted in their designated locations? Portable extinguishers must be hung on the hanger or bracket supplied or be placed in a cabinet or wall recess. Extinguishers with a gross weight of 40 pounds or less shall be installed so that the top of the extinguisher is not more than five feet above the floor. Extinguishers with a gross weight in excess of 40 pounds shall be installed so that the top of the extinguisher is not more than 3.5 feet (42 inches) above floor. The bottom of the extinguisher must be at least four inches above the floor. (T19 CCR 567)			
2	Are portable fire extinguishers conspicuously located along normal paths of travel where they will be readily accessible and immediately available in the event of a fire? In large rooms and in certain locations, where visual obstruction cannot be completely avoided, means shall be provided to indicate the fire extinguisher's location. (T19 CCR 567)			
3	When portable fire extinguishers are stored in cabinets, are the cabinets unlocked: In facilities occupied by the County of San Bernardino, when fire extinguisher cabinets are in areas accessible to the public, the cabinets may be locked. However, the keys must be immediately available. (T19 CCR 567.2)			
4	Are all portable fire extinguishers inspected at least monthly by the building owner, occupant, or his/her authorized agent? (T19 CCR 574.1)			
5	Do monthly portable fire extinguisher inspections include all the required items? (T19 CCR 574.2) The required inspection items are: a. Is the extinguisher in the designated location? b. Is extinguisher visibility or access obstructed? c. Are the operating instructions on the nameplate legible and facing outward? d. Are the safety seals and tamper indicators present and secure? e. Does the extinguisher have obvious physical damage, corrosion, leakage or a clogged nozzle? f. Is the pressure gauge legible and is the reading or indicator in the operable range or position? g. Is the annual maintenance tag securely in place? Is it current?			
6	When an inspection of any extinguisher reveals a deficiency, is immediate corrective action taken? (T19 CCR 574.3) In County owned buildings, the extinguisher will be labeled as out of order and the deficiencies will be reported to Facilities Management Department. In leased facilities, the extinguisher will be labeled as out of service and the deficiencies will be reported to the landlord or property management company. Extinguisher deficiencies should also be reported (by email) to Real Estate Services and, if applicable, the Building & Finance Dept..			
7	Are the monthly portable fire extinguisher inspections documented? These monthly inspections can be recorded on the back of the annual service tag. This documentation can be limited to the date of the inspection and the initials of the person who performed the inspection. (T19 CCR 574.6)			
8	When the monthly portable fire extinguisher inspections identify deficiencies, are corrective actions documented? Is this documentation maintained? Documentation is required to include the name of the individual who identified the deficiency(ies), the identification of the portable extinguisher involved (by number or location), and the corrective actions taken. (T19 CCR 574.6)			

FIRE PROTECTION SYSTEM
INSPECTION CHECKLIST

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	PORTABLE FIRE EXTINGUISHERS (Continued)			
9	Are all portable fire extinguishers serviced annually? The date of the annual servicing is stamped into the perimeter of the annual service tag. If more than one year has passed since the last annual service date, contact Facilities Management Department or the landlord, as applicable. Servicing includes maintenance, recharging, and hydrostatic testing. Extinguisher servicing must be performed under a license issued by the State Fire Marshal. (T19 CCR 575)			
10	Does each portable fire extinguisher have an attached annual maintenance tag? (T19 CCR 576.1)			
	AUTOMATED FIRE EXTINGUISING SYSTEMS			
11	Where present, are automatic fire sprinkler systems inspected as least quarterly? These inspections can be performed by any person designated by the building owner or occupant. [See fire sprinkler inspection checklist] (T19 CCR 904)			
12	Where present, are automatic fire sprinkler systems serviced at least every five years? Servicing is documented by installation of a tag on the system riser. (T19 CCR 904)			
13	Are (maintenance) inspection records maintained for at least five years? These records shall include the date of the inspection, the name of the person performing the inspection, the location of the inspection, the system inspected (sprinkler, etc.), and any deficiencies identified. (T19 CCR 904.1)			
14	Where present, are standpipe systems inspected at least semi-annually and serviced every five years? (T19 CCR 904)			
15	Where present, are fixed extinguishing systems service semi-annually and immediately after system activation? This type of systems includes dry powder systems for cooking areas in kitchens and flood systems (Halon or Carbon Dioxide) for other hazardous locations. These systems must be serviced by a licensed vendor. (T19 CCR 904)			

NOTE: If you are in a County owned building, contact Facilities Management Department for corrective action(s) on identified deficiencies. If you are in a leased building, contact your landlord, property management company, and/or Buildings & Finance Department (of HSS). If the deficiency(ies) are not corrected within 60 days of identification, notify Steve Robles, Safety Officer by email. If you are in a leased building, send a copy of this email to John Yuhas at Real Estate Services.

Safety/docs/sftymnl/fire insp checklist

AUTOMATIC FIRE SPRINKLER
QUARTERLY INSPECTION CHECKLIST
(Wet Pipe Systems)

Department: _____

Address/Location _____ **Date** _____

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	FIRE DEPARTMENT CONNECTIONS			
1	Are the inlet caps present?			
2	Are the couplings undamaged?			
3	Do the couplings rotate smoothly?			
4	Are the gaskets missing or deteriorated?			
5	Does the clapper valve close completely?			
6	Are the connections visible or are there exterior obstructions?			
7	Is there a sign to indicate the "Fire Department Connection"?			
	CONTROL VALVES			
1	Do the valves leak?			
2	Are the valves open and secured?			
3	Are the control valves visible or are they obstructed?			
4	Is the Post Indicator Valve (PIV) in the open position? Is the handle locked so that the valve cannot be closed?			
5	Is the Roadway Valve and/or Operating Stem and Yoke (OS&Y) valve open? Are they locked or chained in the open position? NOTE: At some facilities, only a PIV will be accessible or there may not be a PIV and the OS&Y valve will be above ground.			
	RISER			
1	Does the riser leak?			
2	Is the riser visible or is it obstructed?			
3	Is the riser bracing damaged?			
	GAUGES			
1	Are the gauges damaged?			
2	Are the gauge valves open?			
3	Record the system pressure.			
4	Record the supply pressure.			
	SPRINKLER HEADS			
1	Are any sprinkler heads damaged, leaking, corroded, or painted?			
2	Is there anything to obstruct the flow from any sprinkler heads? NOTE: This means that there must be a clear space of at least 18 inches below and around each sprinkler head.			
3	Are extra sprinkler heads and the proper wrench available? NOTE: In an office occupancy, the sprinkler heads should all be stamped "135 degrees". The wrench must fit the sprinkler heads.			
4	Are the extra sprinkler heads the same rating as in the system?			
	RESERVOIR			
1	If present, inspect for damage and/or leaks.			

AUTOMATIC FIRE SPRINKLER
QUARTERLY INSPECTION CHECKLIST
(Wet Pipe Systems)

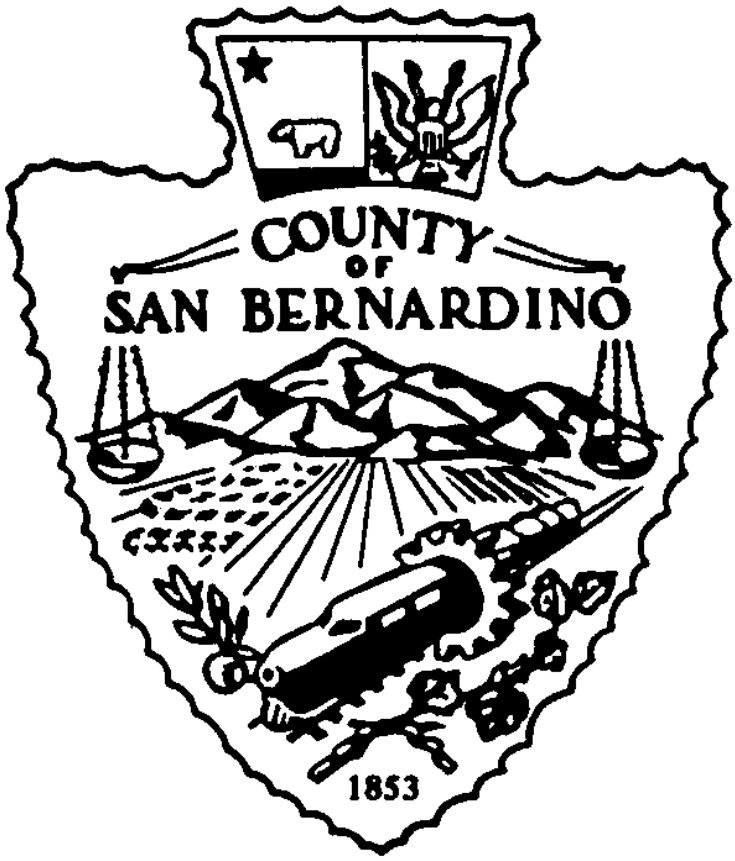
ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	ALARMS AND TESTS			
1	Is the sprinkler and/or fire alarm system remotely monitored? If the system is remotely monitored, does the Emergency Action Plan include the alarm monitoring company on the list of telephone numbers? If the system is NOT remotely monitored, does the Emergency Action Plan assign someone (and an alternate) to dial 911?			
2	Test the water flow alarms by opening the Inspector's Test valve. NOTES: 1. If the system is remotely monitored, call the alarm monitoring system BEFORE you open the valve. Ensure that the water flow gong operates. If the system is remotely monitored, ensure that the monitoring company gets a water flow alarm signal. 2. Ensure that the Inspector's Test drain will drain to the outside. If the pipe ends inside the building, connect a hose to the end of the pipe and extend the hose out of the building.			
	STANDPIPES			
1	Where there is only a hose connection (no hose), is the pipe capped, is there a gasket under the cap, are the hose connection threads in good condition, and is there a valve handle?			
2	Where there is only a hose connection (no hose), is the standpipe visible or is it obstructed?			
3	Where there is a hose, is it damaged by cuts, mildew, abrasion(s) or deterioration?			
4	Where there is a hose, is there also a nozzle that is connected to the hose? Is the nozzle gasket in good condition?			
5	Where there is a hose, is the hose rack or reel easy to move? Has it been damaged? Is the hose properly racked or rolled? Is the hose rack obstructed?			
6	If the hose reel or rack is in a cabinet, is the cabinet easy to open? Is the cabinet marked to indicate that it has fire suppression equipment?			
7	Are there any leaks in the standpipe plumbing, valve, connection, hose, etc.?			

NOTES:

1. If you are in a County owned building, contact Facilities Management Department for corrective action(s) on identified deficiencies. If you are in a leased building, contact your landlord, property management company, and/or Buildings & Finance Department (of HSS). If the deficiency(ies) is/are not corrected within 60 days of identification, notify Steve Robles, Safety Officer by email. Send a courtesy copy of this notification email to Randy Frazier (for County facilities) or to David Slaughter, Real Estate Services, (for leased facilities).
2. Document corrective actions for each identified deficiency. This documentation includes (but is not limited to) who was notified and when, what corrective actions were proposed, when corrective actions were taken, if the corrective actions were only temporary, and when final corrective actions were complete. If corrective actions are not initiated within ten days of identification (and notification), record your follow-up actions.
3. Maintain this checklist (along with documentation of corrective actions for deficiencies) in the affected facility for five years *after the year in which the inspection is performed.* (If you perform the inspection in 2002, keep the checklist (and records of corrective actions for deficiencies) through December 31, 2007).

Safety/docs/sftymnl/fire sprinkler checklist

Accident Investigation



ACCIDENT INVESTIGATION PROCEDURE

SCOPE

This section establishes the County of San Bernardino procedure for Accident Investigation. It provides information and guidance on the process of an investigation which is to be used by County departments in preparing individualized programs. The program identifies documentation, communication, and training necessary to ensure the health and safety of County employees. **This procedure sets forth minimum standards for all County departments**. Individual departments may implement more stringent standards. Copies of department-prepared programs are to be provided to Risk Management Division/Safety Section upon request, as well as included in the immediately following divider labeled "Department Program".

PURPOSE

Title 8, California Code of Regulations, General Industry Safety Orders, Section 3203 requires an investigation and review of investigations of accidents and incidents resulting in occupational injury, occupational illness, or occupational exposure to hazardous substance or agents.

INTRODUCTION

Among the first responses by a supervisor to an accident must be to begin an **Accident Investigation**. Placing priority on learning as much as possible about **why** an accident happened will help **prevent** similar occurrences in the future.

Accident and near miss investigation is a key element in prevention of occupational illness/injury/exposure and are the result of an inappropriate act on the part of an employee. To a lesser extent, work place hazards and unsafe conditions/practices contribute to illness/ injury/exposure incidents.

Accident and near miss investigation on the part of a supervisor will uncover unsafe work practices, work place hazards and unsafe conditions, and identify employee training needs, all of which are essential elements of illness/injury/exposure prevention.

RESPONSIBILITY

Individual supervisors are responsible for conducting an investigation or inquiry into all occupational illness/injury/exposure incidents and "near miss" situations that occur within their area of responsibility.

Individual departments are responsible to assure that supervisors conduct and document investigations, as well as develop a practice whereby investigation reports are reviewed on a regular basis by department management, safety committees and other appropriate individuals.

ACCIDENT INVESTIGATION GUIDELINES

When a person is injured, the supervisor must obtain medical help for the employee, protect other employees from injury if a hazard still exists, and take immediate action to correct an existing hazard. The supervisor shall complete and send to Risk Management the Employer's Report of Occupational Injury or Illness (see page 151 and 152 of the County of San Bernardino Employee Safety and Health Manual or Risk Management Division Reporting Procedures for further instruction). In addition, an Occupational Illness/Injury Investigation Report should be completed. A master copy of this report is included as Page 37 of this program.

INVESTIGATION QUESTIONS

1. A determination is to be made as to whether or not the employee was performing assigned duties when the incident occurred.

2. Was the employee trained in the safe method to perform the job?

3. Was the job being performed according to established practices and training?

4. Is training documented?

5. Was a hazardous work place condition either the cause or contributing factor in the incident?

6. An investigation is to be conducted as soon as possible after the incident. In no case is the

investigation to be delayed more than 24 hours.

The process of accident investigation involves three phases: **PHASE I, immediate fact-finding** and **PHASE II,** evaluation and **PHASE III,** identification of cause.

Gathering facts and documenting causes of accidents provides a department with resources that will help prevent costly accidents and injuries in the future. The basics for immediate fact-finding consist of six questions:

PHASE I

WHO? Get names, locations, and phone numbers for all individuals on the scene: both victim(s) and witness(es).

WHAT? Try to ascertain exactly what happened...what people were doing immediately prior to the accident...what went wrong...what was done in the immediate aftermath that either minimized or maximized injury or damage.

WHY? Ask why people did what they did...why they were doing them in the way that precipitated the accident...why conditions were such that the accident occurred.

WHEN? Pinpoint the sequence of events during the accident and record the precise time and date it occurred.

WHERE? Carefully define, or create a diagram of the accident scene, if appropriate, and place all elements of the accident, each participant, victim(s) and witness(es), within the diagram.

HOW? Have each participant provide a statement as to how the accident occurred and how the accident could have been prevented.

PHASE II

Once a clear understanding of the components of the accident are gathered, the evaluation phase of the investigation can begin. NOTE: Evaluations are based on the answers from PHASE I, therefore, it is imperative to do everything possible to ensure the accuracy of the answers required of Phase I.

An evaluation should center on the search for answers to the following questions:

- Was there anything at the accident scene to indicate that a lack of housekeeping or order contributed to the accident?
- Did environmental conditions contribute to the accident? Temperature extremes? Hazardous materials? Water? Noise? Lighting? etc...
- Was the physical layout or design of the facility/worksite and its contents adequate for the job that needed to be done?
- Were there adequate procedures and rules developed to deal with this process or task?
- Were employee(s) adequately trained in the correct procedures?
- Did employee(s) have the skills to perform the task?
- Could the accident have been avoided by a more appropriate act on the part of the involved employee?
- Was Personal Protective Equipment available to the injured employee(s)?
- Did the employee(s) recognize that a hazard existed?
- Did the employee(s) use the proper equipment to do the job?

- Was the injury due to a previous injury or illness, or a current health condition?

PHASE III

The sole purpose of accident investigation is to identify the CAUSE of the incident, that is, what could have been done differently to have prevented the incident.

ACCIDENT INVESTIGATION FOLLOW-UP

After an investigation is performed and the cause of the accident is determined, it is imperative that a supervisor take steps to ensure the same type accident does not occur again. Supervisor must constantly monitor the workplace and work practices to assure the remedy is doing what it is supposed to do.

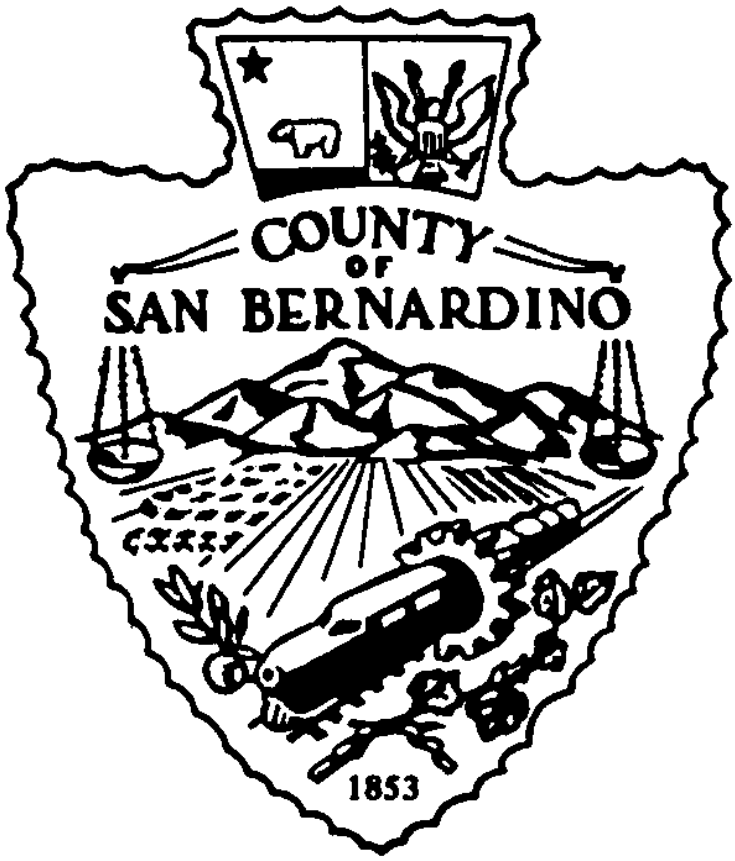
safety/docs/sftymnl/master/accinvest.doc

County of San Bernardino
OCCUPATIONAL ILLNESS/INJURY INVESTIGATION REPORT

Employee Name:	Department:
Reporting Supervisor:	Telephone Number:
Street Address Where Incident Occurred:	
Where, at the above address, did the accident occur? (Use reverse side, if necessary or appropriate, to draw a diagram or give a detailed description of the accident scene below. Do not repeat street address.)	
Explain exactly what occurred::	
What has or will be done to prevent further like-accidents?	
Explain what employee was doing when accident occurred:	
If employee activity was inappropriate, why was task done in the manner?	
Was employee performing task as trained?	
What training has been documented for injured employee as to correct way to perform the particular task?	
If applicable, why was employee not using protective clothing or equipment?	
Is employee retraining necessary?	
If no, why not?	
If yes, when will it be completed?	
Witnesses to the accident:	
1.	
2.	
3.	
Safety Committee recommendation:	
Department Head Signature:	
Safety Committee Review Date:	

SAFETY/DOCS/SFTYMNL/MASTER/ACCINVEST.DOC

Fire/Emergency Evacuation



COUNTY OF SAN BERNARDINO

EMERGENCY ACTION & FIRE PLAN

SEPTEMBER 2000

COUNTY OF SAN BERNARDINO
EMERGENCY ACTION & FIRE PLAN

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COUNTY OF SAN BERNARDINO EMERGENCY ACTION AND FIRE PLAN

SCOPE

Title 8, California Code of Regulations, General Industry Safety Orders, Section 3220, requires all California Employers to formulate and implement a written Emergency Action Plan. Similarly, Section 3221 of the above referenced regulations requires all California employers to formulate and implement a written Fire Plan.

Recognizing that individual departments require differing degrees of Emergency Preparedness and Fire Prevention Planning, this procedure includes minimum elements required in individual department written documents.

Each San Bernardino County operating location must prepare, implement and maintain two written documents; the first identified as an Emergency Action Plan, and the second identified as a Fire Plan.

PURPOSE

Title 8, California Code of Regulations, General Industry Safety Orders, Section 3220 specifically requires the following:

1. A written program which must include elements indicated in 2 through 9 following:
2. Emergency escape procedures and emergency route assignments;
3. Procedures to be followed by employees who must remain during initial stages of an evacuation to complete critical activities;
4. Procedures to account for all employees when an emergency evacuation has been completed;
5. Rescue and medical duties for those employees who are to perform them;
6. The means of reporting fires and other emergencies;
7. A description of the alarm system, alarm procedure, or emergency evacuation notification procedure;
8. Emergency procedures to be followed in specific circumstances;
9. Employee emergency training: a) when the emergency plan is initially implemented; b) when employees are initially assigned to the work location; c) when the written procedure is changed.

Title 8, California Code of Regulations General Industry Safety Orders, Section 3221, specifically requires the following:

1. A written program which must include elements indicated in 2 through 5 following:
2. Identification of potential fire hazards and proper handling and storage procedures, potential ignition sources and their control procedures, and the type of fire protection equipment or systems which can control a fire involving them;
3. Names, job titles, or other designation of individuals responsible for maintenance of equipment and systems installed to prevent or control ignitions or fires;
4. Housekeeping procedures to insure that accumulations of combustible materials and residues do not exist, and to insure that access to fire suppression equipment is clear of obstructions;
5. Employee fire prevention training to include the nature of hazards in the workplace, methods and responsibilities for fire suppression equipment maintenance, and fire extinguisher training where employers are expected to use such equipment.

RESPONSIBILITY AND AUTHORITY

County of San Bernardino, Board of Supervisors Policy Number 09-07 establishes that Assistant County Administrators, Department Heads and Directors of Board Governed Special Districts are the responsible individuals for implementation and maintenance of the Occupational Illness and Injury Prevention Program.

County of San Bernardino, Board of Supervisors Policy Number 08-01 and Standard Practice 08-01SP establishes that County Safety Coordinators shall administer Building, Safety and Security Plans, coordinate Emergency Evacuation Plans, Department Emergency Operation Plans, Building Security Plans, Fire Plans and Safety Procedures.

MINIMUM ACCEPTABLE REQUIREMENTS

The following includes the minimum elements to be included in Emergency Action Plans which are required to be prepared for every manned work site under authority of the San Bernardino County Board of Supervisors.

1. A written description of the following levels of emergency response for a specific worksite and the emergency responses required of employees for each level of emergency

   A. Minor Emergency

   B. Moderate Emergency

   C. Major Emergency

2. A floor plan and exit diagram which identifies the location of the following:

   A. Alarm system pull stations

   B. Utilities turn off locations

   C. Fire extinguishers and other suppression equipment location

   D. First aid kits

   E. Emergency equipment

3. A list identifying by name and location persons who will require assistance to evacuate.

4. An emergency telephone list.

5. A written description of the selected evacuation assembly area and role call procedure.

6. A list of first aid and CPR trained personnel.

7. A procedure for obtaining keys that may be necessary during an emergency.

8. Copies of material Safety Data Sheets for all substances at the work site - MSDS' are to be included in the worksite written Hazard Communication Program.

9. A written description of emergency notification procedures.

10. A description of alarm procedures and expected action on the part of all staff members.

11. Identification of employees who might be required to delay their evacuation in the event of an emergency to perform critical activities, a description of those activities and specific instructions as to the timing of their ultimate evacuation.

12. Notification and communication procedures between the County and County Safety Coordinators, Department Management/Supervision, Risk Management Division, Facilities Management, as well as other emergency response agencies.

SECTION I

GENERAL INFORMATION

This section and Section II contain background information. They should be reviewed ***before*** developing a Facility Emergency Action Plan. In a real emergency, County Safety Coordinators and Management should already have a working knowledge of this section and immediately refer to Section 6 of the San Bernardino County Employee Safety and Health Manual for their complete department specific Action Plan.

EMERGENCY RESPONSE TEAMS

A key element in any emergency response plan is having an adequate number of trained individuals who can respond and manage common emergencies. Specifically trained employees should be used. Action begins with the discovery of an emergency and ends when there is no longer an immediate threat to life or property, or when

initial responders are relieved by higher authority or professional emergency response personnel.

Initial Training:

Selected response employees should receive training necessary to enable them to accomplish their duties. Training should include First Aid, Cardio-Pulmonary Resuscitation (CPR), Hazard Assessment, Search and Rescue, Evacuation Procedures, and Fire Suppression.

Ongoing Training:

To maintain skills, employees should attend re-certification classes for First Aid and CPR. In addition to attending these classes, emergency team personnel should meet periodically throughout the year to remain prepared for emergencies that may occur at their work site.

PHASES OF EMERGENCY ACTION

BEFORE THE EMERGENCY

- Prepare Plans
- Conduct or Schedule Training
- Conduct Drills
- Educate Employees
- Provide for Equipment & Resources

DURING THE EMERGENCY

During an emergency, trained employees will respond to and take charge of the situation. Actions will be guided by the Emergency Action Plan developed specifically for each facility in consultation with Department Heads, Managers, and Safety Coordinators.

AFTER THE EMERGENCY

All emergency equipment should be restored to full operational status and the Emergency Action Plan should be reviewed against the situation to determine if changes are needed.

LEVELS OF EMERGENCY RESPONSE

There are three basic degrees of emergency response based on the **severity** of the situation and the availability of local resources to provide assistance.

MINOR EMERGENCY

These are non-life threatening situations handled by in-house resources with assistance from appropriate outside responders. Examples include:

- Power Failure.
- Interior flooding from water leaks or pipe breaks.
- Minor smoke accumulations from cooking or other sources when there is no fire.
- Minor disruptions following earthquakes where there was no physical damage or injuries.
- Entrapments such as stalled elevators.

MODERATE EMERGENCY

These include situations that involve moderate to severe and/or life threatening emergencies, including events involving significant property damage. Trained employees have major involvement in these situations as well as external resources such as fire, medical and/or law enforcement agencies. The Department Head, Manager or Safety Coordinator will usually be in charge. Examples include:

- Medical emergencies involving respiration, choking, bleeding, etc.
- Minor fires and smoke accumulations.
- Bomb threats.
- Moderate disruptions following earthquakes where there was limited physical damage and/or injuries.
- Evacuations.
- Minor hazardous materials emergencies.
- Minor flood.

MAJOR EMERGENCY

These are situations which overwhelm facility resources and possibly local fire, medical and/or law enforcement agencies. This type of situation may be managed from an Incident Command Post or in the event of a large disaster, from the County Emergency Operations Center. Examples include:

- Multiple medical casualties.
- Major fire.
- Hazardous smoke or chemical release.
- Explosions.
- Major disruption following large earthquakes producing physical damage and/or injuries.
- Major flood.

ROLES AND RESPONSIBILITIES

This section describes roles and responsibilities of individuals and/or departments who may have a direct role in an emergency response.

RISK MANAGEMENT DIVISION

County-wide administration of the Safety/Loss Prevention Program is the responsibility of Risk Management Division, Safety Section.

Responsibilities:

- Oversees the County-wide Safety/Loss Prevention Program.
- Assists in establishing training criteria and monitoring employee participation.
- Provides guidance, training, and technical support to departments and Safety Coordinators in the preparation, revision, and implementation of evacuation and fire plans.
- Assists Management in development, testing, and evaluation of emergency plans, procedures and drills.
- Consults with Management to mitigate problems identified through development of Facility Emergency Action and Fire Plans.

GROUP/DEPARTMENTS HEADS

Group/Department Heads are responsible for providing a safe and healthy workplace for employees. In doing so, they must also prepare for emergencies that may occur in the workplace. Although they may appoint others to manage specific aspects of emergency preparedness, they bear the ultimate responsibility for promoting and supporting emergency preparedness within their area of responsibility.

Responsibilities:

- Appoints an individual to act as department County Safety Coordinator, who is in a position to know the department and its special needs and has the authority to speak for the department head or manager in making decisions regarding the department safety program.
- Provides adequate funding for departmental emergency response supplies and training.
- Ensures that programs and procedures mandated by regulations, the California Labor Code and San Bernardino County Board of Supervisors policy relative to Emergency Action, Emergency Preparedness, and Fire Prevention are developed and implemented.

SAFETY COORDINATORS

The Safety Coordinator is at the center of emergency planning, communication and decisions for the facility in the event of an emergency. Safety Coordinators must have the authority to carry out their responsibilities and have a basic understanding of emergency response procedures. Safety Coordinators are appointed by Group/Department Heads. Depending on the size of the facility, one or more Alternate Safety Coordinators should be designated. In multi-department facilities, Department Safety Coordinators should meet to choose a Building Safety Coordinator.

Responsibilities:

- Writes, or assures the preparation of, and implements, an Emergency Action Plan.
- Writes or assures preparation of the department or facility Fire Plan.
- Ensures that evacuation plans are posted within the facility.
- Maintains regular contact with employees assigned emergency duties.
- Establishes training criteria and monitors employee participation.
- Monitors each facility where department, employees are working to ensure that there are an adequate number of trained personnel to carry out emergency response.
- Monitors each facility where department, employees are working to ensure that there are an adequate number of trained personnel to carry out emergency response.
- Functions as the facility or department point of contact during a disaster, major emergency or evacuation of the facility.
- Completes program audits.
- Makes the decision to evacuate and subsequently reoccupy a facility. This decision is normally made in coordination with local response agencies, such as fire and law enforcement personnel and management.
- Ensures that employees have been advised of the facility plan and other emergency procedures.
- Maintains the Emergency Action Plan insofar as accuracy and effectiveness.
- Conducts post-incident reviews of the Emergency Action Plan.
- Maintains central records for administration of the Emergency Action Plan,(i.e. training, active and inactive members, drills, facility plans, etc.).
- Coordinates with Risk Management Division/Safety Section, Agency/Department Heads and others to facilitate training, and Emergency Action, Fire Plan implementation.

DESIGNATED EMPLOYEES

Employees appointed to support the Emergency Action Plan should be conscientious, have good communication skills, be physically capable of performing necessary tasks and hold positions that do not routinely require their absence from the facility.

Responsibilities:

- Be familiar with the Emergency Action Plan, locations of emergency equipment and shut-off procedures for utilities at the facility.
- Report to the Safety Coordinator for instructions during emergencies.
- Maintain the required level of preparedness by actively participating in re-certification training classes (i.e. CPR and First Aid), regularly scheduled meetings and drills and all other related training and activities.

ALL COUNTY EMPLOYEES

Employees have certain duties and responsibilities concerning emergencies at the workplace.

Responsibilities:

- Become familiar with facility exits, both regular and alternate.
- Become familiar with the Emergency Action Plan.
- Become familiar with the Fire Plan.
- Know where the emergency assembly areas are located and be prepared to report to them when directed to do so.
- Know how and to whom to report emergencies (Supervisor, Manager, Safety Coordinator, etc.).

- During an emergency, follow instructions of the Safety Coordinator and the trained staff of employees.

SECTION II

WRITING A FACILITY EMERGENCY PLAN

Department Heads, Safety Coordinators and selected employees should work together to develop and write an Emergency Action Plan for the facility. This section contains instructions for completing this process. Examples are provided to illustrate format and content that is to be used for all County facilities.

Individual Emergency Action Plans should be modeled after examples on the following pages.

GETTING STARTED

Review Section I before writing an actual facility plan. It explains roles and responsibilities of those who are involved and provides general guidance in how to address a variety of emergencies.

INSTRUCTIONS

The following pages are examples of the material required in an Emergency Action Plan. The instructions for completing a page are included on each page. Examples include:

- Title Page - fill in facility name, street address and city.
- Introduction - use the copy supplied. It is the same for all County facilities.
- Table of Contents - organize the plan as listed in this example.
- Emergency Telephone Numbers - contains a list of the numbers needed.
- Emergency Response Personnel - Safety Coordinator and other specifically trained or identified County employees.
- Facility Site Plan - first of several drawings needed. Provides a bird's eye view of the facility and immediate surroundings.
- Facility Floor Plan(s) - illustration of interior features of the facility. Also includes emergency equipment.
- Command Post - Staging and Evacuation Assembly Area Plan - add this information to the "Facility Site Plan" drawing.
- Utility Shut-offs - list this information on a floor plan drawing.
- Emergency Procedures - insert facility specific procedures here.

In preparing an Emergency Action Plan, coordinate as necessary with those agencies that may respond to the facility in an emergency, i.e.: local police, fire and emergency medical personnel. In-house resources should include Facilities Management, County Fire Personnel, Office of Emergency Services, and Risk Management/Safety Section.

When you have completed the Emergency Action Plan and Fire Plan for your facility, office, or department place this document in Section 6 of the County of San Bernardino Employee Safety and Health Manual and place the Action Plan at the yellow tab following Section 6 labeled Department Program.

NOTE: If there are questions regarding development of an Emergency Action Plan contact Risk Management Division/Safety Section.

COVER

EXAMPLE

FACILITY
EMERGENCY ACTION PLAN

For

_____
(Facility Name)

_____
(Address)

_____
(City)

INTRODUCTION

INSTRUCTIONS

The example below includes information that is to be included in an Emergency Action Plan as the first page following the cover.

EXAMPLE

This is the Facility Emergency Plan for (your facility).

The information in this Plan is to be used by the Safety Coordinator, Department Managers, Supervisors and other trained employees in responding to a disaster/emergency at this facility.

This Plan contains:

- Names and phone numbers of people/agencies to call for assistance.
- Facility drawings showing floor plans, emergency equipment locations, utility shutoffs, hazardous materials and staging areas for responders and evacuees.
- Procedures developed specifically for this facility.
- Since this Plan is a preparedness document, all sections are intended to be read and understood before an emergency. Upon the occurrence of a major emergency or disaster, the plan becomes an emergency management guide.
- Because names and telephone numbers frequently change, this Plan is reviewed on a regular basis and updated as often as necessary.

WHEN TO USE THIS PLAN

This Emergency Action Plan should be used during situations that require immediate response to save lives or property as a result of an emergency or disaster at this facility. Consider this Plan to be officially activated when:

- Serious or life threatening injury occurs.
- Fire or smoke is discovered in the facility.
- Evacuation of the facility is required.
- Natural events such as a storm or earthquake have damaged the facility or threatened the health and safety of its occupants.
- External sources of toxic fumes or smoke from a nearby accident or fire may enter the facility.
- Whenever the Department Head or Safety Coordinator believe it is necessary to do so.

TABLE OF CONTENTS

INSTRUCTIONS

Organize your plan according to the contents list below.

1. Introduction
2. Emergency Telephone Numbers
3. Emergency Response Personnel
4. Facility Site Plan
5. Floor Plan(s)
6. Specific Facility Emergency Action

EMERGENCY TELEPHONE NUMBERS INSTRUCTIONS

This should be Page 2 in the Emergency Action Plan. Before listing specific phone numbers and the name of the company or agency, verify that they are the correct response agencies for a particular facility.

The items most likely to change on this page are the names of the Safety Coordinator and the alternate. For that reason, the information must be routinely checked for accuracy and updated as needed.

EXAMPLE:

Name of facility:_____

Address:_____

Phone:_____

FACILITY MANAGER: (Name)

(Department & where located)

(Work and possibly other phone number)

ALTERNATE MANAGER: (Name)

(Department & where located)

(Work and possible other phone number)

EMERGENCY TELEPHONE NUMBERS

Fire Department - (Name of)	911
Police Department - (Name of)	911
Paramedics/Ambulance	911
Poison Control	xxx-xxxx
Suicide & Crisis-24 hours	xxx-xxxx

UTILITY COMPANIES

Gas Co:_____Ph_____

Electric Co_____Ph_____

Water Co._____Ph_____

Telephone Co._____ _Ph_____

Other_____Ph_____

COUNTY NUMBERS

Facilities Management_____

Communications_____

Fire Marshal_____

Risk Mgmt/Safety Office_____

Haz Mat_____

Emergency Services Division_____

OTHER EMERGENCY TELEPHONE NUMBERS

Department Head (work and home)

_____

Division Head (work and home)

_____

EMERGENCY RESPONSE PERSONNEL

Instructions

This should be Page 3 of the Emergency Action Plan. Below is a list of the information that should be included and a suggested format. Since the information on the page is very likely to change periodically, it should be updated as often as necessary.

REQUIRED INFORMATION

SAFETY COORDINATOR:
(Name)_____

(Location)_____
(Office and possible other phone numbers)

ALTERNATE SAFETY COORDINATOR:
(Name)_____

(Location)_____
(Office and possible other phone numbers)

TRAINED EMPLOYEE TEAM MEMBERS

(Name and Location....Role....Phone No.)

(Name and Location....Role ...Phone No.)

(Name and Location....Role....Phone No.)

(Name and Location....Role....Phone No.)

(Name and Location....Role....Phone No.)

safety/docs/sftymnl/master/1eplan.doc

FACILITY SITE PLAN

INSTRUCTIONS

The facility Site Plan should be Page 4 of the Facility Emergency Plan. Include on the drawing:

- The outside perimeter of the facility.
- Parking lots, sidewalks and open areas.
- Other buildings in the immediate proximity of the facility.
- The Command Post.
- The Emergency Staging Area.
- The Evacuation Assembly Area
- An arrow pointing North.

When a facility is evacuated, occupants must be moved to safe locations. When determining these locations, take into account traffic, emergency vehicle routes, and hazards such as toxic smoke, fumes, and overhead power lines.

Like the rest of an Emergency Action Plan, this drawing may require updating. Be alert to:

- Additions to the building that change Its basic shape.
- Modifications to parking lots, sidewalks and open areas.
- Construction of new buildings in the immediate proximity of the facility.

FLOOR PLAN INSTRUCTIONS

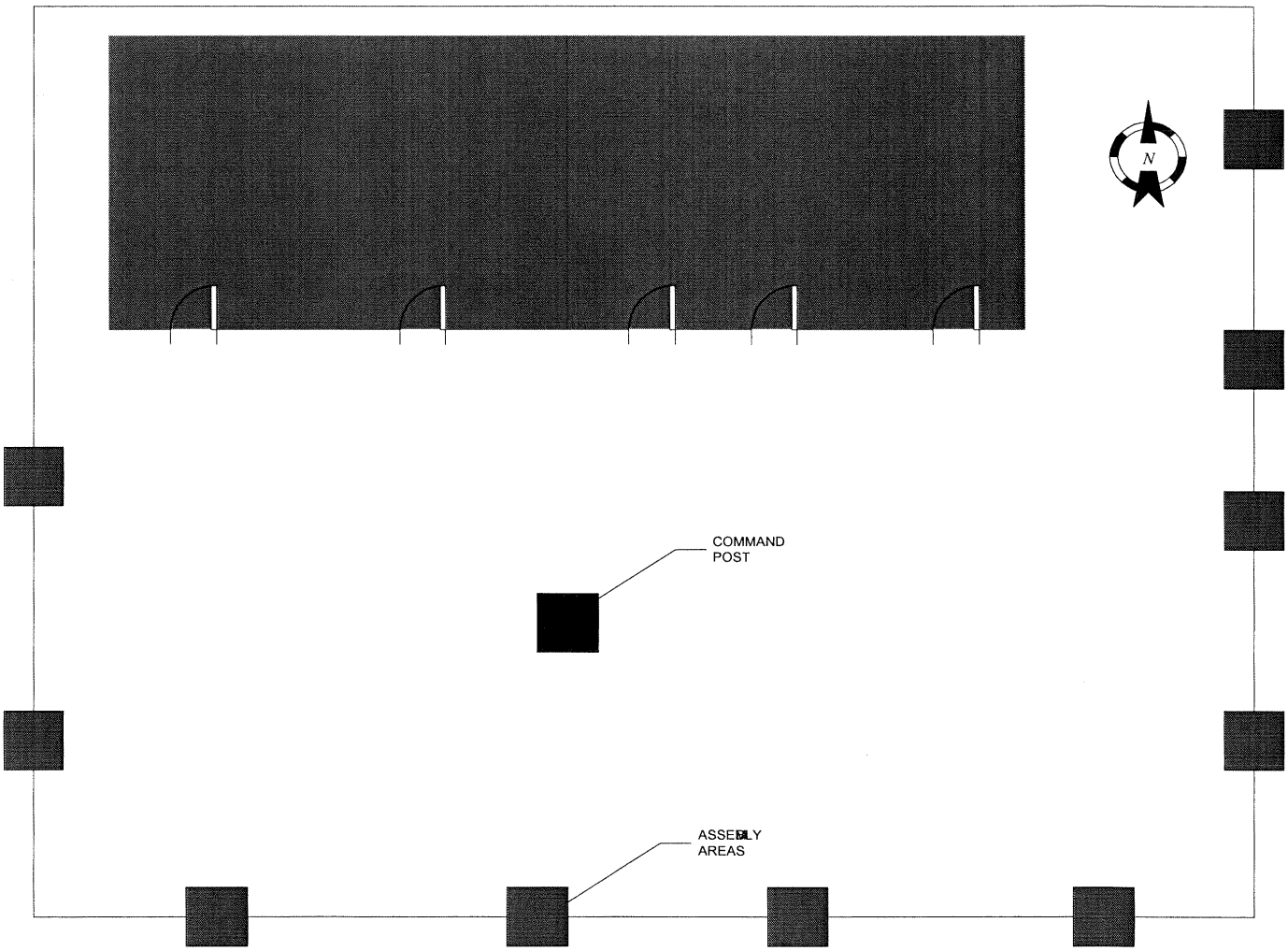
Floor Plan(s) should show emergency related items inside of the building. Include:

- Hallways, aisles, exits
- Elevators and stairs
- Fire hoses and extinguishers
- Fire alarm pull stations
- First Aid Kits & Trauma Kits
- Utility shut-offs. A Facilities Management individual will identify the location of these switches and valves.
- Exit Routes

Depending upon the size of a facility and the number of unique or different floors, it may be necessary to provide several floor plan pages. Each page should be readily identified and drawn to the same scale. It is often helpful to identify major rooms by name or room number.

A detailed drawing will greatly assist any responders to an on-site emergency. For anyone not familiar with the facility, it can show the location of the emergency. A drawing can also be used to keep track of emergency activities such as searches.

Facilty Site Plan



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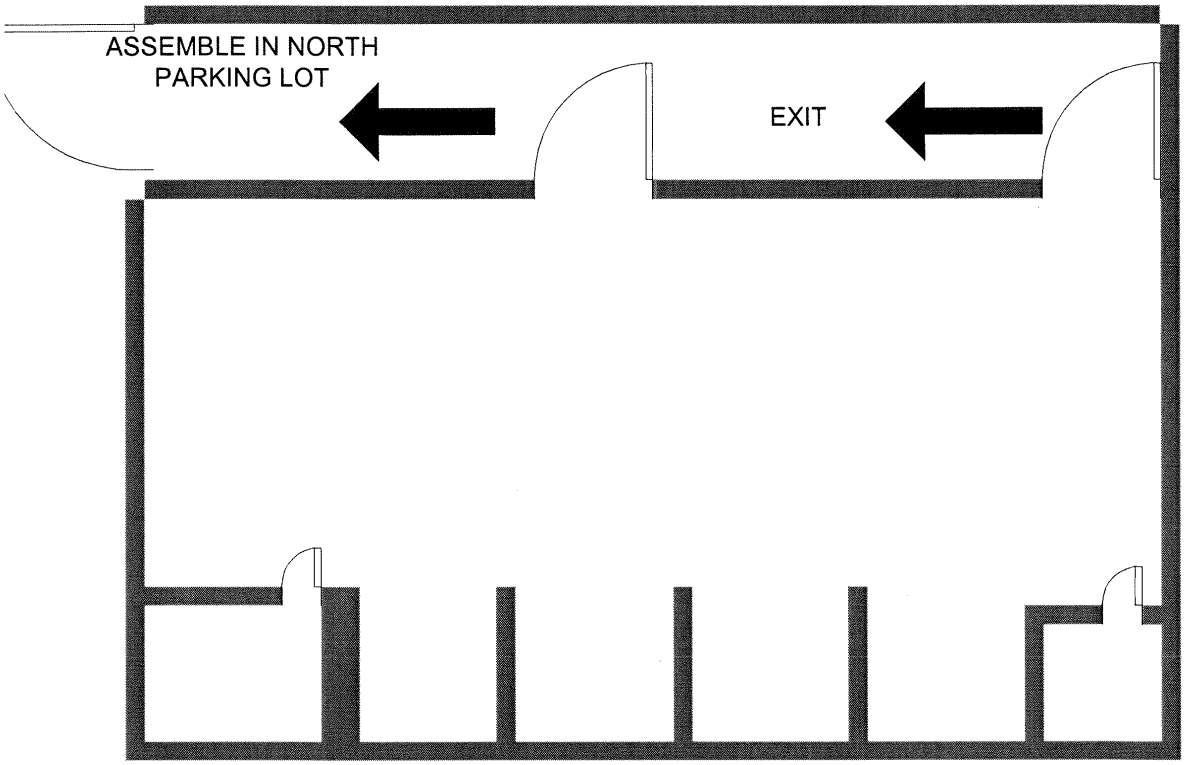
BASIC FLOOR PLAN



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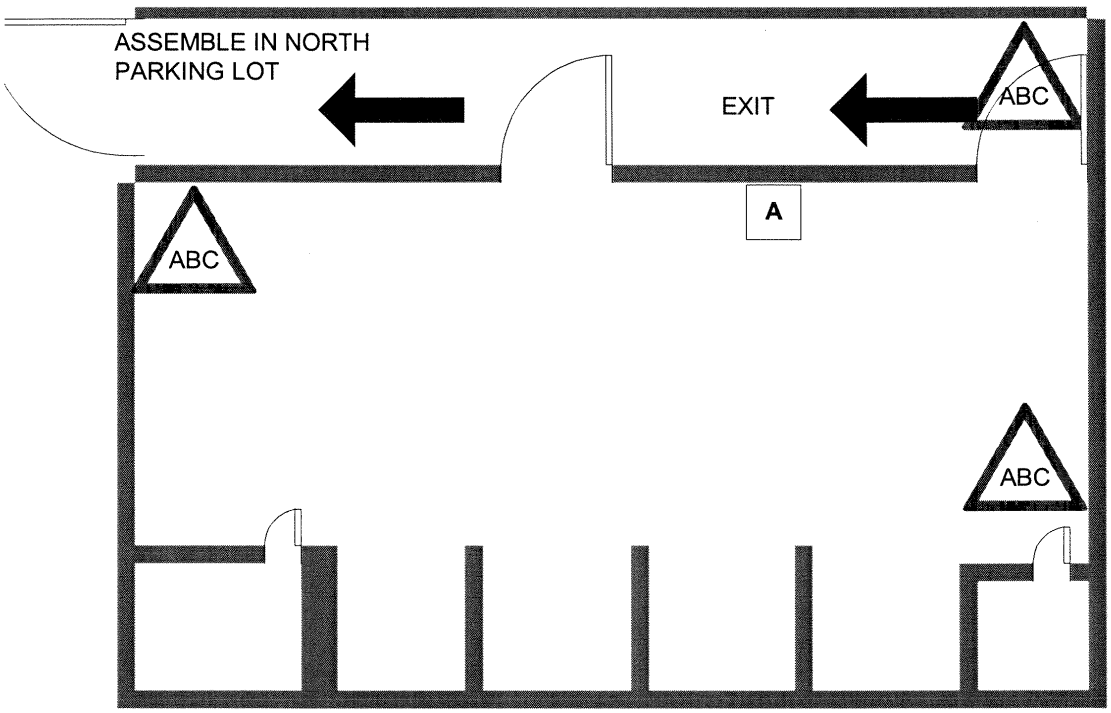
ENHANCED FLOOR PLAN



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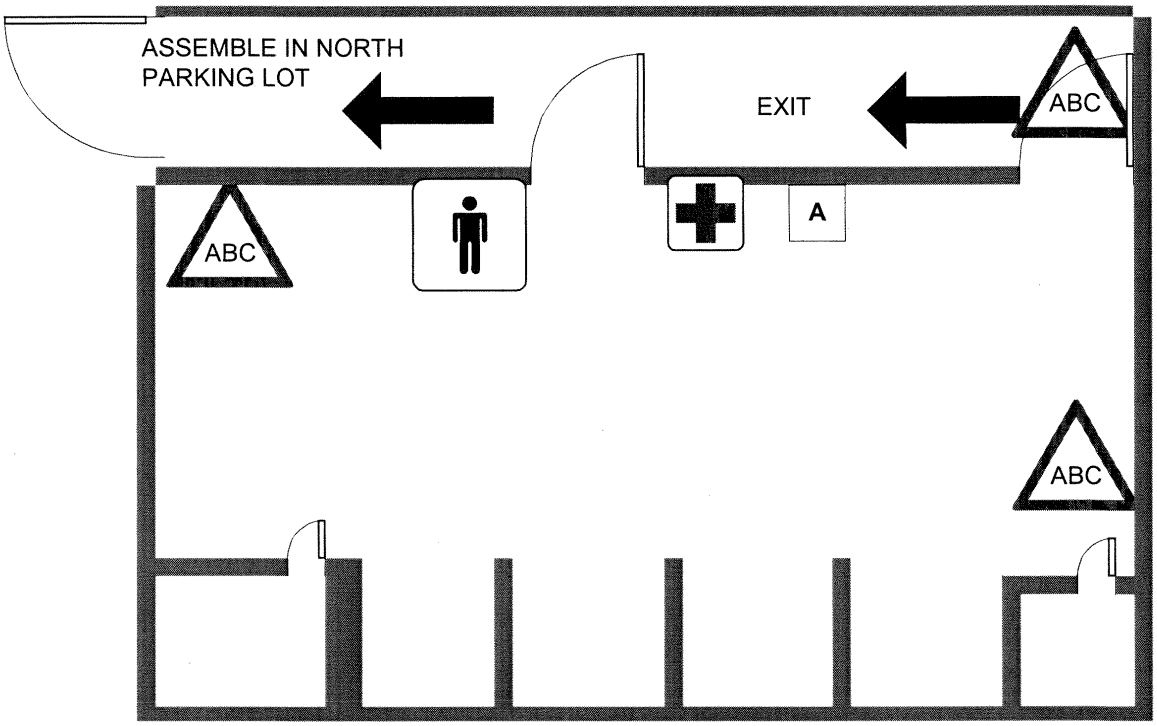
COMPLETE FLOOR PLAN



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FACILITY EMERGENCY PROCEDURES

The steps outlined earlier in this Section, address elements of an Emergency Action Plan common to all San Bernardino County Facilities.

Each individual Emergency Action Plan must also address all unique aspects of a given work location. Therefore, an Emergency Action Plan must include narrative instructions to be followed by employees covering the following reasonably anticipated emergencies:

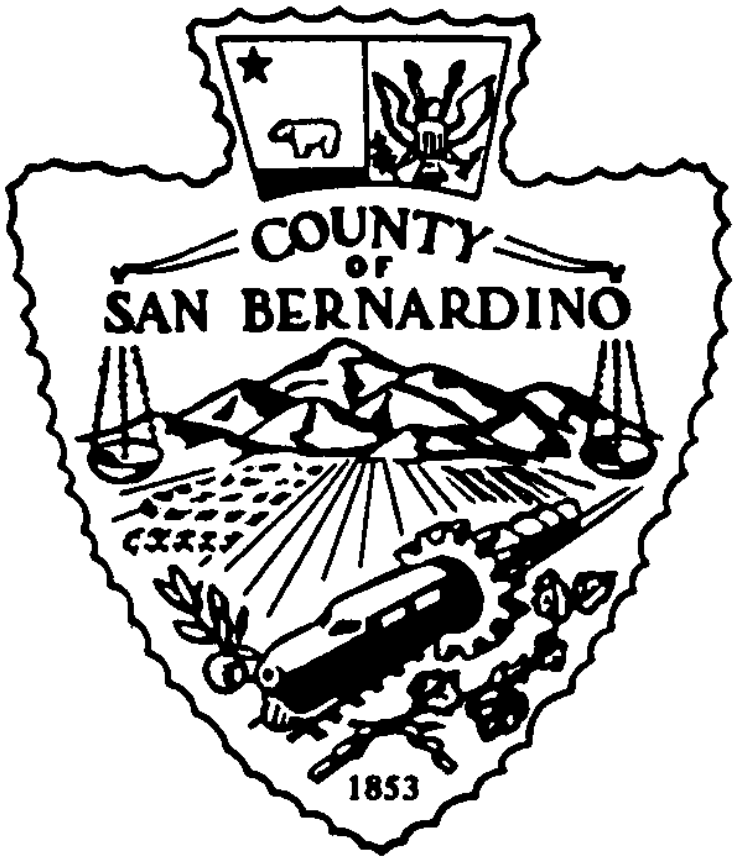
1. Fire
2. Earthquake
3. Bomb Threat

Additionally, Safety Coordinators and others involved in the preparation of an Emergency Action Plan must consider the unique activities and location of a worksite, assess the hazards or potential for emergency posed by the activities and/or location, and prepare specific narrative instructions for addressing unique emergencies.

Examples include:

- Chemical or Substance Spill Hazards
- Explosive Hazards
- Hazardous Equipment or Laboratory Processes
- Gunfire Hazards
- Work Place Violence Considerations
- Bio Hazards
- Clients or Patients with Specific Needs

Respirator Protection



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County of San Bernardino

RESPIRATOR PROTECTION PROGRAM

SCOPE

This program establishes San Bernardino County procedures for the use of respirators. It provides information and guidance on selection, use and care of respirators. It also contains requirements for establishing and regulating departmental respirator programs. The program identifies documentation, communication, and training necessary to ensure the health and safety of County employees. This procedure sets forth minimum standards for all County departments. Individual departments may implement more stringent standards. Copies of department prepared programs are to be provided to Risk Management Division/Safety Section upon request, as well as included in the immediately following divider labeled "Department Program".

PURPOSE

Title 8, California Code of Regulations, General Industry Safety Orders, Section 5144 requires that when it is clearly impracticable to remove harmful dusts, fumes, mists, vapors or gases at their source, an employer shall provide, and the employee exposed to such hazard shall use, approved respirator equipment. Compliance with the regulation requires an employer to implement an effective program. Section 3203 of the above referenced Code requires California employers to prepare written programs relative to the prevention of occupational illness/injurious exposure and use of personal protective equipment.

MINIMUM REQUIREMENTS FOR RESPIRATOR PROGRAM

1. Accepted engineering control and/or administrative control measures shall be instituted before respirators are considered (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials).

2. When engineering controls or administrative controls do not satisfactorily reduce exposure levels written standard operating procedures (SOP) governing the selection and use of respirators shall be prepared and implemented;

3. Respirators are to be selected on the basis of hazards to which workers are exposed;

4. A respirator user shall be trained in the use of respirators and in their limitations;

5. Except for emergency escape respirators, all respirators shall be assigned to individual workers for their exclusive use;

6. Respirators shall be regularly cleaned and disinfected. Those emergency escape repirators used by more than one worker shall be thoroughly cleaned and disinfected after each use;

7. Respirators shall be stored in a convenient, clean and sanitary location;

8. Respirators shall be inspected during cleaning. Worn or deteriorated parts shall be replaced. Respirators for emergency use, such as self-contained breathing apparatus (SCBA), and emergency escape respirators shall be thoroughly inspected at least once a month as well as after each use;

9. Appropriate surveillance of work area conditions and degrees of employee exposure or stress shall be conducted at least once every three (3) months in all areas where the level of toxic exposure required preparation and implementation of a written respirator program.

10. There shall be regular inspections and evaluations to determine the continued effectiveness of the written program;

11. Persons shall not be assigned to tasks requiring use of respirators unless it has been determined that they are physically

able to perform the work and use the equipment. Only employees who have been examined, and who have been found fit by the Center for Employee Health and Wellness (CEHW), shall be permitted to wear respiratory protective equipment. The respirator user's medical status shall be reviewed periodically, at least annually;

12. Only approved or accepted respirators shall be used;

13. Employees shall use respirators as directed by supervisory personnel are accountable for assuring employees follow the directives of the written program.

RESPONSIBILITIES

A. IN GENERAL

1. Each department that requires use of respirators shall appoint a Respirator Program Administrator (RPA) to monitor respirator use and coordinate training. The Respirator Program Administrator (RPA) shall be the liaison between the department and the County Safety Officer.

2. Each department Respirator Program Administrator shall receive training prior to assumption of RPA duties. RPA training shall be arranged through Risk Management Division/Safety Section.

3. No employee shall be issued a respirator unless it has been determined by the RPA that engineering controls and/or administrative controls are ineffective and respirators are needed.

4. County employees who wear a respirator shall conform to all requirements set forth in Title 8 California Code of Regulations, Section 5144.

B. RESPIRATOR PROGRAM ADMINISTRATOR

1. Ensure the purchase of required approved respiratory protective devices for each departmental user.

2. Ensure respirator users are medically cleared through the CEHW in accordance with this policy.

3. Ensure an inventory is maintained, including spare parts (cartridges, etc.), of new equipment ready for issue.

4. Assist users in selection of the proper type respiratory protection for anticipated hazard exposure.

5. Schedule the necessary training for employees in the correct use, maintenance, cleaning and care of respiratory protective devices.

6. Schedule and complete a Qualitative or Quantitative Respiratory Fit Test for all respirator users within his or her area of responsibility.

7. Periodically evaluate the effectiveness of the program with the County Safety Officer.

8. If self-contained breathing apparatus (SCBA) are used, perform monthly inspections of equipment, ensuring that the regulator and warning devices function properly, and that the cylinders are D.O.T. approved and filled to capacity.

9. If emergency escape respirators are used or available in the workplace, perform and document monthly inspections of the equipment to assure it is being maintained in proper condition.

10. Maintain all records associated with the program.

C. RESPIRATOR USER

1. Maintain appropriate personal hygiene so as not to interfere with the seal of the respirator.

2. Properly maintain personally assigned respirator equipment including cleaning/disinfecting, inspection, and storage. All respiratory protective equipment shall be maintained to retain original effectiveness.

3. Respiratory protective devices will be worn by employees during the course and scope of employment where the RPA has determined a need exists.

4. Respirator malfunctions and/or physical defects shall be reported to the RPA for remedy. The RPA will be informed when additional respirator cartridges are needed for personally assigned respirators.

SELECTION AND USE OF RESPIRATORS

A. DISTRIBUTION

1. The RPA shall select and provide an appropriate respirator based on the respiratory hazard(s) to which the worker is exposed and other factors that affect respirator performance and reliability.

2. The RPA shall select a NIOSH-certified respirator. The respirator shall be used in compliance with the conditions of its certification.

3. The RPA shall identify and evaluate and provide the information to CEHW respiratory hazard(s) in the workplace; this evaluation shall include a reasonable estimate of employee exposures to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form. Where the RPA cannot identify or reasonably estimate the employee exposure, the RPA shall contact Risk Management Safety Section for consultation and should consider the atmosphere to be immediately dangerous to life or health (IDLH) until otherwise classified.

4. The RPA shall select respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user. The Assigned Protection Factors (APFs) and Maximum Use Concentration (MUC) must be reviewed in the selection process.

5. Based upon a fit test, each user shall be issued the appropriate respirator. The RPA shall record the date of qualitative/quantitative fit test, and type and date of respirator issuance for each user. This record will be maintained as part of the program file to be available for inspection.

6. Except for emergency escape respirators all respirators shall be assigned to individual workers for their exclusive use.

7. In the event of an injury or illness which may alter the features of the face, extraction of teeth, use/removal of dentures, or change in the face brought about by diet, aging, or growth of facial hair, another fit test must be performed to determine if the previously assigned respirator is still adequate. The RPA shall assure all fit tests are performed in accordance with this policy.

B. SELECTION OF RESPIRATOR

An RPA shall determine the proper approved respirator and canisters or cartridges required for particular hazards anticipated. The following questions should be addressed in order to select the proper respirator for specific hazardous exposures:

1. Assigned Protection Factors (APFs) shall be taken into account as they relate to the level of contaminants and the Maximum Use Concentration (MUC) must be considered as part of the selection process.

2. The respirator selected shall be appropriate for the chemical state and physical form of the contaminant.

3. For protection against gases and vapors, the RPA shall provide:

   a. An atmosphere-supplying respirator, or

   b. An air-purifying respirator, provided that:

      i. The respirator is equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant; or

ii. If there is no ESLI appropriate for conditions in the workplace, the workplace, the RPA shall implement a change schedule for canisters and cartridges that is based on

iii. objective information or data that will ensure that canisters and cartridges are changed before the end of their service life. The RPA must describe in the department respirator program the information and data relied upon and the basis for the canister and cartridge change schedule and the basis for reliance on the data.

c. For protection against particulates, the RPA shall provide:

i. An atmosphere-supplying respirator; or

ii. An air-purifying respirator equipped with a filter certified by NIOSH under 30 CFR part 11 as a high efficiency particulate air (HEPA) filter, or an air-purifying respirator equipped with a filter certified for particulates by NIOSH under 42 CFR part 84; or

iii. For contaminants consisting primarily of particles with mass median aerodynamic diameters (MMAD) of at least 2 micrometers, an air-purifying respirator equipped with any filter certified for particulates by NIOSH.

4. The RPA shall consider the toxicological data that may be available.

5. The RPA shall consult product Material Safety Data Sheets (MSDS) for respiratory protection recommendations during product use, and have MSDS provided to CEHW.

6. Knowledge of the warning properties of contaminant breakthrough. Adequate warning properties can be assumed when odors, taste or irritation effects of a substance are detectable or persistent at concentrations below or at the permissible exposure limits/levels (PEL).

7. Determination whether the substance encountered may irritate and/or damage the eye. If so, appropriate goggles or full face respirators in compliance with ANSI Z87.1 must be used.

8. When there is doubt as to the concentration of oxygen or hazardous material present in the atmosphere, only those respirators listed as suitable for respiratory protection in oxygen deficient atmospheres shall be used. Any erring in the selection of respirators shall be on the safe side.

C. SELECTION OF RESPIRATOR IN FIREFIGHTING AND/OR IDLH CONDITIONS

For all immediately dangerous to life or health (IDLH) atmospheres, the written program shall ensure that:

1. One employee or, when needed, more than one employee is located outside the IDLH atmosphere;

2. Visual, voice, or signal line communication is maintained between the employee(s) in the IDLH atmosphere and the employee(s) located outside the IDLH atmosphere;

3. The employee(s) located outside the IDLH atmosphere are trained and equipped to provide effective emergency rescue;

4. The department head or designee is notified before the employee(s) located outside the IDLH atmosphere enter the IDLH atmosphere to provide emergency rescue;

5. The department head or designee provides necessary assistance appropriate to the situation;

6. Employee(s) located outside the IDLH atmospheres are equipped with:

   a. Pressure demand or other positive pressure SCBA's, or a pressure demand or other positive pressure supplied-air respirator with auxiliary SCBA; and either

   b. Appropriate retrieval equipment for removing the employee(s) who enter(s) these hazardous atmospheres where retrieval equipment would contribute to the rescue of the employee(s) and would not increase the overall risk resulting from entry; or the requirements of Section D below.

D. PROCEDURES FOR INTERIOR STRUCTURAL FIREFIGHTING

In addition to the requirements set forth under C immediately above, in interior structural fires, the RPA shall ensure that:

1. At least two employees enter the IDLH atmosphere and remain in visual or voice contact with one another at all times;

2. At least two employees are located outside the IDLH atmosphere; One of the two individuals located outside the IDLH atmosphere may be assigned to an additional role, such as incident commander in charge of the emergency or safety officer, so long as this individual is able to perform assistance or rescue activities without jeopardizing the safety or health of any firefighter working at the incident; and

3. All employees engaged in interior structural firefighting use SCBAs.

Nothing in this section is meant to preclude firefighters from performing emergency rescue activities before an entire team has assembled.

Nothing in this section shall be interpreted as to modify the responsibilities of a permit required confined space attendant as defined by Title 8, CCR, Section (5159), when employees are working under the provisions this standard.

E. INSTRUCTION AND TRAINING

All respirator users will attend an instructional training class on occupational respiratory protection. This course shall provide training in the proper selection, maintenance, care, storage, and cleaning of respirators, as well as training in positive and negative pressure facepiece fitting tests. During this class, there will be "hands on" training as well as an explanation of the following:

1. The nature of respirator hazards and what may occur if a respirator is not properly used.

2. Reasons for selection of a particular type of respirator.

3. Limitations of selected respirators.

4. Methods of donning respirators and checking fit and operation.

5. Proper wearing of the respirator.

6. Respirator maintenance.

7. Recognition and procedures for handling emergency situations.

8. Recognition of medical signs and symptoms that may limit or prevent the effective use of respirators.

Each department RPA shall conduct refresher training sessions semi-annually, covering at a minimum the following:

1. Positive and negative pressure facepiece fitting tests.

2. If applicable, proper operation of self-contained breathing apparatus (SCBA) and tests which determine proper function of regulator and warning device.

3. Standard respirator inspection which includes a check of tightness of connections and the condition of the facepiece, headbands, valves, connecting tube and canisters/cartridges, pliability of rubber

or elastomer parts, as well as signs of possible deterioration.

Each department RPA shall provide individual training to users upon request. Retraining shall be administered when changes in the workplace or the type of respirator render previous training obsolete.

All employee training shall be documented.

F. CLEANING AND DISINFECTION

Each user is responsible for cleaning a SCBA, supplied air respirator, or powered air purifying respirator if used. The respirator and accompanying parts (i.e., supplied or powered air hose assemblies) shall be cleaned after each day's use, or more often if needed. Those respirators used by more than one individual shall be thoroughly cleaned and disinfected after each use.

1. The procedures below will be followed when cleaning and disinfecting respirators:

   a. Remove any filters, canisters or cartridges, headstraps and valve covers.

   b. Wash facepiece and breathing tube in cleaner/disinfectant.

   c. Rinse completely in clean, warm water.

   d. Air dry in clean area.

   e. Clean other respirator parts as recommended by the manufacturer.

   f. Inspect valves, headstraps, etc., for defects. If defective parts are found, this must be brought to the attention of the department RPA representative to facilitate replacement of the defective element. Respirators with defective parts are not to be used under any circumstances.

   g. Insert new filters, canisters or cartridges, making sure seal is tight. In cases where a self-contained breathing apparatus has been used, it is the responsibility of the RPA to ensure cylinders are recharged to full capacity. In those cases where a powered air purifying respirator has been utilized, the RPA shall ensure the full recharging of the battery pack.

2. Precautions.

   a. Strong cleaning and disinfecting agents can damage respirator parts. Temperatures above 140 degrees Fahrenheit and vigorous mechanical agitation should not be used. Solvents which affect elastomer or rubber parts shall be used with extreme caution.

   b. Respirators may become contaminated with toxic materials. In such cases, a new respirator shall be provided the employee and the RPA shall ensure thorough decontamination of the used respirator.

G. STORAGE

1. Respirators shall be stored to protect against dust, sunlight, heat, extreme cold, excessive moisture or damaging chemicals.

2. Users shall store respirators in clean plastic bags.

3. Respirators shall not be kept in areas subject to extreme temperature changes.

4. Respirators shall be stored so the facepiece and exhalation valve rest in a normal position. This will ensure function is not impaired by elastomer setting in an abnormal position.

H. FIT TESTING

Effectiveness of the facepiece fit of a respirator can be tested two ways - - qualitatively and quantitatively. Fit testing is

required before a respirator is issued to the employee. Fit testing protocol in accordance with the manufactures recommendations and CFR 1910.134 shall be followed.

1. Qualitative fit testing involves the introduction of a harmless odorous or irritating substance into the breathing zone of the wearer. Non-detection of the substance indicates proper fit.

2. Quantitative fit testing offers the most accurate, detailed information on respirator fit. It involves the introduction of a harmless aerosol to the wearer while he or she is in a test chamber. While the wearer performs exercises which could induce facepiece leakage, the air inside and outside the facepiece is then measured for the presence of the harmless aerosol.

I. INSPECTION AND EVALUATION OF PROGRAM

Program improvement and elimination of deficiencies cannot be effected unless the program is monitored and evaluated on a timely basis. The RPA shall employ the following techniques to evaluate effectiveness of the respirator program on a quarterly basis:

1. Random inspection of respirator condition. Ensure required respirator records and inspections are up to date.

2. Perform qualitative fit tests on users of respirators at least annually as part of continued program maintenance. This test shall be accomplished by introducing a harmless odorous or irritating substance into the zone of the wearer.

3. Complete surveillance of work area conditions and degree of user exposure. During the course of the year, when the RPA observes users at work, a determination shall be made on user's proficiency when working with a respirator. The RPA shall also determine whether a respiratory protective device was selected and used properly, depending on the industrial and/or environmental exposures observed.

J. MEDICAL STATUS AND ANALYSIS

Persons assigned to tasks which require use of respirators must be physically able to perform while using a respirator. A respirator user's medical status must be reviewed annually.

When respirators are worn in toxic atmospheres, the user shall be provided appropriate laboratory tests. These tests may include urine, blood or fecal analysis, and other techniques to determine intake and excretion of toxic substances. The findings of these tests, when correlated with other exposure data, such as air sampling data for wearers of such equipment, are an indication of the effectiveness of the Respiratory Protection Program. Any positive evidence of exposure shall be investigated to determine if there may be inadequate respirator protection or a need for additional engineering or administrative controls.

In determining the medical condition of an employee the RPA shall institute the following procedures in conjunction with the Medical Director .

1. A medical evaluation to determine the employee's ability to use a respirator shall be conducted before the employee is fit tested or required to use the respirator in the workplace.

2. The medical evaluation shall consist of the information requested by medical questionnaire obtainable from the Safety Officer.

3. The RPA shall provide the questionnaire to the employee and instruct the employee to send the questionnaire to:

   Center for Employee Health
   and Wellness
   Medical Director
   Respiratory Protection Evaluations
   555 North D Street #100
   San Bernardino, CA 92415

4. The RPA shall ensure that a follow-up medical examination is provided upon request the Medical Director

5. The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the Medical Director deems necessary to make a final determination.

6. The medical questionnaire and examinations shall be administered confidentially during the employee's normal working hours. The medical questionnaire shall be administered in a manner that ensures that the employee understands its content.

7. The CEHW shall provide the employee with an opportunity to discuss the questionnaire and examination results.

The CEHW shall be provided the Respirator Use Form Medical Questionnaire located on page 64 of the program by the RPA before a recommendation concerning an employee's ability to use a respirator:

1. The type and weight of the respirator to be used by the employee;

2. The duration and frequency of respirator use (including use for rescue and escape);

3. The expected physical work effort;

4. Additional protective clothing and equipment to be worn;

5. Temperature and humidity extremes that may be encountered; and

6. MSDS, name of contaminants, hazardous substances and physical form of chemical.

In determining the employee's ability to use a respirator, the RPA shall:

1. Obtain a written recommendation regarding the employee's ability to use the respirator from the CEHW. The recommendation shall provide only the following information:

   a. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;

   b. The need, if any, for follow-up medical evaluations; and

   c. A statement that the CEHW has provided the employee with a copy of the written recommendation.

2. If the respirator is a negative pressure respirator and the CEHW finds a medical condition that may place the employee's health at increased risk if the respirator is used, the County shall provide a Powered Air Purifying Respirator if the CEHW medical evaluation finds that the employee can use such a respirator; if a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then the County is no longer required to provide a Powered Air Purifying Respirator.

The RPA shall provide additional medical evaluations that comply with the requirements of this section if:

1. An employee reports medical signs or symptoms that are related to the ability to use a respirator;

2. The CEHW, supervisor, or the respirator program administrator suspects that an employee needs to be reevaluated;

3. Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or

4. A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

K. RECORDS

The following records are to be maintained by the departmental RPA:

1. Monthly inspection of self-contained breathing apparatus (SCBA), including a check of the regulator and warning device.

2. The date of user respirator device quantitative fit test, type of approved respirator, date of ordering the respirator, date of issuance of the respirator. Records are to be maintained for each user.

3. Record of employee training, dates, description of agenda, and roster of those participating.

4. Record of date and condition of user's respirator inspected on a random basis, performed randomly at least four times per year.

5. Annual record of date and results of qualitative fit tests.

6. Monthly record of supplies (i.e., cartridges, canisters, headstraps, etc.), date of SCBA cylinder refill and/or powered air purifying respirator battery back recharge, if applicable.

safety/docs/sftymnl/MASTER/respiratory policy1.doc

San Bernardino County Center for Employee Health and Wellness

RESPIRATOR USE FORM
MEDICAL QUESTIONNAIRE

NAME: **DOB:** / / **SSN:**

Part A. Section 1 (Mandatory):

The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date:_____
2. Your name:_____
3. Your age (to nearest year):_____
4. Sex (circle one): Male or Female
5. Your height: _____ft._____in.
6. Your weight: _____lbs.
7. Your job title:_____
8. Check the type of respirator you will use (you can ✓ more than one category):
   a. _____N, R, or P disposable respirator (filter-mask, non-cartridge type only).
   b. _____Other type (for example, half-or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
9. Have you worn a respirator (circle one): Yes or No
   If "yes," what type(s):_____

Part A, Section 2 (Mandatory):

Questions 10 through 18 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

10. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes or No
11. Have you ever had any of the following conditions?
    a. Seizures (fits): Yes No
    b. Diabetes (sugar disease): Yes No
    c. Allergic reactions that interfere with your breathing: Yes No
    d. Claustrophobia (fear of closed-in places): Yes No
    e. Trouble smelling odors: Yes No
12. Have you ever had any of the following pulmonary or lung problems?
    a. Asbestosis: Yes No
    b. Asthma: Yes No
    c. Chronic bronchitis: Yes No
    d. Emphysema: Yes No
    e. Pneumonia: Yes No
    f. Tuberculosis: Yes No
    g. Silicosis: Yes No

h. Pneumothorax (collapsed lung): Yes No

i. Lung cancer: Yes No

j. Broken ribs: Yes No

k. Any chest injuries or surgeries: Yes No

l. Any other lung problem that you've been told about: Yes No

13. Do you currently have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath: Yes No

b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline:

Yes No

c. Shortness of breath when walking with other people at an ordinary pace on level ground:

Yes No

d. Have to stop for breath when walking at your own pace on level ground:

Yes No

e. Shortness of breath when washing or dressing yourself:

Yes No

f. Shortness of breath that interferes with your job:

Yes No

g. Coughing that produces phlegm (thick sputum):

Yes No

h. Coughing that wakes you early in the morning:

Yes No

i. Coughing that occurs mostly when you are lying down:

Yes No

j. Coughing up blood in the last month:

Yes No

k. Wheezing: Yes No

l. Wheezing that interferes with your job: Yes No

m. Chest pain when you breathe deeply: Yes No

n. Any other symptoms that you think may be related to lung problems:

Yes No

14. Have you ever had any of the following cardiovascular or heart problems?

a. Heart attack: Yes No

b. Stroke: Yes No

c. Angina: Yes No

d. Heart failure: Yes No

e. Swelling in your legs or feet (not caused by walking): Yes No

f. Heart arrhythmia (heart beating irregularly): Yes No

g. High blood pressure: Yes No

h. Any other heart problem that you've been told about: Yes No

15. Have you ever had any of the following cardiovascular or heart symptoms?

a. Frequent pain or tightness in your chest:

Yes No

b. Pain or tightness in your chest during physical activity:

Yes No

c. Pain or tightness in your chest that interferes with your job:

Yes No

d. In the past two years, have you noticed your heart skipping or missing a beat::

Yes No

e. Heartburn or indigestion that is not related to eating:

Yes No

f. Any other symptoms that you think may be related to a heart or circulation problem:

Yes No

16. Do you currently take medication for any of the following problems?

a. Breathing or lung problems: Yes No

b. Heart trouble: Yes No

c. Blood pressure: Yes No

d. Seizures (fits): Yes No

17. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, initial here _____and proceed to question 19):

a. Eye irritation: Yes No

b. Skin allergies or rashes: Yes No

c. Anxiety: Yes No

d. General weakness or fatigue: Yes No

e. Any other problem that interferes with your use of a respirator: Yes No

18. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes No

Questions 19 through 24 must be answered by every employee who has been selected to use either a full-face respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering of these questions is voluntary.

19. Have you ever lost vision in either eye (temporarily or permanently): Yes No

20. Do you currently have any of the following vision problems?

a. Wear contact lenses: Yes No

b. Wear glasses: Yes No

c. Color blind: Yes No

e. Any other eye or vision problem: Yes No

21. Have you ever had an injury to your ears, including a broken eardrum: Yes No

22. Do you currently have any of the following hearing problems?

    a. Difficulty hearing: Yes No

    b. Wear a hearing aid: Yes No

    c. Any other hearing or ear problem: Yes No

23. Have you ever had a back injury: Yes No

24. Do you currently have any of the following musculoskeletal problems?

    a. Weakness in any of your arms, hands, legs, or feet: Yes No

    b. Back pain: Yes No

    c. Difficulty fully moving your arms and legs: Yes No

    d. Pain or stiffness when you lean forward or backward at the waist: Yes No

    e. Difficulty fully moving your head up or down: Yes No

    f. Difficulty fully moving your head side to side: Yes No

    g. Difficulty bending at your knees: Yes No

    h. Difficulty squatting to the ground: Yes No

    i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.: Yes No

    j. Any other muscle or skeletal problem that interferes with using a respirator: Yes No

San Bernardino County Center for Employee Health and Wellness

RESPIRATOR USE FORM
MEDICAL QUESTIONNAIRE

The department supervisor or RPA must complete and submit the following to the Center for all participating employees.

1) What type of respirator will be used by the employee?:

Type

(name)_____

Style (Circle): Full or Half or Paper or SCBA or PAPR or

Other_____

Weight: _____lbs.

2) What will the duration and frequency of respirator use be (including use for rescue and escape)?:

Days per month: < 5 or > 5.

Time per usage: _____minutes per usage, or _____hours per usage.

Usage location: Indoor or Outdoor or Both

3) What is the anticipated physical work effort?:

Non-manual, *Light* or Some manual. *Medium* or > half manual, *Heavy*:

4) Additional protective clothing and equipment to be worn:

List:

_____

_____

_____

_____

Supervisor's or RPA Signature Department Date

San Bernardino County Center for Employee Health and Wellness

SUPPLEMENTAL RESPIRATOR USE FORM
MEDICAL QUESTIONNAIRE

Part B:

1. In your present job, are you working at high altitudes (> 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes No

If "yes," name the chemicals (if known):_____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

a. Asbestos: Yes No
b. Silica (e.g., in sandblasting): Yes No
c. Tungsten/cobalt (e.g., grinding or welding this material): Yes No
d. Beryllium: Yes No
e. Aluminum: Yes No
f. Coal (for example, mining): Yes No
g. Iron: Yes No
h. Tin: Yes No
i. Dusty environments: Yes No
j. Any other hazardous exposures: Yes No
If "yes," describe these exposures:

_____
_____
_____

4. List any second jobs or side businesses you have:_____

5. List your previous occupations:_____

6. List your current and previous hobbies:_____

7. Have you served in the military? Yes No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes No

8. Have you ever worked on a HAZMAT team? Yes No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes No
If "yes," name the medications (if known):_____

10. Will you be using any of the following items with your respirator(s)?
a. HEPA Filters: Yes No
b. Canisters (for example, gas masks): Yes No
c. Cartridges: Yes No

11. How often are you expected to use the respirator(s) (circle all that apply)?:

a. Escape only (no rescue): Yes No
b. Emergency rescue only: Yes No
c. Less than 5 hours per week: Yes No

d. Less than 2 hours per day: Yes No
e. 2 to 4 hours per day: Yes No
f. Over 4 hours per day: Yes No

12. During the period you are using the respirator(s), is your work effort:

a. Light (< 200 kcal per hour): Yes No
If "yes," how long does this period last during the average shift:_____hrs._____mins.
Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

b. Moderate (200 to 350 kcal per hour): Yes No
If "yes," how long does this period last during the average shift:_____hrs._____mins.
Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350 kcal per hour): Yes No
If "yes," how long does this period last during the average shift:_____hrs._____mins.
Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing additional protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes No
If "yes," describe this protective clothing and/or equipment:_____

_____

14. Will you be working under hot conditions (temperature > 77 deg. F): Yes No
15. Will you be working under humid conditions: Yes No
16. Describe the work you'll be doing while you're using your respirator(s):

_____

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

_____

_____

_____

18. Provide the following information, if known, for each toxic substance that you'll be exposed while using your respirator(s):

Name of the first toxic substance:_____

Estimated maximum exposure level per shift:_____hours.

Duration of exposure per shift:_____

SUPPLEMENTAL RESPIRATOR USE FORM
MEDICAL QUESTIONNAIRE

Name of the second toxic substance:_____

Estimated maximum exposure level per shift:_____

Duration of exposure per shift:_____

Name of the third toxic substance:_____

Estimated maximum exposure level per shift:_____

Duration of exposure per shift:_____

The name of any other toxic substances that you'll be exposed to while using your respirator:

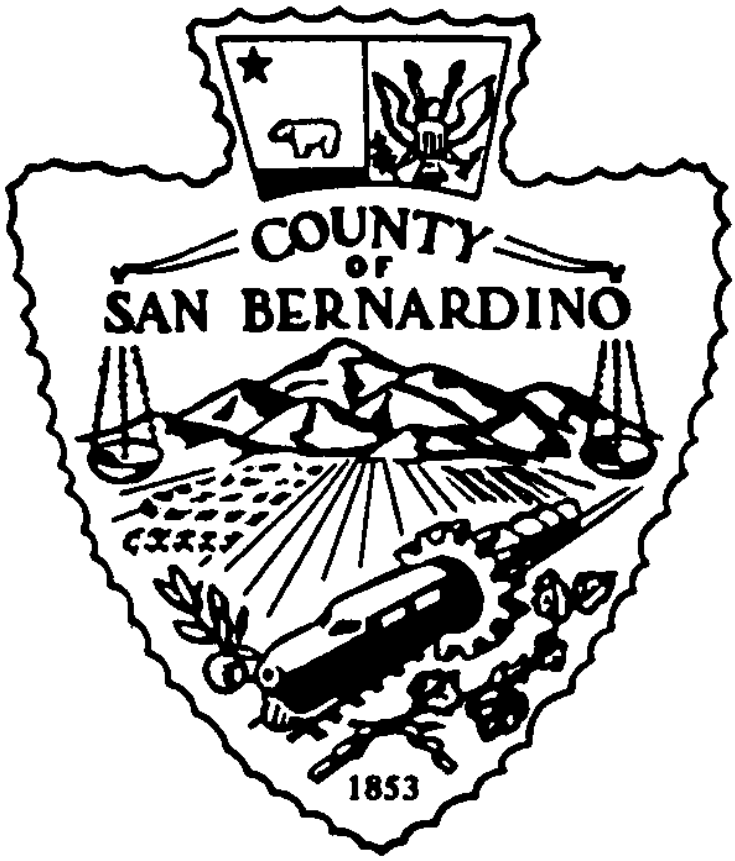
_____

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

_____

_____

Confined Space Entry



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CONFINED SPACE ENTRY PROCEDURE

SCOPE

This section establishes the County of San Bernardino procedure for confined space entry, it provides information and guidance on the process of defining permit entry spaces, and includes forms and formats to be used by County departments in preparing individualized programs. It also and provides procedure to ensure safe entry into confined spaces. The program identifies documentation, communication, and training necessary to ensure the health and safety of County employees. **This procedure sets forth minimum standards for all County departments**. Individual departments may implement more stringent standards. Copies of department-prepared programs are to be provided to Risk Management Division/Safety Section upon request, as well as included in the immediately following divider labeled "Department Program".

PURPOSE

Title 8, California Code of Regulations, General Industry Safety Orders, Article 108 requires employers to establish a written Confined Space Entry Program, including procedures for employee training, emergency reaction and confined space identification.

INTRODUCTION

Confined space entry is a dangerous operation since hazards are not easily detected. Spaces which appear clean, dry, empty and without hazard can be death traps. Confined space accidents are often tragic; they routinely involve multiple fatalities. Confined space accidents, and deaths, are preventable, and it is the intention of San Bernardino County that they be prevented.

It is essential that employees not enter a confined space until the space is properly **tested**, the entering employees are properly **trained** in the potential hazards and safety procedures, and employees are provided with the necessary **equipment**.

This procedure sets forth minimum requirements for safe entry, continued work in, and exit from confined spaces at normal atmospheric pressure for employees of the County of San Bernardino.

DEFINITIONS

Authorized Person. An authorized person is a person approved or assigned by a Department to perform a specified type of duty or to be at a specified location.

Blanking. Blanking is a process to remove a confined space from service and completely protect against the inadvertent presence or release of injurious elements. The following methods are used for blanking: blanking off (skillet type metal blank between flanges), mis-aligning sections of all lines and pipes, a double block and bleed system, electrical lockout of all sources of power, and blocking or disconnecting all mechanical linkages.

Confined Space. A confined space is normally considered an enclosure having limited means of entrance and exit such as, but not limited to: (1) storage tanks, tank cars, process vessels, bins, silos, boilers, and other tank-like compartments; (2) open topped spaces such as pits, vaults, and hoppers, (3) septic tanks, sewers, underground utility/pipe-line tunnels, and similar enclosures.

Confined spaces are not designed for continuous employee occupancy, and have either or both of the following characteristics: (1) an actual or potentially hazardous atmosphere or other recognized safety or health hazard; or, (2) the potential for engulfment by particulate matter or liquid.

Double Block and Bleed. Double block and bleed involves isolating a confined space from a pipe inlet by locking closed two in-line valves and by locking open a drain, or bleed, between the two closed valves to the atmosphere.

Entry. Entry is any action resulting in any part of the body breaking the plain of any opening of the confined space and includes any subsequent work activities inside the confined space.

Entry Permit. An entry permit is the Department's written authorization for entry, under established conditions, into a permit entry space, for a stated purpose, during a specified work shift.

Hazardous Atmosphere. an atmosphere presenting a potential for death, disablement, injury, or acute illness from one or more of the following causes:

1. A flammable gas, vapor, or mist in excess of 10% of its lower explosive limit (LEL);

2. An airborne combustible dust at a concentration that obscures vision at a distance of five feet or less;

3. Less than 19.5% or more than 22.0% oxygen;

4. An atmospheric concentration of any toxic, corrosive, or asphyxiant substance listed in Title 8, California Code of Regulations, General Industry Safety Orders, above the listed numerical value of the permissible exposure limit (PEL) that can reasonably be expected to be present.

5. An atmospheric concentration above the numerical limit indicated on an elements' Material Safety Data Sheet, or that is otherwise known by the employer to present a safety or acute health hazard; or

6. Any condition immediately dangerous to life or health.

Hot Work Permit. A hot work permit is written authorization to perform riveting, welding, thermal or oxygen cutting, heating or other fire or spark producing operations.

Immediately Dangerous to Life or Health (IDLH). IDLH includes any condition posing an immediate threat to life, or likely to result in acute or immediate severe health effects.

LEL (Lower Explosive Limit) and UEL (Upper Explosive Limit). LEL and UEL mean, respectively, the lower and upper concentration of an ignitable gas or vapor in air (usually expressed in percent by volume at sea level), which will burn if an ignition source is present.

Non-Permit Entry Space. A non-permit entry space is a confined space which the Department has determined contains no hazard and therefore requires no permit for entry.

Oxygen Enriched Atmosphere. An oxygen enriched atmosphere is one which contains more that 22% oxygen by volume.

Oxygen Deficient Atmosphere. An oxygen deficient atmosphere is one which contains less than 19.5% oxygen by volume.

Permissible Exposure Limit (PEL). The permissible exposure limit is the limit for an airborne contaminant as specified in Title 8, California Code of Regulations.

Permit Entry Space. A permit entry space is a confined space for which a department has determined an entry permit is required. Such requirement may be because of a hazardous atmosphere, or other safety or health hazard exposure presented by mechanical, electrical, physical or chemical agents which are, or are reasonably expected to be present.

Potential Flammable Hazard. A potential flammable hazard is any atmosphere containing a flammable gas, vapor or solid (dust) at more than 10% of its lower explosive limit.

Qualified Person. A qualified person is one who, by reason of training, experience, and/or designation is familiar with an operation to be performed and the hazards involved.

Rescue Team. A rescue team is that group of employees designated and trained to perform rescues from confined spaces.

GENERAL REQUIREMENTS

Inspection and Evaluation. Each Department shall evaluate all confined space that

employees may be required to enter by identifying and evaluating the hazards and potential hazards of that space based upon:

1. The physical characteristics of the confined space;

2. The current and past uses of the confined space which may have left a residue or material that might fall on, engulf, or otherwise injure or expose an employee;

3. Special hazards arising from the location of the space (e.g., relative to other operations, processes or structures) which may endanger the occupant or occupants of the space;

4. Any operations or processes that are to be carried out in, or which involve, the confined space while employees are inside.

Permit Entry Spaces. Any confined space found to meet the criteria of a permit entry space shall be so classified.

Non-Permit Entry Spaces. Those spaces classified as non-permit entry spaces shall be reassessed whenever conditions previously evaluated have changed.

As an addendum to this procedure, each affected County department shall develop a list of confined spaces in its area of responsibility. Such list will include a classification of each space as to being either a permit or non-permit space. A copy of this list shall be included under the department program section label immediately following. A copy shall also be provided to Risk Management Division, Human Resources upon request.

GENERAL REQUIREMENTS FOR NON-PERMIT ENTRY SPACES

Each Department shall ensure that unauthorized or untrained persons do not enter non-permit entry spaces.

Each Department shall provide specific training to employees before they may be authorized to enter non-permit entry spaces. Training will cover safety and health aspects of work to be performed. Such training shall include use of any personal protective equipment or rescue equipment which the employee may be expected to use. Refresher training will be conducted **at least annually**. All training is to be documented. This documentation shall be kept in the department program section of this manual.

Each department shall ensure availability and use of personal protective equipment, in accordance with Article 108, Title 8, California Code of Regulations (CCR).

In all cases, atmosphere in a confined space shall be tested before any employee makes an initial entry into the space, using a direct reading instrument with a remote sampling technique. The results of tests shall be kept at the worksite for the duration of the work. Affected employees shall be afforded an opportunity to review and record testing results. The following shall be evaluated:

1. Oxygen level, 19.5% to 22% by volume.

2. The percent of the LEL reached; and

3. An indication of toxic material known or suspected to be present.

An employee shall not enter a non-permit confined space if any of the following conditions exist:

1. An oxygen deficient (less than 19.5% by volume) or enriched (more than 22.0% by volume) atmosphere is present.

2. There is a potential flammable hazard. See Definition, page 74.

3. There is an indication of the presence of a toxic material at or above PEL, as determined by testing.

4. Testing shall be conducted with sufficient frequency to ensure that development of dangerous air does not occur during performance of work in the space.

Mechanical ventilation may be used to meet entry requirements set forth above. Such equipment is intended to facilitate entry into

spaces which characteristically have a normal atmosphere and are simply "stale" due to long periods of being closed up.

In ventilating underground structures forced draft is usually superior to suction draft. Blowing creates turbulence and scours out all areas, including the corners.

Spaces in which the presence of a hazardous atmosphere is a normal state due to intrusion from gases, vapors, or toxic materials are not to be regarded as non-permit spaces and must not be categorized as such.

GENERAL REQUIREMENTS FOR PERMIT ENTRY SPACES

Each Department shall ensure that unauthorized or untrained persons do not enter a permit entry space.

Each Department shall provide specific training to employees before they may be authorized to enter permit entry spaces. Training will cover safety and health aspects of work to be performed. Such training shall include use of personal protective equipment or rescue equipment which the employee may be expected to use. Refresher training will be conducted **at least annually**. All training is to be documented.

The Department shall ensure availability, at the entry portal, of required rescue and retrieval equipment.

Requirements for emergency or routine entry into permit entry spaces: (Section 5159, Title 8, (CCR) in part).

1. Wearing of appropriate, approved respiratory equipment (in accordance with Section 5144).

2. An approved safety harness and attached line <u>must</u> be used.

3. At least one employee shall "stand by" on the outside of the confined space and at least one additional employee shall be within sight or call of the "stand by" employee.

    A. The "stand by" employee shall have appropriate approved respiratory protective equipment, **including** an **independent source** of breathing air.

    B. A "stand by" employee may enter the confined space but only in case of emergency and only after the arrival of at least one additional employee outside of the confined space. The intent of a "stand by" employee to enter must be limited to the emergency.

4. When entry must be made through a top opening, the following shall also apply:

    A. The safety harness shall be of the type that suspends a person in an upright position.

    B. A hoisting device shall be provided for lifting employees out of the space.

5. At least 1 person trained in First Aid and CPR shall be immediately available whenever respiratory equipment must be worn.

6. An effective means of communication must be available between the employee(s) inside the confined space and the "stand by" employee(s).

ENTRY PERMIT SYSTEM

The entry permit, which is part of the entry procedure, shall authorize entry by only the named employees, into a specified confined space, on a specified day, and during a particular shift. The entry permit shall specify by name the employee among entrants who is in charge of the entry. This individual must confirm that all required pre-entry requirements are met. The completed entry permit shall be at the job site and is to be read, understood, and **initialed** by all employees involved **before any entry is made**. A sample entry permit is enclosed in this procedure as page 79. The entry permit must include:

1. A statement or description of the hazards known or expected to be present in the confined space due to its current or past use, and any cleaning, purging or inerting done prior to entry.

2. A description or statement of any additional hazards that may be generated as a result of activities carried out during occupancy of the space.

3. A specification of the minimum acceptable environmental and physical conditions for initial entry and for occupancy of the confined space.

4. Specification of all control measures that must be taken prior to entry. These measures may include, but are not limited to:

   A. Procedures for isolating the space by lockout/tagout of the power sources, valves or mechanical power transmission equipment; blanking, double block and bleed, or misalignment or removal of sections of pipes, ducts or lines;

   B. Any flushing, purging, or cleaning which can be done without entry into the space;

   C. Mechanical ventilation of the space, including the capacity of blowers and how long they must run before entry;

   D. Specifications for the manner of making the space inert if such measures are to be used.

5. A statement of the type of personal protective equipment, including respirator protection, protective clothing, and rescue equipment, etc., that will be required for entry.

6. Specifications for the atmospheric testing to be done immediately prior to entry. This includes testing for oxygen level, flammable gases, vapors or solids, and/or airborne toxic materials. It shall also specify the individual responsible for performing the test, and what the maximum or minimum values for entry shall be. Test results shall be maintained at the job site.

7. The name of the employee designated to perform either continuous atmospheric monitoring or periodic testing. The frequency and nature of testing while employees occupy the confined space.

8. The authorization for hot work, either as part of entry permit, or by a separate hot work permit. If a separate hot work permit is issued, the employee in charge of the entry must be fully aware of the hot work permit requirements outlined in Sections 5158 and 5159, Title 8, CCR.

9. A statement of the types of retrieval equipment required for rescue purposes that must be available at the time of entry.

10. The name of the stand-by attendant(s).

11. Rescue equipment, standby personnel, and rescue methods shall be in accordance with requirements in Section 5159, Title 8, CCR.

ADDITIONAL REQUIREMENTS

Regardless of the ventilation system used, additional precautions shall be taken when any of the following conditions exist in the confined space:

1. An oxygen level less than 19.5%, at the time of entry or during occupancy.

2. A LEL greater than 10% at the time of entry (the PEL must not be exceeded), or during occupancy.

3. Exposure at or above the PEL, at the time of entry or during occupancy.

4. There are electrical, mechanical, or other physical hazards which require proper lockout procedures be followed.

5. It is necessary to isolate the confined space from the entry of potential hazardous materials.

6. Hot work is to be performed in the space.

7. In the opinion of the qualified person additional precautions are needed.

All such entries are considered permit entries. A qualified person is to determine exactly how entry shall be made in accordance with the preceding requirements. When the conditions of 1 or 2 immediately above are met, or an "immediately dangerous to life or health" (IDLH) condition exists, workers shall use a pressure demand atmosphere supplying respirator. If an airline system is used in an IDHL environment, it must have an auxiliary air supply to protect against potential failure of primary supply. In addition:

A. Rescue procedures and equipment adequate to effect removal shall be in place before entry is made.

B. An outside attendant shall maintain contact with workers in the confined space and have capability to immediately summon additional aid. An attendant shall not enter a confined space to begin rescue until additional help has been summoned and is on site.

IN-HOUSE RESCUE TEAM REQUIREMENTS

Each Department shall provide an in-house rescue team in permitted entry areas. The Department shall provide training including hands-on practice using all rescue, retrieval, and personal protective equipment that would be required in confined space rescue. This practice shall be documented at least annually and kept in the department program section of this manual.

Pressure demand atmosphere supplying respirators shall be provided and used by all rescue personnel who are expected to make entry into a confined space under emergency conditions.

A rescue team shall be present at locations where confined spaces have been determined to be "permit" spaces. The person in charge of entry shall verify that this team is present before entry is begun.

At least annually, the Department shall provide training to rescue team members in duties they are expected to perform.

At least one person trained in First Aid and CPR must be immediately available whenever respirator protection is required for entry into a confined space.

CONTRACTORS

Each Department shall inform all contractors performing work in a confined space, or their representatives, of any potential fire, explosion, health or other safety hazards of the confined space, and of any current or past history of the space that might cause such hazards.

The Department shall inform contractors or their representatives of the applicable safety rules of the facility, including those portions of the emergency action plan applicable to the contractors' employees.

Contractors shall be required to prepare and implement written confined space entry procedures that meet all standards contained herein.

safety/docs/sftymnl/master/confined space.doc

CONFINED SPACE ENTRY PERMIT

JOB DESCRIPTION: _____

_____

LOCATION: _____

DATE: _____ TIME ISSUED: _____ TIME EXPIRES: _____

Attendant: _____ _____ _____

Entrants: _____ _____ _____

Rescue Team _____ _____ _____

HAVE THE FOLLOWING PRECAUTIONS BEEN TAKEN?	CHECK Yes	No	NA
Hazards, testing and emergency procedures explained:	___	___	___
Gas lines isolated?	___	___	___
All valves locked and capped?	___	___	___
Electrical switches locked and tested before entry?	___	___	___
Hot work permit obtained?	___	___	___
Purging or ventilation required?	___	___	___
Lifelines and safety belts for those entering?	___	___	___
Rescue equipment on site?	___	___	___

AIR SAMPLING EQUIPMENT USED:	Type	Serial No.	Date Calibrated	By Whom
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

TESTS CONDUCTED	Danger Level:	Time	Results	Time	Results
0_2 Deficiency	(less than 19.5%)	_____	_____	_____	_____
Flammability	(more than 10%)	_____	_____	_____	_____
Toxicity	Chemical dependent	_____	_____	_____	_____

LIST PROTECTIVE EQUIPMENT TO BE USED: _____

_____

_____

_____ Supervisor

_____ Manager

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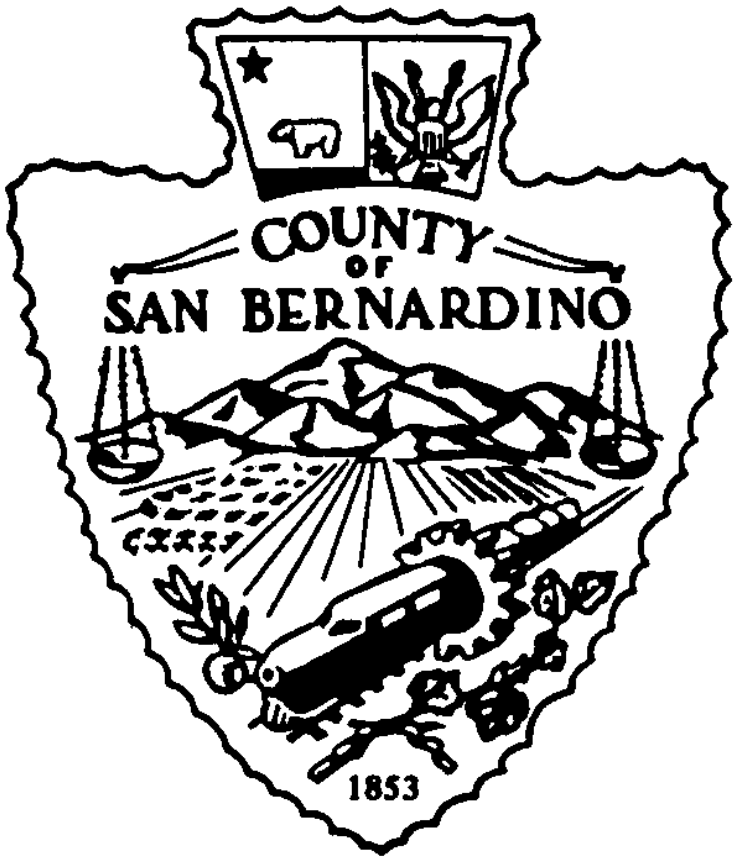
Personal Protection



PERSONAL PROTECTION

To ensure the safety and health of employees, it is the policy of San Bernardino County to provide appropriate protective equipment to those employees requiring such.

Department management in conjunction with the County Medical Director and Risk Management Division/Safety Section shall determine employee needs as to personal protection. The intent of county procedure in this respect is to ensure that employees be provided all Personal Protective Equipment mandated by Title 8, California Code of Regulations, for specific work activities.

General guidelines for protective equipment are as follows:

HEAD PROTECTION

All employees exposed to flying or falling objects and/or electrical shock/burn shall be provided head protection in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3381. Supervisors shall ensure that employees are provided with such protection, trained in its use, and required to wear same.

EYE AND FACE PROTECTION

Employees whose job assignment includes a risk of eye or facial injuries such as punctures, abrasions, contusions, or burns as a result of contact with flying particles, hazardous substances, projections, or injurious light rays shall be provided face or eye protection in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3382. Supervisors shall ensure that employees are provided with such protection, trained in its use, and required to wear same.

BODY PROTECTION

Employees whose job assignment includes a risk of injury or hazardous exposure to unprotected body parts shall be provided appropriate protective apparel so as to prevent such injury/ exposure in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3381. Supervisors shall ensure that employees are provided with such protection, trained in its use, and required to wear same.

HAND PROTECTION

Employees whose job assignment involves unusual or excessive exposure of the hands to cuts, burns, harmful physical or chemical agents or radioactive materials shall be provided appropriate hand protection.

Employees are prohibited from wearing hand protective apparel where a danger exists that such apparel may be caught in moving machinery or materials.

Supervisors shall ensure that employees are provided such protection, trained in its use, and supervised in the use of same.

FIREFIGHTERS

Supervisors shall ensure firefighters are equipped, trained, and supervised relative to protective equipment in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Article 10.1, Sections 3401 through 3411.

GENERAL

By consultation with Risk Management Division/ Safety Section, Occupational Health Department and review of Title 8, California Code of Regulations, departmental standards, each department shall ensure that employees engaged in specialized work activities are provided appropriate protective equipment; i.e. tree trimming, electrical work, laboratory work, law enforcement, pesticide application, etc. Supervisors of such employees shall ensure they are provided such protection, trained in the use of same, and supervised in its use.

The wearing of required protective equipment shall not be left to the discretion of employees. Supervisors shall carefully examine the

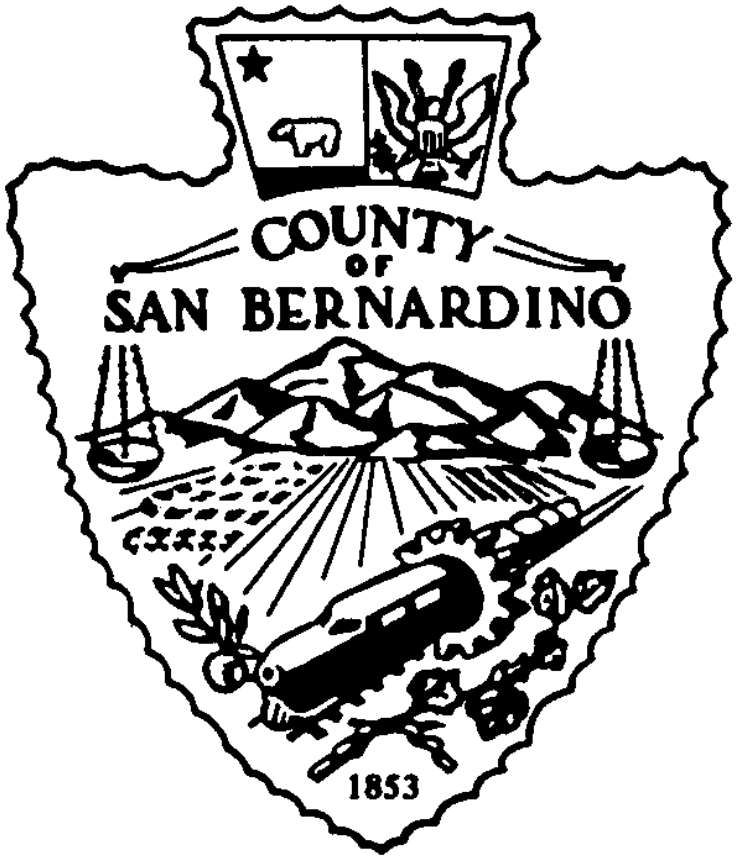
circumstances of employee injuries, illness, and hazardous exposure for failure to use protective equipment appropriately. All such failure shall be evaluated and appropriate action taken, i.e. progressive discipline, retraining.

By implementation of the Respirator Protection Program, Section 7 Safety Manual, Confined Space Entry Program, Section 8 Safety Manual, Hearing Conservation, Section 3 Safety Manual, Hazardous Communication Program, Section 2 Safety Manual, department management shall ensure that protective equipment required by these programs is provided employees.

All training relative to personal protective equipment shall be documented. Copies of sample forms are included in the appendix of this manual.

safety/docs/sftymnl/master/personal protection.doc

Lockout/Tagout



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LOCKOUT/TAGOUT/BLOCK OUT PROGRAM

SCOPE

This establishes San Bernardino County procedure to lockout, tagout, blockout or otherwise de-energize machinery or equipment during times of repair, maintenance or adjustment. The program provides standards for employee training, basic procedures to ensure safe work practices, and guidelines to be used by County departments in preparing individualized programs, if necessary.

The program identifies documentation, communication and training necessary to ensure the health and safety of County employees. **This procedure sets forth minimum standards for all County departments**. Individual departments may implement more stringent standards. Copies of department prepared programs are to be provided to Risk Management Division/Safety Section as well as included in the immediately following divider labeled "Department Program".

PURPOSE

Title 8, California Code of Regulations, General Industry Safety Orders, Section 3203, 3314, 6003(f) and Electrical Safety Orders, Section 2320. 4/5/6, 2530.86, and 2530.43 mandate specific training and procedures concerning repair, maintenance or adjustment of machinery and equipment. Section 3203 of the above referenced code specifically requires California employers to prepare written programs relative to the prevention of occupational illness, injury, and injurious exposure.

INTRODUCTION

Lockout/Tagout/Blockout requires that any energy source - electrical, hydraulic, mechanical, compressed air, potential energy or any other source that might cause unexpected movement - must be disengaged or blocked while employees are working on equipment. Sources of electrical energy must be de-energized to prevent machinery/equipment start up as well as prevent shock to employees while working on electrical equipment. A locked out and tagged piece of equipment may not be safe if there are parts that are not **Blocked** to prevent movement. Potential energy requiring blocking may include suspended and/or spring loaded portions of equipment.

RESPONSIBILITY

Department managers are responsible for administration and implementation of this program. Program elements include:

1. Procedures
2. Identification of hazards
3. Employee training
4. Lock/Tag/Block assignment

Supervisors are directly responsible for program maintenance which includes:

1. Ensuring that all employees required to operate, clean, service, adjust or repair machinery or equipment are trained in the use of locks, tags and blocks.
2. Specifically instructing each employee to block out, de-energize, lockout and tag any equipment, machine, source of energy or system during the course of repair, maintenance, cleaning, service or adjustment.
3. Ensuring that locks, tags, and appropriate blocking devices are readily available and identifiable as belonging to a specific employee.
4. Identifying equipment, jobs and procedures that require locking, tagging or blocking out.
5. Ensuring that all procedures are followed.
6. Issuing locks, keys and blocks to employees and maintaining records that identify such equipment as assigned to specific individuals.

7. Maintaining documentation of all employee training.

8. Providing employees written authorization, when no alternatives are available, to work on unlocked or energized equipment.

TRAINING

Each County department shall prepare employee training outlines relative to lockout/tagout/ blockout. Department specific training shall be documented by an outline of training to be provided all employees. Employee training shall be documented on the sample which is included in the appendix. All employees shall be trained on recognition and significance of locks and tags as well as prohibitions against arbitrary removal.

All employees shall be specifically trained in the following steps to lockout/tagout/blockout:

1. Turn off equipment and disconnect the energy source.

2. Lockout energy sources.

3. Tagout at disconnect point.

4. Release residual energy.

5. Blockout when necessary.

6. Test to assure zero mechanical/energy state.

GENERAL PROCEDURE

This program utilizes the concept of Zero Mechanical/Energy State (ZMES), which requires a source of energy, whether mechanical, electrical, active or stored, be blocked out, de-energized, or otherwise shut down. ZMES is to be established on all equipment and machinery, work processes, or operating systems that require maintenance repair, adjustment, or servicing.

The procedures outlined in this program apply to all moveable, electrically energized, or pressurized equipment and systems during installation, repair, maintenance, servicing, cleaning or adjustment. They do not apply to routine operational adjustments or set-up procedures such as adjusting work in a lathe, drill press, etc., as long as the machine operator retains personal control over the machine or equipment.

When maintenance is required to "troubleshoot" equipment or systems while under a ZMES, locked out and tagged, the maintenance supervisor or responsible designee shall indicate "Troubleshooting" on the tag. Locks may then be removed and test instruments used.

When equipment is being balanced in place, a lock is not required. However, a "DANGER - DO NOT OPERATE" tag must be completed and placed on the starter before work begins and must remain on the starter during the balancing operation.

During the repair of steam traps, a completed, "DANGER - DO NOT OPERATE" tag may be signed by the maintenance employee and used in place of a safety lock and device.

Special procedures developed by installation engineers for securing new equipment during installation must meet this procedure's minimal requirements. Procedures developed for this purpose shall become a permanent addendum to this program after approval by department management.

In the event that it is not practical to lock out a piece of equipment, process or system, removal of power cords or fuses, disconnection of pressurized cylinders, or use of blocks to prevent movement may be used. Such alternative methods must be approved by the department manager before adoption and listed in this program as an addendum. Management personnel are the only individuals authorized to permit work on energized, unlocked or unblocked machinery or equipment. **All such authorization shall be written.**

Where several employees are involved with working on a single piece of equipment, the maintenance supervisor will designate a single individual responsible for initial shut down, tagging out, and assuring ZMES of equipment. The safety lock and device of this designated individual will be the first applied and the last removed.

The maintenance Supervisor shall verify that such designated individual is aware of the motor control center, all switches, valves and devices that need to be in a ZMES, locked and tagged.

The designated individual will verify ZMES by trying to restart the equipment and checking its interlocks after it has been locked out.

LOCKOUT/TAGOUT PROCEDURE

1. "DANGER - DO NOT OPERATE," shall be the tag used to comply with the tagout portion of this program.

    A. This tag shall be placed on the control points of machinery, processes, valves, equipment, or systems that are either under repair, defective, being serviced, cleaned, or newly installed but not yet fully operational.

    B. The tag shall be completed and placed at the control points only after ZMES has been assured.

    C. The tag shall also be placed on obsolete equipment or machinery that is in a ZMES but not yet fully isolated from an operating system.

    D. A properly completed tag shall contain a description of the equipment or system under service or repair, the purpose of the tag, the name of the individual placing the tag, time, date, and the name of the person authorizing the use of the tag. No other information is to be added to the tag.

    E. Once placed, the tag is to remain on the switch system while work is being performed; however, **this shall not exceed 30 days**. If the work extends beyond 30 days, a supervisor shall review the status and issue a new tag, if necessary.

2. LOCKS

    A. When work is being performed on machinery, equipment or processes, individual safety locks, and when necessary multiple lock devices, will be used to secure equipment or sources of energy. This is to assure ZMES and prevent accidental start-up. **Applying locks at the start/stop button or switch is not considered safe, does not meet the standards of this program, and is, therefore, prohibited**.

    B. Safety locks shall be one key series or pattern and be issued individually to employees along with a multiple lock device.

    C. The tag of each lock must be clearly stamped with the employee's name and the lock number.

    D. Master keys for safety locks are **prohibited**.

    E. In addition to distribution lists, an extra key for assigned locks shall be maintained by the supervisor in a secure manner.

    F. Project engineers shall be assigned locks, keys, and devices for use in "remodel" or system upgrade construction. The project engineer shall apply and remove the lock and devices for the contractor. Contractors are solely responsible for lockout/tagout procedures on new construction.

    G. Safety locks, devices, and tags shall remain in place as long as work is being performed by either maintenance or outside contractor employees.

    H. If work on the equipment, process, or system has not been completed by the end of a shift, the individual assigned to such work shall

not remove locks until employees of the oncoming shift have attached locks and are instructed about the scope of work.

I. **Once a disconnected switch or circuit breaker is locked and tagged in ZMES, tampering with the locked element to circumvent ZMES is prohibited.**

J. Upon completion of work, the maintenance worker, operating employee, or Project Engineer shall remove locks belonging only to themselves. When all locks have been removed, the operating employee may remove the tag.

K. In the Event of an emergency or other absence of a lock's owner, a safety lock may be removed **only by a supervisor**. This removal must not expose employees to potential injury. The duplicate key held by the supervisor should be used for such removal.

LOCKOUT CONTROL METHODS

There are many different ways to lockout a piece of equipment. Commonly, the main disconnect switch has one opening where a lock can be placed. If more than one employee works on the equipment, a lockout adapter suitable for the installation of several locks must be used, enabling all workers to lockout the machine with individual locks.

If switches are in a metal box, the box itself must be locked out. If a fuse is removed to de-energize equipment or circuits, the fuse box must be locked.

If controls are in a metal covered box, a common hasp may be welded or riveted to the door, along with a lock staple. The switch can then be "opened", the door closed and padlocked. Fuse boxes can be locked in this manner.

Machines activated by compressed air or steam include valves that control the source of energy. These valves must locked out and the system must be bled to release energy in the form of pressure.

LOCKS

Each employee must have an individually assigned lock and maintain the only key to that lock. The lock should be substantial, durable, and must have the name of the employee on it. If necessary, locks can be color coded to indicate different shifts or types of craft. When more than one worker is servicing a piece of equipment locked out, a lockout adapter must be used which allows all workers to place locks on the disconnecting means. After all work is completed, individual locks are removed and the machine can be returned to service.

TAGS

DO NOT USE TAGS ALONE. Tags or signs are to be used in addition to locks. Tags must state:

1. The reason for the lockout.
2. The name of the employee who is working on the equipment and how that person may be reached.
3. The date and time when the tag was put in place.

TESTING EQUIPMENT DURING LOCKOUT

In maintenance and repair operations, machinery may need to be tested, and therefore energized, during the course of maintenance. Employees should be trained as follows relative to testing:

1. Clear all personnel to safety.
2. Clear away tools and materials from equipment.
3. Remove lockout devices and re-energize systems following established safe procedure.
4. Proceed with test.
5. After test, neutralize all energy sources again, purge all systems and lockout prior to continuing work.

ALTERNATIVES

Equipment circuit design or performance limitations may dictate that alternative worker protection be provided when the established lockout procedure is not feasible. If machinery must be capable of movement or circuits energized in order to perform a maintenance task, supervisors must evaluate the circumstances. No employee shall be permitted to work on unlocked machinery or energized circuits unless sufficiently experienced, properly trained, provided with appropriate protective equipment/ tools and specifically instructed on procedure.

RESTORING EQUIPMENT TO SERVICE

After the work is completed and equipment is ready to be returned to normal operation, the procedure below must be followed:

1. Remove all non-essential items.

2. Ensure that all equipment components are operationally intact, including guards and safety devices.

3. Repair or replace defective guards before removing lockouts.

4. Remove each lockout device using the correct removal sequence.

5. Make a visual check before restoring energy to ensure that workers are physically clear of the equipment.

BLOCKS

A suitable block is an important safety device to ensure that a piece of equipment is safe to be repaired or serviced. Appropriate blocks must be placed under raised dies, lifts, or any equipment that might inadvertently move by sliding, falling, or rolling.

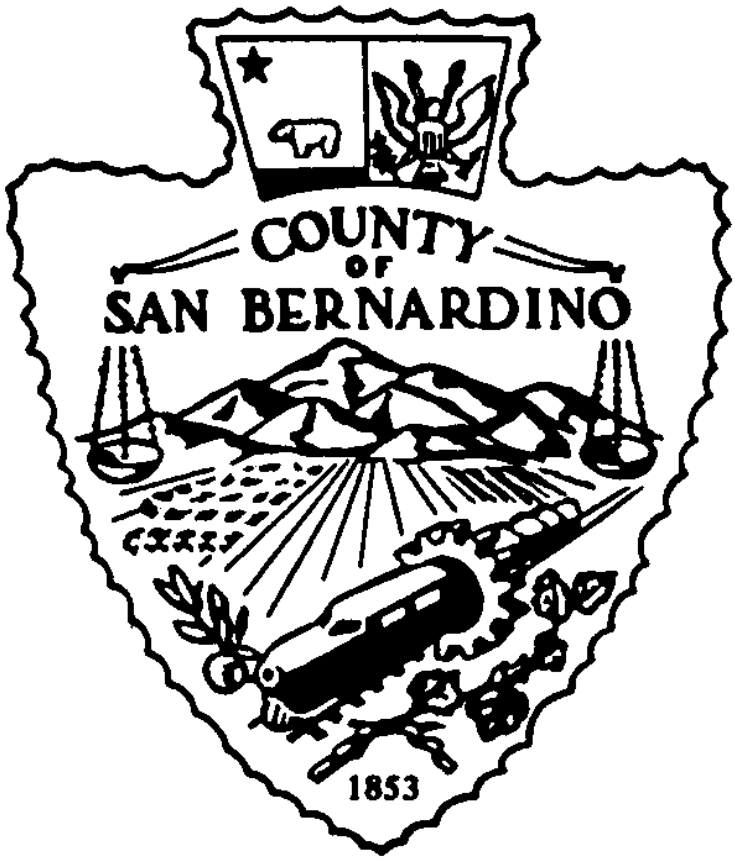
Blocks, special brackets, or special stands, such as those which are commonly used under raised vehicles, must be made available and used by employees.

Another form of blocking is the placement of a blind. A blind is a disk of metal placed in a pipe to ensure that air, steam, or other substance will not pass through if the system is activated.

Before blinds or blocks are installed, steam, air, or hydraulic lines must be bled to reduce existing pressure. Coiled springs, spring loaded devices, or suspended loads must be released so that stored energy will not result in inadvertent movement.

safety/docs/sftymnl/master/lockout.doc

Laboratory Safety Standard



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LABORATORY SAFETY STANDARDS

SCOPE

These standards shall apply to all departments engaged in laboratory use of hazardous chemicals as defined herein.

Where this section applies, it shall supersede, for laboratories, the requirements of Title 8 of the California Code of Regulations Section 4190 and Article 110, Regulated Carcinogens, of the General Industry Safety Orders, except as follows:

1. The requirement to limit employee exposure to the specific Exposure Limit for the Carcinogen involved;

2. Prohibition or prevention of eye and skin contact where specified by any health regulation shall be observed;

3. Where the Action Level (or in the absence of an Action Level, the Exposure Limit) is exceeded for a regulated substance when such substance is covered by exposure monitoring and medical surveillance requirements;

4. The "report of use" requirements for Regulated Carcinogen regulations;

5. Regulations governing the use of formaldehyde shall apply to anatomy, histology and pathology laboratories.

These standards do not apply to:

1. Uses of hazardous chemicals which do not meet the definition of laboratory use. In such cases, the department shall comply with relevant regulations in Title 8, California Code of Regulations, even if such use occurs in a laboratory.

2. Laboratory uses of hazardous chemicals which provide no potential for employee exposure. Examples of such conditions include:

   a. Procedures using chemically-impregnated test media such as Dip-and-Read tests where a reagent strip is dipped into the specimen to be tested and the results are interpreted by comparing the color reaction to a color chart supplied by the manufacturer of the test strip; and

   b. Commercially prepared kits such as those used in performing pregnancy tests in which all the reagents needed to conduct the test are contained in the kit.

DEFINITIONS

Action Level. A concentration designated for a specific substance. Action Levels are calculated as an eight (8)-hour time weighted average, and when reached, initiate activities such as exposure monitoring and medical surveillance.

Carcinogen. Any substance which meets one of the following criteria:

1. It is regulated by Cal/OSHA as a carcinogen; or,

2. It is listed under the category, "known to be carcinogens", in the Annual Report on Carcinogens published by the National Toxicology Program (NTP); or,

3. It is listed under Group 1 ("carcinogenic to humans") by the International Agency for Research on Cancer Monographs (IARC); or,

4. It is listed in either Group 2A or 2B by IARC or under the category, "reasonably anticipated to be carcinogens" by NTP, and causes statistically significant tumor incidence in experimental animals in accordance with any of the following criteria:

   a. After inhalation exposure of 6-7 hours per day, 5 days per week, for a significant portion of a lifetime to dosages of less than 10 mg/m^3;

   b. After repeated skin application of less than 300 mg/kg of body weight per week; or,

   c. After oral dosages of less than 50 mg/kg of body weight per day.

Chemical Hygiene Coordinator. An employee designated by the department, who is qualified by training or experience to provide technical guidance in the development and implementation of the provisions of the Chemical Hygiene Plan.

Chemical Hygiene Plan. A written program developed and implemented by the department which sets forth procedures, equipment, personal protective equipment and work practices that (1) are capable of protecting employees from health hazards presented by hazardous chemicals used in a particular workplace and (2) meets the requirements as defined beginning on page 92 herein under the heading "Chemical Hygiene Plan."

Combustible Liquid. Any liquid having a flashpoint at or above 100°F (37°C), or components with flashpoints of 200°F (93.3°C), or higher, the total volume of which make up 99% or more of the total volume of the mixture.

Compressed Gas. (1) A gas or mixture of gases having, in a container, an absolute pressure exceeding 40 psi at 70°F (21.1°C); or (2) A gas or mixture of gases having, in a container, an absolute pressure exceeding 104 psi at 130°F (54.4°C); or (3) A liquid having a vapor pressure exceeding 40 psi at 100°F (37.8°C).

Designated Area. An area which may be used for work with "carcinogens," reproductive toxins or substances which have a high degree of acute toxicity. A designated area may be the entire laboratory, an area of a laboratory or a device such as a laboratory hood.

Emergency. Any occurrence such as, but not limited to, equipment failure, rupture of containers or failure of control equipment which results in an uncontrolled release of a hazardous chemical into the workplace.

Explosive. A chemical that causes a sudden, almost instantaneous release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperature.

Flammable. A chemical that falls into one of the following categories:

1. "Aerosol, flammable" means an aerosol that, yields a flame projection exceeding 19 inches at full valve opening, or a flashback (a flame extending back to the valve) at any degree of valve opening;

2. "Gas, flammable" means:

   a. A gas that, at ambient temperature and pressure, forms a flammable mixture with air at a concentration of 13% by volume or less; or

   b. A gas that, at ambient temperature and pressure, forms a range of flammable mixtures with air greater than 12% by volume, regardless of the Lower Explosive Limit.

3. "Liquid, flammable" means any liquid having a flashpoint below 100°F (37.8°C), except any mixture having components with flashpoints of 100°F (37.8°C) or higher, the total of which make up 99% or more of the total volume of the mixture.

4. "Solid, flammable" means a solid, other than a blasting agent or explosive, that is liable to cause fire through friction, absorption of moisture, spontaneous chemical change, or retained heat from manufacturing or processing, or which can be ignited readily and when ignited burns so vigorously and persistently as to create a serious hazard. A chemical shall be considered to be a flammable solid if it ignites and burns with a self-sustained flame at a rate greater than one-tenth of an inch per second along its major axis.

Flashpoint. The minimum temperature at which a liquid gives off a vapor in sufficient concentration to ignite.

Hazardous Chemical. A chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems, and agents which damage the lungs, skin, eyes, or mucous membranes.

Laboratory. A facility where the "laboratory use of hazardous chemicals" occurs. It is a

workplace where relatively small quantities of hazardous chemicals are used on a non-production basis.

Laboratory Scale. Work with substances in which the containers used for reactions, transfers, and other handling of substances are designed to be easily and safety manipulated by one person, "Laboratory scale" excludes those workplaces whose function is to produce commercial quantities of materials.

Laboratory-type Hood. A device located in a laboratory, enclosed on five sides with a movable sash or fixed partial enclosure on the remaining side; constructed and maintained to draw air from the laboratory and to prevent or minimize the escape of air contaminants into the laboratory; and allows chemical manipulations to be conducted in the enclosure without insertion of any portion of the employee's body other than hands and arms.

Walk-in hoods with adjustable sashes meet the above definition provided that the sashes are adjusted during use so that the airflow and the exhaust of air contaminants are not compromised and employees do not work inside the enclosure during the release of airborne hazardous chemicals.

Laboratory Use of Hazardous Chemicals. Handling or use of such chemicals in which all of the following conditions are met:

1. Chemical manipulations are carried out on "laboratory scale";

2. Multiple chemical procedures or chemicals are used;

3. The procedures involved are not part of a production process, nor in any way simulate a production process; and

4. "Protective laboratory practices and equipment" are available and in common use industry-wide to minimize the potential for employee exposure to hazardous chemicals.

Medical Consultation. A consultation which takes place between an employee and a licensed physician for the purpose of determining what medical examinations or procedures, if any, are appropriate in cases where a significant exposure to a hazardous chemical may have taken place.

Physical Hazard. A chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.

Protective Laboratory Practices and Equipment. Those laboratory procedures, practices and equipment accepted by laboratory health and safety experts as effective, or that the employer can show to be effective, in minimizing the potential for employee exposure to hazardous chemicals.

Reproductive Toxins. Chemicals which affect the reproductive capabilities including chromosomal damage (mutations) and effects on fetuses (teratogenesis).

Unstable (reactive). A chemical which is the pure state, or as produced or transported, will vigorously polymerize, decompose, condense, or will become self-reactive under conditions of shocks, pressure or temperature.

Water-reactive. A chemical that reacts with water to release a gas that is either flammable or presents a health hazard.

EXPOSURE LIMITS

For laboratory uses of regulated substances, the department shall ensure that employee exposure does not exceed exposure limits specified in Title 8, California Code of Regulations, Group 16, Section 5139 of the General Industry Safety Orders.

EMPLOYEE EXPOSURE DETERMINATION

Initial Monitoring. Departments shall measure employee exposure to any substance regulated by a standard **if there is reason to believe that exposure to that substance exceeds Action Levels (or in the absence of an Action Level, the Exposure Limit).** The person supervising, directing or evaluating the monitoring shall be competent in industrial hygiene practice.

Periodic Monitoring. If initial monitoring discloses employee exposure over the Action Level (or in the absence of an Action Level, Exposure Limits), a department shall immediately comply with the exposure monitoring provisions of relevant regulations.

Notification of Monitoring Results. Departments shall, within 15 working days after the receipt of any monitoring results, notify employees of results in writing either individually or by posting results in an appropriate location that is accessible to all employees.

CHEMICAL HYGIENE PLAN

Where hazardous chemicals are used in the work-place, departments shall develop and carry out provisions of a written Chemical Hygiene Plan which is:

1. Capable of protecting employees from health hazards associated with hazardous chemicals in that laboratory; and
2. Capable of keeping exposures below limits established by regulation.

The Chemical Hygiene Plan shall be readily available to employees, and employee representatives.
The Chemical Hygiene Plan shall include each of the following elements and shall indicate specific measures that departments will take to ensure laboratory employee protection:

1. Standard operating procedures relevant to safety and health considerations to be followed when laboratory work involves the use of hazardous chemicals;

2. Criteria that departments will use to determine and implement control measures to reduce employee exposure to hazardous chemicals including engineering controls, and the use of personal protective equipment and hygiene practices. Particular attention shall be given to the selection of control measures for chemicals that are know to be extremely hazardous;

3. A requirement that fume hoods comply with regulations, that all protective equipment shall function properly and that specific measures shall be taken to ensure proper and adequate performance of such equipment;

4. Provisions for employee information and training;

5. The circumstances under which a particular laboratory operation, procedure or activity shall require prior approval from the management or a designee before implementation;

6. Provisions for medical consultation and medical examinations;

7. Designation of personnel responsible for implementation of the Chemical Hygiene Plan including the assignment of a Chemical Hygiene Coordinator; and

8. Provisions for additional employee protection for work with particularly hazardous substances. These include "carcinogens," reproductive toxins and substances which have a high degree of acute toxicity. Specific consideration shall be given to the following provisions which shall be included where appropriate:

   a. Establishment of a designated area;

   b. Use of containment devices such as fume hoods or glove boxes;
   c. Procedures for safe removal of contaminated waste; and

   d. Decontamination procedures.

Departments shall review and evaluate the effectiveness of their Chemical Hygiene Plan at least annually and update it as necessary.

EMPLOYEE INFORMATION AND TRAINING

Departments shall provide information and training to ensure that employees are apprised of the hazards of chemicals present in the work area.

Such information shall be provided at the time of an employee's initial assignment to a work area where hazardous chemicals are present and prior to assignments involving new exposure situations.

Information. Employees shall be informed of:

1. The contents of these standards;

2. The location and availability of the Chemical Hygiene Plan;

3. The exposure limits for regulated substances;

4. Signs and symptoms associated with exposures to hazardous chemicals used in the laboratory; and

5. The location and availability of known reference material on the hazards, safe handling, storage and disposal of hazardous chemicals found in the laboratory including, but not limited to, Material Safety Data Sheets received from the chemical supplier.

Training. Employee training shall include:

1. Methods and observations that may be used to detect the presence or release of a hazardous chemical (such as monitoring, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);

2. The physical and health hazards of chemicals in the work area; and

3. The measures employees can take to protect themselves from hazards, including specific procedures implemented to protect employees from exposure to hazardous chemicals - such as appropriate work practices, emergency procedures, and personal protective equipment to be used.

MEDICAL CONSULTATION AND MEDICAL EXAMINATIONS

Departments shall provide all employees who work with hazardous chemicals an opportunity to receive medical attention, including any follow-up examinations which an examining physician determines to be necessary, under the following circumstances:

1. Whenever an employee develops signs or symptoms associated with a hazardous chemical to which the employee may have been exposed in the laboratory, the employee shall be provided an opportunity to receive an appropriate medical examination;

2. Where exposure monitoring reveals an exposure level above the Action Level (or in the absence of an Action Level, Exposure Limit) for a regulated substance, medical surveillance shall be established for the affected employee;

3. Whenever an event takes place in the work area such as a spill, leak, explosion or other occurrence resulting in the likelihood of a hazardous exposure, affected employees shall be provided an opportunity for a **medical consultation.** Such consultation shall be for the purpose of determining the need for a medical examination.

All medical examinations and consultations shall be performed by or under the direct supervision of a licensed physician and shall be provided without cost to the employee, without loss of pay, and at a reasonable time and place.

Information provided to the physician. Departments shall provide the following information to the physician:

1. The identity of the hazardous chemical(s) to which the employee may have been exposed;

2. A description of the conditions under which the exposure occurred including quantitative exposure data, if available; and

3. A description of the signs and symptoms of exposure that the employee is experiencing, if any.

Physician's written opinion. For examination or consultation required under this standard, the department shall obtain a written opinion from the examining physician which is to include the following:

1. Recommendations for further medical follow-up;

2. The results of the medical examination and any associated tests, if requested by the employee;

3. Any medical condition which may be revealed in the course of the examination which may place the employee at increased risk as a result of exposure to a hazardous chemical found in the workplace; and

4. A statement that the employee has been informed by the physician of the results of the consultation that may require further examination or treatment.

HAZARD IDENTIFICATION

With respect to labels and Material Safety Data Sheets:

1. Departments shall ensure that labels on containers of hazardous chemicals are not removed or defaced.

2. Departments shall maintain in the workplace Material Safety Data Sheets for hazardous chemicals, and ensure they are readily accessible to employees.

The following provisions shall apply to chemical substances developed in the laboratory:

1. If the composition of the chemical substance which is produced exclusively for the laboratory's use is known, the department shall determine if it is a hazardous chemical. If the chemical is determined to be hazardous, the department shall provide appropriate training.

2. If the chemical produced is a byproduct whose composition is not known, departments shall assume that the substance is hazardous and therefore covered by the provisions herein.

3. If the chemical substance is produced for commercial purposes by another user outside of the laboratory, the department shall comply with Hazard Communication regulations including requirement for preparation of Material Safety Data Sheets and labeling.

USE OF RESPIRATORS

Where the use of respirator is necessary to maintain exposure below Permissible Exposure Limits, departments shall provide the proper respiratory equipment. Respirators shall be selected and used in accordance with requirements of the County of San Bernardino Respirator Protection Program.

RECORDKEEPING

Departments shall establish and maintain for each employee an accurate record of any measurements taken to monitor employee exposures and any medical consultation and examinations including tests or written opinions required by these standards.

APPENDIX A

NATIONAL RESEARCH COUNCIL RECOMMENDATIONS CONCERNING CHEMICAL HYGIENE IN LABORATORIES

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FORWARD

As guidance for each department's development of an appropriate laboratory Chemical Hygiene Plan, the following non-mandatory recommendations are provided. They were extracted from "Prudent Practices for Handling Hazardous Chemicals in Laboratories" (referred to below as "Prudent Practices"), which was published in 1981 by the National Research Council and is available from the National Academy Press, 2101 Constitution Ave., NW, Washington DC 90418.

"Prudent Practices" is cited because of its wide distribution and acceptance and because of

the preparation by members of the laboratory community through the sponsorship of the National Research Council. None of the recommendations given herein will modify any requirements of the County of San Bernardino Laboratory Safety Standards.

This Appendix merely presents pertinent recommendations from "Prudent Practices", organized into a form convenient for quick reference during operation of a laboratory facility and during development and application of a Chemical Hygiene Plan. Users of this appendix may consult "Prudent Practices" for a more extended presentation and justification for each recommendation.

"Prudent Practices" deals with both safety and chemical hazards while the County Safety Standard is concerned primarily with chemical hazards. Therefore, only those recommendations directed primarily toward control of toxic exposures are cited in this appendix, with the term "chemical hygiene" being substituted for the word "safety".

The recommendations from "Prudent Practices" have been paraphrased, combined, or otherwise reorganized, and headings have been added. However, their sense has not been changed.

CORRESPONDING SECTIONS OF THE REGULATION AND THIS APPENDIX

The following table is given for the convenience of those who are developing a Chemical Hygiene Plan which will satisfy the requirements of the County of San Bernardino Laboratory Safety Standards and related sections of this appendix.

TOPIC IN LABORATORY STANDARD	RELEVANT APPENDIX SECTION
Standard operating procedures for handling toxic chemicals.	C, D, E
Criteria to be used for implementation of measures to reduce exposures.	D
Fume hood performance.	C
Employee information and training (including emergency procedures).	D
Requirements for prior approval of laboratory activities.	E
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Special precautions for work with particularly hazardous substances.	E

In this appendix, those recommendations directed primarily at administrators and supervisors are given in sections A - D. Those recommendations of primary concern to employees who are actually handling laboratory chemicals are given in section E.

A. GENERAL PRINCIPLES FOR WORK WITH LABORATORY CHEMICALS

In addition to the more detailed recommendations listed below in sections B-E, "Prudent Practices" expresses certain general principles, including the following:

1. It is prudent to minimized all chemical exposures. Because few laboratory chemicals are without hazards, general precautions for handling all laboratory chemicals should be adopted, rather than specific guidelines for particular chemicals. Skin contact with chemicals should be avoided as a cardinal rule.

2. Avoid underestimation of risk. Even for substances of no known significant hazard, exposure should be minimized; for work with substances which present special hazards, special precautions should be taken. One should assume that any mixture will be more toxic than its most toxic component and that all substances of unknown toxicity are toxic.

3. Provide adequate ventilation. The best way to prevent exposure to airborne substances is to prevent their escape into the working atmosphere by use of hoods and other ventilation devices.

4. Institute a chemical hygiene program. A mandatory chemical hygiene program designed to minimize exposures is needed; it should be a regular, continuing effort, not merely a standby or short-term activity. Its recommendations should be followed in academic teaching laboratories as well as by full-time laboratory workers.

5. Observe the exposure limits and TLVs. The Exposure Limits of Cal/OSHA and the Threshold Limit Values of the America Conference of Governmental Industrial Hygienists should not be exceeded.

B. CHEMICAL HYGIENE RESPONSIBILITIES

Responsibility for chemical hygiene rests at all levels including the:

1. Chief executive officer, who has ultimate responsibility for chemical hygiene within the institution and must, with other administrators, provide continuing support for institutional chemical hygiene.

2. Supervisor of the department or other administrative unit, who is responsible for chemical hygiene in that unit.

3. Chemical hygiene officer(s), whose appointment is essential and who must:

   a. Work with administrators and other employees to develop and implement appropriate chemical hygiene policies and practices;

   b. Monitor procurement, use, and disposal of chemicals used in the lab;

   c. See that appropriate audits are maintained;

   d. Help project directors develop precautions and adequate facilities;

   e. Know the current legal requirements concerning regulated substances; and

   f. Seek ways to improve the chemical hygiene program.

4. Laboratory supervisor, who has overall responsibility for chemical hygiene in the laboratory including responsibility to:

   a. Ensure that workers know and follow the chemical hygiene rules, that protective equipment is available and in working order, and that appropriate training has been provided;

   b. Provide regular, formal chemical hygiene and housekeeping inspections including routine inspections of emergency equipment;

   c. Know the current legal requirement concerning regulated substances;

   d. Determine the required levels of protective apparel and equipment; and

   e. Ensure that facilities and training for use of any material being ordered are adequate.

5. Project director or director of other specific operation, who has primary responsibility for chemical hygiene procedures for that operation.

6. Laboratory worker, who is responsible for:

   a. Planning and conducting each operation in accordance with the institutional chemical hygiene procedures; and

   b. Developing good personal chemical hygiene habits.

B. THE LABORATORY FACILITY

Design. The laboratory facility should have:

1. An appropriate general ventilation system (see below) with air intakes and exhausts located so as to avoid intake of contaminated air;

2. Adequate, well-ventilated stockrooms/store-rooms;

3. Laboratory hoods and sinks;

4. Other safety equipment including eyewash fountains and drench showers; and

5. Arrangements for waste disposal.

Maintenance. Chemical-hygiene-related equipment (hoods, incinerator, etc.) should undergo continual appraisal and be modified if inadequate.

Usage. The work conducted and its scale must be appropriate to the physical facilities available and especially, to the quality of ventilation.

Ventilation.

1. General laboratory ventilation. This system should: Provide a source of air for breathing and for input to local ventilation devices; it should not be relied on for protection from toxic substances released into the laboratory; ensure that laboratory air is continually replaced, preventing increase of air concentrations of toxic substances during the working day; direct air flow into the laboratory from non-laboratory areas and out to the exterior of the building.

2. Hoods. A laboratory hood with 2.5 linear feet of hood space per person should be provided for every 2 workers if they spend most of their time working with chemicals; each hood should have a continuous monitoring device to allow convenient confirmation of adequate hood performance before use. If this is not possible, work with substances of un-known toxicity should be avoided or other types of local ventilation devices should be provided.

3. Other local ventilation devices. Ventilated storage cabinets, canopy hoods, snorkels, etc. should be provided as needed. Each canopy hood and snorkel should have separate exhaust duct.

4. Special ventilation areas. Exhaust air from glove boxes and isolation rooms should be passed through scrubbers or other treatment before release into the regular exhaust system. Cold rooms and warm rooms should have provisions for rapid escape and for escape in the event of electrical failure.

5. Modifications. Any alteration of the ventilation system should be made only if thorough testing indicates that worker protection from airborne toxic substances will continue to be adequate.

6. Performance. Rate: 4-12 room air changes/ hour is normally adequate general ventilation if local exhaust systems such as hoods are used as the primary method of control.

7. Quality. General air flow should not be turbulent and should be relatively uniform throughout the laboratory, with no high velocity or static areas; airflow into and within the hood should not be excessively turbulent; hood face velocity should be adequate (typically 60-100 cfm).

8. Evaluation. Quality and quantity of ventilation should be evaluated on installation, regularly monitored (at least every 3 months), and reevaluated whenever a change in local ventilation devices is made.

B. COMPONENTS OF THE CHEMICAL HYGIENE PLAN

Chemical Procurement, Distribution, and Storage

Procurement. Before a substance is received, information on proper handling, storage, and disposal should be known to those who will be involved. No container should be accepted without an adequate identifying label. Preferably, all substances should be received in a central location.

Stockrooms/storerooms. Toxic substances should be segregated in a well-identified area with local exhaust ventilation. Chemicals which are highly toxic or other chemicals whose containers have been opened should be in unbreakable secondary containers. Stored chemicals should be examined periodically (at least annually) for replacement, deterioration, and container integrity.

Stockrooms/storerooms should not be used as preparation or repackaging areas, should be open during normal working hours, and should be controlled by one person.

Distribution. When chemicals are hand carried, the container should be placed in an outside container or bucket. Freight-only elevators should be used if possible.

Laboratory storage. Amounts permitted should be as small as practical. Storage on bench tops and in hoods is inadvisable. Exposure to heat or direct sunlight should be avoided. Periodic inventories should be conducted, with unneeded items being discarded or returned to the storeroom/stockroom.

Environmental Monitoring

Regular instrumental monitoring of airborne concentrations is not usually justified or practical in laboratories but may be appropriate when testing or redesigning hoods or other ventilation devices or when a highly toxic substance is stored or used regularly (e.g., 3 times/week).

Housekeeping, Maintenance, and Inspections

Cleaning. Floors should be cleaned regularly.

Inspections. Formal housekeeping and chemical hygiene inspections should be held at least quarterly for units which have frequent personnel changes and semiannually for others; informal inspections should be continual.

Maintenance. Eye wash fountains should be inspected at intervals of not less than 3 months. Respirators for routine use should be inspected periodically by the laboratory supervisor. Safety showers should be tested routinely. Other safety equipment should be inspected regularly, (e.g., every 3-6 months). Procedures to prevent restarting of out-of-service equipment should be implemented as required the County of San Bernardino Lockout/Tag-out/Blockout Program.

Passageways. Stairways and hallways should not be used as storage areas.

Medical Program

Compliance With Regulations. Regular medical surveillance should be established to the extent required by regulations.

Routine Surveillance. Anyone whose work involves regular and frequent handling of toxicologically significant quantities of a chemical should consult a qualified physician to determine on an individual basis whether a regular schedule of medical surveillance is desirable.

First Aid. Personnel trained in first aid should be available during working hours and an emergency room with medical personnel should be nearby.

Protective Apparel and Equipment

These should include for each laboratory:

1. Protective apparel compatible with the required degree of protection for substances being handled;
2. An easily accessible drench-type safety shower;
3. An eyewash fountain;
4. A fire extinguisher;
5. Respiratory protection, fire alarm and telephone for emergency use should be available nearby; and

6. Other items designated by the laboratory supervisor.

Records

Accident records should be written and retained.

Chemical Hygiene Plan records should document that the facilities and precautions were compatible with current knowledge and regulations.

Inventory and usage records for high-risk substances should be kept as specified below.

Medical records should be retained by the institution in accordance with the requirements of state and federal regulations.

Signs and Labels

Prominent signs and labels of the following types should be posted:

1. Emergency telephone numbers of emergency personnel/facilities, supervisors, and laboratory workers;

2. Identity labels, showing contents of containers (including waste receptacles) and associated hazards;

3. Location signs for safety showers, eyewash stations, other safety and first aid equipment, exits and areas where food and beverage consumption and storage are permitted; and

4. Warnings at areas or equipment where special or unusual hazards exits.

Spills and Accidents

A written emergency plan should be established and communicated to all personnel; it should include procedures for ventilation failure, evacuation, medical care, reporting, and drills.

There should be an alarm system to alert people in all parts of the facility including isolation areas such as cold rooms.

A spill control policy should be developed and should include consideration of prevention, containment, cleanup, and reporting.

All accidents or near accidents should be carefully analyzed with the results distributed to all who might benefit.

Information and Training Program

Aim. To ensure that all individuals at risk are adequately informed about the work in the laboratory, its risks, and what to do if an accident occurs.

Emergency and Personal Protection Training. Every laboratory worker should know the location and proper use of available protective apparel and equipment. Some of the full-time personnel of the laboratory should be trained in the proper use of emergency equipment and procedures. Such training as well as first aid instruction should be available to and encouraged for everyone who might need it.

Receiving and stockroom/storeroom personnel should know about hazards, handling equipment, protective apparel, and relevant regulations.

Frequency of Training. The training and education program should be a regular, continuing activity - not simply an annual presentation.

Literature/Consultation. Literature and consulting advice concerning chemical hygiene should be readily available to laboratory personnel, who should be encouraged to use these information resources.

Waste Disposal Program

Aim. To ensure that minimal harm to people, other organisms, and the environment will result from the disposal of waste laboratory chemicals.

Content. The waste disposal program should specify how waste is to be collected, segregated, stored, and transported and include consideration of what materials can be incinerated. Transport from the institution must be in accordance with DOT regulations.

Discarding Chemical Stocks. Unlabeled containers of chemicals and solutions should undergo prompt disposal; if partially used, they should not be opened. Before a worker's employment in the laboratory ends, chemicals

for which that person was responsible should be discarded or returned to storage.

Frequency of Disposal. Waste should be removed from laboratories to a central waste storage area at least once per week and from the central waste storage area at regular intervals.

Method of Disposal. Incineration in an environmentally acceptable manner is the most practical disposal method for combustible laboratory waste.

Indiscriminate disposal by pouring waste chemicals down the drain or adding them to mixed refuse for landfill burial is unacceptable.

Hoods should not be used as a means of disposal for volatile chemicals.

Disposal by recycling or chemical decontamination should be used when possible.

C. BASIC RULES AND PROCEDURES FOR WORKING WITH CHEMICALS

The Chemical Hygiene Plan should require that laboratory workers know and follow its rules and procedures. In addition to the procedures of the sub programs mentioned above, these should include the rules listed below.

General Rules

The following should be used for essentially all laboratory work with chemicals:

1. Accidents and spills - Eye Contact: Promptly flush eyes with water for a prolonged period (15 minutes) and seek medical attention.

   Ingestion - Encourage the victim to drink large amounts of water.

   Skin Contact - Promptly flush the affected area with water and remove any contaminated clothing. If symptoms persist after washing, seek medical attention.

   Clean-up - Promptly clean up spills, using appropriate protective apparel and equipment and proper disposal.

2. Avoidance of "routine" exposure. Develop and encourage safe habits; avoid unnecessary exposure to chemicals by any route;

   Do not smell or taste chemicals. Vent apparatus which may discharge toxic chemicals (vacuum pumps, distillation columns, etc.) into local exhaust devices.

   Inspect gloves and test glove boxes before use.

   Do not allow release of toxic substances in cold rooms and warm rooms, since these have contained recirculated atmospheres.

3. Choice of chemicals. Use only those chemicals for which the quality of the available ventilation system is appropriate.

4. Eating, smoking, etc.. Avoid eating, drinking, smoking, gum chewing, or application of cosmetics in areas where laboratory chemicals are present; wash hands before conducting these activities. Avoid storage, handling, or consumption of food or beverages in storage areas, refrigerators, glassware or utensils which are also used for laboratory operations.

5. Equipment and glassware. Handle and store laboratory glassware with care to avoid damage; do not use damaged glassware. Use extra care with Dewar flasks and other evacuated glass apparatus; shield or wrap them to contain chemicals and fragments should implosion occur. Use equipment only for its designed purpose.

6. Exiting. Wash areas of exposed skin well before leaving the laboratory.

7. Horseplay. Avoid practical jokes or other behavior which might confuse, startle or distract another worker.

8. Mouth suction. Do not use mouth suction for pipeting or starting a siphon.

9. Personal apparel. Confine long hair and loose clothing. Wear shoes at all times in the laboratory but do not wear sandals, perforated shoes, or sneakers.

10. Personal housekeeping. Keep the work area clean and uncluttered, with chemicals and equipment being properly labeled and stored; clean up the work area on completion of an operation or at the end of each day.

11. Personal protection. Assure that appropriate eye

    protection is worn by all persons, including visitors, where chemicals are stored or handled.

    Wear appropriate gloves when the potential for contact with toxic materials exists; inspect the gloves before each use, wash them before removal, and replace them periodically.

    Use appropriate respiratory equipment when air contaminant concentrations are not sufficiently restricted by engineering controls, inspecting the respirator before use.

    Use any other protective and emergency apparel and equipment as appropriate.

    Avoid use of contact lenses in the laboratory unless necessary; if they are used, inform supervisor so special precautions can be taken.

    Remove laboratory coats immediately on significant contamination.

12. Planning. Seek information and advice about hazards, plan appropriate protective procedures, and plan positioning of equipment before beginning any new operation.

13. Unattended operations. Leave lights on, place an appropriate sign on the door, and provide for containment of toxic substances in the event of failure of a utility service (such as cooling water) to an unattended operation.

14. Use of hood. Use the hood for operations which might result in release of toxic chemical vapors or dust.

    As a rule of thumb, use a hood or other local ventilation device when working with any appreciably volatile substance with a TLV of less than 50 ppm.

    Confirm adequate hood performance before use; keep hood closed at all times except when adjustments within the hood are being made; keep materials stored in hoods to a minimum and do not allow them to block vents or air flow

    Leave the hood "on" when it is not in active use if toxic substances are stored in it or if it is uncertain whether adequate general laboratory ventilation will be maintained when it is "off".

15. Vigilance. Be alert to unsafe conditions and see that they are corrected when detected.

16. Waste disposal. Assure that the plan for each laboratory operation includes plans and training for waste disposal.

    Deposit chemical waste in appropriately labeled receptacles and follow all other waste disposal procedures of the Chemical Hygiene Plan.

    Do not discharge to the sewer concentrated acids or bases; highly toxic, malodorous, or lachrymatory substances; or any substances which might interfere with the biological activity of waste water treatment plants, create fire or explosion hazards, cause structural damage or obstruct flow.

17. Working alone. Avoid working alone in a building; do not work alone in a laboratory if the procedures being conducted are hazardous.

Working with Allergens and Embryotoxins

Allergens (examples: diazomethane, isocyanates, bi-chromates). Wear suitable gloves to prevent hand contact with allergens or substances of unknown allergenic activity.

Embryotoxins (examples: organomercurials, lead compounds, formamide). If you are a woman of childbearing age, handle these substances only in a hood whose satisfactory performance has been confirmed, using appropriate protective apparel (especially gloves) to prevent skin contact.

Review each use of these materials with the research supervisor and review continuing uses annually or whenever a procedural change is made.

Store these substances, properly labeled, in an adequately ventilated area in an unbreakable secondary container.

Notify supervisors of all incidents of exposure or spills; consult a qualified physician when appropriate.

Work with Chemicals of Moderate Chronic or High Acute Toxicity

Examples: diisopropyl fluorophosphate, hydrofluoric acid, hydrogen cyanide.

Supplemental rules to be followed in addition to those mentioned above.

Aim. to minimize exposure to these toxic substances by any route using all reasonable precautions.

Applicability. These precautions are appropriate for substances by any route using all reasonable precautions.

Applicability. These precautions are appropriate for substances with moderate chronic or high acute toxicity used in significant quantities.

Location. Use and store these substances only in areas of restricted access with special warning signs.

Always use a hood (previously evaluated to confirm adequate performance with a face velocity of at least 60 linear feet per minute) or other containment device for procedures which may result in the generation of aerosols or vapors containing the substance; trap released vapors to prevent their discharge with the hood exhaust.

Personal protection. Always avoid skin contact by use of gloves and long sleeves (and other protective apparel as appropriate). Always wash hands and arms immediately after working with these materials.

Records. Maintain records of the amounts of these materials on hand, amounts used, and the names of the workers involved.

Prevention of spills and accidents. Be prepared for accidents and spills.

Ensure that at least 2 people are present at all times if compound in use is highly toxic or of unknown toxicity.

Store breakable containers of these substances in chemically resistant trays; also work and mount apparatus above such trays or cover work and storage surfaces with removable, absorbent, plastic backed paper.

If a major spill occurs outside the hood, evacuate the area; assure that cleanup personnel wear suitable protective apparel and equipment.

Waste. Thoroughly decontaminate or incinerate contaminated clothing or shoes. If possible, chemically decontaminate by chemical conversion.

Store contaminated waste in closed, suitably labeled, impervious containers (for liquids, in glass or plastic bottles half-filled with vermiculite).

Work with Chemicals of High Chronic Toxicity

Examples: dimethylmercury and nickel carbonyl, benzo-a-pyrene, n-nitrosodiethylamine, other human carcinogens or substances with high carcinogenic potency in animals. Further supplemental rules to be followed, in addition to all these mentioned above, for work with substances of known high chronic toxicity (in quantities above a few milligrams to a few grams, depending on the substance).

Access. Conduct all transfers and work with these substances in a "controlled area": a restricted access hood, glove box, or portion of a lab, designated for use of highly toxic substances, for which all people with access are aware of the substances being used and necessary precautions.

Approvals. Prepare a plan for use and disposal of these materials and obtain the approval of the laboratory supervisor.

Non-contamination/Decontamination. Protect vacuum pumps against contamination by scrubbers or HEPA filters and vent them into the hood. Decontaminate vacuum pumps or other contaminated equipment, including glassware, in the hood before removing them from the controlled area. Decontaminate the

controlled area before normal work is resumed there.

Exiting. On leaving a controlled area, remove any protective apparel (placing it in an appropriate, labeled container) and thoroughly wash hands, forearms, face, and neck.

Housekeeping. Use a wet mop or a vacuum cleaner equipped with a HEPA filter instead of dry sweeping if the toxic substance was a dry powder.

Medical surveillance. If using toxicologically significant quantities of such a substance on a regular basis (e.g., 3 times per week), consult a qualified physician concerning desirability of regular medical surveillance.

Records. Keep accurate records of the amounts of these substances stored and used, the dates of use, and names of users.

Signs and labels. Assure that the controlled area is conspicuously marked with warning and restricted access signs and that all containers of these substances are appropriately labeled with identity and warning labels.

Spills. Assure that contingency plans, equipment, and materials to minimize exposures of people and property in case of accident are available.

Storage. Store containers of these chemicals only in a ventilated, limited access area in appropriately labeled, unbreakable, chemically resistant, secondary containers.

Glove boxes. For a negative pressure glove box, ventilation rate must be at least 2 volume changes/hour and pressure at least 0.5 inches of water. For a positive pressure glove box, thoroughly check for leaks before each use. In either case, trap the exit gases or filter them through a HEPA filter and then release them into the hood.

Waste. Use chemical decontamination whenever possible; ensure that containers of contaminated waste (including washings from contaminated flasks) are transferred from the controlled area in a secondary container under the supervision of authorized personnel.

Animal Work with Chemicals of High Chronic Toxicity

Access. For large scale studies, special facilities with restricted access area preferable.

Administration of the toxic substance. When possible, administer the substance by injection or gavage instead of in the diet. If administration is in the diet, use a caging system under negative pressure or under laminar air flow directed toward HEPA filters.

Aerosol suppression. Devise procedures which minimize formation and dispersal of contaminated aerosols, including those from food, urine, and feces (e.g., use HEPA filtered vacuum equipment for cleaning, moisten contaminated bedding before removal from the cage, mix diets in closed containers in a hood.

Personal protection. When working in the animal room, wear plastic or rubber gloves, fully buttoned laboratory coat or jumpsuit and, if needed because of incomplete suppression of aerosols, other apparel and equipment (shoe and head coverings, respirator).

Waste disposal. Dispose of contaminated animal tissues and excreta by incineration if the available incinerator can convert the contaminant to non-toxic products; otherwise, package the waste appropriately for burial in an EPA-approved site.

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APPENDIX B - REFERENCES (NON-MANDATORY)

The following references are provided to assist the employer in the development of a Chemical Hygiene Plan. The materials listed below are offered as non-mandatory guidance. References listed here do not imply specific endorsement of a book, opinion, technique, policy or a specific solution for a safety or health problem. Other references not listed here may better meet the needs of a specific laboratory.

Materials for the development of the Chemical Hygiene Plan:

1. American Chemical Society, Safety in Academic Chemistry Laboratories, 4th edition, 1985.

2. Fawcett, H.H. and W.S. Wood, Safety and Accident Prevention in Chemical Operations, 2nd edition, Wiley-Interscience, New York, 1982.

3. Flury, Patricia A., Environmental Health and Safety in the Hospital Laboratory, Charles C. Thomas Publisher, Springfield IL, 1978.

4. Green, Michael E. and Turk, Amos, Safety in Working with Chemicals, Macmillan Publishing Co., NY, 1978.

5. Kaufman, James A., Laboratory Safety Guidelines, Dow Chemical Co., Box 1713, Midland, MI 48640, 1977.

6. National Institutes of Health, NIH Guidelines for the Laboratory use of Chemical Carcinogens, NIH Pub. No. 81-2385, GPO, Washington, DC 20402, 1981.

7. National Research Council, Prudent Practices for Disposal of Chemicals from Laboratories, National Academy Press, Washington, DC, 1983.

8. National Research Council, Prudent Practices for Handling Hazardous Chemicals in Laboratories, National Academy Press, Washington, DC, 1981

9. Renfrew, Malcolm, Ed., Safety in the Chemical Laboratory, Vol. IV, J. Chem. Ed., American Chemical Society, Easlon, PA, 1981.

10. Steere, Norman V., Ed., Safety in the Chemical Laboratory, J. Chem. Ed. American Chemical Society, Easlon, PA, 18042, Vol. I, 1967, Vol. II, 1971, Vol. III, 1974.

11. Steere, Norman v., Handbook of Laboratory Safety, the Chemical Rubber Company Cleveland, OH, 1971.

12. Young, Jay A., Ed., Improving Safety in the Chemical Laboratory, John Wiley & Sons, Inc., New York, 1987.

Hazardous Substances Information:

1. American Conference of Governmental Industrial Hygienists, Threshold Limit Values for Chemical Substances and Physical Agents in the Workroom Environment with Intended Changes, P.O. Box 1937, Cincinnati, OH 45201 (1990-1991 edition).

2. Annual Report on Carcinogens, National Toxicology Program U.S. Department of Health and Human Services, Public Health Service, U.S. Government Printing Office, Washington, DC, (1985 edition).

3. Best Company, Best Safety Directory, Vols. I and II, Oldwick, N.J., 1981.

4. Bretherick, L., Handbook of Reactive Chemical Hazards, 2nd edition, Butterworths, London, 1979.

5. Bretherick, L., Hazards in the Chemical Laboratory, 3rd edition, Royal Society of Chemistry, London, 1986.

6. Code of Federal Regulations, 29 CFR part 1910 subpart Z. U.S. Govt. Printing Office, Washington, DC 20402 (1990 edition).

7. IARC Monographs on the Evaluation of the Carcinogenic Risk of chemicals to Man, World Health Organization Publications Center, 49 Sheridan Avenue, Albany, New York 12210 (Volumes 1-48 and Supplements 1-8).

8. NIOSH/OSHA Pocket Guide to Chemical Hazards. NIOSH Pub. No. 85-114, U.S. Government Printing Office, Washington, DC, 1985.

9. Occupational Health Guidelines, NIOSH/ OSHA. NIOSH Pub. No. 81-123 U.S. Government Printing Office, Washington, DC, 1981.

10. Patty, F.A., Industrial Hygiene and Toxicology, John Wiley & Sons, Inc., New York, NY (Five Volumes), 1985 edition.

11. Registry of Toxic Effects of Chemical Sub-stances, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, National Institute for Occupational Safety and Health, Revised Annually, for sale from Superintendent of Documents U.S. Govt. Printing Office, Washington, DC 20402, 1990 edition.

12. The Merck Index: An Encyclopedia of Chemicals and Drugs, Merck and Company Inc. Rahway, N.J., 1976 (or 1983 edition).

13. Sax, N.I. Dangerous Properties of Industrial Materials, 5th edition, Van Nostrand Reinhold, NY, 1979.

14. Sittig, Marshall, Handbook of Toxic and Hazardous Chemicals, Noyes Publications, Park Ridge, NJ, 1981.

Information on Ventilation:

1. American Conference of Governmental Industrial Hygienists Industrial Ventilation, 16th edition Lansing, MI, 1980.

2. American National Standards Institute, Inc. American National Standards Fundamentals Governing the Design and Operation of Local Exhaust Systems ANSI Z 9,2-1979 American National Standards Institute, NY, 1979.

3. Imad, A.P. and Watson, C.L. Ventilation Index: An Easy Way to Decide about Hazardous Liquids, Professional Safety pp 15-18, April 1980.

4. National Fire Protection Association, Fire Protection for Laboratories Using Chemicals NFPA-45, 1982.

   Safety Standard for Laboratories in Health Related Institutions, NFPA, 56c, 1980.

   Fire Protection Guide on Hazardous materials, 7th edition, 1978.

   National Fire Protection Association, Battery-march Park, Quincy, MA 02269.

5. Scientific Apparatus Makers Association (SAMA), Standard for Laboratory Fume Hoods, SAMA LF7-1980, 1101 16th Street, NW, Washington, DC 20036.

Information on Availability of Referenced Material:

1. American National Standards Institute (ANSI), 1430 Broadway, New York, NY 10018.

2. American Society for Testing and Materials (ASTM), 1916 Race Street, Philadelphia, PA19103.

County of San Bernardino

LABORATORY SAFETY STANDARDS
CODE OF SAFE PRACTICES

1. Skin contact with all laboratory chemicals is to be strictly avoided by employees.

2. Do not underestimate the risks of laboratory chemical exposure. Assume that chemicals are toxic unless known to be and identified as safe.

3. It is the responsibility of each individual to use appropriate and available ventilation devices so as to prevent the escape of airborne substances into the work place.

4. Know the location of and use appropriate Personal Protective Equipment at all times.

5. Report all exposure incidents to your immediate supervisor.

6. Dispose of all wastes according to procedure.

7. Remove all Personal Protective Equipment, as well as protective clothing, prior to leaving a potentially contaminated work area.

8. Employees are to wash their hands as soon as is feasible after removal of protective clothing and/or gloves.

9. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are strictly prohibited in work areas where there is a reasonable likelihood of contact or exposure to toxic chemicals or other sources of contamination.

10. Food, drink or condiments shall not be kept in refrigerators, freezers, shelves, cabinets, counter tops, or bench tops where there is a reasonable likelihood of contact or exposure to toxic chemicals or other sources of contamination.

11. Do not use mouth suction for pipeting or starting a siphon.

I have read and understand the preceding safe work practices. I am aware that in addition to increasing the risk and possibility of serious illness, failure to comply with these guidelines could result in a significant reduction in my benefits should an occupational illness result.

_____ _____

Date Signature

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Ergonomics

COUNTY OF SAN BERNARDINO

1853

ERGONOMICS PROGRAM

SCOPE

This section establishes County of San Bernardino procedure for addressing the potential for ergonomic or cumulative trauma illness/injury in the workplace. It provides information and guidance on the process of anticipating, identifying, evaluating, and mitigating workplace hazards from repetitive motion tasks in connection with employment at San Bernardino County.

This procedure sets forth minimum standards for all County Departments, Agencies, and Groups. Individual entities may implement more stringent standards.

Copies of Department prepared programs are to be provided to Risk Management/Safety Section as well as included in the immediately following divider labeled "Department Program."

PURPOSE

Title 8, California Code of Regulations, General Industry Safety Orders, Section 5110 requires California employers to establish effective programs for the purpose of eliminating or minimizing the risk of employee exposure to repetitive musculoskeletal injuries through work site evaluations, employee training, and utilization of appropriate engineering and work practice controls.

INTRODUCTION

It is the goal of San Bernardino County to make every task performed by its employees physically and environmentally safe. In many instances, this is done through the use of **"Ergonomics"**. Ergonomics focuses on the interaction between people and their work, the tools they use, the tasks they perform and the physical environment in which they perform their jobs.

DEFINITIONS

Administrative Controls- Any procedure which significantly reduces daily exposure by control or manipulation of the work schedule or manner in which work is performed (i.e. using job rotation, allowing frequent rest breaks, alternating tasks, adjusting work methods).

Awkward Posture- Any part of the body working in a stressful or non-neutral posture (i.e. twisting, bending, kneeling, squatting, stooping, extended reaching/stretching).

Engineering Controls- Physical changes to work stations, equipment, materials or any other relevant aspect of the work environment which reduces or prevents exposure to work related risk factors.

Mechanical or Contact Stresses- Produced when the soft tissues of the fingers, hands or wrists are squeezed between the bone and external objects, such as tools, parts, or adjacent equipment.

Repetitive Motions-Performing rapid or continuous repetition of the same constant motions or motion pattern which stresses the body parts performing that motion.

Risk Factors-Procedures that expose any part of the body to awkward positions, repetitive motions, or other forces that increase the risk of a musculoskeletal disorder.

Sustained Posture- Prolonged muscle contraction without movement.

Vibration- Localized vibration exposure is produced by contact between the hands and a vibrating object such as a power tool. Whole body vibration occurs while standing or seated in vibrating environments or objects such as trucks, heavy machinery, or while using heavy equipment such as jackhammers.

Musculoskeletal Disorders (RMIs or CTDs)- Clinically diagnosed repetitive injury of the muscles, tendons, ligaments, peripheral nerves, joints, cartilage, bones, and/or supporting vessels in either the upper/lower extremities or back, which are associated with ergonomic risk factors and which are not the result of acute or instantaneous events.

RESPONSIBILITIES

Department Management and Supervisors have the following responsibilities with regard to ergonomics:

1. Ensure implementation of the Ergonomics Program throughout all Departments within the County;

2. Authorize budgeting and expenditure of necessary resources to implement the program; and,

3. Provide corrective action as may be deemed necessary or practical to modify or replace equipment, machinery, and tools which are found to create repetitive motion injuries (RMI) if technologically feasible.

Supervisors of employees in jobs, processes, or operations where an RMI has occurred shall:

1. Ensure employees are provided with and use appropriate tools, equipment, parts, and materials required to perform the job at the lowest level of exposure to risk factors that is feasible;

2. Perform ergonomic worksite evaluations of all jobs, processes or operations for exposure to risk factors which have, or could have, a potential to cause RMIs; and,

3. Conduct training and make frequent checks to ensure employees are properly using equipment and controls that have been implemented.

Risk Management Division shall:

1. Prepare guidelines, programs, training, and implementation monitoring in conformance with all Title 8, California Code of Regulations, mandates;

2. Develop and present manager/supervisor training;

3. Provide consultation with regard to the process of anticipating, identifying, evaluating, and mitigating ergonomic hazards;

4. Ensure that a procedure is in place for employees to report symptoms and perceived work related ergonomic risk factors;

5. Monitor the effectiveness of the departmental ergonomic program on an on-going basis.

Employees will:

1. Follow established procedures to ensure that equipment is properly maintained in good condition;

2. Attend ergonomics training as required, and apply the knowledge and skills acquired to actual job tasks, processes or work activities;

3. Report damaged, malfunctioning tools, equipment or materials to supervision; and,

4. Report signs and symptoms of RMIs and perceived work related ergonomic hazards to supervision.

ERGONOMIC WORKSITE EVALUATIONS

The purpose of conducting an ergonomic worksite evaluation is to:

- Identify the task requirements and any work related ergonomic risk factors of jobs, processes or work activities that may cause or contribute to the development of RMIs.
- Determine any feasible engineering and/or administrative control measures to reduce or prevent employee exposure to RMIs.

- Identify appropriate types of personal protective equipment where effective engineering or administrative controls are not feasible.

Ergonomic worksite evaluations must be conducted by a supervisor when one or more employee(s) is diagnosed within a twelve (12) month period with a work-related RMI.

Supervisors shall routinely perform an ergonomic worksite evaluation on all positions and tasks within his or her area of responsibility for the purpose of maintaining a safe workplace.

Ergonomic worksite evaluations and training are specifically required:

- When an employee reports a symptom which may be related to the development of a work related RMI.

- For jobs, processes or work activities where work related ergonomic risk factors are known to have caused or aggravated potential RMIs.

- Before and after implementation of *new* jobs, tasks, tools, equipment or processes.

- When an employee reports an injury as a result of performing tasks or operations common to other employees in the workplace.

TRAINING

1. Job risk specific training shall be provided to all employees who have the same job, process or operation of identical work activity at the same workplace location:

- When an employee reports a symptom which may be related to the development of a work related RMI.

- For jobs, processes or work activities where work related ergonomic risk factors are known to have caused or aggravated RMIs.
- Before and after implementation of *new* jobs, tasks, tools, equipment or processes.

- When an employee reports an injury as a result of performing tasks or operations common to other employees in the workplace.

2. Employees should be provided training that includes an explanation of:

- The contents of this program.

- The work related ergonomic risk exposures which have been associated with the development of RMIs.

- The symptoms and consequences of musculoskeletal injuries caused by repetitive motion

- The importance of reporting symptoms and injuries to supervision.

- Control measures used to prevent or minimize employee exposure to RMIs.

RECORDKEEPING

Accurate records should be maintained by each department of all:

- Reports from employees of symptoms of RMIs and any perceived work related ergonomic risks;

- Ergonomic worksite evaluations conducted in the workplace;

- Prevention or control measures implemented to prevent or minimize exposure to work related ergonomic risk factors; and

- Training records, including date(s), name of instructor(s), training materials/ curriculum used, and list of attendees.

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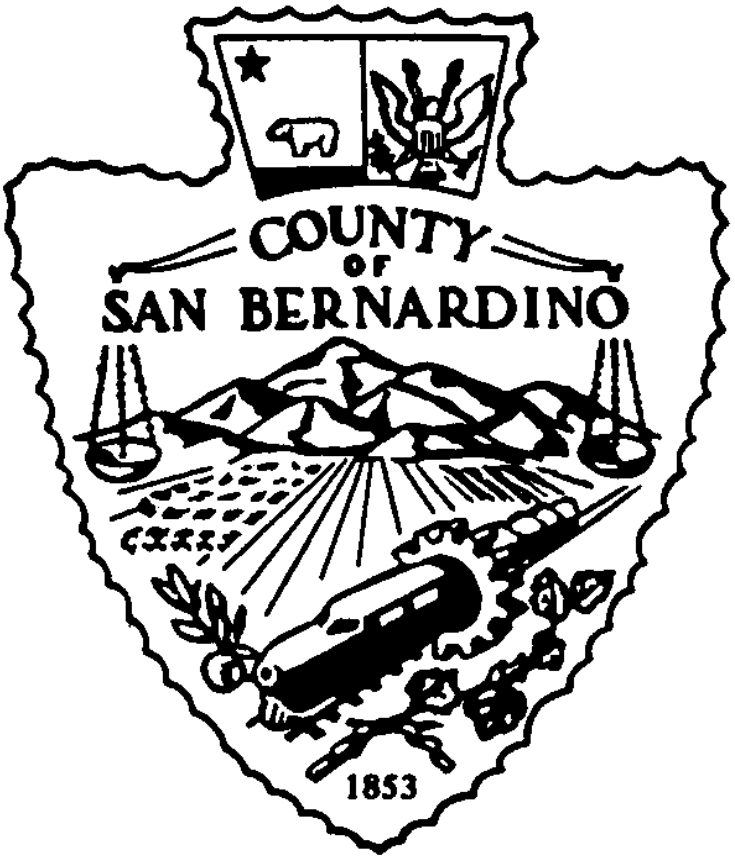
Safety Meetings



SAFETY MEETINGS/GENERAL INSTRUCTIONAL TALKS

It is important for supervisors to meet regularly with employees to discuss safety and health. It is only through face-to-face contact that effective communication on the subject can take place. Open, informal group meetings encourage questions and discussion that "personalize" the issue of SAFETY by focusing on day-to-day applications.

Risk Management Division/Safety Section has available a variety of topic outlines, employee handouts and audio/visual aids for the use of supervisors.

Regular safety meetings, "General Instructional Talks", are required in all departments.

ENCOURAGE **SAFETY** AWARENESS

When small groups of workers get together to discuss hazards they have encountered and steps they can take to eliminate them, it increases each co-worker's SAFETY consciousness.

MOTIVATE EMPLOYEES TO FOLLOW PROPER SAFETY PRACTICES

Small group meetings are best to demonstrate the use of protective equipment, proper lifting techniques, and other specific SAFETY procedures.

NIP **SAFETY** HAZARDS IN THE BUD

SAFETY meetings should pinpoint minor hazards before they result in real problems. Hazards that are inherent in the environment and that experienced employees are likely to take for granted should also be discussed.

INTRODUCE WORKERS TO NEW **SAFETY** RULES, EQUIPMENT AND PREVENTATIVE PRACTICES

In addition to introducing new topics, reinforce the importance of long-standing SAFETY procedures and remind employees of the reasons behind them.

PROVIDE VITAL INFORMATION ON ACCIDENT CAUSES AND TYPES

Keep employees up-to-date on hazards in their environment and what management is doing about them. Discuss accident statistics and how to prevent reoccurrence.

TYPE OF MEETING

A safety meeting, or General Instructional Talk (GIT), should be for a small group of employees. Greater exposure to all employees will result and ample time will be available for employee questions and answers.

SAFETY meetings require planning and forethought. There is a danger, however, in adhering to a set "agenda". Employees quickly become blase about attending meetings that are carbon copies of each other.

The supervisor should ensure: (1) employee interest is aroused and held; (2) employees are not overloaded with information and ideas; (3) employees are comfortable enough -- both physically and emotionally -- to prevent restlessness and encourage participation; and (4) employees leave the meeting with an improved attitude and more useful information than they had prior to the meeting.

The most successful SAFETY meeting lends itself to a small group format. It is a periodic General Instructional Talk, the purpose of which is to provide employees with pertinent information. Typically a GIT lasts only 5 or 10 minutes. Long enough to get the information across, but short enough to avoid boredom and restlessness.

PREPARATION AND PLANNING

No matter what topic is chosen, there are a few recommended guidelines for preparing a meeting:

1. CHOOSE TOPIC CAREFULLY. A subject related to a recent accident or the purchase of new equipment will make a greater impression on employees than a less timely topic.

2. GATHER FACTS AND FIGURES. Be sure facts are complete and accurate. Consider whether they might have more impact as a chart or other visual aid.

3. MAP OUT THE PRESENTATION. Decide beforehand the best way to present a subject. Anticipate employees' questions and reactions. Outline goals in terms of changed attitudes, reduced accident rates, etc.

4. SET A TIME LIMIT. Decide on a realistic time frame and stick to it. Employees are more apt to give their attention when they know the meeting isn't going to drag on.

5. PRACTICE DELIVERY. Give thought to how employees will interpret the manner of presentation. Convey sincerity and interest through stance, gestures, and tone of voice.

6. DEVISE STRATEGIES TO GET EMPLOYEES INVOLVED. Develop questions requiring more than a Yes or No answer. Set aside time at the end of the meeting for discussion, and prepare comments to keep the discussion going.

HOW TO CONDUCT A SAFETY MEETING

If one is thorough in preparation and planning, a meeting will practically run itself. Experience and practice will help improve GIT skills.

Basic steps that should be followed in conducting a meeting on almost any topic are:

1. INTRODUCE THE TOPIC. Tell the group what the meeting is about. Don't go overboard trying to be clever.

2. PRESENT THE FACTS. Be concise in providing employees with necessary background. Present facts and figures in as interesting a manner as possible.

3. DEMONSTRATE. Demonstrate the point. Get employees involved in any demonstration . This will give a meeting added impact.

4. OPEN THE MEETING UP FOR DISCUSSION. Answer questions, clarify misunderstandings, and obtain feedback from employees. An active discussion is usually a good indication that a meeting has been successful.

5. SUMMARIZE THE MAJOR POINTS. Recap what has been discussed and decided. If the group has agreed on steps to correct a hazard or improve an unsafe condition, remind employees about what they have agreed to do.

USING VISUALS AND STATISTICS

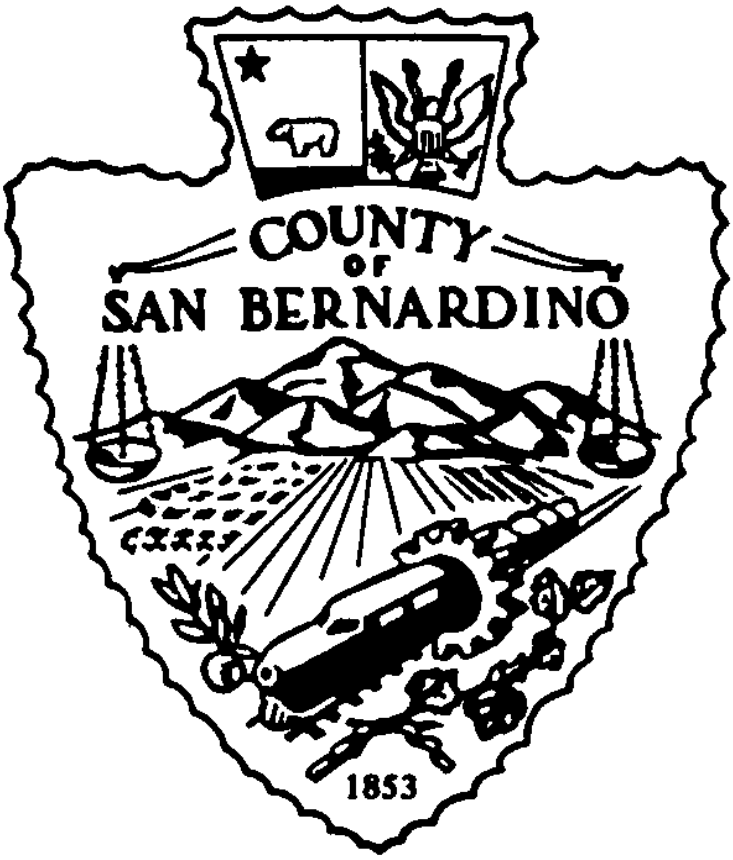
To capture employee attention, GIT's should be kept interesting. Audio/visual aids and carefully chosen statistics are excellent means of reinforcing the message of a GIT and maintaining a high level of interest among listeners.

Compile statistics from department records of accidents and occupational injuries. They provide objective evaluation of a department's overall progress in meeting SAFETY goals. Statistics are also useful in pin-pointing problem areas. For example, if 10% of the occupational injuries involved lifting type accidents, this is a good topic to focus on, with appropriate follow up at subsequent meetings. Statistics can also be an effective motivational tool.

The same can be said of visual and audiovisual aids. Visual aids can be used to inform, persuade, motivate, and entertain. They can also be used to solve problems. Don't let visual aids run a meeting. They are only effective when used to back up what is said.

Supervisors should schedule and plan GIT's so that they become a normal part of work activities. Page 244 herein provides a log to be used in such planning. GIT's are a vital part of employee training and must be documented. Page 247 herein provides a format for such documentation.

Hazard Report



County of San Bernardino
Risk Management Division

HAZARD REPORT

The instructions for completion are on the reverse side of this form.

This form is the tool for employees, supervisors or managers to report safety hazards. Imminent hazards which endanger County employees or the public should be immediately telephoned to Risk Management at (909) 386-8620, 386-8623.

After hours, call the Comm Center at (909) 356-3805 and ask them to contact appropriate Risk Management staff.

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County of San Bernardino
RISK MANAGEMENT DIVISION

HAZARD REPORT

Reporting Employee (Optional)		Date
Department		
Location of Condition		
Description of Hazardous Condition or Unsafe Practice:		
Corrective Action Taken or Recommended:		
Date Corrective Action Taken	Signature	Phone Number

DO NOT WRITE BELOW — FOR FACILITIES MANAGEMENT USE ONLY

THE FOLLOWING CORRECTIVE ACTION HAS BEEN COMPLETED:	
Title	Signature

DISTRIBUTION: White — Risk Management
Canary — Originator
Pink — Facilities Management

15-18582-000

HOW TO COMPLETE HAZARD REPORT

Form No. 15-18582-000

The purpose of the Hazard Report (Form no. 15-18582-000) is threefold:

1. To provide all County employees a formal method to report unsafe facility/work conditions and job practices, either real or perceived.
2. To provide management a formal method to document corrective action taken on all reported unsafe conditions and/or practices, as well as a method to solicit aid or input from outside the department in correcting conditions and practices.
3. To notify appropriate individuals outside the reporting department that a condition or practice exists which requires assistance in resolving.

ROUTING

1. Originating department is to maintain canary copy. Its purpose is to diary the condition for department management control as well as to provide permanent documentation that reporting and correction of unsafe situations is occurring.
2. Originating department forwards pink copy to Facilities Management for information and/or action as is appropriate. Facilities Management forwards pink copy to Safety Section/Risk Management Division following correction.
3. Originating department forwards white copy to Safety Section/Risk Management Division. Safety Section will log condition, recommend and monitor correction, and delog as condition is resolved.

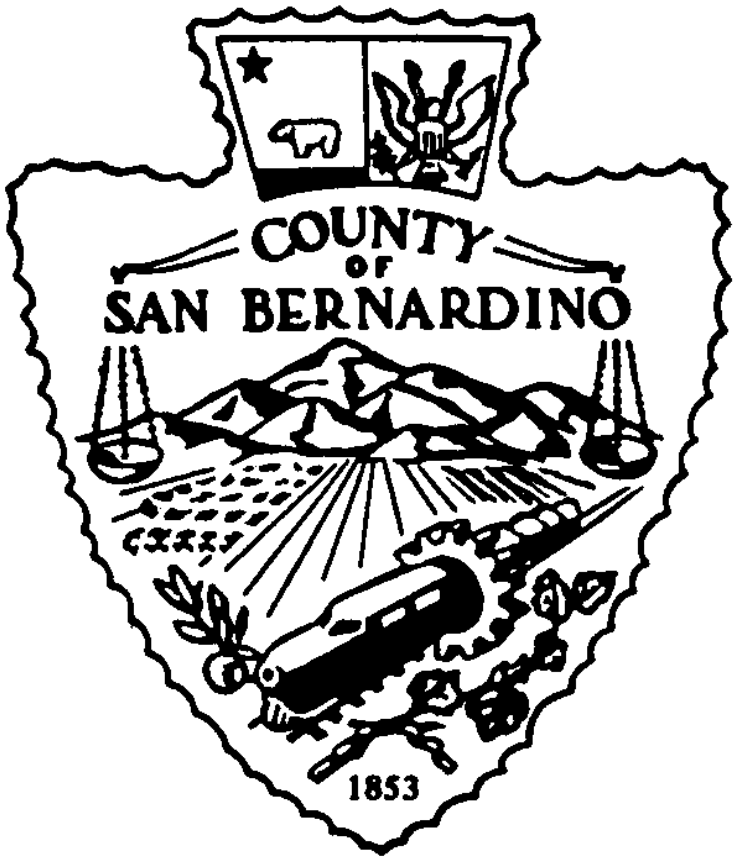
Top Portion of Form — For Employee and Department Use

1. REPORTING EMPLOYEE	Full name of individual completing report. Reporting employee may exclude name if anonymity is desired. However, experience has shown that anonymously reported practices and conditions are frequently difficult to identify and correct.
2. DATE	This should reflect the date report is actually completed.
3. DEPARTMENT	Name of department where hazard exists.
4. LOCATION	Complete address of where condition exists.
5. DESCRIPTION	Report must include a description of condition or practice in detail sufficient to identify the problem.
6. CORRECTIVE ACTION	An appropriate member of department management should review the report prior to routing. If condition is corrected within the department, report should so indicate. If necessary corrective action is beyond the scope of departmental correction, report should be routed with departmental recommendations.
7. DATE CORRECTIVE ACTION TAKEN	This should reflect date that any actual departmental corrective action was completed.
8. SIGNATURE	This should reflect the departmental individual, if any, who corrected condition or practice.
9. PHONE NUMBER	This should include a telephone number of the individual whom Safety Section can call relative to the hazard.
10. ANONYMITY	The purpose of the Hazard Report is to assure that unsafe conditions are corrected. It is for this reason that department management must be the initial step in form routing. Employees who perceive the need for anonymity are to direct the form to management in such a way as to protect their identity. Employees in such circumstances will need to xerox the report if a copy is desired.

Lower Portion of Form — For Facilities Management Use

1. DATE	This should reflect date that report of corrective action is being prepared. The narrative of corrective action should include date of such correction.
2. CORRECTIVE ACTION	This section should include a complete report of all action taken to correct condition.
3. SIGNATURE	Signature of Facilities Management Supervisor responsible for corrective action.
4. TITLE	Title of Supervisor signing report.

Safety Guidelines



SAFETY RESPONSIBILITY OF SUPERVISORY PERSONNEL

Management has a responsibility to complete safety training, establish safety policies and procedures and ensure safe working conditions. Supervisors are responsible for the actions of persons who report to or are assigned to them. Each supervisor is required to communicate and enforce safety policies and procedures.

In discharging safety responsibilities, line supervisors will:

1. Ensure that safety is designed into each operation or procedure.

2. Accept as part of supervisory responsibility the safety of employees under direct supervision as well as the safety of those employees whose duties place them in proximity to areas, operations, equipment within the Supervisor's area of responsibility.

3. Instruct employees about potential hazards of the job, as well as specifically train new employees in safe work practices.

4. Be thoroughly familiar with and instruct employees in evacuation and other emergency procedures.

5. Seek assistance and advice of Risk Management Division/Safety Section on matters concerning safe practices, policies or procedures.

6. Conduct periodic safety appraisals within their area of responsibility and assure all new or relocated equipment has been checked and approved by Risk Management Division/Safety Section before being placed in operation.

7. See that essential safety equipment, protective devices, and personal protective equipment (PPE) are provided for each job and used effectively and as designed.

8. Instruct each employee that willful violation of established safety rules is not tolerated and will result in disciplinary action.

9. Take prompt, positive, corrective action whenever unsafe conditions and unsafe acts are noted.

10. Ensure that all injuries are properly treated and reported.

11. Investigate and determine the cause of all accidents, even those which result in minor injuries, and make required reports.

12. Instill safety awareness in each employee through personal conduct, periodic individual safety contacts, and by conducting group safety meetings.

13. Exercise progressive discipline where employees refuse to follow adopted safety standards, rules and regulations.

14. Give personal support to all safety activities and safety procedures.

15. Become personally familiar with emergency first aid practices and procedures.

16. Document all safety training.

PURCHASE REQUESTS

The manufacturer of a product is best qualified to incorporate safety into the design of a product; therefore, safety features designed into a product by the manufacturer are preferred over improvisations added after purchase and delivery. Purchaser modification voids product liability and is to be avoided.

To ensure compliance with California Department of Industrial Relations Safety Standards when purchasing or renting equipment and supplies, the following procedures will be adhered to:

1. **Purchase of Carcinogenic Hazardous Materials.** Explosives, flammables, oxidizing agents, compressed gases, toxic materials, corrosive materials and radioactive materials are all considered hazardous.

   - The Purchasing Director will not accept purchase requests for hazardous materials from any department or agency unless a **Material Safety Data Sheet** has been submitted by the vendor and attached to the purchase request. Copies of the completed form are to be sent to the County Risk Management Division as well as the Division of Environmental Health Services (EHS). The Division of Environmental Health Services (EHS) in cooperation with Risk Management shall make appropriate recommendations concerning storage, handling, and use of hazardous materials. Materials may be restricted from purchase if considered too dangerous. The Risk Management Division shall maintain a permanent file of all Material Safety Data Sheets.

   - After approval by Risk Management, the Material Safety Data Sheet will be maintained where the material is stored and used. Employees will be trained in proper procedures by a supervisor prior to exposure to such materials. In this respect, all procedures set forth in the County Hazardous Communication Program will be followed. (See Section 2 of this manual.)

   - Division of Environmental Health Services is designated as Radiological Control Agency for the County. Any Department or Group that has or intends to purchase a source of radiation shall notify EHS for assistance in assuring compliance with California Radiation Control Regulations. Radiation refers to gamma and x-rays, alpha and beta particles, high-speed electrons and other nuclear particles.

2. The County Purchasing Director will send a copy of purchasing requests for all equipment or supplies not previously approved to Risk Management for approval. The Risk Manager and the County Purchasing Director will revise the approved list as necessary.

3. All requests for purchase of pesticides, herbicides and poisons shall be referred to the County Agriculture Department for approval prior to purchase. The Agriculture Department will ensure that the department or agency fully complies with current Pesticide Worker Safety Regulations before approval is made for purchase and use.

4. Vendors shall provide proper NFP/OSHA HAZ MAT identification.

5. Section 2 of this manual includes the County Hazard Communication Procedure, which complies with CCR, Title 8, GISO, Section 5194. This information provides the County standard for hazardous material training requirements and is to be strictly followed.

PHYSICAL EXAMINATIONS

Medical supervision, examinations, and tests required by Title 3, **Pesticide Worker Safety Regulations** will be scheduled and performed by the Center for Employee Health and Wellness, Human Resources.

Initial and periodic audiometric testing of employees exposed to hazardous noise environments will be scheduled and performed by the Center for Employee Health and Wellness in conjunction with Risk Management Division/Safety Section. See Section 3 of this manual.

Departments with employees who work with pesticides or other hazardous materials or substance, or who are exposed to excess noise in their work, must maintain a current list of such employees. This list is to be provided to the Center for Employee Health and Wellness, Human Resources.

Records of examinations shall be maintained by the Center for Employee Health and Wellness.

VEHICLE DAMAGE POLICY

Whenever a County-owned vehicle is damaged, the following policies will apply:

Collision With Non-County Vehicle

1. In instances where a County vehicle is involved in a collision with a non-County vehicle, and the non-County driver is negligent or responsible:

    a. The County will subrogate or recover all damages to its vehicle from the negligent driver or his/her insurance company.

    b. If payment is not forthcoming for damages, the County will take Court action whenever possible or feasible.

2. When a County driver, using a County vehicle, is deemed responsible or negligent in a collision with a non-County vehicle:

    a. The County's liability program will cover claims against the County arising out of the collision and, if necessary, provide legal representation for the County and the employee;

    b. The cost of repairing or replacing the County vehicle involved will be transferred to the Motor Pool from the travel fund of the negligent employee's department.

Collision With Another County Vehicle

3. In instances where a County employee using a county vehicle is deemed negligent or responsible in a collision involving another County vehicle or vehicles:

    a. The total cost of repairing or replacing all County vehicles involved will be charged to the negligent employee's department. Funds to cover this cost will be transferred from that department's travel fund to the Motor Pool;

    b. Should both or all County drivers be deemed responsible or negligent, each department shall reimburse the Motor Pool from its travel fund for the cost of repairing or replacing that vehicle which its employee was driving at the time of the collision.

Damages During Vehicle Operations

4. In instances where a County employee using a County vehicle is found negligent or responsible for damages to that vehicle, although not involved in a collision with another vehicle:

    a. Property damage caused by that driver to property of others will be covered by the County liability program. Legal representation will be provided to protect the interests of the County and the employee, if necessary;

    b. The total cost of repairing or replacing the County vehicle involved will be charged to the negligent employee's department. Funds to cover the cost of repair will be transferred from that department's travel fund to the Motor Pool.

Comprehensive Damage To County Vehicle

5. In instances where a County non-Motor Pool vehicle is damaged by vandalism, malicious mischief, burglary, or fire:

   a. The cost of repairing or replacing the vehicle will be transferred from the Comprehensive Vehicle Sub Fund to the Department or District, if funds are available;

   b. The County will try to subrogate or recover these costs from the responsible person whenever possible, and provide legal representation whenever necessary.

Negligence shall be determined collectively by the Risk Manager, Safety Awards and Review Board, and the Law Enforcement Agency that investigated the collision or accident.

Motor Vehicles

The County of San Bernardino has a vital interest in the safety of all employees, whether in the workplace or on the road. All County vehicles are equipped with seat belts. Employees who drive or ride as passengers in County vehicles are required to fasten seat belts for personal protection.

The driver/employee shall inspect an assigned vehicle before it is driven. This inspection should assure that the brakes, horn, lights, tires and directional signals are working properly.

Vehicle passengers not employed by the County must be authorized by the Department Head.

No one should drive a vehicle that is defective. Any defect must be reported immediately to Vehicle Services.

Engines are to be stopped, transmissions in gear or park, parking brake set and ignition keys removed when parking or leaving vehicles.

All employees who drive vehicles must have a valid California driver's license as required for the equipment operated.

Articles, tools, equipment, etc., placed in cars or truck cabs should be stored to prevent interference with vision or proper operations of the vehicle.

Employees must report **ALL** vehicle accidents as required by law and/or State of California accident-reporting procedures. Notify your supervisor as quickly as possible. **Always report an accident to the nearest law-enforcement agency.**

Obtain all necessary information and facts about the accident, and completely and accurately fill out the **Vehicle Accident Report** Form (See Section 19 of this manual for Reporting Procedures.)

Employees riding in County vehicles must be in the passenger compartment. No one is permitted to stand or sit on materials, ride on the side of equipment, or ride in the bed of trucks.

Employees are required to obey all California Traffic regulations. Monetary or other costs of traffic violations, including parking tickets, are the responsibility of the employee.

Enforcement of Rules and Regulations

Upon repeated or flagrant infraction or disregard of driver regulations, Department Heads and/or Risk Management Division may, at their discretion, prohibit any employee from operating a County automobile or private automobile for County use. In such cases of withdrawal of use, the facts involved shall be submitted to and be made part of the records of Human Resources and the employee's Group/Department.

Cal/OSHA Inspections

The California Department of Industrial Relations, Division of Occupational Safety and Health is the State agency charged with safety inspections. The Department of Occupational Safety and Health has a force of Safety Engineers called Compliance Officers who perform inspections to verify compliance with Title 8, California Code of Regulations. The Department of Occupational Safety and Health does not allow advance notice of compliance inspections. The first indication that an

inspection is about to occur is the arrival of a Compliance Officer at the workplace. Upon arrival, the Compliance Officer presents credentials and requests an opening conference. After inspecting these credentials, The Department Head, and the County Risk Management Division/Safety Section must be notified.

The Risk Management Division/Safety Section must be notified immediately of the arrival of a Compliance Officer.
Compliance Officers have the right to enter during working hours, and at other times, within reasonable limits, to inspect any County facility. Compliance Officers have the right to question any County employee privately. The County is authorized to have a management representative and an employee representative accompany the Compliance Officer during the physical inspection of a facility. In the absence of an employee representative, the Compliance Officer will confer with employees picked at random.

During the opening conference, the Compliance Officer will advise that the purpose of a visit is to investigate procedures and equipment to ensure compliance with the requirements of the California Code of Regulations. The officer will usually request all of the following:

1. Records to be reviewed, such as department policy concerning the Code.

2. Safety program organization and procedure.

3. Evidence of safety activities, such as safety meeting minutes, reports submitted after inspections, educational activities, noise control, training documentation, etc.

4. Accident data to emphasize the thoroughness of investigations and the procedure for taking corrective action after an accident occurs.

5. OSHA 200 Log.

The Compliance Officer's obligations are:

1. To confer with employees.

2. To inspect the workplace.

3. To conduct a closing conference.

4. If applicable, to furnish a copy of the citation and answer any questions from those in attendance.

The Compliance Officer will also ascertain whether employees of another employer (i.e. a contractor for maintenance or remodeling) is working in or at the establishment.

During conference, the Compliance Officer will explain employee representative's rights and ask for an authorized employee representative. Generally, an employee representative will be an employee of the establishment being inspected.
The County is not permitted to designate the employee representative. Employer representatives may deny the right of accompaniment to any person whose conduct interferes with a full and orderly inspection. If there is no authorized employee representative, the Compliance Officer will consult with a reasonable number of employees during the course of inspection, concerning matters of safety and health in the workplace.

Inspection of Facilities: The Compliance Officer will take the time necessary to inspect all aspects of the operations at the establishment. **Inspections have as their primary aim, the enforcement of orders promulgated under the California Code of Regulations. In addition, the Compliance Officer will ascertain whether the County has complied with other State promulgated regulations**, including posting the OSHA poster, and conformance with recordkeeping requirements.

The Compliance Officer may have instruments needed in checking noise levels, air quality, etc., and during the course of inspection, will note any apparent violation of specific standards or the general duty clause. OSHA-A form will serve as a base for information on alleged violations. The County's representative should make a record of any apparent violations noted by the Compliance Officer during the inspection of facilities. In order to have precisely the same information that the Compliance Officer has, the Risk Management Division/Safety Section will take notes identical to the Compliance Officer's during the actual inspection. (It should be emphasized that **the Compliance Officer is**

only required to note apparent violations and is not required to present a solution or method of correcting the violation.)

If, during the course of inspection, the Compliance Officer receives a complaint that meets the data requirements of OSHA-7 Complaint Form, inspection will be made for the alleged violation. Before the Compliance Officer conducts the inspection concerning the alleged violation, a copy of the complaint should be given to the County's management representative.

In the course of normal inspection, the Compliance Officer may make preliminary inspections of industrial hygiene conditions, generally using direct-reading instruments. Should this occur, it is prudent to have qualified County employees duplicate the tests made by the Compliance Officer and it is, therefore, important to take careful notes on the Compliance Officer's methods and results. If an inspection indicates a need for in-depth analysis by an industrial hygienist, the Compliance Officer will notify the DOSH area director who will assign a qualified industrial hygienist to investigate further. No citation for an alleged health violation will be issued until the Compliance Officer's findings are confirmed.

Following inspection and before the closing conference, the employee representative will be excused.

Management personnel should be available for discussion with the Compliance Officer during and after inspection.

Closing Conference: Upon completion of inspection, the Compliance Officer will confer with County management. Risk Management Division/Safety Section should be present at this conference. The Compliance Officer will advise management of all conditions and practices which may constitute safety or health violations, and will also indicate the applicable section or sections of the California Code of Regulations which may have been violated.

The Compliance Officer will advise management that citations may be issued for alleged violations. Management will be informed that citations will fix a reasonable time for abatement. The Compliance Officer may ask for an estimate of the time period required to abate the alleged violation and consider this estimate when recommending a reasonable time for abatement. The Compliance Officer should also explain the appeal procedures available for any citation or proposed penalty notice.

Violations: In addition to the general duty clause, the occupational safety and health standards promulgated under Cal/OSHA are used as a basis for determining four types of violations:

1. Imminent danger
2. Serious
3. Non-serious
4. De minimis

Imminent Danger

Cal/OSHA defines **Imminent Danger** as, "any condition or practice in any place of employment which is such that a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through the enforcement procedures otherwise provided by this Act." Therefore, for a condition or practice to constitute an **Imminent Danger** situation, it must be determined that there is a reasonable certainty that immediately or within a short period of time such condition or practice could result in death or serious physical harm. Normally, a health hazard would not constitute an **Imminent Danger** except in extreme situations, such as the presence of lethal concentrations of airborne toxic substances, posing an immediate threat to the lives or health of employees.

If, during the Compliance Officer's inspection, it is determined that an **Imminent Danger** exists, the Compliance Officer will attempt to have the danger corrected immediately through voluntary compliance. Management will be advised of the existing danger. Employees who appear to be in imminent danger will be informed of the danger, and management will be requested to remove employees from the area of imminent danger.

The imminent danger will be deemed abated when management:

1. Removes employees form the danger area, or;

2. Eliminates the conditions or practices which result in the imminent danger.

Voluntary abatement will be noted by the Compliance Officer on an OSHA-1 form. If abatement is refused, the Compliance Officer will immediately inform the affected employees of the danger involved and will inform management and affected employees that he is recommending a court order for appropriate relief (i.e., to shut down the operation). The Compliance Officer will personally post an **Imminent Danger Citation**, (OSHA-8 form) at or near the area in which the exposed employees are working. The Compliance Officer has the authority either to order the closing down of the operation or to direct employees to leave the area of the imminent danger or the workplace.

Serious Violation

To determine if a violation is serious, the Compliance Officer must decide:

1. If there is a substantial probability that death or serious physical harm could result from a condition which exists, or from one or more practices, means, methods, or processes which have been adopted, or are in use.

2. If so, did the County know or, with the exercise of reasonable diligence, should it have known of the hazard?

If the answer to both considerations is "yes", then a **serious** violation exists.

Serious injury or illness is defined as any injury or illness occurring in a place of employment or in connection with any employment which:

1. Requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation, or;

2. An employee suffers loss of any members of the body or any serious degree of permanent disfigurement, or;

3. Causes death.

The Compliance Officer must make an evaluation as to the **likelihood** that death or serious physical harm could result from a condition which is an alleged violation. If the more probable injury resulting from the condition is death or serious physical harm and the County knew, or should have known of the hazard, then a serious violation exists. For example, a violation involving an inadequate guard rail on a high platform would normally be a serious violation since it is probable that an injury from such a condition would result in death or serious harm.

NOTE: The criteria in deciding whether or not a condition represents a serious violation is based on the SERIOUSNESS or SEVERITY of the most likely injury that would arise out of the potential accident, rather than on the PROBABILITY that an accident will occur as a result of the violation. In all cases, the decision in determining whether a violation is serious or not will require professional judgement.

Non-Serious Violation

If the more likely consequence of a violation is something less than death or serious physical harm, or the County could not know of the hazard, then the violation will be considered a **non-serious violation**. For example, A violation of housekeeping standards resulting in a tripping hazard would be classified as a non-serious violation since the more probable consequence of such a condition would be strains or contusions which are not classified as serious physical harm.

De Minimis Violation

De minimis violations are those that have no immediate or direct relationship to safety or health. For example, lack of partitions in toilet facilities.

Willful and Repeated Violations

There are two other special types of violations, a **willful** violation and a **repeated** violation.

1. A **willful violation** exists where evidence shows that: The County committed an intentional and knowing violation of the

Code and knows that such action constitutes a violation, or even though the County was not consciously violating the Code, it was aware that a hazardous condition existed and made no reasonable effort to eliminate the condition.

2. A **repeated violation** involves a second citation being issued for a violation of a given standard or the same condition which violates the general duty clause. A repeated violation differs from a failure to abate in that repeated violations exist where the County has abated an earlier violation, and upon later inspection, is found to have violated the same standard.

Request For Variance

The California Labor Code states:

> "143.(a) Any employer may apply to the board for a permanent variance from an occupational safety and health standard, order, special order, or portion thereof, upon a showing of an alternate program, method, practice, means, device, or process which will provide equal or superior safety for employees.
>
> (b) The board shall issue such variance if it determines on the record, after opportunity for an investigation where appropriate and a hearing, that the proponent of the variance has demonstrated by a preponderance of the evidence that the conditions, practices, means, methods, operations, or processes used or proposed to be used by an employer will provide employment and place of employment to his employees which are as safe and healthful as those which would prevail if he complied with standard. The variance so issued shall prescribe the conditions the employer must maintain, and the practices, means, methods, operations, and processes which he must adopt and utilize to the extent they differ from the standard in question."

All requests for variances shall be coordinated through County Risk Management Division/Safety Section.

Fines

Any and all fines associated to the Cal/OSHA inspection will be paid out of the cited department's budget.

Penalties for a serious violation of an applicable safety standard are $25,000 per citation. A willful or repeated violation could result in penalties of not less than $5,000 or more than $70,000 per citation. If a general violation is assessed, penalties of up to $1,000 could be assessed per citation.

First Aid and Medical Services

CCR General Industry Safety Orders require that::

1. The County ensure ready availability of medical personnel for advice and consultation on matters of industrial health or injury (the Center for Employee Health and Wellness, Human Resources (909) 386-5150).

2. In the absence of an infirmary, clinic, or hospital for the treatment of all injured employees, in near proximity to the workplace, a person or persons shall be adequately trained to render first aid. Training shall be equal to that of the U.S. Bureau of Mines or American Red Cross. County policy requires first aid and CPR training in each departmental location for two employees, an appointee and an alternate.

3. First-aid materials, approved by the Medical Director shall be readily available for employees on every job. Such materials shall be maintained in a sanitary and usable condition. A frequent inspection shall be made of all first-aid materials, which shall be replenished as necessary by the department.

4. Where the eyes or body of any person may be exposed to corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.

5. Stretchers and blankets, or other adequate warm covering are required, unless ambulance service is available within 30 minutes under normal conditions.

6. At isolated locations, provisions **must be made in advance** for prompt medical attention in case of serious injuries. This may be accomplished by:

   a. On-site facilities;

   b. Proper equipment for prompt transportation of the injured person to a physician;

   c. A telephone communication system for contacting a doctor, or;

   d. Combinations of these that will avoid unnecessary delay in treatment.

7. The medical personnel of the Center for Employee Health and Wellness will provide medical advice and consultation on matters concerning industrial health or injury.

8. Classes on first-aid training for employees shall be scheduled by the County Education and Information Services Division, Human Resources to accommodate requests by Groups and Departments for such training.

9. Approved first-aid kits and replacement supplies are available at Central Stores, and are listed in their catalog.

10. Accurate records of first-aid treatment must be maintained on County first-aid forms. First-aid forms are reviewed in Section 19 of this manual.

First Aid Defined

"Non-emergency first aid" provides prompt attention to minor injuries, such as cuts, scratches, and burns for which medical attention is not usually necessary. "Emergency first aid" is immediate, temporary treatment given to someone injured or suddenly ill before professional medical services can be obtained.

Posting Emergency Information

Certain information, such as the telephone numbers of the Police, Sheriff, fire department, as well as what to do in case of bomb threat, are immediately available in any emergency from the County phone book. In addition, this information is also in the Sheriff's pamphlet entitled "Emergency Action Plan".

Emergency Procedures - Ambulances

Whenever a member of the public or a County Employee is seriously ill or injured and requires an ambulance, the following procedures are to be followed:

1. Dial **9-1-1** and ask for an ambulance to be sent to the location of the ill or injured individual.

2. Give exact instructions concerning the location. (Street address, building location, and room number.)

3. Instruct the 9-1-1 operator that someone will be waiting at a specific entrance to meet and lead attendants to the victim.

4. Have a responsible person sent to meet the ambulance at the designated entrance and guide attendants to the victim.

5. If the injured is an employee of the County, call those family members or personal friends listed on employee's emergency card "to be notified in case of an emergency". Calmly explain situation, providing name and address of hospital to which injured employee was taken.

6. If the victim is a County employee, immediately notify Risk Management Division, Human Resources.

REMEMBER: Keep calm in an emergency. An incorrect or incomplete address could cause an unfortunate delay, resulting in additional problems for the victim.

First-Aid Material List

The first-aid materials list has been approved by the County Occupational Health Officer, and minimum equipment is indicated for the purpose of selecting stock from County Central Stores for first aid kits. See First Aid Materials on Page 266 of this manual.

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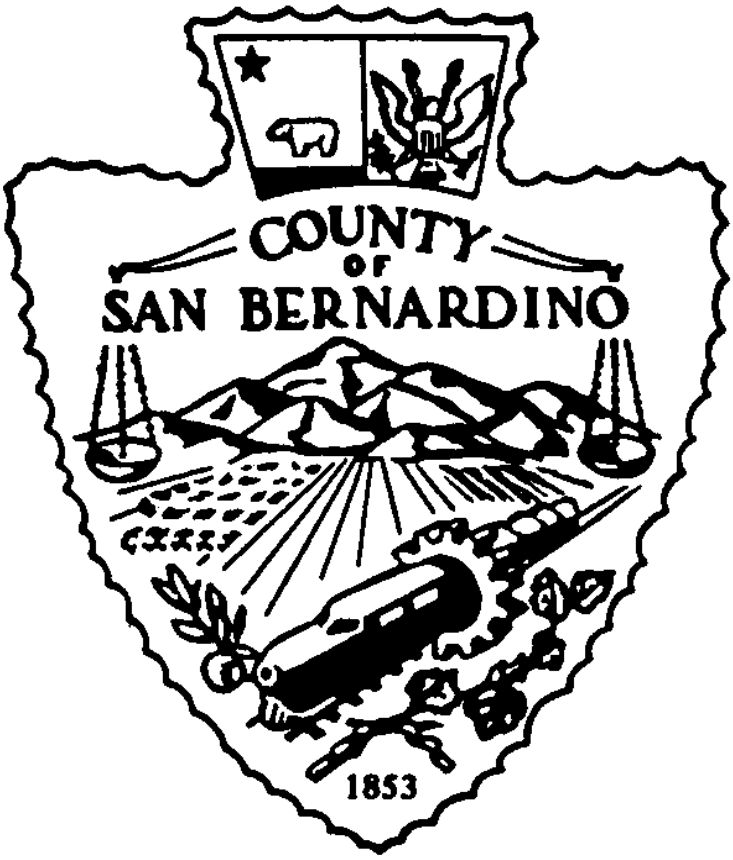
Record keeping



INTEROFFICE MEMO

DATE September 5, 1990 PHONE 386-8620

FROM *PAMELA H. THOMPSON*, Risk Manager
Risk Management Division, Human Resources

TO *ASSISTANT ADMINISTRATIVE OFFICERS*
DEPARTMENT HEADS AND DIRECTORS OF
BOARD-GOVERNED SPECIAL DISTRICTS

SUBJECT **MANDATED RECORD KEEPING, OCCUPATIONAL INJURIES AND ILLNESSES**

This is to advise that *California Code of Regulations, Title 8, General Industry Safety Orders, Sections 14301 and 14304* mandates specific requirements about form, maintenance, retention and location of employee injury and illness records.

Cal/OSHA is aggressively enforcing these regulations at County facilities. Their inspection frequency is also increasing. Employee illness/injury logs and supplementary documents are usually the first item of examination during an on site Cal/OSHA inspection. The condition of these logs frequently establishes the atmosphere for an inspection.

NEW PROCEDURE:

Effective September 10, 1990 and monthly thereafter, Risk Management will provide each County department a year-to-date list of its Occupational Injuries and Illnesses separated by departmental organizational codes.

1. Each department must designate a supervisory or management person responsible for ensuring distribution to all individual operating facilities (branch offices, substations, yards, etc.).

2. A responsible individual at each operating facility must then maintain the following logs and supplementary information:

   A. The facility address must be printed or typed in the upper left hand corner of each page of the list directly beneath the facility name.

   B. Monthly year-to-date logs are to be kept in a file entitled "OSHA 200." Cumulative reports must be replaced each month with the most recently received report. Outdated monthly cumulative reports are to be destroyed.

   C. Logs must be audited each month against retained copies of "Employers Report of Occupational Injury or Illness" to assure that all occupational injuries, illness and associated data are included on the log.

   D. Log errors and omissions are corrected by submitting a corrected "Employers Report of Occupational Injury or Illness" to Risk Management.

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E. Year-to-date cumulative logs received each January will reflect all occupational injuries and illnesses for the previous year. Retention of yearly logs is five (5) years. These, as with monthly logs, are to be maintained at each operating facility. Yearly logs are to be maintained in a five (5) year set of files entitled "OSHA 200 - *(YEAR)*."

F. When the five year accumulation of yearly logs is attained, the oldest year is to be destroyed as the most recent yearly log is received.

3. *Title 8, Section 14304* mandates that a copy of "Employers Report of Occupational Injury or Illness" be maintained as supplemental information at each operating facility. Cal/OSHA will no longer allow Risk Management to be the custodian of these records. There, therefore, is no alternative to maintaining a copy of this report at individual operating facilities.

4. Facility copies of the " Employers Report of Occupational Injury or Illness" are to be maintained in conjunction with previously mentioned OSHA 200 logs.

A. Throughout the year, copies of "Employers Report of Occupational Injury or Illness" are to be accumulated in monthly file folders appropriately titled with the month and year.

B. Monthly files will facilitate the auditing procedure indicated in Item 2-C, preceding.

C. At the end of each calendar year monthly files of "Employers Report of Occupational Injury or Illness" are to be combined into a yearly file and appropriately labeled.

D. Retention of "Employers Report of Occupational Injury or Illness" is five (5) years at each operating facility.

E. When the five (5) year retention level is attained, "Employers Report of Occupational Injury or Illness" contained in the oldest file year are to be destroyed as the most recent year is added.

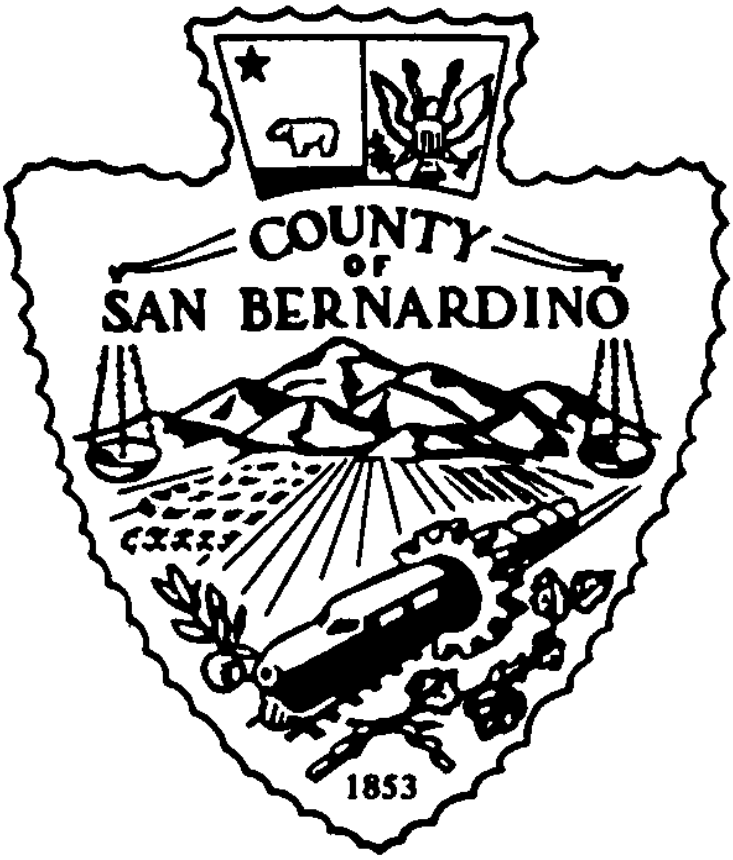
If you have any questions, please call Steve Robles, Safety Officer at (909) 386-8623.

cc: Ronald B. Owens, Liability Supervisor

FHT:clb

osharpt.doc

Safe Practices



CODE OF SAFE PRACTICES

GENERAL SAFETY RULES

For the protection and safety of all employees, the County of San Bernardino has established the following rules designed to prevent accidents and injuries. Compliance with these rules is mandatory. Documentation is made when the rules are distributed.

1. All accidents and injuries must be reported at the time of occurrence.

2. Machines or equipment shall not be operated until employees are properly instructed on their operation.

3. Horseplay, practical jokes, throwing things, running in aisles and stairways, distracting others at work, and unnecessary shouting are forbidden.

4. All spilled oil, grease, water and other liquids, must be wiped up immediately.

5. Areas in which overhead maintenance is being performed will be blocked off and posted to prevent possible injury from falling objects. A barricaded or posted area will not be entered except by those performing the work.

6. Any defective tool or equipment must be immediately reported. Any defective tool or equipment will not be used until repaired or replaced.

7. Failure by an employee to comply with the safety rules will be grounds for corrective disciplinary action.

8. Specific Department Safety Rules, when applicable, will be posted in appropriate work areas.

MATERIAL HANDLING

1. Lifting: Attempting to lift or push an object which is too heavy must be avoided. Get help to move a heavy object or divide the load.

2. Hand trucks will be pulled when in transit except when going down incline or placing load in position.

3. Hand trucks will be loaded in such a manner as to eliminate the possibility of spilling.

4. When carrying material, caution will be exercised in observance of obstructions, loose material, etc.

5. Protruding nails in boxes, skids, or other containers will be removed or made flush immediately.

6. All material will be stacked and stored in proper areas.

7. Material will not be stored in aisles. Aisles must be kept clear at all times.

PROTECTIVE EQUIPMENT

1. Safety glasses will be worn where eye protection is required. Photogray or sunglasses will not be allowed in shop areas.

2. Safe shoes are required of all employees. Shoes with exposed heels, toes or archways will not be permitted in shop areas. Shoes constructed of materials other than leather or synthetic leather will be explicitly prohibited from shop area.

3. Where there is a danger of hair (4" from the scalp in length) entangling in moving machinery or equipment, a hair enclosure (cap, net or hat) must be worn.

4. Personal protective equipment required when performing specific tasks will be worn and used as directed by County Safety Procedures.

MACHINE OPERATING

1. Use of machinery or equipment is restricted to that which employee has been trained, qualified and authorized to operate.

2. Immediate notification must be made for any equipment which is missing protective guards or has improperly positioned protective guards. Such equipment shall not be operated until corrected.

3. Power machinery will be kept free of unnecessary tools, rags and scrap while in operation.

4. Machinery will be turned off when not in use.

5. Brush, chip hook, or rake will be used to remove chips.

6. Work pieces and cutters will be secured before setting machine in motion.

7. Correct speed and feed will be used when operating equipment.

8. Rings, jewelry, watches, gloves, neckties, long sleeves, or loose clothing will not be worn when near or when operating machinery.

9. Tampering with or removal of safety guards is prohibited.

COMPRESSED AIR

1. Compressed air will not be used to clean floors.

2. When blowing chips from a hole, the hole must be covered with a shop towel.

3. Flow from an air hose will not be directed toward another person or toward the operator of the air hose.

4. Compressed air will not be used to clean clothes, hands, or other parts of the body.

5. Where danger of flying particles is present, safety glasses with side shields will be worn by employees working with compressed air hoses.

6. The working pressure of an air nozzle will not exceed 30 psi.

7. Altering or tampering with safety air nozzles is forbidden.

HOUSEKEEPING

The foundation for a safe, healthful, and pleasant place to work is good housekeeping.

1. Materials, equipment, and supplies will be kept out of aisles.

2. Materials and supplies will not be stored against doors or exits, fire ladders, or fire extinguisher stations.

3. Tools and other equipment will be returned to their proper storage area each time after use.

4. Tools will be kept dry; spilling of liquids will be avoided; all spills will be wiped up immediately.

5. Trash and scrap will be thrown in proper waste containers.

6. Good housekeeping practices will be exercised within each employee's work area.

CHEMICALS

1. Chemicals meeting the definition of "Hazardous Material", as defined by the California Department of Industrial Relations, Safety and Health Regulations, will not be purchased and/or brought into a County facility for usage without:

   a. A Material Safety Data Sheet or equivalent information on file; and

   b. Express consent or approval of the appropriate member of management.

2. No chemicals meeting the definition of a "Hazardous Material", as defined by the CDIR, Safety and Health Regulations, will be used without strict adherence to the data,

precautions, procedures for handling, storage, training, disposal, and usage contained on the appropriate Materials Safety Data Sheet.

3. All containers contents will be labeled.

FIRE EMERGENCY

1. All fires must be reported immediately. A fire emergency number will be called and location of fire given.

2. All employees must know the location of fire extinguishers, fire blankets and stretchers.

3. Tampering with fire extinguishers is forbidden.

4. Fire extinguishers, sprinklers, fire exits or risers will not be blocked by supplies, stock or parts at any time.

5. Smoking or open flame is prohibited in areas where flammable materials are used or stored. The County prohibits smoking in any County owned or leased facility.

6. All employees will comply with posted "No Smoking" areas.

7. A person who is reporting a fire must stay on the telephone line until released by answering party.

MEDICAL EMERGENCY

All medical emergencies will be reported immediately. 9-1-1 must be called and location of emergency given.

I HAVE READ AND UNDERSTAND THE PRECEDING SAFETY RULES. AS A COUNTY EMPLOYEE, I WILL FOLLOW THESE RULES AS WELL AS OTHERS BROUGHT TO MY ATTENTION BY MY SUPERVISOR AND WORK SAFELY.

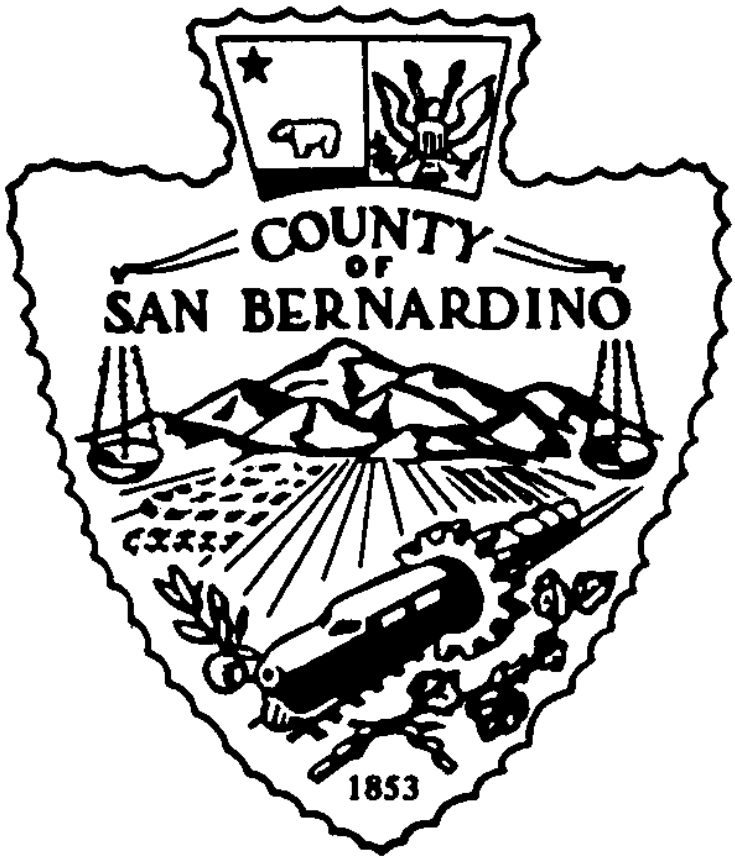
_____	_____
PRINT NAME	SOCIAL SECURITY NUMBER
_____	_____
SIGNATURE	DATE

_____

DEPARTMENT

safety/docs/sftymnl/master/code of safe practices.doc

Reporting Procedures



County of San Bernardino
RISK MANAGEMENT DIVISION/HUMAN RESOURCES

REPORTING PROCEDURES

For

OCCUPATIONAL INJURIES AND ILLNESSES
MODIFIED DUTY
VEHICLE ACCIDENTS
PROPERTY DAMAGE
CLAIMS AGAINST THE COUNTY
PERSONAL PROPERTY CLAIMS
VIOLENCE IN THE WORKPLACE
BLOODBORNE PATHOGEN PROGRAM

September 2000

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rmdclericalsupport/wp/stdrdprcman/reporting133.doc
safety/docs/sftymnl/reporting133.doc (4-03)

REPORT FORMS TO USE

1. **Earthquake/Fire/Glass Breakage/Vandalism/Malicious Mischief/Flood Damage, disappearance or theft of County Property, money or securities.**
   a. To a vehicle, use Incident Report Form (No. 15-13866-000 Rev. 1-94).
   b. To other County or District property, monies or securities. Always obtain police report for monies loss, vandalism or malicious mischief. Use Incident Report Form (No. 15-13866-000 Rev. 1-94) and indicate "Other Accident."

2. **Vehicle Incident.**
   a. With injury to County employee or volunteer, use three forms, Employee's Claim For Workers' Compensation Benefits (Form No. 07-633-000 Rev. 1/94), Employer's Report of Occupational Injury or Illness (Form No. 15-14248-000 Rev. 6/98), the Incident Report (Form No. 15-13866-000 Rev. 1/94), and Vehicle Accident Report (Form No. 15-5704-000 Rev. 1/94).
   b. Without injury to County employee or volunteer, use only the Incident Report (Form No. 15-13866-000 Rev. 1/94), and Vehicle Accident Report (Form 15-5705-000 1/94).

3. **Occupational Injury or Illness, Employee, Volunteer or Juror.**
   a. First Aid only, no doctor, clinic or hospital visit, or lost work time, use First Aid Record for notation.
   b. If doctor, clinic or hospital is visited, send a copy of the Medical Service Order (16-13212-000 Rev. 11/93) with the employee when he or she seeks treatment.
   c. If doctor, clinic or hospital is visited, or there is lost time from work, an Employee's Claim For Workers' Compensation Benefits (Form No. 07-633-000 Rev. 1/94) and Employer's Report of Occupational Injury or Illness (Form No. 15-14248-000 Rev. 6/98) must be completed.

4. **Non-County Personal Injury/Property Damage.**
   a. Non-employee, use Incident Report Form (No. 15-13866-000 Rev. 1/94).
   b. Non-County property damage, use Incident Report Form (No. 15-13866-000 Rev. 1/94).

5. **Claims Against the County.**
   a. If the incident or accident is unknown to you or your department and a party is requesting reimbursement for damages, the complainant should fill out Claims Against the County of San Bernardino Form (No. 07-8387-286). (Obtain copies of form from Risk Management, Liability Section, (909) 386-8631, or refer the party to Risk Management, 222 W. Hospitality Lane, 3rd Floor, San Bernardino Ca 92415-0016, to obtain a form.
   b. If you or your department are aware of the incident and an employee witnessed the incident, please contact Risk Management Division. Submit an Inter-Office Memo to Risk Management explaining the claim and if you feel the claim is valid or not.

6. **Personal Property Claim (Employee).**
   Loss or damage to employee's personal property is reimbursable if the loss was caused by peculiar circumstances, and not caused by the employee's own negligence. Eligible employees should submit the Personal Property Claim (Employee) Form (No. 07-13351-000 Rev. 2/94).

7. **Hazard Report.**
   To report a hazardous condition, piece of equipment or unsafe procedure, submit the Hazard Report Form (No. 15-18582-000).

8. **Violence in the Workplace Incident.**
   To report a violence in the workplace incident, use Workplace Threat Incident Against County of San Bernardino Employee (Form No. 10-299964) and County of San Bernardino Workplace Threat Mitigation Report (Form No. 15-199965-000).

9. **Bloodborne Pathogen Exposure Incident.**
   To report a Bloodborne pathogen exposure use Bloodborne Pathogen & Tuberculosis Exposure Report (Form No. 15-19418-000 Rev. 6/01).

10. **Hepatitis B Virus Immunization.**
    Use Hepatitis B Vaccine Authorization (Form No. 04-19404-000 ***or*** Hepatitis B Vaccine Declination (Form No. 04-19403-000).

NOTE: All forms are to be submitted to the Risk Management Division, 222 W. Hospitality Lane, 3rd Floor, San Bernardino CA 92415-0016. If your department or group has its own reporting procedures, these procedures are to be adhered to: however, all report forms must be submitted in a timely manner. If you have any questions call Risk Management at (909) 386-8655 for the Workers' Comp. Section, (909) 386-8631 for the Liability Claims Section and (909) 386-8623 for the Safety Section.

GENERAL REPORTING INFORMATION

All occupational injuries or illness necessitating medical treatment must be reported to Risk Management Division within 24 hours via fax. All other accidents or injuries must be reported to the Risk Management Division, within 48 hours on the appropriate form. **Serious vehicle accidents are to be reported by phone to Risk Management at (909) 386-8624. After hours, call Comm Center at (909) 356-3811.** Incomplete or unsigned forms will be returned to the originator. Claims for reimbursement for damage or loss of County property or monies and/or securities are to be reported immediately to Risk Management after calling the local law enforcement agency. A police report is required and all suspects are to be prosecuted.

If the injury to the County employee, juror or volunteer results in death, amputation of a limb, finger or toe up to the first joint, or severe injury to any part of the body, the injury must be reported Immediately by phone to the Risk Management Division, (909) 386-8655 or (909) 386-8624 or call Comm Center at (909) 356-3811. Risk Management will report to the Department of Industrial Relations, Division of Occupational Safety and Health as required by law.

If your group or department has developed its own reporting procedures, these are to be adhered to; however, all report forms included herein must be submitted in a timely manner to Risk Management.

Departments and Districts are responsible for keeping Risk Management advised of the status of employees, volunteers or jurors who are off work as a result of an occupational injury or illness. All off work orders are to be faxed to Risk Management at (909) 386-8711 or 386-8670. Original copies of off work orders or other pertinent paperwork should then be sent to Risk Management by Interoffice Mail or regular mail. Prompt notification eliminates overpayment of compensation benefits. If there is a recurrence of the injury or illness, the Risk Management Division is to be advised immediately so compensation may be resumed, if necessary. Also Risk Management personnel will need to determine whether this is actually a recurrence or a new injury which may require a new claim to be filed.

Outlined below are situations which require immediate notification of Risk Management:

1. Dangerous conditions that are an immediate hazard to employees or the public.
2. Fires.
3. Explosions.
4. Earthquakes.
5. Bomb threats.
6. Power outages.
7. Sewage spills.
8. Flooding.
9. Threats to or violence toward County employees.
10. Thefts of County property, money or securities.
11. Major accidents/fatal accidents.
12. Major injuries/illnesses, fatal injuries/ illnesses.
13. All Cal/OSHA inspections or contracts.
14. Building evacuations.
15. Outbreaks of illness with three or more employees (excluding flues and colds).
16. All employee driver license revocations/ suspensions.
17. All employee DUI's.

OCCUPATIONAL INJURY OR ILLNESS TO AN EMPLOYEE, JUROR OR VOLUNTEER

First Aid Only:

If an employee does not lose time from work, see a doctor, clinic or hospital, enter the name of the employee, the nature of injury, the cause of the injury and your signature (must be a supervisor's signature, or person left "in charge" during that time period) on the "First Aid Record" which is retained by your department (see instructions reverse side of "First Aid Record" form). This form should be kept with your First Aid Kit. It is used to document minor injuries incurred during employment that do not require medical treatment from a doctor, clinic or hospital. <u>An employee is not required to seek medical treatment for an occupational injury or illness.</u>

Medical Treatment Injury:

Forms needed: Employer's Report of Occupational Injury or Illness 5020 (Form No. 15-14248-000 Rev. 6/98); Employee's claim for Workers' Compensation Benefits DWC-1 (Form No. 07-633-000, Rev. 1/94); Medical Service Order (Form No. 16-13212-000, Rev. 11/93)

The employer is required to provide an **"Employee's Claim for Workers' Compensation Benefits"** (Form No. DWC-1) ***within 24 hours of notification to the department or district of an occupational injury or illness, or upon demand by the employee.*** Upon receipt of the completed form from the employee, the supervisor is to date and sign the form and immediately return a dated copy to the injured employee within 24 hours or a $5000 fine can be levied against your department. **A copy of this form is then faxed to Risk Management (or, for HSS employees, faxed to HSS Personnel) immediately or at least within 24 hours at (909) 386-8711**. The original and one dated copy are then mailed to Risk Management, (or, for HSS employees, mailed to HSS Personnel), Interoffice Mail. *Please refer to the instructions for completing this form on the following pages.*

The department designee should then complete the **"Medical Service Order For Occupational Injury or Illness"** (Form 16-13212-000, Rev. 11/93), keep a copy for their records, and give it to the employee to take with them to either a doctor or medical facility from the County Medical Referral List for Occupational Injuries, or if the employee has submitted a "Request to see Personal Physician" **prior to the injury**, and Risk Management has this form on file, they may be referred to this doctor. A copy of the Medical Service Order form should also be faxed to Risk Management immediately. The employee presents the original form to the doctor for completion, the doctor should then complete the bottom section, keep a copy for the chart record, and return the completed form to the employee. The employee is to return this form to their department supervisor, or other designee to advise the department of the employee's medical status. *Please refer to the instructions for completing this form on the following pages.*

The department designee **(not the injured employee),** shall complete four copies of the **"Employer's Report of Occupational Injury or Illness"** form. If additional space is needed to clarify information on this form, please attach this information on a separate sheet of paper. *Please refer to the instructions for completing the form on following pages.*

A copy of *each of these forms* should be faxed immediately to Risk Management at (909) 386-8711. Only one signature is necessary on the "Employer's Report of Occupational Injury or Illness in order for it to be faxed to Risk Management--again, this cannot be the injured employee's signature.

The originals and copies, as per the distribution indicated on each form, should be sent to Risk Management following the procedures your own group or department may have already in place for additional review and/or needed signatures. Copies of these forms should be retained by the department for their records.

County of San Bernardino

WHAT TO DO IN CASE OF ACCIDENT ON COUNTY PREMISES TO VISITING PUBLIC

This form is to be posted at each County work location on your bulletin board. Call 9-1-1 throughout San Bernardino County for immediate response from the proper Law Enforcement Agency.

Call Risk Management at (909) 386-8631 if you have any questions.

COUNTY OF SAN BERNARDINO

WHAT TO DO IN CASE OF
ACCIDENT ON COUNTY PREMISES TO VISITING PUBLIC

TO ALL EMPLOYEES:

1. Perform necessary first aid if you are trained to do so - such as stopping bleeding, restoring breathing, treating for shock and other First Aid necessary to maintain life and prevent further injury.

2. Advise the injured person to proceed as he would for an injury in his residence, calling his preferred doctor or hospital.

3. If the injured person has no preferred doctor or hospital, or cannot respond, and must be taken to a hospital or emergency clinic, proceed as follows:

   A. If the accident has occurred in a County building which is located within the city limits, call the local city police and request an ambulance. Give detailed instructions on how to reach your building and tell them where someone will be waiting to guide them to the injured person.

   Local City Police - Phone No. 9-1-1

   B. If the accident has occurred in a County building which is outside the city limits, call 9-1-1 and request an ambulance. Give detailed instructions on how to reach your building and tell them where someone will be waiting to guide them to the injured person.

4. If your building or facility has security guards, they should be alerted that an ambulance is on its way and informed where the injured person is located.

5. Send someone to wait for the ambulance at the designated location so the attendants can be guided quickly to the injured person. Do not leave the injured person until the ambulance arrives.

6. DO NOT MAKE ANY COMMENT CONCERNING THE INJURY OR COUNTY RESPONSIBILITY OR LIABILITY. Do not move an injured person unless it is required, then use reasonable care during movement. Wait for medical assistance.

7. File a report immediately with the County, using County of San Bernardino Other Incident report form available in your department.

Board of Supervisors
May, 1998

11-8086-000 Rev. 4/83

NOTICE TO EMPLOYEES

This notice must be posted by law at each County work location. It must be posted on your bulletin board with your Cal/OSHA Poster and appropriate summaries.

The bulletin board is to be readily accessible to all employees. All posted notices must remain visible at all times.

NOTICE TO EMPLOYEES

IF A WORK INJURY OCCURS...

California law provides certain benefits to employees who are injured or become ill because of the job.

WORKERS' COMPENSATION BENEFITS INCLUDE...

- MEDICAL CARE. All medical treatment required to cure the injury or illness - without cost to the employee. The employee should never see a bill, since all costs are paid directly by the employer or his agent.
- REHABILITATION. If the injury or illness prevents return to the employee's usual job, the employee may receive vocational rehabilitation. Again, all costs are paid by the employer.
- WORKER BENEFITS. Employees disabled by job-injury or job-illness receive income while unable to work. The payments are two-thirds of the employee's average weekly pay, up to a maximum set by State law. (Payments are not made for the first three days of disability unless the employee is hospitalized or unable to work more than 21 days.) Additional payments also will be made after the employee has reached maximum recovery if the injury or illness results in a permanent handicap. If the injury or illness results in death, benefits will be paid to the employee's surviving dependents.

IN THE EVENT OF A WORK INJURY...

Effective Jan 1, 1995, employees may use their personal physician if they have notified risk Management **in writing before the injury** and may change physicians 30 days after the injury.

1. Be sure first aid is given.
2. The employee's supervisor should take the injured employee to a doctor or hospital, if necessary.
3. Report every injury IMMEDIATELY to your supervisor. Any delay in reporting an accident may delay workers' compensation benefits.
4. If you have any questions about workers' compensation, please see your supervisor.

EMERGENCY TELEPHONE NUMBERS

SHERIFF/POLICE:	911	PARAMEDICS/AMBULANCE:	911
FIRE:	911	BOMB THREAT:	911

Your employer has received permission from the Director of the Department of Industrial Relations, State of California, to Self-Insure its workers' compensation liabilities under Certificate of Consent to Self-Insure No. P-0127, effective January 1, 1979. This Certificate is valid until revoked.

If you have any questions about your workers' compensation benefits, contact Risk Management Division, (909) 386-8655. If the answer is unsatisfactory, you may call the **Department of Industrial Relations Information and Assistance Center: Toll Free - at any time. The number is (800) 652-1500.**

Claims against this employer for workers' compensation benefits should be made by the employee to:

RISK MANAGEMENT DIVISION
222 W. Hospitality Lane, 3rd Floor, San Bernardino Ca 92415-0016
(909) 386-8655

FIRST AID RECORD

This form is required by Title 8, California Code of Regulations, General Industry Safety Orders. All injuries or illnesses which do not require medical treatment or lost time from work are logged on this form.

Full forms are to be filed with your OSHA 200 summaries by the supervisor.

The instructions for completion are on the reverse side of the form.

FIRST AID RECORD FORM

Explanation and Instructions in the purpose and use of the *FIRST AID FORM.*

Purpose:

1. To encourage reporting all work injuries, no matter how minor.
2. To insure that each injury receives adequate *FIRST AID* treatment.
3. To protect both the injured employee's and the County's interests under the provisions of Workers' Compensation law.
4. To enable the injured employee's immediate superior to review each case, to spot trouble conditions and further improve accident prevention measures.

Instructions:

To Supervisory Personnel: Bring this form to the attention of all your personnel. By the use of a clip board or other device, place this form in a conspicuous space readily available for the use of your personnel. Please be governed by purposes outlined above.

NOTE: If any minor injury later develops into a medical treatment case or lost time case (full day or more), a full report of the incident must be made on an Employee's Claim for Workers' Compensation Benefits and an "Employer's Report of Occupational Injury or Illness." Send a copy of the First Aid Record form that documented the original injury along with the Employer's Report of Occupational Injury or Illness.

To All Personnel:

Whenever you have a minor injury which does not require medical treatment, report the incident on this form and obtain FIRST AID promptly. Please be governed by the purposes outlined above.

Note: Additional copies of this form are available from Risk Management Division, Steve Robles, Safety Officer, (909) 386-8623 or can be copied in your office.

*****Note: KEEP THIS RECORD WITH YOUR PERMANENT FILES**

FIRST AID RECORD

OFFICE: _____

Date of Injury	Name of Employee	Nature of Injury (Be Specific)	Cause of Injury	Supervisor Signature

E/FIRSTAID.DOC

EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

Form No. 07-633-000 Rev. 1/94

Not To Be Used To Report Exposure To Blood Or Exposure To Body Fluids Or Communicable Disease

May be used only if this exposure results in the employee contracting an illness or disease from such an exposure. Please refer to the instructions for completion of the "Bloodborne Pathogen & Tuberculosis Exposure Report" on page (176) of this manual.

✦✦✦

The "Employee's Claim for Workers' Compensation Benefits" form is required by State Law. The use of this form was required effective January 1, 1990. It is stocked at Central Stores.

THIS CLAIM FORM IS TO BE PROVIDED TO ANY EMPLOYEE WHO:

1) Requires medical treatment for an occupational injury or illness.
2) Makes a demand for a claim form.
3) Has an occupational injury or illness that you have knowledge of (knowledge can be from any source, including a supervisor or other person in authority).

All minor injuries, exposures, etc. that do not require medical treatment or result in lost time from work should be recorded on the "First Aid Record" form - please refer to the instructions for this form on page (142) of this manual. A worker's compensation claim does not need to be filed in this case *(You may provide the claim form to the employee, and if an employee still wishes to file a claim, they may do so.).*

The claim form must be provided by your department/district to the employee **within one working day** of your knowledge of an employee's injury or illness (You may also provide service by First Class Mail if the employee is unavailable). The employee is to be instructed to return the completed form to his/her supervisor or alternate as soon as possible.

A $5000 PENALTY CAN BE ASSESSED IF YOU FAIL TO PROVIDE THIS FORM TO AN EMPLOYEE WITHIN 24 HOURS OF YOUR DATE OF KNOWLEDGE OF THE INJURY/ILLNESS. THE PENALTY IS PAYABLE DIRECTLY TO THE STATE BY YOUR DEPARTMENT, NOT BY RISK MANAGEMENT.

➡THE TOP OF THIS FORM IS TO BE COMPLETED BY THE EMPLOYEE

The supervisor may assist the employee in completing their section of the form if the employee requests, or if the employee is unable to complete the claim form due to hospitalization or severe injury or illness. The form may also be completed by the employee's designated representative (this could be a family member, attorney, etc.). The employee should, however, sign their name on the claim if at all possible. If a claim form must be submitted without this signature, the supervisor, or department should advise Risk Management of the reason when submitting the claim. Since this is a legal document and is admissible in court, the employee's statement on this claim form and their signature attesting to the facts as recorded on the form are very important.

➡UPON RETURN OF THIS FORM BY THE EMPLOYEE OR THEIR LEGAL REPRESENTATIVE, THE DEPARTMENT/DISTRICT MUST FILL OUT THE BOTTOM SECTION OF THE FORM

The supervisor is to write in the date the claim form was received from the employee or his/her designated representative and sign as the "Employer Representative." A copy of the dated form must then be given back to the employee within one working day of receipt. If a dated copy is not provided to the employee, monetary penalties can be imposed by the State.

The supervisor or department designee should record their own statement regarding the circumstances of the injury/illness on the "Employer's Report of Occupational Injury or Illness." This form should be submitted to Risk Management at the same time as the claim form unless special circumstances preclude doing so. If special circumstances exist, please advise Risk Management prior to submitting the "Employers' Report." Instructions for completing the "Employer's Report of Occupational Injury or Illness" are included on page 153 of this manual).

For all Departments other than HSS (which is to FAX all paperwork to HSS Personnel), the "Employee's Claim for Workers' Compensation Benefits" must be FAXED to Risk Management within 48 hours to avoid additional penalties. Risk Management's FAX number's are (909) 386-8711 or 386-8670. After you have FAXED a copy of the "Employee's Claim for Workers' Compensation Benefits," the "Employer's Report of Occupational Injury or Illness," off work orders, and any other pertinent medical or other documentation to Risk Management, please process both forms and the original documentation through your department following your normal procedures. Any subsequent off work orders and medical documentation should also be FAXED immediately upon receipt.

If you have any questions, call the **Workers' Compensation Section of Risk Management at (909) 386-8655.**

DEPARTMENT/DISTRICT: FAILURE TO PROVIDE THIS FORM TO AN INJURED/ILL EMPLOYEE WITHIN 24 HOURS OF RECEIPT OF REQUEST COULD RESULT IN SANCTIONS FROM THE STATE AGAINST THE COUNTY.

EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

If you are injured or become ill because of your job, you are entitled to workers' compensation benefits.

Complete for "Employee" section and give the form to your employer. Keep the last copy until you receive the dated copy from your employer. You may contact the State's Office of Benefit Assistance and Enforcement at **1-800-736-7401** if you need help in filling out this form or obtaining your benefits. An explanation of workers' compensation benefits is included on the reverse of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

EMPLOYEE:

1. Name _____ Today's Date _____

1A. Dept. regularly employed _____ 1B. Employee No. _____ 1C. Date of Birth _____

2. Home Address _____

2A. City _____ State _____ Zip _____

3. Social Security No. _____

3A. Home Telephone No. _____ Work Telephone No. _____

4. Date of Injury _____ Time of Injury _____ a.m. _____ p.m.

5. Address/Place where injury happened _____

5A. Occupation _____ 5B. Date of Hire _____ 5C. Supervisor's Name _____

6. Describe injury and part of body affected *(i.e., cut strain, fracture, rash, part of body affected, etc.)* _____

6A. How did injury occur? _____

7. Signature of Employee _____

EMPLOYER:

(Department/District) COMPLETE THIS SECTION AND GIVE THE EMPLOYEE A COPY IMMEDIATELY AS A RECEIPT.

8. Name and address of employer *(Group, Department and Division)* _____

9. Date employer first knew of injury _____

9A. Knowledge of injury/illness acquired from *(employee, supervisor, relative, coworker, etc.)* _____

10. Date claim form was provided to employee _____

11. Date employer received claim form _____

12. Name and address of insurance carrier or adjusting agency RISK MANAGEMENT DIVISION, 222 West Hospitality Lane, Third Floor

San Bernardino CA 92415-0016

13. Signature of Employer Representative _____

14. Title _____ 15. Telephone _____

DEPARTMENT/DISTRICT: You are required to date this form and fax to Risk Management and provide a copy to employee, dependent or representative who filed claim within **one working day** of receipt of completed form from employee. If you fail to date stamp this form before returning to employee a $100 penalty could be assessed against your department/district.

DISTRIBUTION: **Original + 1 Dated Copy:** To Risk Management , 222 West Hospitality Lane, Third Floor, San Bernardino CA 92415-0016, Phone (909) 386-8655, Fax (909) 386-8711 along with completed Employer's Report of Occupational Injury or Illness within 48 hours of receipt of report from employee, dependent or representative. **Dated Copy:** To employee named in #1 above. **Dated Copy:** To Department/District named in #8 above.

07-633-000 Rev. 1/94 ***SIGNING THIS FORM DOES NOT NECESSARILY CONSTITUTE ACCEPTANCE OF A CLAIM NOR IS IT AN ADMISSION OF LIABILITY.***

Forms/empl claim for wc benefits.doc

(THIS INFORMATION IS FOUND ON THE BACKSIDE OF THE EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS FORM)

WORKERS' COMPENSATION BENEFITS

MEDICAL CARE. Your employer will arrange for medical care, and all costs are paid directly by your employer's insurance company, so you should never see a bill. All medical treatment to cure or relieve your condition will be provided without a deductible or dollar limit.

PAYMENT FOR LOST WAGES. If you're temporarily disabled by a job injury or illness, you'll receive tax-free income until your doctor says you are able to return to work. Temporary disability payments are two-thirds of your average weekly pay, up to a maximum set by state law. (Some employees are entitled to receive full salary in lieu of temporary disability payments.) Payments are not made for the first three days you are disabled unless you are hospitalized as an inpatient or unable to work for more than 14 days.

REHABILITATION. If the injury or illness prevents you from returning to the same job, you may qualify for vocational rehabilitation benefits, with all costs paid by your employer's insurance company.

PAYMENT FOR PERMANENT DISABILITY. If the injury or illness results in a permanent handicap, permanent disability payments will be necessary after recovery.

DEATH BENEFITS. If the injury results in death, a benefit will be paid to surviving dependents.

If you need assistance completing this form or have questions regarding your benefits, please contact the State Office of Benefit Assistance and Enforcement by calling toll free **1-800-736-7401**. This service is provided to you at no cost. You also have the right to consult an attorney.

Forms/workers' comp benefits..doc

MEDICAL SERVICE ORDER

Form No. 16-13212-000 Rev. 11/93

If an employee is injured on the job or develops an occupational illness that needs medical care or treatment by a physician, clinic or hospital, a copy of the Medical Service Order is to be sent with the employee when the supervisor takes the employee to the doctor. This form is necessary to provide the correct billing address for the physician or medical facility and to ensure that all State-required reports are sent to the correct address. These forms are to be ordered from Central Stores.

After providing the needed medical treatment to the injured employee the doctor should complete the bottom section and give the original (white) copy and the second page (canary color) of the Medical Service Order back to the employee. The employee should then take the medical service order back to their supervisor as this has the injured employee's medical status on it. The supervisor retains a copy of the form and faxes, then mails the original, top copy to Risk Management *(The only exception to this procedure would be if it is a HSS employee who is injured, the department supervisor, or department designee should fax, and then mail all pertinent documents to HSS Personnel for handling and forwarding to Risk Management).*

There are instances when giving an employee a medical service order to obtain treatment may not be appropriate. Some examples of this are:

1. When an employee delays reporting an injury (This should be evaluated by Risk Management personnel to determine if a medical service order should be given).
2. When an employee has a "continuous trauma" type of injury such as hand, wrist, arm, neck, or back pain that develops over a period of time (weeks, months or years).
3. When an employee becomes ill on the job, but there is no particular part of their job or work environment that seemed to directly cause the illness on the day the employee claims the injury occurred.
4. Claims of Emotional Stress or Emotional Trauma unless there is a specific traumatic incident that happens on a particular day (legal disciplinary actions taken against an employee by an employer that may effect the employee's emotional state are not considered a work related injury).

If an employee claims one of these types of injuries/illnesses DO NOT SEND THEM TO A DOCTOR OR MEDICAL FACILITY WITH A MEDICAL SERVICE ORDER. You should still provide the employee or their representative with the "Employee's Claim for Workers' Compensation Benefits" and complete the "Employer's Report of Occupational Injury or Illness" as you normally would. You would then submit the forms and any related paperwork the employee provides to you to Risk Management (or HSS Administration if an HSS employee) via fax, and then the originals through your department channels as you would any other claim. Risk Management will review the claim and may need to advise the employee of a delay in provision of benefits until a decision can be made as to whether the condition is work related. State law allows a period of up to ninety (90) days, and sometimes more in order to collect all the facts surrounding the injury or illness. If you are not sure whether to give an employee a Medical Service Order, please call Risk Management at (909) 386-8655 for assistance. If it is "after hours", or on the weekend and the injury or illness falls in to one of the above categories, the employee should referred to their regular health care provider, using their private health insurance and retaining all receipts for payment related to the injury. Risk Management will then review the employee's claim and respond with a decision as to whether it will be an "accepted claim". If the claim is accepted, Risk Management can reimburse the employee if the documentation of costs can be verified.

HOW TO FILL OUT THE MEDICAL SERVICE ORDER

Form No. 16-13212-000 Rev. 11/93

1. Insert the **full name and address of the physician or medical facility chosen by the employee from the Physician's Referral List** on the first line of this form. If the employee has predesignated their own personal physician by submitting a request, in writing, to Risk Management prior to the injury, they may choose to use this physician instead. **Do not give an injured employee a medical service order that does not have the physician's or medical facility's name and address (at least the city) filled in. This is authorization for the doctor or facility to bill the County for their services.**

2. Insert the employee's full name, and middle initial, if any, on the second line.

3. Insert the date of the injury or illness and the exact time the accident occurred or the illness developed (if this information is known).

4. Insert the complete, official name of your department and group in the "Department __(blank)____." If you are working in a branch office, also include the location.

5. The signature of the supervisor or the department designee sending the employee to the doctor or medical facility here in "Signed By___(blank)___." **If the signature is not clearly legible, please print the name to side or under the signature so that the referring person can be identified.**

6. Insert the date the employee is being sent for medical care in the "Date___(blank)__."

7. The title (Job Classification) of the supervisor or department designee signing the Medical Service Order is inserted in the "Title___(blank)__."

NOTE: Definitions of physical activities are printed on back of form.

County of San Bernardino --- Risk Management Division

MEDICAL SERVICE ORDER FOR OCCUPATIONAL INJURIES OR ILLNESSES

DOCTOR _____ ADDRESS _____

_____ was injured on _____ at _____
Name of Employee **Date** **Time**

while in our employment. Please give the necessary medical care immediately, then complete and send the "Doctor's First Report of Occupational Injury or illness," all reports, bills, "Modified Work", "Off Work" and "Return to Work" orders to: **RISK MANAGEMENT DIVISION, 222 West Hospitality Lane, Third Floor, San Bernardino, CA 92415-0016 after faxing the completed Medical Service Order and Status Report to (909) 386-8711. Please call (909) 386-8655 if you have any questions.**

DEPARTMENT _____ Signed By _____
Name of Authorizer

Date _____ Time _____ Title _____

NOTE: The County of San Bernardino now has a mandatory Modified Duty Program for County employees injured on the job. Please return the original of this form with the employee to their department after faxing or mailing a copy to Risk Management.

PHYSICIAN'S AUTHORIZATION TO RETURN TO DUTY

Attached is the employee's physical job description, if possible.

EMPLOYEE _____ DEPARTMENT _____ INJURY DATE _____

This employee is under our care with a diagnosis of _____

1. ☐ May return to **REGULAR WORK** on _____ at _____
Date *Time*

2. ☐ May return to **MODIFIED WORK** on _____ at _____
with the following restrictions: *Date* *Time*

☐ No prolonged of repetitive:
☐ Bending ☐ Turning ☐ Stooping ☐ Kneeling ☐ Climbing
☐ Pulling ☐ Twisting ☐ Squatting ☐ Pushing ☐ Keyboard Use
☐ Standing ☐ Sitting ☐ Walking (excess of_____ % of work shift _____ hours)
(Specify length of time, if any, for limitations:_____ % of work shift_____ hours)
☐ Restricted from lifting in excess of _____ pounds
☐ No hazardous machinery operation
☐ Not permitted to operate motor vehicle (over_____hours daily)
☐ No exposure to noxious dusts, fumes, or chemicals
☐ No exposure to excessive noise
☐ No tasks requiring depth or color perception or point fusion
☐ No rotating or night shifts
☐ Restricted to working _____ hours per shift or 24-hour period.

3. ☐ **Restriction is temporary for _____ days _____ weeks _____ months**

4. ☐ **Other restrictions** _____

_____

RETURN APPOINTMENT _____ at _____ . _____
Date *Time* *Physician's Signature*

DISTRIBUTION: Original – Risk Management Second Copy – Employee's Department Third Copy – Physician's Records Fourth Copy – Department's Temporary Receipt

16-13212-000 Rev. 11/93
rmdforms/medsvcordr.doc

DEFINITIONS OF PHYSICAL ACTIVITIES

1. SITTING: **Remaining in the normal seated position**. To rest weight on buttocks and back of thighs with legs bent at knees.

2. STANDING: **Remaining on one's feet in an upright position at a workstation without moving about**. To maintain entire body in erect posture without change in location.

3. WALKING: **Moving about on foot**. To move entire body for some distance using heel-toe gait.

4. LIFTING: **Raising or lowering an object from one level to another (includes upward pulling).** To exert physical strength necessary to move objects from one level to another.

5. CARRYING: **Transporting an object, usually holding it in the hands or arms, or on the shoulder**. While walking, to hold or rest weight directly on hands, arms, shoulders, back,

6. PUSHING: **Exerting force upon an object so that the object moves toward the force (includes slapping, striking, kicking, and treadle actions**). To exert force upon or against an object in order to move it away.

7. PULLING: **Exerting force upon an object so that the object moves toward the force (includes jerking).** To draw or haul toward oneself, in a particular direction, or into a particular position.

8. CLIMBING: **Ascending or descending ladders, stairs, scaffoldings, ramps, poles, and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.** To ascend or descend ladders, scaffolding, stairs, poles, inclined surfaces.

9. BALANCING: **Maintaining body equilibrium to prevent falling when walking, standing, crouching or running on narrow, slippery, or erratically moving surfaces; or maintaining body equilibrium when performing gymnastic feats**. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. To maintain body equilibrium on narrow or inclined surfaces.

10. KNEELING: **Bending legs at knees to come to rest on knee of knees**. To position body with one or both knees fully flexed and resting on level surface.

11. CROUCHING: **Bending body downward and forward by bending legs and spine**. To flex forward at waist with full flexion of knees.

12: CRAWLING: **Moving about on hands and knees or hands and feet**. To move entire body along a surface with hip and knee flexion and arm extension/flexion.

13. REACHING: **Extending hand(s) and arm(s) in any direction**. To position arms with full extension of elbows.

14. HANDLING/GRASPING: **Seizing, holding, grasping, turning, or otherwise working with hand or hands. Fingers are involved only to the extent that they are an extension of the hand.**

15. MANUAL DEXTERITY: Makes skillful, coordinated movements of fingers and hands to feet, grasp, place, move or assemble objects.

16. BENDING: To flex upper trunk forward (knees extended, standing; knees flexed, sitting)

17. SQUATTING: To flex knees and hips, the buttocks being lowered to the level of the heels.

18. TWISTING: To rotate entire body to a change in direction.

19. TURNING: To rotate upper trunk to right or left from neutral while sitting or standing.

20. STOOPING: **Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.** To flex upper trunk forward at waist and partial flexion of knees.

21. HEARING: Perceiving the nature of **sounds**.

NOTE: Descriptions highlighted in bold were excerpted from the "Dictionary of Occupational Titles, 4th Edition Supplement 1986".

medsvcrdef/rmdfrms/

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Form No. 15-14248-000 Rev. 6/98 (State Form No. 5020)

<u>Not To Be Used To Report Exposure To Blood Or Exposure To Body Fluids Or Communicable Disease</u>

May be used only if this exposure results in the employee contracting an illness or disease from such and exposure. Please refer to the instructions for completion of the "Bloodborne Pathogen & Tuberculosis Exposure Report" on page (176) of this manual.

✦✦✦

The "Employer's Report of Occupational Injury or Illness" is always to be completed when an employee files a Workers' Compensation claim (it should not be completed just to document an incident. In this case, please refer to the instructions for the "First Aid Record" on page (142) of this manual.

☛**This form is to be completed by the employee's supervisor or other department designee. <u>It should never be completed by the injured employee.</u>**

<u>Please read all instructions in each section carefully so that the correct and most accurate information is recorded on the form.</u> This will help to expedite processing of the claim for your employee and assist Risk Management personnel in providing all benefits to which the employee may be entitled.

If you need to include any additional information that will not fit on the form, or other information to clarify that given on the form, please attach a separate sheet of paper to the Employer's Report.

For all Departments other than HSS (which is to FAX all paperwork to HSS Personnel), the "Employer's Report of Occupational Injury or Illness" should be FAXED to Risk Management immediately upon completion, or at least within 48 hours along with the "Employee's Claim for Workers' Compensation Benefits" form. Risk Management's FAX numbers are (909) 386-8711 or (909) 386-8670. After you have FAXED a copy of the "Employer's Report of Occupational Injury or Illness," the (Employee's Claim for Workers' Compensation Benefits" form, and any other pertinent documents (i.e., off work orders, return to work order, or other medical documentation from the treating physician), please process both forms and the original documentation through your department following your normal procedures. Any subsequent off work orders and medical documentation should be FAXED immediately upon receipt.

IF YOU HAVE ANY QUESTIONS ON COMPLETING THIS FORM, OR ANY OF THE PROCEDURES IN THE CLAIMS PROCESS, PLEASE CONTACT RISK MANAGEMENT AT (909) 386-8655

Step by step instructions are included on the following page to assist you in completing this form

HOW TO FILL OUT EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Form No. 15-14248-000 Rev. 6/98 (State Form No. 5020)

1. Leave blank.*
1a. Complete (Use Section or Division's correct Organization Code. This five digit number can be obtained from your department payroll clerk).
2. Leave blank.*
2b Complete (Obtain this six digit coding from Fund & Accounting Manual or your department payroll clerk--may be alpha, or numerical, or both).
3. Do not complete.
3a. Complete (also known as "building number." This four digit number identifies the job site of the injured employee. *All County owned or leased buildings have their own designated code.* This information can be obtained from the County "Intranet" System. It is also published in the "Schedule of Buildings Owned by San Bernardino County or Rented/Leased by San Bernardino County."
4. Leave blank.*
5. Leave blank.*
6. Leave blank.*
7. Complete, full name of employee and employee number (if an employee has recently married, make sure to include maiden name in parentheses).
8. Complete.
9. Complete.
10. Complete (please list both the mailing and home address of the employee, if different, including zip code).
10a. Work phone number with area code.
11. X male or female.
12. Complete (employee's regular job title).
12a. Complete official department and district that employee works for (i.e., Sheriff/Patrol Division, Clerk of the Board of Supervisors, Public Health, General Services Group/Facilities Management, etc.).
13. Complete (date of hire with County--also, please indicate here or elsewhere on form if date of hire with this department is different than County hire date).
14. Complete (if employee is on other than a 5-day per week, Mon-Fri schedule, please indicate particulars of their schedule elsewhere on form or by attachment).
14a. X whether employee is permanent, part time, temporary or volunteer (this is very important because of different benefits).
14b. Do not complete.
15. Weekly wages (must be correct and up-to-date to ensure correct benefits).
16. Complete.
17. Complete.
18. Complete (exact time of day the incident occurred or the illness developed).
19. Complete.
20. Complete.
21. Complete.
21a. Complete.
22. Complete (if applicable).
23. Complete (if applicable).
24. Complete (if applicable).
25. Complete.
26. Complete.
27. Complete (date employer/supervisor was advised by employee or other source of employee's injury or illness).
28. Complete (date employee or their representative was given or mailed by "US Postal Service, First Class Mail" the employee claim form).
29. Complete as fully as possible.
30. Exact location of the injury, includes parking lots, grounds (street address, city).
30a. County where injured (and State if other than Calif.).
30b. Complete.
31. Complete.
32. Complete (if other employees injured, please indicate names elsewhere on form or by attachment).
33. Complete (with exact name of the machine, tool, object, chemical, etc. that the employee was using or came in contact with when injured. If a chemical or poison was involved and the exact name is not available, the trade name or any other information to identify it should be retained and reported here. The name of the Vendor is also desirable).
34. Complete with as much detail as possible.
35. Complete as fully as possible (save any tools, equipment, etc., for future inspection and investigation).
36. Complete (this is the name of the physician that first examines the employee for the injury or illness. If the employee sees other physicians, please include on a supplementary attached sheet. Include the name and address of doctor, hospital, or medical clinic where employee was treated for the injury or illness. If no medical treatment when form is completed, please indicate here).
37. Complete if the employee is hospitalized (be sure to include the name and address of the hospital here to ensure that the correct benefits are paid).
38. Complete if applicable (please include full names of witnesses and phone numbers, if available).
39. Complete.

*** Already filled out for you.**

SIGNATURE SECTION:

Completed by: Name of person completing the form **(cannot be the injured employee),** their Signature, Title and Date form completed.
Supervisor Signature ∗ Department Head Signature ∗ Assistant Administrative Officer Signature ∗ Date signed by Supervisor

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS	**PLEASE COMPLETE IN QUINTUPICATE (TYPE IF POSSIBLE)** This report is to be completed by the Supervisor, NOT the employee. Retain one copy for your files and mail the original and two copies to: COUNTY OF SAN BERNARDINO Risk Management Division/Human Resources 222 West Hospitality Lane, Third Floor San Bernardino, CA 92415-0016	If there are any questions, please call (909) 386-8655 FAX UPON COMPLETION TO (909) 386-8711 or (909) 386-8670	OSHA Case NO. _____ ☐ Fatality

Any person who make or caused to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

NOTICE: California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury/illness or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

EMPLOYER

1. FIRM NAME
COUNTY OF SAN BERNARDINO ------ RISK MANAGEMENT

1A. DEPT. ORG CODE

2. MAILING ADDRESS (Number and Street, City, ZIP)
222 WEST HOSPITALITY LANE, 3RD FLOOR, SAN BERNARDINO, CA 92415-0016

2A. DEPT. FUND & SUB FUND

2. LOCATION, if different from mailing address (Number and Street, City, ZIP)
N/A

3A. LOCATION CODE

4. NATURE OF BUSINESS, e.g., painting contractor, wholesale, grocer, sawmill, hotel, etc.
GOVERNMENT

5. STATE UNEMPLOYMENT INSURANCE ACCT. NO.
N/A

6. TYPE OF EMPLOYER
☐ PRIVATE ☐ STATE ☐ CITY ☒ COUNTY ☐ OTHER GOVERNMENT-SPECIFY _____

EMPLOYEE

7. EMPLOYEE NAME EMPLOYEE NUMBER

8. SOCIAL SECURITY NUMBER

9. DATE OF BIRTH

10. HOME ADDRESS (Number and Street, City, ZIP)

10A. PHONE NUMBER
work

11. SEX
☐ MALE ☐ FEMALE

12. OCCUPATION (Regular job title ---- NO initials, abbreviations or numbers)

A. DEPARTMENT:

13. DATE OF HIRE

14. EMPLOYEE USUALLY WORKS
hrs per day ____ days per week ____ total weekly hrs ____

14A. STATUS (Check applicable status at time of injury)
regular
☐ full-time ☐ part-time ☐ temporary
☐ volunteer

14B. Under what class code of your policy were wages assigned?

15. GROSS WAGES/SALARY
$_____ PER _____

16. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g., tips, meals, lodging, overtime, bonuses, etc.) ? ☐ YES ☐ NO

INJURY OR ILLNESS

17. DATE OF INJURY OR ONSET OF ILLNESS

18. TIME INJURY /ILLNESS OCCURRED
A.M. P.M.

19. TIME EMPLOYEE BEGAN WORK
A.M. P.M.

20. IF EMPLOYEE DIED, DATE OF DEATH
MM/DD/YY

21. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? ☐ YES ☐ NO

21A. MODIFIED DUTY PROVIDED? ☐ YES ☐ NO

22. DATE LAST WORKED
MM/DD/YY

23. DATE RETURNED TO WORK
MM/DD/YY

24. IF STILL OFF WORK CHECK THIS BOX
☐

25. PAID FULL WAGES FOR DAY OF INJURY?
☐ YES ☐ NO

26. SALARY BEING CONTINUED?
☐ YES ☐ NO

27. DATE OF EMPLOYER'S KNOWLEDGE/NOTICE OF INJURY/ILLNESS
MM/DD/YY

28. DATE EMPLOYEE WAS PROVIDED EMPLOYEE CLAIM FORM
MM/DD/YY

29. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS, (If available, e.g.,. second degree burns on right arm, tendonitis of left elbow, lead poisoning.

30. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City)

30A. COUNTY

30B. ON EMPLOYER'S PREMISES?
☐ YES ☐ NO

31. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., shipping department, machine shop.

32. OTHER WORKERS INJURED/ILL IN THIS EVENT
☐ YES ☐ NO

33. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., acetylene, welding torch, farm tractor, scaffold

34. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, E.G.,. welding seams of metal forms, loading boxed onto truck.

35. HOW INJURY/ILLNESS OCCURRED, DESCRIBE SEQUENCE OF EVENTS, SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJUTY/ILLNESS, e.g., worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.

36. NAME AND ADDRESS OF TREATING PHYSICIAN (Number and Street, City Zip)

36A. PHYSICIAN'S PHONE NUMBER

37. IF HOSPITALIZED AS AN INPATIENT, NAME AND ADDRESS OF HOSPITAL, (Number and Street, City, ZIP)

38. WITNESS

39. CORRECTIVE ACTION TAKEN TO PREVENT RECURRENCE

Completed by (type or print)	Signature	Title	Date
Supervisor Signature	***Dept. Head Signature***	***Assistant Administrative Office Signature***	***Date***

DO NOT USE THIS COLUMN
Case No.
Ownership
Industry
Occupation
Sex
Age
Daily Hours
Days per week
Weekly Hours
Weekly Wages
County
Nature of Injury
Part of body
Source
Event
Soc. Source
Extent of Injury

FORM 5020 FILING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY 15-14248-000 Rev. 6/98

MODIFIED DUTY PROGRAM
(FOR EMPLOYEES WITH WORK RELATED INJURIES OR ILLNESSES)

The Modified Duty Program is a mandatory, County-wide program designed to return employees to the workplace doing tasks they are medically able to perform as soon as possible and until they are able to return to full duty. The County will accommodate an employee's medical restrictions so that injured workers will continue to earn regular salary and benefits for time worked. Employees unable to return to work in any capacity will be provided mandated benefits under California Workers' Compensation Law per the State Labor Code.

The County Modified Duty Coordinator (an employee of the Risk Management Division of Human Resources) assists the employee's department in coordinating the return to work of the employee with the assistance of the employee's treating doctor, the County Center for Employee Health & Wellness Doctor or Nurse, the Department's Modified Duty Coordinator, the injured employee's supervisor, and the injured employee.

When an employee's supervisor learns of a job-related injury or illness, they should refer to the "Reporting Procedures" section of this manual for specific requirements and forms which will need to be completed.

Once the employee has seen a doctor, they should either have the "Medical Service Order" which has been completed, or other paperwork from the doctor that gives information regarding the patient's medical status **(any medical status form or report that is signed by anyone other than a doctor is not valid--if it is signed by a physician's assistant or a nurse practitioner, it will not be accepted until the doctor's signature is obtained. If this delays the employee returning to work, the additional time off work may not be covered under workers' comp. benefits).** This form, or the doctor's paperwork should be taken back to the department by the employee and reviewed by the supervisor or other department designee.

If the employee does not return to his/her department with the medical documentation because he/she is unable to due to the injury, they should call the supervisor or other person "in charge" to advise them of this situation. Arrangements will then need to be made for the department or Risk Management to obtain the needed documentation. *It is the employee's responsibility to keep the department apprised of their medical condition initially, and thereafter with any changes in the status. The injured employee should contact their supervisor or other person designated by the department at least once a week. Failure to provide ongoing medical documentation could result in delay or denial of continuing benefits.*

The medical documentation should include one of the following statuses:

1. The employee is released by the treating doctor to return to work immediately, or to return to work the following day, or next shift, whichever is appropriate to the employee's work schedule.
2. The employee is taken off work by the doctor.
3. The employee is released to modified duties--there should be a clear indication of what the medical restrictions are to be.
4. If you are unsure of the status of a claim or anticipate potential problems with a claim, call Risk Management at (909) 386-8655 to speak to a Claims Adjuster, Claims Assistant or call the County Modified Duty Coordinator at (909) 388-4688.

➔ Do not implement modified duty assignments for employees with "stress related" or other emotional injuries/illnesses unless you are advised to do so by Risk Management personnel.

If the paperwork indicates that the status is either "off work" or "modified duty" the supervisor should then contact the department Modified Duty Coordinator to advise them of the employee's medical status. If the department Modified Duty Coordinator is unavailable, the supervisor should contact Risk Management to advise either the County Modified Duty Coordinator or the Claims Adjuster or Claims Assistant who will be handling the workers' comp. claim. A copy of the paperwork should be faxed to them at (909) 386-8711.

Employee's who are:

a) Taken off work due to an occupational injury and are being released back to work,
b) Are being sent back to work with medical restrictions by the treating doctor,
c) Are being released back to full duties after being on modified duties, or
d) Have a change in their medical restrictions by the treating doctor.

Must be seen at The Center For Employee Health & Wellness before returning to work.

The supervisor or other department designee makes the appointment for the employee. Occasionally, employees who are in very remote areas of the County may be released by the County Employee Health Doctor or Nurse by a phone interview--if this is the case, the supervisor should make these arrangements with the Center for Employee Health & Wellness Office, (909) 386-5150.

The employee will need to have been released to full or modified duty by the treating doctor, and obtain a written release from the doctor, before they are seen at the Center for Employee Health & Wellness for review of the doctor's return to work release. If possible, the employee should be scheduled for the Center for Employee Health & Wellness appointment at least one working day prior to the treating doctor's date of release so that the employee may return to work on the date specified by the treating doctor (weekends, holidays, and Employee Health & Wellness staffing needs may, in some instances, delay the date of the appointment, but this is usually not a problem).

The Supervisor, with assistance from the department Modified Duty Coordinator and if needed, the Department Human Resources Officer, will determine modified duty assignments for the employee when he/she returns to work. This return to work date must occur as soon as possible after the employee is released by the treating doctor. If there is no modified duty available within the employee's department, the County Modified Duty Coordinator will work with the Department Modified Duty Coordinator to place the employee in another County Department. It is important that all possibilities of placing the employee in their own department are explored as the employee's department continues paying the employee's regular salary and benefits for time worked.

Modified duty assignments will end upon release of the employee to full duty, or if modified duty assignments are no longer available, or if the employee's medical restrictions are determined to be of a permanent nature.

If an employee fails to show for scheduled assignments, interviews, or fails to follow the medical restrictions the doctor has imposed contact your Department Modified Duty Coordinator immediately. Workers' Compensation benefits will be terminated for employees who refuse to comply with modified duty assignments.

Also contact your department coordinator if the employee is missing scheduled doctor's appointments, physical therapy appointments, etc. If you are unsure what to do in a given situation, be sure to contact your Department Coordinator or Risk Management for guidance in handling the situation.

If your Department has other requirements or responsibilities regarding modified duty assignments for employee's, you should continue to adhere to the policy as set forth by your Department.

HOW TO FILL OUT
VEHICLE ACCIDENT REPORT FORM

Form No. 15-5705-000 Rev 1/94

1 **Before an accident happens**, fill in your department's telephone number and insert the Vehicle Accident Report Form in your vehicle's glove compartment. Motor Pool vehicles should have these already in the glove compartment. Check before leaving. Forms are available at Central Stores.

2. **When an accident has happened** to you, or you think you may be named as a party to an accident (even if the vehicle only touched you or swerved from your path and collided with others), park the car safely, immediately.

3. Take out the yellow Vehicle Accident Report and read Sections 1 through 6 carefully. Follow the instructions in these sections. Serious property damage is any damage over $2,500 to either party. Bodily injury can be as minor as a sore neck or arm.

4. The sections to be completed are mostly self-explanatory. It will help our investigator if you obtain the officer's name that took the initial accident report, and when possible, the accident report number (also known as a daily report (D.R.) or traffic accident (T.A.) number). Ask the traffic officer for the names of other parties if there are injuries. Complete <u>all</u> blanks.

5. Study the accident diagram and block out the types of intersections that don't apply to your accident. If this is not an intersection accident, draw curb lines over the intersection's cross streets and treat the diagram as if it showed a view of a straight street.

6. If serious injury occurs to a County employee or member of the public, call Risk Management Division at (909) 386-8631 as soon as possible. On weekends, call Comm Center at (909) 356-3811. They have the telephone number for our on-call staff. Follow any departmental directives you may have on serious injuries or accidents for further reporting.

7. This card is then given immediately to the employee's immediate supervisor so it can accompany the Incident Report form when sent to Risk Management Division/Human Resources.

THE INJURED PERSON

Names and Address	Age	Check Which (x)
1		☐ Pedestrian ☐ Male ☐ Killed ☐ Driver ☐ Female ☐ Injured ☐ Passenger in Vehicle
2		☐ Pedestrian ☐ Male ☐ Killed ☐ Driver ☐ Female ☐ Injured ☐ Passenger in Vehicle
3		☐ Pedestrian ☐ Male ☐ Killed ☐ Driver ☐ Female ☐ Injured ☐ Passenger in Vehicle

Given First Aid by _____

Taken to _____ (Hospital, Clinic)

Did injured person make statement? _____

What? _____

DAMAGE TO OTHER'S PROPERTY

Owner _____

Address _____ Phone: _____

Kind of property and how damaged _____

Estimated cost of repairs $ _____

If vehicle: Make _____ Type _____ Yr. ____ License No. _____

Where may it be seen? _____

Is it covered by insurance? ☐ Yes ☐ No Insurance Co. _____

Policy # _____

I declare, under penalty of perjury, the above is true and correct to the best of my knowledge.

_____ Date _____

Signature of County Driver

NOTE: If no police or traffic officer was able to respond to your request, report incident to local police department within 24 hours via a Counter Report.

County of San Bernardino

Vehicle Accident Report

INSTRUCTIONS TO DRIVERS

1. In case of accident, (no matter how slight), STOP at once and investigate. Write all facts of accident on this form.
2. Make no admission of liability and assume no responsibility for accident to anyone. The law requires that you need give only the following items of information.
   Name and address of driver.
   Name and address of owner of vehicle.
   License plate number of vehicle.
   If requested, exhibit your operator's or chauffer's license.
   (Calif. Vehicle Code, Section 20003)
3. If anyone is seriously injured, call a doctor and render reasonable assistance. Do not authorize medical or surgical relief except as is imperative at the time of the accident.
4. If accident is serious (results in bodily injury or serious property damages) call Traffic Emergency 911 and telephone your immediate superior or department.
   ALSO call Risk Management Division
   Phone: 386-8631
5. DO NOT ATTEMPT TO ADJUST THIS ACCIDENT.
6. ALWAYS call a Law Enforcement Officer to the scene.

Name of your Department/Group _____ Immediate Supervisor _____

Your Name _____ Work Phone # _____ Home Phone # _____

If you are not the County Driver, who was? _____

County Equipment Number _____ Vehicle License Number _____

Make _____ Model _____ Color _____ Yr. _____

Name of Other Driver _____ Phone # _____ Address _____

License Number of Other Vehicle _____ Operator's License Number, Other Driver _____

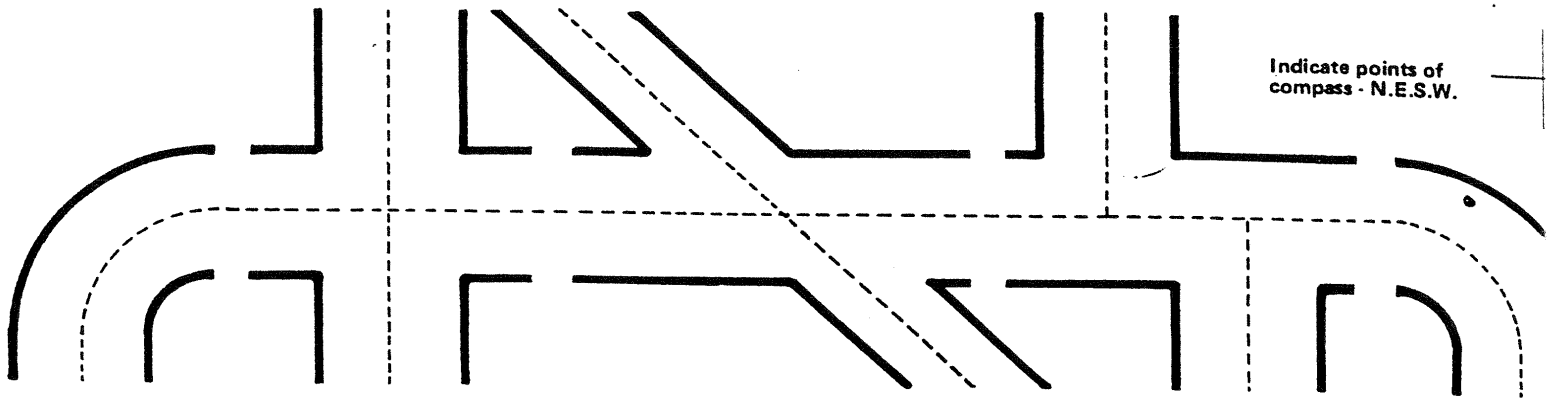
Name and Address of Owner _____

Name of Police Officer _____ ☐ Sheriff ☐ CHP ☐ City Police

Location _____

NOTE: This form is for field use at the scene of the accident. Upon return to your office

Complete the following diagram showing direction and positions of automobiles or property involved, designating clearly point of contact.



INSTRUCTIONS: GIVE STREET NAMES, DIRECTIONS, AND LOCATIONS OF OBJECTS INVOLVED

(1) Number each vehicle and show direction of travel by arrow. → 1 ⟨ 2 ←

(2) Use solid line to show path of each vehicle before accident. → 1 dotted line after accident ····· → 1

(3) Show motorcycle or bicycle by → O-O (4) Show pedestrian by → O (5) Show railroad by ┼┼┼┼

IMPORTANT: COMPLETE NAMES AND ADDRESSES OF ALL **WITNESSES.** (6) Show County vehicle as number → 1

Other Witnesses or Persons Present	Address	Vehicle License No.	Phone
			☐ Home ☐ Business
			☐ Home ☐ Business
			☐ Home ☐ Business

NOTE: If unable to get names of witnesses, ALWAYS get the license number of those drivers that you believe witnessed the accident.

THE ACCIDENT

Date of accident: Month _____ Day _____ Hour _____ A.M. P.M.

Place of accident _____ *(Street Address)*

City, town or area _____

What direction were YOU going? _____ Other Vehicle _____

What side of street? _____ Other Vehicle _____

Speed of County vehicle _____ Other Vehicle _____

Weather conditions _____

Road conditions _____

No. of occupants of County vehicle — Adults: Male _____ Female _____ Minors: Male _____ Female _____

No. of occupants of other vehicle — Male _____ Female _____ Male _____ Female _____

Were YOU cited? _____ Charge _____

Was OTHER driver cited? _____ Charge _____

Describe accident fully: _____

☐ Seat belts installed. Seat belts used? ☐ Yes ☐ No

INCIDENT REPORT

Form No. 15-13866-000 Rev. 1/94

The instructions for completing are on the reverse side of the form.

This is a generic form used for all injuries and accidents involving members of the public, all vehicle accidents involving County/District vehicles, and all damage, theft, destruction or disappearance of County property, money or securities.

Police reports must be obtained for all money losses, vandalism or malicious mischief.

Instructions for Completion of
COUNTY OF SAN BERNARDINO INCIDENT REPORT
for County Vehicle Accidents and General Liability Property Damage

1. Full name of County driver or reporting employee
2. County employee's home address
3. County employee's home phone
4. County employee's department
5. County Department/District Department and Coding
6. Address of employee's department

6A. Complete

7. Complete
8. Complete
9. Complete
10. Indicate if you have had other accidents
11. Complete
12. Employee's driver's license number
13. Complete

(14-23. Complete only if incident involves a County vehicle)

14. Indicate 5 digit County vehicle number.
15. Give license plate number of vehicle
16. Complete
17. Complete
18. Complete
19. Complete
20. Complete
21. Complete
22. Acquire estimates of damage from Motor Pool
23. Complete
24. IMPORTANT! Give exact date of incident
25. Complete
26. Complete
27. Complete
28. Indicate location of enforcement agency taking report. NOTE: All accidents must be reported to Law Enforcement with jurisdiction.
29. Give exact location

29A. Nearest cross street to accident

30. Complete
31. Complete
32. Indicate full name of other party if applicable
33. Complete
34. Complete
35. Complete
36. If owner is other than No. 32, indicate full name
37. Complete
38. Complete
39. Describe property fully.
40. Is property insured?
41. Complete
42. Describe type of damage if any.
43. Give your opinion of cost to repair damage.
44. Complete
45. Full name, address and phone number of injured.
46. Complete
47. Complete
48. Check block to show if injured was in County vehicle, other vehicle or pedestrian
49. Full name, address and phone number of injured.
50. Complete
51. Complete
52. Check block to show if injured was in County vehicle, other vehicle or pedestrian.
53. Full name, address and phone number of witness
54. Check block to show if witness was in County vehicle, other vehicle or pedestrian.
55. Full name, address and phone number of witness
56. Check block to show if witness was in County vehicle, other vehicle or pedestrian.

NOTE: Report is **never** to be completed by employee involved in Automobile Accident. Form must be completed and signed before submitted.

incidntrpinstrc/rmdfrms
Human Resources/Risk Management 4/90

County of San Bernardino
INCIDENT REPORT

CONFIDENTIAL

(See page 2 for instruction) PLEASE TYPE

☐ **Auto** ☐ **Other Accident**

R.M.D.

COUNTY OF SAN BERNARDINO
222 West Hospitality Lane, Third Floor
San Bernardino, CA 92415-0016
(909) 386-8631

- Complete Items No. 1 through No. 56
- Acquire supervisor's comments and signature
- Acquire signatures of Department and Group Head
- Submit with yellow Accident Report card to Risk Management within 24 hour of incident

Disposition: First and Second copy to: Risk Management
Third copy to Dept.

SARB NO.:

COUNTY EMPLOYEE

1. Driver (or Reporting Employee for Non-Auto)	2. Home Address	2a. Social Security #	3. Home Phone
4. Department / 5. Dept. No. _____ Fund _____	6. Address of Department	6A. Contract city, if applicable	7. Dept. Phone
8. Date of Birth / 9. Date of Hire / 10. Prior Accidents ☐ Yes ☐ No	11. Employee's Job Title	12. Driver's License No.	13. Work Phone

COUNTY VEHICLE

14. County Vehicle No.	15. Plate No.	16. Motor Pool Car? ☐ Yes ☐ No	17. Color	18. Year	19. Make	20. Model

21. ☐ Minor ☐ Major _____ ☐ Total Damaged Parts	22. Repair Estimate from Motor Pool $ _____	23. Where can car be seen? When?

SUPERVISOR'S DESCRIPTION OF INDIDENT

24. Date of Incident	25. Time A.M. P.M.	26. Weather	27. Condition of Road	28. Reported to ☐ CHP ☐ Police ☐ Sheriff NOTE: All vehicle accidents must be reported Which office?

29. Location of Loss (Street address, city, state)

29A. Nearest Cross Street

30. County Vehicle: ☐ Parked ☐ Stopped in Traffic ☐ Moving
Est. Speed _____ MPH
Other vehicle: ☐ Parked ☐ Stopped in Traffic ☐ Moving
Est. Speed _____ MPH

31. Supervisor's Description of Incident:

OTHER PARTY

32. Other Party's Name	33. Address	37. Driver's License No.	35. Phone
36. Owner	37. Address		36. Phone

39. Describe Property (If car, make, year, plate no.)	40. Other party insured? ☐ Yes ☐ No	41. Insurance Company and Policy No.
42. Describe Damage	43. Repair Estimate $ _____	44. Where can property be seen?

INJURIES

45. Name Address Phone No	46. Age	47. Extent of Injury ☐ Minor ☐ Major ☐ Death	48.	County Vehicle	Other Vehicle	Pedestrian
49. Name Address Phone No.	50. Age	51. Extent of Injury ☐ Minor ☐ Major ☐ Death	52.			

WITNESS

53. Name Address Phone No.	54.		
55. Name Address Phone No.	56.		

SUPERVISOR'S REVIEW

1. Do you feel County driver could have avoided this accident? ☐ Yes ☐ No

1. Why? _____

Hours employee worked prior to Incident? _____

3. Were there any known mechanical defects of County vehicle? ☐ Yes ☐ No
If yes, list: _____

3A. Was safety equipment used? ☐ Yes ☐ No
If yes, note deficiencies, if any

4. What habits should County drivers develop to avoid a similar accident?

_____

Supervisor's Name – Typed/Printed

Department Head's Name – Typed/Printed

Asst County Administrative Officer (if applicable)

Supervisor's Signature ***Phone***

Department Head's Signature

Information received from our employee on this form is confidential and is to be used only for accident analysis.

Liability Representative's Name ***Liability Representative's Signature*** ***Date received in RMD***

15-13866-000 Rev. 1/00
forms/incidntrpt.doc

CLAIMS AGAINST THE COUNTY

Form No. 07-8387-286

This form is to be used by members of the public who feel they have suffered general or punitive damages due to the County's negligence.

Employees are not to express opinions, either orally or in writing, to claimants or their agents as to liability, investigation findings or possible claim approval.

Permanent records are available upon request from the Risk Management Division, Human Resources.

If an injury or property damage is reported which cannot be verified by the employee, and the individual concerned expresses a desire to file a claim against the County of San Bernardino, he should be advised only that:

1. The County Board of Supervisors have sole authority to approve payment of claims against the County over $50,000. Risk Management Division has sole authority to approve payment of claims under $50,000.

2. Complete the **"Claim against the County of San Bernardino"** form in triplicate (Form No. 07-8387-286). Advise the claimant to complete all blanks and attach copies of all bills or other proof of expenditure.

3. Submit the claim to:

   Risk Management Division, Human Resources
   222 W. Hospitality Lane, 3rd Floor
   San Bernardino CA 92415-0016

4. Forms are available at Central Stores, Purchasing.

CLAIMS AGAINST
COUNTY OF SAN BERNARDINO

Date _____

TO: Risk Management Division
County of San Bernardino, State of California
222 W. Hospitality Lane – 3rd Floor
San Bernardino, CA 92415-0016

Claim is hereby made against the treasury of the County of San Bernardino, State of California, as follows

Less than $10,000 - State the total amount claimed $ _____
More than $10,000 - Check one of the boxes:
Municipal Court Jurisdiction ($10,000-$25,000) ☐
Superior Court Jurisdiction ($25,001 and up) ☐

Claimant makes the following statements in support of the claim:

1. Name of claimant _____
First Middle Last (Area Code and Phone No.)

2. Address of claimant _____
Street City Zip

3. Notices concerning claim should be sent to:
_____
Name Address Zip (Area Code and Phone No.)

4. Circumstances giving rise to claim are as follows: _____
_____

5 Date, Time and Place (city, street, cross-street) damage occurred and nature thereof:
_____

6. Public property and/or public officers or employees causing injury, damage or loss:
_____

7. Name, address and telephone number of witnesses: _____
_____
_____

8. Basis of computation of claimed amount is as follows:
Medical expenses to date _____ Lost wages _____
Estimated future medical expenses _____ General damages _____
Other expenses _____ Property damage _____
Other damages _____

_____
Claimant or Representative

CLAIM FORM MUST BE FILLED OUT PROPERLY OR CLAIM WILL BE RETURNED WITHOUT FILING

07-8387-286 clmsagnstco/rmdfrms

PERSONAL PROPERTY CLAIM (EMPLOYEE)

Form No. 07-13351-000 Rev. 2/94

It is the policy of the Board of Supervisors, in accordance with Section 53240 of the Government Code, to extend coverage of the Liability Insurance Sub Fund to provide for the repair or replacement of employee's personal property necessarily worn or carried by the employee that is lost or damaged in the line of duty without fault or negligence of the employee.

Reimbursement for repair or replacement of personal property may be made when the loss or damage is caused by peculiar circumstances arising out of the course of employment.

No reimbursement may be made for ornamental or jewelry items except for depreciated, functional value of watches, eyeglass frames and the like.

Reimbursement for loss or damage of personal transportation vehicles is not covered under this policy but is provided under Mileage Reimbursement in the County Travel Code.

Claims for reimbursement shall be filed on the **"Personal Property Claim (Employee)"** Form No. 07-13351-000, Rev. 2/94, along with all necessary receipts for repair or replacement.

Forward all damaged items via interoffice mail to Risk Management to ensure processing of your claim.

INSTRUCTIONS TO CLAIMANT

Complete Sections 1, 2, and 3 of this form.

Section 1 - Claimant Information. This section is self - explanatory. The information is necessary for processing your claim.

Section 2 - Narrative Description of Incident and Damage. Explain the circumstances which caused the incident and damage to occur, including (1) the date, (2) the time of day, and (3) location of the incident. Attach documents which substantiate the claim such as receipts showing actual purchase price of the lost or damaged item, industrial accident reports, arrest reports, repair orders for equipment which malfunctioned, and formal or informal incident reports. If there were witnesses to the incident, list their names, titles and phone extensions in the spaces provided.

Section 3 - Employee Valuation and Claim. In all cases of loss, the following columns must be completed:

Date of Loss
Item
Repair or Replace (Is the article to be repaired or replaced?)
Place an "X" in the appropriate column.
Date of Purchase
Purchase Price (Original cost of article)
Repair or Replacement Cost
(Repair Cost - The cost to repair the article)
(Replacement Cost - the cost to replace the article with a new article of comparable quality)
Amount of Claim

If the claim is for an article of clothing, indicate the condition of the clothing at the time of loss by placing an "X" in the condition column which applies:

Excellent: Having the appearance of an exceptionally well-cared-for article which belies its age.
Average: Having an appearance expected of an article which has had reasonable use considering its age.
Poor: Having the appearance of extensive use but not of abuse, evidence of repairs, the presence of well-worn areas and permanent discoloration provided that they do not destroy the usefulness of the article, are considered to be signs of poor condition.

NOTE: The condition column should only be completed when reimbursement is sought for articles of clothing.

If more than one article was lost or damaged, list them in the extra space provided or attach an extra sheet if necessary. Be sure to sign and date your claim. Keep the original copy for yourself and then submit the claim to your supervisor for review and processing.

PERSONAL PROPERTY CLAIM (Employee)

Note: Damaged items must accompany claim.
See page 2 side for instructions.

County of San Bernardino
RISK MANAGEMENT DIVISION
222 West Hospitality Lane, 3rd Floor
San Bernardino, CA 92415-0016
(909) 386-8631

1. CLAIMANT INFORMATION

NAME		DATE OF HIRE
OCCUPATIONAL GROUP	JOB CLASSIFICATIONS	EMPLOYEE NO.
DEPARTMENT	DIVISION	
LOCATION ADDRESS		WORK PHONE
HOME ADDRESS		HOME PHONE

2. NARRATIVE DESCRIPTION OF INCIDENT AND DAMAGE (Include name of responsible party, if applicable; i.e., dog owner, patient, combative suspect)

WITNESS(ES) TO INCIDENT	NAME OF WITNESS	ADDRESS	PHONE

3. EMPLOYEE VALUATION AND CLAIM

DATE OF LOSS	ITEM (Include Brand)	REPAIR	REPLACE	PURCHASE DATE OF DAMAGED ITEM	PURCHASE PRICE OF DAMAGED ITEM	REPAIR OR REPLACE COST	CONDITION			AMOUNT OF CLAIM
							Excellent	Average	Poor	
TOTAL AMOUNT OF CLAIM										

I certify, under penalty of perjury, that the above is a correct report of the personal property loss and/or damage sustained by me, through no fault of my own, while engaged in official business for the County of San Bernardino, that the above bill is true and just and that payment therefore has not been received.

Signature of Claimant *Date*

4. DEPARTMENT HEAD REVIEW

The circumstances surrounding this claim have been investigated to my satisfaction. I have reviewed policy 06-07 of the County Policy Manual and this claim, if approved, complies with policy.

Recommendation ☐ Approved ☐ Denied

Department Head Approval By: Date

5. RISK MANAGEMENT DIVISION

☐ Approve ☐ Deny
Payment Authorized $ _____

Comments _____

Supervising Liability Claims Representative Approval By: Date

---- AUDITOR'S USE ONLY----

Accounting Code			Amount	
FUND	DEPT	ORG		

APPROVED:

LARRY WALKER, Auditor/Controller

By _____ **, Deputy**

07-13351-000 Rev. 2/94
rmdfrms/prnslpro.doc

DISTRIBUTION: Original- Employee
First Copy – Department
Second Copy – Risk Management Division, Human Resources

County of San Bernardino
Risk Management Division
HAZARD REPORT
Form No. 15-18582-000

The instructions for completion are on the reverse side of this form.

This form is the tool for employees, supervisors or managers to report safety hazards. imminent hazards which endanger County employees or the public should be immediately telephoned to Risk Management at (909) 386-8624.

After hours, call the Comm Center at (909) 356-3811 and ask them to contact appropriate Risk Management staff.

HOW TO COMPLETE HAZARD REPORT

Form No. 15-18582-000

The purpose of the Hazard Report (Form no. 15-18582-000) is threefold:

1. To provide all County employees a formal method to report unsafe facility/work conditions and job practices, either real or perceived.

2. To provide management a formal method to document corrective action taken on all reported unsafe conditions and/or practices, as well as a method to solicit aid or input from outside the department in correcting conditions and practices.

3. To notify appropriate individuals outside the reporting department that a condition or practice exists which requires assistance in resolving.

ROUTING

1. Originating department is to maintain canary copy. Its purpose is to diary the condition for department management control as well as to provide permanent documentation that reporting and correction of unsafe situations is occurring.

2. Originating department forwards pink copy to Facilities Management for information and/or action as is appropriate. Facilities Management forwards pink copy to Safety Section/Risk Management Division following correction.

3. Originating department forwards white copy to Safety Section/Risk Management Division. Safety Section will log condition, recommend and monitor correction, and de-log as condition is resolved.

Top Portion of Form - For Employee and Department Use

1.	REPORTING EMPLOYEE	Full name of individual completing report. Reporting employee may exclude name if anonymity is desired. However, experience has shown that anonymously reported practices and conditions are frequently difficult to identify and correct.
2.	DATE	This should reflect the date report is actually completed.
3.	DEPARTMENT	Name of department where hazard exists.
4.	LOCATION	Complete address of where condition exists.
5.	DESCRIPTION	Report must include a description of condition or practice in detail sufficient to identify the problem.
6.	CORRECTIVE ACTION	An appropriate member of department management should review the report prior to routing. If condition is corrected within the department, report should so indicate. If necessary corrective action is beyond the scope of departmental correction, report should be routed with departmental recommendations.
7.	DATE CORRECTIVE ACTION TAKEN	This should reflect date that any actual departmental corrective action was completed.
9.	PHONE NUMBER	This should include a telephone number of the individual whom Safety Section can call relative to the hazard.
10.	ANONYMITY	The purpose of the Hazard Report is to assure that unsafe conditions are corrected. It is for this reason that department management must be the initial step in form routing. Employees who perceive the need for anonymity are to direct the form to management in such a way as to protect their identity. Employees in such circumstances will need to xerox the report if a copy is desired.

Lower Portion of Form - For Facilities Management Use

1.	DATE	This should reflect date that report of corrective action is being prepared. The narrative of corrective action should include date of such correction.
2.	CORRECTIVE ACTION	This section should include a complete report of all action taken to correct condition.
3.	SIGNATURE	Signature of Facilities Management Supervisor responsible for corrective action.
4.	TITLE	Title of Supervisor signing report.

County of San Bernardino
RISK MANAGEMENT DIVISION

HAZARD REPORT

Reporting Employee (Optional)		Date
Department		
Location of Condition		
Description of Hazardous Condition or Unsafe Practice:		
Corrective Action Taken or Recommended:		
Date Corrective Action Taken	Signature	Phone Number

DO NOT WRITE BELOW – FOR FACILITIES MANAGEMENT USE ONLY

THE FOLLOWING CORRECTIVE ACTION HAS BEEN COMPLETED:	
Title	Signature

DISTRIBUTION: Original – Risk Management
First copy – Originator
Second copy – Facilities Management

15-18582-000
rmdfrms/hazards.doc

HOW TO COMPLETE
WORKPLACE THREAT INCIDENT AGAINST COUNTY OF SAN BERNARDINO EMPLOYEE

Form No. 10-19964-000

County of San Bernardino Board of Supervisors policy 09-08 requires that written documentation be prepared on all incidents of violence or assaultive behavior, either real or perceived, direct or indirect, verbal or physical, against County employees.

Form No. 10-19964-000 which is available from Central Stores, has been developed to document both threatening and assaultive incidents.

The information requirements of the form are self-explanatory:

Items 1 through 3	Identify the individual who has threatened or assaulted an employee.
Items 4 through 7	Describe the threat or assault.
Items 8 through 13	Identify the employee as well as provide other contact information.

The document is to be immediately prepared by the threatened or assaulted employee's immediate supervisor. It requires no signature, and departments must not establish internal procedures that will delay the prompt distribution of documentation to Human Resources and Risk Management Division, Safety/Loss Prevention Section, via Interoffice Mail.

The form presumes, and should follow, telephone reporting to appropriate levels of Department Management, and the Personnel Officer and/or Safety personnel depending upon the nature of the incident and need for consultation, guidance or assistance.

County of San Bernardino

WORKPLACE THREAT INCIDENT AGAINST COUNTY OF SAN BERNARDINO EMPLOYEE

1. **Name of individual threatening County employee:** _____
2. **Perpetrator's relationship to County:** _____
3. **Physical description:** **Height** _____ **Weight** _____ **Hair** _____ **Eyes** _____

   Ethnicity _____ **SSAN** _____ **CDL** _____ **DOB** _____

   Address/Phone: _____

   Distinguishing Characteristics _____ *(Attach Photo if possible)*
4. **Location of threat** _____
5. **Date** _____ **Time** _____
6. **Circumstances of threat & who heard it** _____
7. **Exact words of threat** _____
8. **Threatened County Employee** _____ **Phone** _____
9. **Department** _____ **Phone** _____
10. **Supervisor** _____ **Phone** _____
11. **Work Address** _____
12. **Building Safety Coordinator** _____ **Phone** _____
13. **Employee's home telephone** _____ **Cell Phone** _____
14. **Additional comments** _____

10-19964-000

DISTRIBUTION: Risk Management Division/Safety Section
Human Resources Officer
Sheriff 's Office of Safety & Security
Department

HOW TO COMPLETE
WORKPLACE THREAT MITIGATION REPORT
(Form No. 15-19965-000)

The California Labor Code and Title 8 California Code of Regulations, General Industry Safety Orders, require prompt mitigation of hazards to employee safety and health.

Form 15-19965-000, which is available from Central Stores, has been developed to document the mitigation or abatement of a hazard to employee health and safety resulting from threats of assaultive behavior against employees.

As with the previously reviewed Workplace Threat Incident Report, (page 171) this Mitigation Report presumes telephone reporting and the appropriate involvement of senior Department Management, the Personnel Officer and/or the Risk Management Division Safety/Loss Prevention Section.

The form is self explanatory, is the approved method of documenting key mitigation or abatement actions which must be considered, and **requires the Department Head signature**, and the signatures of the Personnel Officer and/or Safety personnel, depending upon the involvement of the latter two individuals.

COUNTY OF SAN BERNARDINO
WORKPLACE THREAT MITIGATION REPORT

Name of threatened employee _____

Department _____

Supervisor _____

Work address _____

Work telephone _____ Home telephone _____

ASSESSMENT BY:

Department Head	Name	_____	Telephone	_____
Personnel Officer	Name	_____	Telephone	_____
Risk Mgmt/Safety	Name	_____	Telephone	_____

RECOMMENDED ACTION:

☐ Armed security at worksite	Date initiated	_____
☐ Surveillance of perpetrator	Date initiated	_____
☐ Area lighting	Date initiated	_____
☐ Accompaniment to and from car	Date initiated	_____
☐ Change in work hours	Date initiated	_____
☐ Change in parking location	Date initiated	_____
☐ Surveillance of employee	Date initiated	_____
☐ Change in work location	Date initiated	_____
☐ Injunction against perpetrator	Date initiated	_____
☐ Buddy system	Date initiated	_____

☐ Other _____

_____

_____

_____

DISTRIBUTION: Original – Risk Management Division/Safety Section
First copy – Human resources Personnel Officer
Second copy – Department

15-19965-000
rmdfrm/wrkplcthrt.doc

County of San Bernardino
BLOODBORNE PATHOGEN & TUBERCULOSIS EXPOSURE REPORT

(INSTRUCTIONS ON REVERSE SIDE)

1. **SECTION 1**			
2. Employee Name		3. Birth Date	4. S.S.N.
5. Home Address (no., street, apt. #)			6. Home Phone ( )
7. (city, state, zip)			8. Work Phone ( )
9. Hire Date	10. Job Classification		11. Employee #
12. Dept. Org. Code	13. Dept. Fund	14. Sub Fund	15. Location Code
16. Department Name (specify section)			
17. Dept. Mailing Address (number, street, city, zip, mail code)			

18. **SECTION 2** **BLOODBORNE PATHOGEN EXPOSURE SECTION**

19. Route of exposure: ☐Body ☐Clothing ☐Article ☐Sharps

20. If SHARPS: Type and Brand of Sharp — Complete additional sharps information on reverse side

21. Performing tasks as trained? ☐Yes ☐No If no, corrective action taken:

22. PPE Used: ☐Gloves ☐Gown ☐Apron ☐Goggles ☐Eye Shield ☐Other (specify)

23. Exposure Transmission: ☐Skin w/break ☐Mouth ☐Left Eye ☐Right Eye ☐Puncture ☐Other (specify)

24. Exposed body part: ☐Left ☐Right

25. ☐Finger ☐Hand ☐Arm ☐Face/Head ☐Torso ☐Leg ☐Other (specify)

26. Substance Involved: ☐Blood ☐Semen ☐Vaginal Secretions ☐Cerebrospinal Fluid ☐Other (specify)

27. How Exposed:

28. Extent of Exposure (explain and quantify if possible):

29. Actions taken following exposure: ☐Washing ☐First Aid ☐Irrigation ☐Other (specify)

Is the source known? ☐No ☐Yes If yes, source name, date of birth:

Source Status (to be completed by treating facility or Risk Management ONLY)

31. ☐HCV+ ☐HCV- ☐HBV+ ☐HBV- ☐HIV+ ☐HIV- ☐Unknown

32. **SECTION 3** **TUBERCULOSIS EXPOSURE SECTION (AIRBORNE)**

33. How exposed:

34. Length of time in contact with source:

35. Is the source known? ☐No ☐Yes If yes, source name, date of birth

Source Status (to be completed by treating facility or Risk Management ONLY)

36. ☐Unknown ☐Active TB ☐Rule out TB Physicians name & phone:

EVALUATION/FOLLOW-UP TREATMENT AUTHORIZATION

Please provide this patient with medical evaluation/follow-up as provided by San Bernardino County Procedure, a copy of which has been previously provided. Above you will find background information relative to the incident. All billings for services are to be sent to:
San Bernardino County Risk Management Division, 222 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0016

Supervisor's Name (type or print)	Supervisor's Signature	Phone	Title	Date

DISTRIBUTION: Original – Treating Facility Second Copy - Risk Management

15-19418-000 Rev. 06/01 Forms/revised blodexpoform reverse.doc

Instructions for completing the Bloodborne Pathogen & Tuberculosis Exposure Report

This report includes medically sensitive information and is to be prepared and handled in strict confidence. Only these two pages are to be prepared as follows:

1) The employee delivers the first page to the approved medical facility to which he or she has been referred for evaluation and follow-up.
2) The second page is to be sent in a sealed envelope marked. *"Medically Sensitive and Confidential Information to be opened by Addressee only"*, to Human Resources/Risk Management Division, Attn: County Safety Officer, mail code 0016.
3) Additional information and requirements are contained in the Employee Safety & Health Manual in accordance with the California Code of Regulations, Title 8, Section 5193. Questions regarding this form and other safety related matters should be directed to the County Safety Officer.

This report is not to be copied or duplicated, nor is the information contained herein to be maintained in any fashion other than described above without the expressed written permission from the County Safety Officer. The information contained in the report is not to be released in any manner or to any person, other than outlined above, without review and approval by County Counsel, San Bernardino County. If the exposed employee desires to maintain a copy of this report, such copy is to be provided by the treating medical professional. San Bernardino County employees are hereby advised that in maintaining a personal copy of this report, they assume personal liability (both civil and criminal) for any release of confidential information on the source individual that may result from maintaining such personal copy.

Instructions - Complete Section 1 (1-17) for all exposures.

1-11 Self explanatory.
12-15 This information can be obtained through your Human Resource Officer or Payroll Clerk.
16-17 Specify your department, section and mailing address with mail code.

Complete Section 2 (19-31) for Bloodborne Pathogen exposures

19. What was contaminated on the source that came in contact with the employee.
20. Sharps – if a sharp (needle, razorblade, knife, etc.) was involved during the exposure and was being used in a controlled environment (hospital, medical aid, clinic, etc.), then document the type, brand and model of the sharp (e.g. 18g needle/ABC Medical/"No stick" syringe) and complete the following information:

Additional Sharps Information

A. Did the device being used have engineered sharps injury protection? ☐ Yes, continue ☐ No, skip to question B
   1. Was the protective mechanism activated? ☐ Yes ☐ No
   2. Did the exposure incident occur: ☐ Before ☐ During ☐ After activation

B. Exposed Employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? Explain: _____

_____

C. Exposed Employee: Do you have an opinion that any other engineering administrative or work practice control could have prevented the injury? Explain. _____

_____

21. Self explanatory.
22. Indicate what type of Personal Protective Equipment (PPE) was being worn while performing the procedure at the time the employee was exposed.
23. Indicate how the fluid or blood got into the employee's body. For example, blood in the eyes, puncture with a sharp, blood on skin that had a cut or scab, etc.

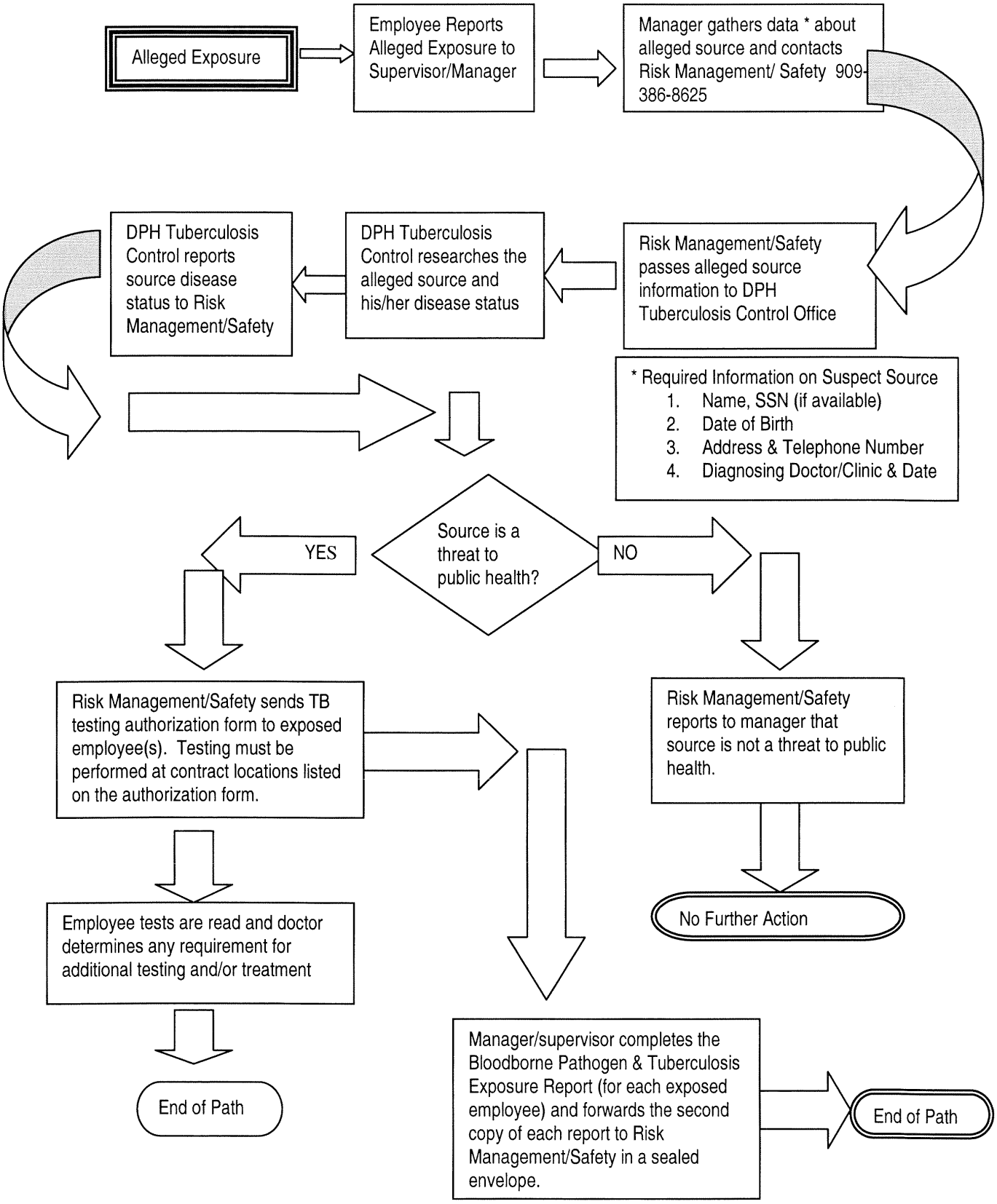
24-25. Indicate which part of the body was exposed.

26. Indicate what type of substance from the source individual came in contact with the employee's body part.
27. Exactly what was being done when the exposure occurred? For example, drawing blood, patting down a suspect, picking up a syringe with hands, etc.
28. Examples of Descriptive Terms: 2 drops or a quart of blood, a superficial or deep cut or puncture, etc.
29. Indicate what was done after the exposure to help the employee remove the substance involved.
30. Self-explanatory .
31. The treating facility or Risk Management will complete this section when applicable.

Complete Section 3 (33-36) For Tuberculosis exposures

33. Exactly what was being done when the exposure occurred? For example, transporting the source in a vehicle, entered the room to deliver a tray, etc.
34. Indicate the span of time the employee was in contact with the tuberculosis patient; e.g. 5 minutes, 5 hours, etc.
35. Self explanatory.
36. The treating facility or Risk Management will complete this section when applicable.

Tuberculosis Exposure
Reporting & Response



Forms/Tb.exp.flow.v1.1.031403.doc

HOW TO COMPLETE
HEPATITIS B VACCINE AUTHORIZATION
Form No. 04-19404-000

With the concurrence of Risk Management Division/Safety Section, employees identified as working in classifications, or at job tasks, which have more than an ordinary possibility of bringing the employee into contact with human blood or specifically identified other body fluids, which are sources of Hepatitis B Virus, are to be offered immunization from the virus.

Once employees in job classifications have been so identified by departments and Risk Management Division/Safety Section, and employees have accepted the offer of immunization, individual supervisors are authorized to refer employees to ***selected medical facilities*** for administration of vaccine.

1. The first line of the form must be addressed to the medical facility selected.

2. The second line must include the employee's PRINTED name, job title and social security number.

3. Indicate that the billing detail is to be sent to:

   Risk Management Division
   Attention: Safety Section
   222 W. Hospitality Lane, 3rd Floor
   San Bernardino CA 92415-0016

4. Provide the identifying information requested at the bottom of the form.

5. Distribute as indicated.

6. Advise employee to take authorization and white copy of the Bloodborne Pathogen & Tuberculosis Exposure Report to the medical facility selected.

County of San Bernardino
CAO/HUMAN RESOURCES
RISK MANAGEMENT DIVISION/SAFETY SECTION

HEPATITIS B VACCINE AUTHORIZATION

To: _____ Address _____

_____ _____ *SSN* _____

Name of Employee **Job Title**

has requested immunization against Hepatitis B.

In providing service, please track this patient to assure the full series is completed. If after the patient has been reminded, he or she fails to proceed with the series, please contact the individual below authorizing this immunization.

Upon completion of the immunization series, please provide documentation of completion to the billing address shown below with a copy to:

Human Resources/Risk Management Division
Attn: County Safety Officer
222 W. Hospitality Lane, Third Floor
San Bernardino, CA 92415-0016

Billing detail to provided to the County Officer (address above)
Billing detail to be provided to:

County of San Bernardino _____ _____
Department Attention

_____ _____
Street Address City State Zip

Signed By _____ Department _____

Title _____ Telephone _____

Date _____

04-19404-000 REV 12/02

DISTRIBUTION: Original – Employee
Second Copy – Department
Third Copy – Risk Mgmt Div/Safety Section

HOW TO COMPLETE
BLOODBORNE PATHOGEN PROGRAM
HEPATITIS B VACCINE DECLINATION

Form No. 04-19403-000

With the concurrence of Risk Management Division, Safety Section, employees identified as working in classifications or at job tasks which have more than an ordinary possibility of bringing the employee into contact with human blood or other specifically identified body fluids, which are sources of Hepatitis B, are to be offered immunization from the virus.

Title 8, California Code of Regulations, Section 5193, General Industry Safety Orders requires that employees who decline to accept the offer of immunization from Hepatitis B Virus must complete a Declination Statement.

The required information is self explanatory.

In contrast to the distribution instructions at the bottom of the form, which will be changed in the next revision, the original of the form is to be given to the employee, the second copy is to be retained by the department, and the third copy is to be sent to Risk Management Division/Safety Section.

County of San Bernardino
HUMAN RESOURCES
RISK MANAGEMENT DIVISION/SAFETY SECTION

BLOODBORNE PATHOGENS PROGRAM

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood, body fluids or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood, body fluids or other potentially infectious material and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

NAME _____ SSN _____

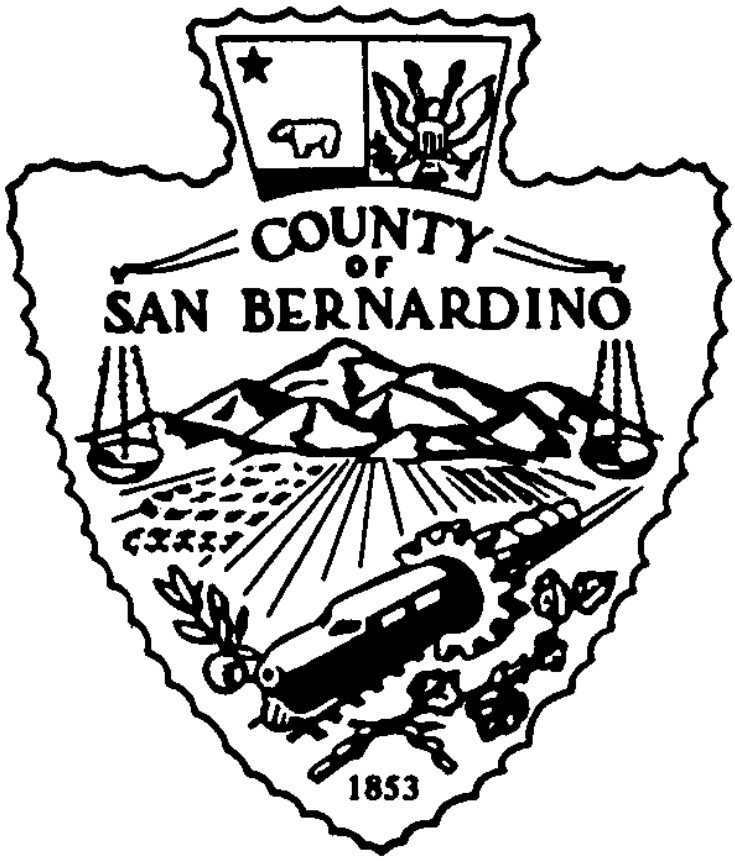
DEPARTMENT _____

SIGNATURE _____ DATE _____

DISTRIBUTION: Original – Treating Facility
First copy – Department
Second copy – County of San Bernardino, Risk Management/Safety Section

04-10403
rmdfrms/blood.doc

Elevated Locations



County of San Bernardino

WORKING ON ELEVATED LOCATIONS

SCOPE

This document establishes the County of San Bernardino procedures for working on elevated locations. It provides information and guidance on the procedure for inspection, climbing, rescue and general safe work practices while working aloft. This program identifies documentation, communication, and training necessary to ensure the health and safety of County employees. This procedure sets forth minimum safety standards for all County departments. Individual departments may implement more stringent standards. Copies of department prepared programs shall be included in the Employee Safety & Health Manual "Elevated Work" section following divider labeled "Department Program". Copies of these programs shall also be provided to Risk Management Division/Safety Section.

This program does not apply to work from portable ladders or from platforms (that are elevated above the surrounding area) that are equipped with standard railings. This program does not apply to elevated seating locations on vehicles when the seats are equipped with seatbelts.

This program is not applicable to San Bernardino County Fire Department rescue operations and training for rescue operations as long as these activities are performed under the guidance of applicable Cal/OSHA standards (T8 CCR), NFPA standards, and California State Fire Training standards.

PURPOSE

Title 8, California Code of Regulations, General Industry Safety Orders, Section 3203, requires employers to establish a written safety program specific to the hazardous conditions for which employees may encounter. This program shall include compliance, training, communication, inspections, and record keeping. Safety standards, for work at specific elevated locations, are detailed in both the General Safety Orders and the Construction Safety Orders.

INTRODUCTION

Work at elevated locations requires specialized skills, equipment, and experience. Proper supervision and training can greatly reduce the risk of accidents. It is the intention of the County of San Bernardino that accidents of any type be prevented.

Generally, line-of-sight radio/microwave operations requirements necessitate the use of towers and masts with associated antennae at locations in remote areas. The remoteness of these locations, in combination with the high risk of injury, make it imperative that rigid safety practices be followed to control existing hazards and prevent possible accidents.

While other elevated work locations may be less remote, the high risk of injury during an incident dictates the use of standard procedures, in combination with training and appropriate equipment, to control the existing hazards

RESPONSIBILITY AND AUTHORITY

County of San Bernardino Policy establishes that Assistant Administrative Officers, Department Heads and Directors of Board Governed Special Districts are the responsible individuals for implementation and maintenance of the Injury and Illness Prevention Program (IIPP). Hazard analysis, hazard abatement, and employee safety training are mandatory parts of this program. This document details County of San Bernardino implementation of the IIPP for work at elevated locations.

GENERAL DEFINITIONS

Anchorage A secure point of attachment for lifelines, lanyards or deceleration devices. Fixed anchorages are capable of withstanding a load of 5,000 pounds for each employee attached. Anchorages must be independent of attachment points for devices that support or suspend employees. Anchorage points on mobile equipment are specified by the manufacturer.

Approved Certified by the manufacturer as being compliant with the most current editions of applicable consensus standards. (See the Safety Equipment section of this document.)

Body Belt A strap capable of both being secured about the waist and being attached to a lanyard, lifeline, or deceleration device. In County of San Bernardino operations, body belts are not acceptable, during construction activities, as a

part of a personal fall arrest system. Body belts are acceptable as part of a positioning system when use is compliant with applicable portions of T8 CCR.

Body Harness An assemblage of straps which may be secured about the employee in a manner to distribute the fall arrest forces over the thighs, pelvis, waist, chest, and shoulders. Harnesses are capable of being attached to other components of a personal fall arrest system.

Buckle Any device for holding the body belt or body harness closed around the employee's body.

Competent Person An individual who has received formal and on-the-job training in all aspects of the type of elevated work being done. This person is able to recognize existing and predictable hazardous conditions and practices and is authorized to take appropriate actions when they are recognized.

Construction Activities in connection with the construction, alteration, painting, repairing, construction maintenance, renovation, removal, or wrecking of any fixed structure or its parts.

Deceleration Device Any mechanism, such as a rope grab, rip stitch lanyard, specially woven lanyard, or automatic self retracting lifeline/lanyard, which serves to dissipate substantially the amount of energy during a fall arrest, or otherwise limits the energy imposed on an employee during the fall arrest.

Deceleration Distance The additional vertical distance of falling the employee travels, excluding lifeline elongation and free fall distance, before stopping, from the point at which the deceleration device begins to operate. It is measured as the distance of the location of an employee's body belt or body harness attachment point at the moment of activation (at the onset of fall arrest forces) of the deceleration device during a fall, and the location of that attachment point after the employee comes to a full stop.

Elevated Locations: For fixed work locations, all surfaces, over 7-1/2 feet above or below ground, which are not provided with standard guardrails and where employee work performance requires movement to or on the elevated location.

For work on roofs (other than residential structures), elevated work locations are in excess of 20 feet above the surrounding ground surface. This type of work requires personal fall arrest systems if work is within six feet of a roof edge without a parapet that is at least 24 inches high or other, approved, devices.

For all work on poles, towers or similar structures, elevated locations are more than four (4) feet above the ground. These locations require employees to use fall arrest equipment, work positioning equipment, or travel restricting equipment if other fall protection methods (e.g., guardrails, safety nets, etc.) have not been provided. (See T8 CCR 2940.6 or T8 CCR 8615(g))

Work from elevating work platforms (including those that are vehicle mounted or on self-propelled equipment) requires the use of fall prevention equipment. These operations shall comply with Article 12 and Article 24 of the General Industry Safety Orders and shall limit the free fall distance to two (2) feet.

Work from scaffolding requires guardrails and/or restraints. Scaffold operations shall be coordinated with Risk Management – Safety before they start.

Free Fall The act of unrestrained falling before the personal fall arrest system begins to apply force to arrest the fall.

Free Fall Distance The vertical displacement of the fall arrest attachment point on the employee's body belt or body harness between onset of the fall and just before the system begins to apply force to arrest the fall. This distance excludes deceleration distance, lifeline and lanyard elongation, but includes any deceleration device slide distance or self retracting lifeline/lanyard extension before they operate and fall arrest forces occur.

Lanyard A flexible line of rope, wire rope or strap which is used to secure a body belt or body harness to a deceleration device, lifeline or anchorage.

Lead Climber Where structure climbing is required, this is the individual who is in charge of the elevated work.

Lifeline A component of the restraint or fall arrest system that consists of a flexible line for

connection to an anchorage at one end in order to hang vertically, or for connection to anchorages at both ends to stretch horizontally. The lifeline serves as a means for connecting other components of a personal fall arrest system to the anchorage.

Personal Fall Arrest System A System used to arrest an employee in a fall from a working level. It consists of an anchorage, connectors, a body harness and includes a lanyard, deceleration device, lifeline, or a suitable combination of these.

Qualified Tree Worker An employee who, through related training and on-the-job experience, is knowledgeable and familiar with the techniques and hazards of tree maintenance and removal and the equipment used during these operations.

Self Retracting Lifeline/Lanyard A deceleration device which contains a drum-wound line which may be slowly extracted from, or retracted onto, the drum under slight tension during normal employee movement. In the event of a fall, the deceleration device automatically locks the drum and arrests the fall.

Snap-Hook A connector comprised of a hook-shaped member with a normally closed keeper, or similar arrangement, which may be opened to permit the hook to receive an object and, when released, automatically closes to retain the object. Snap-hooks are generally one of two types:

1) Consisting of a self closing, self locking keeper which remains closed and locked until unlocked and pressed open for connection or disconnection.

2) Non-locking with a self closing keeper which remains closed until pressed for connection or disconnection. The use of non-locking snap-hooks has been prohibited since January 1, 1998.

Tie-Off The act of an employee, wearing a personal fall protection equipment, connecting directly or indirectly to an anchorage. It also means the condition of an employee being connected to an anchorage.

ELEVATED LOCATIONS SAFETY MANUAL

During operations at any elevated work location, an Elevated Locations Safety Manual shall remain at the site for which work on such locations is being performed. The manual shall include as a minimum the following:

1) Code of Safe Work Practices included as page 185.4 of this program.

2) Specifications of all pulleys, ropes, lines, power equipment, and all tools and/or equipment, that will be used during the required task, that is critical to the safety of the employee.

3) Equipment Safety Checklist included as page 185.3 of this program.

4) A operation/site specific Emergency Action Plan developed by the department and in compliance with Title 8 CCR Section 3220. This plan will include procedures for the rescue of employees from elevated work locations.

5) Applicable rope knots and hand signals to be used by the climber and ground attendant.

6) Documentation of tool and equipment inspections

7) Hazard Report forms.

TRAINING AND CERTIFICATION

In meeting the training requirements for both state and federal regulations, the County of San Bernardino shall use both on-the-job training and formal classroom training. Specific training shall include (as applicable):

1) Tool use and security.
2) Climbing techniques, personal fall arrest systems, climbing equipment and personal protective equipment.
3) Inspection of all equipment.
4) Use of fixed and extension ladders.
5) Use of slings and lines.
6) Required clearances from electrical transmission lines
7) First aid and cardiopulmonary resuscitation training.
8) Use and maintenance of the Elevated Locations Safety Manual.

Following the completion of the training program, the employee shall be required to demonstrate

competency in operating and climbing the equipment safely. A supplemental training program guide to be used in conjunction with this program is available from Risk Management/Safety Section.

Supplemental training of the employee shall be provided by the supervisor, as necessary, if the equipment used or other working conditions should change.

The supervisor must certify that employees have been trained by preparing a certification record which includes the identity of the person trained, the signature of the supervisor, or the person who conducted the training, and the date the training was completed. A copy of this certification shall be maintained in each employee's personnel file.

Annually, employees shall be required to be re-certified by their supervisor. Documentation of such re-certification shall be maintained in each employee's personnel file.

COMPLIANCE

Supervisors must ensure that employees comply with all work rules outlined in this policy and follow safe work practices outlined in the training program and listed on the operation/task specific Code of Safe Practices.

Progressive discipline shall be in accordance with established Human Resources rules. All discipline will be coordinated with the supporting Human Resources Officer.

HAZARD REPORTING

All employees who observe a hazard relating to the work at elevated locations shall complete a Hazard Report located in the Elevated Locations Safety Manual. Tree workers may make verbal reports to their immediate supervisor(s).

SAFETY EQUIPMENT

In County of San Bernardino operations at elevated work locations (other than those covered by the Telecommunications Safety Orders), all fall protection and fall arrest system components must be labeled as meeting the requirements of American National Standards Institute (ANSI) standard A10.14-1991, American National Standard for Construction and Demolition Use, or ANSI standard Z359.1-1992, American National Standard Safety Requirements for Personal Fall Arrest Systems, Subsystems and Components.

Equipment used in telecommunications operations shall comply with the standards cited in the Telecommunications Safety Orders.

INSPECTIONS

Daily inspection of the elevated location, adjacent area, and protective systems shall be made by a competent person. The inspection shall include checks for evidence of a situation that could result in possible accidents, indications of failure of protective systems, hazardous atmospheres, or other hazardous conditions.

An inspection shall be conducted by the competent person prior to the start of work and as needed throughout the shift. Inspections shall also be made after every rainstorm, electrical storm, windstorm or other hazard increasing occurrence. These inspections are only required when employee exposure to danger can be reasonably anticipated.

Where the competent person finds evidence of a condition and/or practice that could result in a possible accident, indications of failure of protective systems, hazardous atmospheres, or other hazardous conditions, employees shall be removed from the hazardous area until the necessary precautions have been taken to ensure their safety.

Hoisting lines and all ropes, tackle blocks, hooks, rings, shackles and slings in service shall be inspected, by the competent person, prior to use. If any equipment is found on inspection to be worn, damaged or otherwise defective to an extent that it is unsafe, it shall be immediately removed from service and shall not again be used until made safe. Harnesses, hoisting lines, ropes and slings that are dirty or fluid soaked shall not be used until they are inspected by a competent person or the manufacturer.

RECORD KEEPING

Departments shall establish a procedure that ensures that occupational injury and illness prevention activities relating to working in elevated locations are documented. Such documentation shall include:

A) Records of inspections, evaluation, and correction of unsafe conditions/practices;
B) Records of employee training;
C) Records of safety meetings;
D) Records of accident investigations.

ACCIDENT INVESTIGATIONS

County policy establishes that individual supervisors are responsible for conducting an investigation or inquiry into all occupational illness/injury/exposure incidents and "near miss" situations that occur within their areas of responsibility.

Due to the high potential for injury as the result of an accident, while working on an elevated location, it is imperative that supervisors respond to any elevated location where an accident has occurred, while aloft, and conduct an investigation.

Investigation reports shall be reviewed on a regular basis by department management, safety committees, climbers, ground crew, or other appropriate individuals. Guidelines and appropriate forms for conducting an accident investigation may be found in the County of San Bernardino, Employee Safety and Health Manual.

TOOL USE

Employees shall be provided proper tools and trained in the use of these tools. Tools and equipment shall be inspected by a competent person to determine that they are in good condition -BEFORE USE-. Defective tools and equipment shall be removed from service. Documentation of each inspection shall be placed in the Elevated Locations Safety Manual. Completed inspection reports shall be removed quarterly and maintained in the department for three calendar years beyond the year of origination. Tree worker inspection reports may be removed to department files monthly.

FIXED LADDERS

Fixed ladders must:

1) Be designed to withstand a single concentrated load of at least 250 lbs.
2) Have rungs with a minimum diameter of 3/4 inches for metal ladders or 1 1/8 inches for wood ladders.
3) Have rungs at least 16 inches wide and uniformly spaced no more than 12 inches vertically.
4) Have a clear width of 15 inches on every side of the centerline of the ladder (unless caged or wells).
5) Have 30 inches of clearance on the climbing side of the ladder (unless caged or in a well).
6) Have at least 7 inches of clearance in back of the ladder to provide for adequate toe space.
7) Have a pitch between 75 and 90 degrees for safe use.
8) Be painted (if metal), or otherwise treated to resist deterioration when location demands.

Cages or wells are required on fixed ladders that are more than 20 feet in unbroken length as well as those that start more than ten feet above the surrounding ground.

Fixed ladders can utilize ladder safety devices in lieu of a cage-guard on fixed ladders that are greater than 31 feet in length. Ladder safety devices must be designed to absorb the impact of a solid object weighing at least 500 lbs. in a free fall of 18 inches.

Ladder safety devices allow a climber to attach a restraint belt to a sliding fixture that travels along a carrier rail or cable that is anchored to the ladder. The traveling fixture will lock and suspend a person who slips and starts to fall.

A variation of the traveling fixture is a ladder belt with one or two snap hooks attached. This is not a climbing safety device, but is a positioning device that provides a means of securing a climber to a ladder and freeing the hands to work. No landing platform is required.

SAFETY PROCEDURE

The County of San Bernardino requires the use of head protection and body belts or a body harness with straps/lanyards, by employees working at elevated locations, on poles, towers, ladders or other structures except where other safeguards are used to prevent employees from falling.

At least two people will be present on the site at all times during work at elevated locations.

These individuals will remain within sight of each other.

A sample Code of Safe Practices has been developed; a copy of the sample Code of Safe Practices is located on page 185.4 of this policy. A department specific Code of Safe Practices must be developed and must be followed by all employees working on elevated locations. The department specific Code of Safe Practices shall be consistent with the sample Code of Safe Practices. A copy of this department specific Code of Safe Practices is to be inserted into the Elevated Locations Safety Manual and in the "Department" tab of the Safety & Health Manual.

EMERGENCY PROCEDURE

Emergency action may be initiated in the event of a severe or fatal accident, inclement weather, fire, earthquake or management's instruction to implement emergency procedures.

Prior to work at an elevated location, employees shall have available and accessible:

A) The means to contact the closest emergency assistance facility.
B) A chosen physician and/or hospital
C) Coordinates for air rescue at isolated locations.
D) A first aid kit
E) The department's emergency action plan located in the Elevated Locations Safety Manual.

Medical and First Aid supplies recommended by the County Employee Health Officer and/or as set forth in T8 CCR, Construction Safety Orders, Section 1512 must be maintained and must be easily accessible. Minimum requirements for these first aid supplies are shown in the Appendix to the Employee Safety & Health Manual.

SITE CONDITIONS

Work from structures and elevating work platforms shall be discontinued whenever adverse weather, such as high winds (in excess of 15 mph), ice on the structure, or the progress of an electrical storm in the immediate vicinity, makes the work hazardous, except during emergency restoration procedures. Electrical storms within five (5) miles of the work location are considered to be in the immediate vicinity.
EXCEPTION: Tree workers may work from elevating equipment at wind velocities up to the equipment limitations determined by the manufacturer(s).

In the event of an emergency restoration procedure, when inclement weather makes the restoration hazardous, the employee shall obtain authorization to continue from the supervisor directly responsible for the restoration.

ILLUMINATION

Lighting at elevated work locations must be provided in an adequate amount such that continuing work operations, routine observations, and the passage of employees can be carried out in a safe and healthful manner. Additional lighting must be provided as required for specific tasks. Furthermore, whenever natural light is inadequate, suitable artificial illumination must be provided.

MICROWAVE TRANSMISSIONS

The operation/task supervisor must require that transmitters be deactivated and locked out before employees open any associated wave guide. Employees will not open a wave guide that is connected to an energized source of microwave radiation.

Microwave transmission utilizes frequencies between 100 MHz (MHz= million hertz or mega hertz) and 30 GHz (GHz =billion hertz or giga hertz) inclusively.

Accessible areas associated with microwave communication systems, where the electromagnetic radiation (EMR) level exceeds the radiation levels given below, shall be posted in accordance with T8 CCR, General Industry Safety Orders, Section 5085; T8 CCR, Tele-communications Safety Orders, Section 8618; or ANSI Standard C95.2-1966.

The lower half of the warning symbol shall include the following:

"Radiation in this area may exceed hazard limitations and special precautions are required. Obtain specific instructions before entering."

EXPOSURE LIMITS

Workers shall not be exposed to RF energy from continuous wave or repetitively pulsed sources exceeding any of the following limits as averaged over any possible six minute (0.1 hour) period.

1) Power density: 1O milliwatts per square centimeter (mW/cm^2)
2) Energy density: 1.0 milliwatt hour per square centimeter (mW/cm^2)

Although the EMR level on and around the County of San Bernardino operated microwave towers is substantially below the T8 CCR and ANSI exposure limits, the county requires that workers shall not sit under or around the microwave dish unless actively engaged in work.

SITE INSPECTION CHECKLIST

Location: _____ Employee Name: _____

INSPECTION AREA	YES	NO
1. **Hardhat.** Strapped, No cracked shell, splits, punctures, damaged liner or parts, soiled.		
2. **Body belt or Body harness.** No worn parts or corrosion, webbing not frayed, broken or cut fibers/stitches. No tears, abrasions, mold, or discoloration. No broken plates holding D-rings, crushed leather, loose or broken rivets, broken threads, cracks or cuts, broken wrench keeper, defective buckle, burnt leather, or excessive strap wear. Not dirty or fluid soaked so as to hinder inspection. Proper equipment available for the job?		
3. **Lanyards**. No worn parts or corrosion, webbing not frayed, no broken or cut fibers/stitches. No tears, abrasions, mold, or discoloration. Snap keeper locks work properly to maintain the keeper in the locked position. Thimbles held by splice. No sign of elongation.		
4. **Gloves**. Appropriate for type of job to be performed.		
5. **Foot Protection**. Slip resistant. Without exposed toes, heels, or archways. Toe protection if required by the operation.		
6. **Eye Protection**. Appropriate for job to be performed.		
7. **Traffic and pedestrians**. Location below is cleared and/or barricaded.		
8. **Ground debris**. All debris is cleared.		
9. **Electrical hazards**. On or in the vicinity are locked out or blocked off. Required clearance from overhead lines is available.		
10. **Location check**. Deterioration of ladders, landings, railings; foreign attachments; improper attachments (bent steps, etc.); electrical hazards; limbs; vines; insects; leaning structures		
11. **First Aid kit**. Is stocked and ready for use.		
12. **Communications**. Equipment is readily available to communicate with or summon emergency personnel.		
13. **Emergency Procedures**. Contact previously made with chosen medical facility and physician. Location coordinates identified. Emergency telephone numbers available.		
14. **Elevated Locations Safety Manual.** Manual for this location on-site.		

Lead Climber: _____

Employee Signature:_____ Date:_____

WORKING IN ELEVATED LOCATIONS
CODE OF SAFE PRACTICES

GENERAL SAFETY PRACTICES

For the protection and safety of all employees, the County of San Bernardino has established the following rules designed to prevent accidents and injuries. Compliance with these rules is mandatory. Documentation is made when the rules are distributed.

1. All accidents and injuries must be reported at the time of occurrence.
2. Machines, or equipment shall not be operated until employees are properly instructed on their operation.
3. Only authorized, trained and skilled personnel are permitted to perform work in elevated locations.
4. Horseplay, practical jokes, throwing things, distracting others at work, and unnecessary shouting are forbidden.
5. All spilled oil, grease, water, and other liquids, must be wiped up immediately and disposed of per department guidance.
6. Populated areas in which overhead maintenance is being performed will be blocked off and posted to prevent possible injury from falling objects. A barricade or posted area will not be entered except by those performing the work.
7. Any defective tool or equipment must be reported immediately to the lead person. Any defective tool or equipment will not be used until repaired or replaced.
8. Failure by an employee to comply with the safety rules will be grounds for corrective disciplinary action.

CLIMBING AND MANEUVERING ON TOWERS AND STRUCTURES.

1. Employees must be aware of and identify hazards that are pertinent to tower climbing. These hazards include: outriggers, antennas, guy cables, various sharp objects, etc.
2. Employees are trained to remain calm and consider their surroundings. With good physical condition and proper safety gear they can easily overcome any obstacles that might be encountered. Also, employees are reminded to work as part of a team that will provide the help necessary to accomplish the task.

PROTECTIVE EQUIPMENT

1. All personal protective equipment listed for the type of work to be done and listed on the pre-climb checklist will be worn at all times.
2. Suitable eye protection will be worn by members of the ground crew applicable to the conditions encountered i.e., wind, dust, snow, ice.
3. At no time will the employee work in elevated locations without being attached by lanyard or other approved fall protection device.
4. Safety headgear will be worn when working on or in the vicinity of an elevated work location.
5. Safe shoes are required of all employees. Shoes with exposed toes, heels, or archways will not be permitted while working on elevated locations. Toe and/or metatarsal protection shall be appropriate for the tasks.
6. Inspection of all equipment and identification of hazards will be completed and documented before working on elevated locations. Identified hazards will be abated or guarded before work begins.
7. Tools will be carried on a tool belt, or in an approved tool bag for all work performed. A rope will be used to prevent tools from falling.

INSPECTION

1. Before any work is done at the location, the worksite safety inspection will be completed by the lead climber.
2. The lead climber listed on the inspection checklist will have total control of the climb and all work to be performed.

EMERGENCY PROCEDURES

1. The lead person will notify the communications center before work is done, in the event of an emergency, and after work is completed.
2. All medical emergencies will be reported immediately. via 9-1-1 or the communications center must be called and the location of the emergency given.

COMMUNICATION

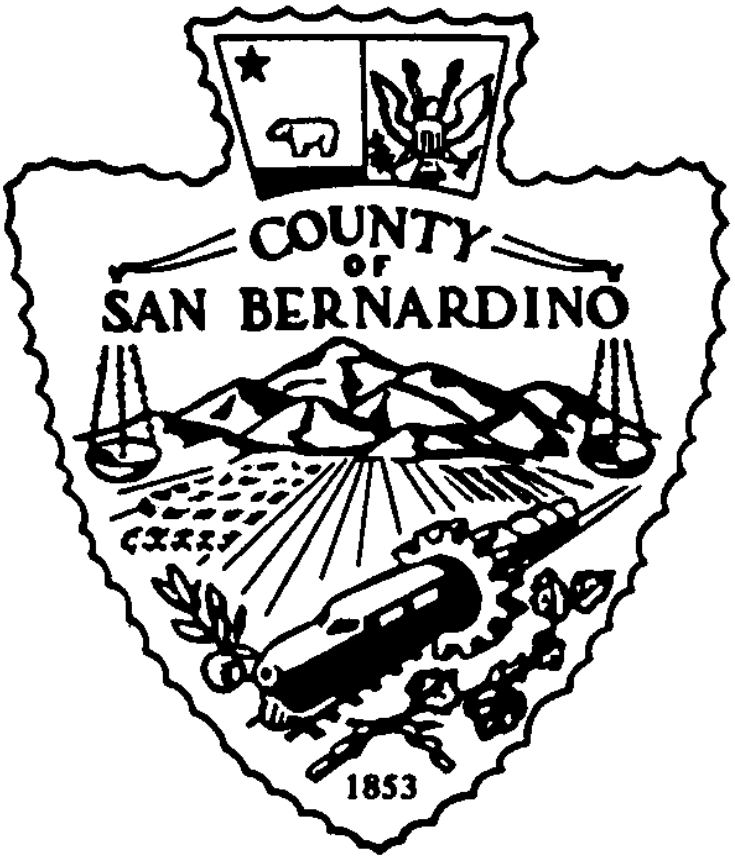
1. Standard hand signals and/or radio communicators must be used to maintain accurate contact.

I HAVE READ AND UNDERSTAND THE PRECEDING SAFETY RULES. AS A COUNTY EMPLOYEE, I WILL FOLLOW THESE RULES, AS WELL AS OTHERS BROUGHT TO MY ATTENTION BY MY SUPERVISOR, AND WORK SAFELY.

PRINT NAME _____ **SOCIAL SECURITY NUMBER** _____

SIGNATURE _____ DATE _____ DEPARTMENT _____

Bloodborne



County of San Bernardino

BLOODBORNE PATHOGEN Program

September, 2000

Human Resources
Risk Management Division

Human Resources
Risk Management Division

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County of San Bernardino
BLOODBORNE PATHOGEN PROGRAM

SCOPE

This program applies to all work places and employment within San Bernardino County, where in the normal course of job duties there is a **reasonable likelihood** that employees may be exposed to human blood, blood components, products made from human blood, body fluids, human tissue and organs, medical waste, or other potentially infectious material. **This procedure sets forth minimum standards for all County departments**. Individual departments may implement more stringent standards. Copies of department-prepared programs that differ from the elements herein are to be provided to Risk Management Division/Safety Section for review. In many cases, exposure to potential infectious material requires medical evaluation/follow-up which is not compensable under the County Self-Insured Workers' Compensation program.

California employers are required to furnish pre-exposure immunization from Hepatitis B Virus to employees who have a reasonable likelihood of exposure to sources of the virus and post exposure medical evaluation/follow up to employees who have experienced an exposure incident to potential sources of Human Immunodeficiency Virus and Hepatitis B Virus.

Because the expenses of immunization and post exposure medical evaluation/follow up are considered preventative and not compensable as a California Workers' Compensation Benefit, a program administered by the Risk Management Division Safety/Loss Prevention section is funded to provide these medical services to appropriate employees.

Under specific conditions defined herein, this program also provides employees specific medical services in the event of exposure to an infectious source of tuberculosis.

PURPOSE

The purpose of this program is to eliminate or minimize the risk of employee exposure to infectious agents, specifically Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), to prevent infection and disease that might occur as a result of exposure to those agents, and to provide a means by which departments may provide medical attention to employees, the expenses for which are not compensable under the County Self-Insured Workers' Compensation program. This purpose is served through the **EDUCATION OF EMPLOYEES, UTILIZATION OF APPROPRIATE ENGINEERING AND WORK PRACTICE CONTROLS, THE USE OF PROTECTIVE EQUIPMENT, MAINTAINING SANITARY WORKING CONDITIONS, THE PRACTICE OF APPROPRIATE MEDICAL SURVEILLANCE AND IN UTILIZATION OF APPROPRIATE VACCINES AND MEDICAL TREATMENT.**

INTRODUCTION

The potential for exposure to infectious agents through contact with body fluids or other elements as described under "Scope" exists in many areas of employment throughout the County of San Bernardino.

It is imperative that such exposure, as well as the impact upon employee health as a result of exposure, be minimized.

This program has been established to safeguard the health and safety of County employees. Included are specific provisions required of each department within the County having job activities that present a possibility of employee exposure to infectious agents, specifically Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). It is important that all managers/supervisors thoroughly understand the elements of this program.

Departments are obligated to assure that employees receive specific levels of medical evaluation/follow-up which are not compensable under the County Self-Insured Workers' Compensation program. These expenses are paid through a program administered by the Risk Management Division Safety/Loss Prevention Section.

In implementing this program, all affected County departments shall engage in "UNIVERSAL PRECAUTIONS" relative to infection control,

employee training, and supervision of the work force.

DEFINITIONS

INFECTIOUS AGENT

Biologic agent (microorganism) capable of invading human tissue and producing disease that can cause or significantly contribute to death or irreversible, incapacitating or reversible illness.

1. Blood-borne Infectious Agent. An infectious agent present in human blood, that can infect and cause disease in humans through exposure to blood, blood products, body fluids, or other potentially infectious material. These agents include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

BODY FLUIDS

1. Fluids from humans in health care and public safety settings. These include fluid blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood;

2. Other body fluids, human or animal, known to transmit, or with reasonable diligence should be suspected of transmitting infectious agents, and exposure to which poses an increased risk of infection.

OTHER POTENTIALLY INFECTIOUS MATERIAL

1. Material that is known to transmit, or with reasonable diligence should be suspected of transmitting, infectious agents, and exposure to which poses an increased risk of infection.

EXPOSURE

1. Occupational Exposure. **Reasonably anticipated** skin, eye, mucous membrane, or parenteral contact with blood, body substances, or other potentially infectious material, that may result from performance of an employee's duties. This definition **excludes** the possibility of incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.

2. Exposure Incident. A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, body fluids, or other potentially infectious material, that results from performance of an employee's duties.

3. Parenteral. Exposure incident occurring as a result of piercing mucous membrane or the skin barrier (e.g. subcutaneous, intramuscular, intravenous routes).

4. Needleless System. Any device that does not utilize needles for the withdrawal of body fluids after initial venous or arterial access is established; the administration of medication or fluids; and any other procedure involving the potential for an exposure incident.

5. Sharps. Any object that can penetrate the skin including needles, scalpels, and broken capillary tubes.

UNIVERSAL PRECAUTIONS

1. Universal precautions is the **unequivocal** assumption that all human blood, semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, body fluid visibly contaminated with blood, any unfixed tissue or organ from a human (living or dead), cell tissue or organ cultures, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, **are known to be infectious** for HIV, HBV, and other blood-borne pathogens, and are treated as such.

INFECTION CONTROL

1. Exposure Determination.

   a. Each department having any job activity that presents a potential for "OCCUPATIONAL EXPOSURE", as defined on page 188, shall identify and document those tasks and procedures where occupational exposure may take place.

b. Each department shall identify and document all positions by title, which by the nature of the position, involve occupational exposure, as defined above.

c. As a result of 1a and 1b immediately above, departments shall prepare three lists as follows:

i. A list of job classifications in which all employees in those job classifications have occupational exposure;

ii A list of job classifications in which some employees in the classifications have occupational exposure;

iii. A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs.

d. **The determination as to "OCCUPATIONAL EXPOSURE" as defined herein shall be made without regard to the use of personal protective equipment.** That is, if a position or task may be reasonably anticipated to bring an employee into contact with body fluids, blood, or other elements as previously described, the wearing of protective equipment or clothing to prevent such contact does not eliminate the fact such employee is subject to "OCCUPATIONAL EXPOSURE".

2. Exposure Control Plan.

a. Each department having employees whose duties may reasonably be anticipated to result in "Occupational Exposure" shall establish a written **EXPOSURE CONTROL PLAN** designed to minimize or eliminate employee exposure.

b. This Exposure Control Plan shall contain the following as a minimum:

i. The exposure determination required by Section 1 above and;

ii. The department schedule and method of implementation for each of the elements of the County Bloodborne Pathogen Program, which, in addition to the **Exposure Determination**, includes:

(A) Incident Reporting
(B) Post Exposure Procedures
(C) Other Medical Services
(D) Training - Education
(E) Record Keeping
(F) Exposure Control
(G) Sharps Injury Log

c. The Exposure Control Plan shall be reviewed and updated as necessary to reflect significant changes in tasks or procedures.

d. Addendum G, (page 213) of this procedure includes a sample exposure control plan which may be used to develop individual County department plans.

e. The Exposure Control Plan prepared by each County department shall be made available to Risk Management Division/Safety Section, upon request.

EXPOSURE INCIDENT REPORTING

With regard to exposure incidents, time is of the essence in assuring employees receive the prompt medical attention necessary to mitigate the impact of exposure to a positive source individual upon an employees health.

County employees affected by this program are to be instructed to report exposure incidents **immediately** to their supervisor. Initial reporting required by this program includes the County Form #15-19418-000 Rev 6/01 "Bloodborne Pathogen & Tuberculosis Exposure Report", Addendum B (page 203). The report

shall be prepared by the exposed employee's immediate supervisor as soon as feasible following the time of exposure.

Exposure incidents, as defined on page 188 of this program, shall be reported to Risk Management Division/Safety Section on County Form #15-19418-000 Rev 6/01. A copy of this report form is included as Addendum B of this program. **County Form #5020, "Employers First Report of Occupational Illness or Injury" is NOT to be used in reporting exposure incidents as defined herein.**

In addition to the reporting described above, the State of California, Health and Welfare Agency, Department of Health Services, requires a report of all potential HIV exposure incidents that involve law enforcement employees. A supply of this report, State Form #DHS 8479 (3/93) may be obtained by calling (916) 322-0891. Individual departments are to establish procedures to assure the state required form is completed as appropriate.

SHARPS INJURY LOG

The Sharps Injury Log, Addendum I, (page 228.1) is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 14 working days.

POST-EXPOSURE MEDICAL EVALUATION AND FOLLOW-UP

Following an employee report of a specific exposure incident, departments shall promptly, but during normal business hours, make available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred. The County form #15-19418-000 Rev 6/01, shall be completed for the purpose of this documentation. This form is to be completed by the reporting employee's immediate supervisor. When completed, this report will include medically sensitive confidential information. Supervisory and other County personnel are subject to severe personal civil and criminal liability for willful unauthorized release of such confidential information. Therefore, Bloodborne Pathogen & Tuberculosis Exposure Reports are to be prepared, maintained, distributed and controlled strictly according to the instructions provided on the report form.

2. Identification and documentation of the source individual, unless the department can establish that identification is not possible or prohibited by state or local law;

   a. Individual departments are to establish internal procedures to unequivocally insure the source individual's blood is tested as soon as possible, but after consent is obtained from the source individual, in order to determine HBV, HBC, and HIV infectivity. If consent is not obtained, a department shall promptly establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested, the results documented, and the results provided to the medical professional selected as the evaluator. California Penal Code sections provide legal mandates by which individuals within the criminal justice system may be required to consent to testing. Affected departments shall assure administrative/ supervisory personnel are conversant with appropriate sections of the Penal Code and that source individual testing occurs at <u>every</u> opportunity.

   b. Individual departments are to establish procedures, identify medical laboratories, and establish funding to assure that source individual HIV/HBV testing is accomplished unless legally prohibited.

   c. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated. Such knowledge is to be provided to the medical professional selected as the evaluator.

d. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. **These results are to only be provided the employee by the selected medical evaluator.**

3. Collection and testing of blood for HBV, HBC, and HIV serological status;

a. The immediate supervisor of an employee suffering an exposure incident shall refer the employee for medical evaluation/follow-up. Medical professionals for evaluation/follow-up are to be selected from a list provided by Risk Management Division/Safety Section. Referrals are to be made using the bottom portion of the County form #15-19418-000 Rev 6/01.

b. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. The medical evaluator shall complete or assure completion of this process.

c. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

d. The exposed employee must consent to providing blood samples and to testing for Hepatitis B and Hepatitis C to be included in the medical evaluation/follow-up procedure at County expense.

4. Physician's Written Opinion

For each evaluation under this program, the department shall obtain and provide the employee a copy of the evaluating physician's written opinion within 15 working days of completion of the evaluation. The San Bernardino County Medical Evaluation/Follow-up procedure provides that medical evaluators shall send a copy of the written opinion to the referring supervisor. A copy of the written opinion shall be sent to Human Resources/Risk Management/Safety Section by the medical evaluator. This written opinion shall be limited to the following information:

a. The physician's recommended limitations upon the employee's ability to receive Hepatitis B vaccination.

b. A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions resulting from exposure to body fluids or other potentially infectious materials which require further evaluation or treatment.

c. Specific findings or diagnoses, which are related to the employee's ability to receive HBV vaccination. Any other findings and diagnoses shall remain confidential.

5. HBV Vaccination - Post Exposure Incident

a. **HBV vaccination shall be offered to all employees involved in an exposure incident,** as defined on page 188 of this program, unless the employee has a previous HBV vaccination or unless antibody testing has revealed that the employee is immune or unless the employee declines vaccination. If the employee initially declines HBV vaccination but at a later date decides to accept the HBV vaccine, the department shall assure vaccine is provided at that time. Should a booster dose(s) be recommended by the U.S. Department of Health and Human Services, Centers for Disease Control, at a future date, such booster dose(s) shall be provided according to standard recommendations for medical practice.

OTHER MEDICAL SERVICES

1. General.

   a. Individual departments shall assure that medical services required by this program are provided employees. These services shall include the availability of Hepatitis B vaccination to all employees who are subject to occupational exposure as defined on page 188 of this program and post-exposure medical evaluation/follow-up for all employees who have experienced an exposure incident, as defined on page 188 of this program.

   b. All medical evaluations and procedures are to be performed by or under the supervision of a licensed physician and all laboratory tests are to be conducted by an accredited laboratory.

   c. Departments shall assure that all evaluations, procedures, vaccinations, and post-exposure prophylaxis are provided without cost or loss in pay to the employee, at a reasonable time and place, and according to recommendations for such medical practice recommended by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, in effect at the time of exposure.

   d. All medical evaluation/follow-up provided San Bernardino County employees and required by this program are to be performed at medical service providers selected by Human Resources/Risk Management Division/Safety Section.

   e. All medical evaluation/follow-up provided under this program, shall be in strict accordance with the San Bernardino County Bloodborne Pathogen Exposure Incident Medical Evaluation/Follow-up procedure included as Addendum C (page 205) of this program.

   f. Medical evaluation/follow-up and associated costs are not compensable under the San Bernardino County Self-Insured Workers' Compensation Program.

   g. Medical evaluation/follow-up expenses will be paid by Risk Management Division Safety/Loss Prevention Section when employees are sent to approved, pre-selected, medical facilities following an "exposure incident" as defined on page 188.

   h. Hepatitis B immunization expenses will be paid by Risk Management Division Safety/Loss Prevention Section when eligible employees are sent to approved, pre-selected medical facilities for immunization.

   i. Medical evaluation/follow-up and immunization expenses incurred at other than approved, pre-selected, medical facilities will be paid either by the department or employee based upon who selected the incorrect medical facility for services.

2. HBV Vaccination - Pre-Incident.

   a. **HBV vaccination shall be offered to all employees subject to occupational exposure**, as defined on page 188 of this program.

   b. All employees offered and who decline the vaccine shall sign a vaccination declination stating that they have been informed and understand the vaccination procedure. The Vaccination Declination form included as Addendum A (page 202) of this program is to be used by all San Bernardino County Departments. The Vaccination Declination form shall be maintained as a part of medical records as provided on page 202 of this program.

4. Addendums B (page 203) and D (page 209) are examples of medical referral forms which are to be used exclusively in connection with the requirements of this program. These forms are to be used in referring employees only to providers of medical service which have been selected by Human Resources Risk Management Division Safety Section.

TRAINING AND EDUCATION

1. In addition to compliance with the provisions of the County of San Bernardino Occupational Injury/Illness Prevention Program, departments shall ensure that all employees subject to this program participate in a training program appropriate for the infectious agents to which they may be exposed.

2. Training shall be provided at the time of initial employment and at least annually thereafter.

3. Material appropriate in content and vocabulary to educational level, literacy, and language background of employees shall be used.

4. The training program shall contain the following elements:

   a. A copy of this program and an explanation of its contents;

   b. A copy of the department Exposure Control Plan;

   c. A general explanation of the epidemiology and symptoms of the infectious diseases resulting from the infectious agents to which the employee may be exposed;

   d. A copy and explanation of Code of Safe Work Practices included as Addendum E herein;

   e. An explanation of the modes of transmission of the infectious agents to which they may be exposed;

   f. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to body fluids and other potentially infectious material;

   g. An explanation of the use and limitations of practices that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

   h. Information on the types, proper use, location, removal, handling, decontamination and/or disposal of personal protective clothing and equipment;

   i. An explanation of the basis for selection of protective clothing and equipment.

   j. Information on Hepatitis B vaccine, including information on its efficacy, safety, and the benefits of being vaccinated;

   k. Information on the appropriate actions to take and persons to contact in an emergency; and

   l. An explanation of the procedure to follow if an occupational exposure occurs, including the method of reporting the incident and the medical follow-up that will be made available, and information on the medical counseling that is provided for exposed individuals.

RECORDKEEPING

1. Medical Records.

   a. Each department shall assure that Risk Management Division Safety/Loss Prevention Section is provided documentation necessary to establish and maintain an accurate record for each employee subject to the provisions of this program. Under normal reporting conditions, required documentation is provided by facilities rendering medical evaluation/follow-up care or immunization.

b. This record shall include:

i. The name and social security number of the employee;

ii. A copy of the employee's Hepatitis B vaccination records and medical records relative to the employee's ability to receive vaccination or the circumstances of an exposure incident;

iii. A copy of all results of physical examinations, medical testing, and follow up procedures as they relate to the employee's ability to receive vaccination or to post exposure evaluation following an exposure incident;

iv. The employer's copy of any physician's written opinion.

v. The report included as Addendum B (page 203) of this procedure.

vi. A copy of the signed vaccination declination of employee refusing vaccine.

c. **Confidentiality**. Individual departments shall assure that employee medical records on file at departments are:

i. Kept confidential;

ii. Are not disclosed or reported to any person within or outside the workplace except as required by this program, instructions on the reports included as addendums, or as may be required by law.

d. Risk Management Division Safety Section will maintain medical records for at least the duration of employment plus 30 years in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204.

2. Training Documentation.

a. Training records shall be maintained by individual departments and include the following information:

i. Dates of training sessions;

ii. Contents or a summary of the training sessions;

iii. Names of persons conducting the training; and

iv. Names of all persons attending training sessions.

b. These records shall be maintained by individual departments for 5 years.

3. All training shall be documented on the form "Employee Training Checklist", a copy of which is attached as Addendum F (page 212) to this program. Training relative to Bloodborne Pathogen shall be identified and noted at item #16 on the form.

4. Sharps Injury Log.

The Sharps Injury Log shall be maintained by the individual departments for 5 years from the date the exposure incident occurred.

5. Records Availability.

a. All records required to be maintained by this program shall be made available upon request to the Chief of the Division of Occupational Safety and Health and designated representatives for examination and copying.

b. Employee training records required by this program shall be provided upon request for examination and copying to employees, employee representatives, and to the Chief of the Division of Occupational Safety and Health and designated representatives in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204.

Records availability shall be strictly limited by all regulations governing medically sensitive or confidential information.

c. All requests for records, other than training documentation, shall be reviewed and authorized by County Counsel, San Bernardino County prior to release of any information.

d. Employee medical and training records required by this program shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to the Chief of the Division of Occupational Safety and Health and designated representatives in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204. Such release is subject to the review established in Paragraph (c) immediately above.

6. Transfer of records.

Departments shall comply with the requirements involving transfer of records set forth in Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204.

COMMUNICATION OF HAZARDS TO EMPLOYEES

LABELS AND SIGNS

1. Labels.

a. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

b. Labels required by this section shall include the standard Bio-Hazard Legend.

c. Labels shall be fluorescent orange or predominantly so, with lettering or symbols in a contrasting color.

d. Labels required shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

e. Disposal bags and other containers used for regulated waste under the provisions of this program shall be red in color and shall include the standard Bio-Hazard legend.

f. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of outlined previously.

g. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

h. Labels required for contaminated equipment shall be in accordance with these labeling standards and shall also state which portions of the equipment remain contaminated.

i. Regulated waste that has been decontaminated need not be labeled or color-coded.

2. Signs.

a. Departments shall post signs at the entrance to work areas specified as HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

BIOHAZARD

(NAME OF THE INFECTIOUS AGENT)

(SPECIAL REQUIREMENTS FOR ENTERING THE AREA)

(NAME, TELEPHONE NUMBER OF THE LABORATORY DIRECTOR OR OTHER RESPONSIBLE PERSON)

b. These signs shall be fluorescent orange-red, or predominantly so, with lettering or symbols a contrasting color.

EXPOSURE CONTROL

This program requires individual County Departments to prepare specific exposure control plans. The purpose of these is to detail steps for employees to take in avoiding exposure. Addendum G provides a sample Exposure Control Plan which may be used as a guideline.

METHODS OF COMPLIANCE

1. General. Each County department shall assure that **Universal precautions** are observed and thereby prevent all but inadvertent, unavoidable, or accidental employee contact with body fluids described previously herein, blood, or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, **all body fluids shall be considered infectious.**

2. Engineering and work practice controls. Each County department shall implement appropriate engineering and **work practice** controls so as to eliminate or minimize employee exposure. Where the possibility of exposure remains after implementation of controls, personal protective equipment shall be used to minimize exposure.

   Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

3. Departments shall provide hand washing facilities which are readily accessible to employees in work environments which include **Occupational Exposure**.

4. When provision of hand washing facilities is not feasible, employees shall be provided either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels, or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, employees are to be **specifically instructed** to wash hands with soap and running water as soon as feasible.

5. Department procedure shall specifically require that employees wash their hands and any other skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

6. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below. **Shearing or breaking of contaminated needles is prohibited.**

   a. Contaminated needles and other contaminated sharps shall not be recapped or removed unless the department can demonstrate that **no alternative is feasible or that such action is required by a specific medical procedure**.

   b. Any justifiable recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

7. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. All such containers must be:

   a. Puncture resistant;

   b. Labeled or color-coded in accordance with this program;

   c. Leak proof on the sides and bottom; and

   d. In accordance with the requirements set forth on Page 200, "Regulated Waste" of this program, relative to reusable sharps.

8. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are to be prohibited by all departments in work areas where there is

a reasonable likelihood of occupational exposure.

9. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.

10. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

11. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

12. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

13. The container for storage, transport, or shipping shall be labeled or color-coded according to Page 200, "Regulated Waste" of this program and closed prior to being stored, transported, or shipped. When a facility utilizes **Universal Precautions** in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while specimens/containers remain within the facility. Labeling or color-coding in accordance with Page 195 "Labels and Signs" of this program is required when such specimens/containers leave the facility.

    a. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is to be labeled or color-coded according to the requirements of this program;

    b. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to having the above described characteristics.

14. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the department can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

    a. A readily observable label in accordance with Page 195 "Labels and Signs" of this program shall be attached to the equipment stating which portions remain contaminated.

    b. The department shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

PERSONAL PROTECTIVE EQUIPMENT

1. Provision. When there is occupational exposure, as described previously herein, departments must provide, at no cost to employees, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

2. Use. All departments shall ensure employees use appropriate personal protective equipment unless a department shows that an employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the

employee's professional judgment that in a specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. If an employee makes such a judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent similar occurrences in the future. Such investigation will incorporate the use of the Bloodborne Pathogen & Tuberculosis Exposure Report. A copy of the report is included on page 203 of this program.

3. Accessibility. Departments shall ensure appropriate personal protective equipment is readily accessible at the worksite or is issued to employees. Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

4. Cleaning, Laundering, and Disposal. Departments shall clean, launder, and dispose of personal protective equipment required by this program at no cost to the employee.

5. Repair and Replacement. Departments shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

6. If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible.

7. All personal protective equipment shall be removed prior to leaving a work area in which protective equipment is required.

8. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

9. Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, when performing vascular access procedures except as specified in Item d. immediately below, and when handling or touching contaminated items or surfaces.

   a. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

   b. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

   c. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

   d. If a department judges that routine gloving for all phlebotomies is not necessary then the department shall:

      i. Periodically reevaluate this policy;

      ii. Make gloves available to all employees who wish to use them for phlebotomy;

      iii. Not discourage the use of gloves for phlebotomy; and

      iv. Require that gloves be used for phlebotomy in the following circumstances:

         (A) When the employee has cuts, scratches, or other breaks in his or her skin;

         (B) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an

uncooperative source individual; and

(C) When the employee is receiving training in phlebotomy.

10. Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

11. Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

12. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated, (e.g. autopsies, orthopedic surgery).

13. In addition to providing mouthpieces, resuscitation bags, pocket masks, or other ventilation devices for use in CPR procedures, Departments shall assure that all first aid/CPR training provided employees includes instruction in the use of such devices as well as the use of gloves, eye protection, surgical masks, and protective clothing in providing CPR or first aid.

HOUSEKEEPING

Worksites, laundry, sharp items and any other material known to be contaminated or with reasonable diligence would be suspected of being contaminated with body fluids or other potentially infectious material, shall be maintained, handled, and disposed so that the risk of exposure is eliminated or minimized. All procedures involving body fluids or other potentially infectious material shall be performed in such a manner as to minimize splashing, spraying, and aerosolization of these substances.

1. General. Departments shall ensure worksites are maintained in a clean and sanitary condition. Each department shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

2. All equipment and environmental/working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

   a. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

   b. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work-shift if they may have become contaminated during the shift.

   c. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

   d. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical

means, such as brush and dust pan, tongs, or forceps.

e. Reusable sharps contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

REGULATED WASTE

1. Contaminated Sharps Discarding and Containment Standard.

   a. Closeable containers;

   b. Puncture resistant containers;

   c. Containers which are leak proof on sides and bottom; and

   d. Labeled or color-coded in accordance with Page 195 "Labels and Signs" of this program.

2. During use, containers for contaminated sharps shall be:

   a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

   b. Maintained upright throughout use; and

   c. Replaced routinely and not be allowed to overfill.

3. When moving containers of contaminated sharps from the area of use, the containers shall be:

   a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

   b. Placed in a secondary container if leakage is possible. The second container shall be:

      i. Closable;

      ii. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

      iii. Labeled or color-coded according to Page 195 "Labels and Signs" of this program.

4. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

5. Other Regulated Waste Containment:

   a. Regulated waste shall be placed in containers which are:

      i. Closeable;

      ii. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

      iii. Labeled or color-coded in accordance with Page 195 "Labels and Signs" of this program; and

      iv. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

   b. If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

      i. Closeable;

      ii. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

      iii. Labeled or color-coded in accordance with Page 195 "Labels and Signs" of this program; and

iv. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal Of All Regulated Waste Shall Be In Accordance With The State Of California, Medical Waste Management Act, California Health and Safety Code.

LAUNDRY

Contaminated Laundry Shall Be Handled As Little As Possible With A Minimum Of Agitation.

1. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

2. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with Page 195 "Labels and Signs" of this program. When a facility utilizes **Universal Precautions** in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with **Universal Precautions**.

3. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

4. Departments shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

5. When a facility ships contaminated laundry they must place such laundry in bags or containers which are labeled or color-coded in accordance with Page 195 "Labels and Signs" of this program.

County of San Bernardino
HUMAN RESOURCES
RISK MANAGEMENT DIVISION/SAFETY SECTION

BLOODBORNE PATHOGENS PROGRAM
HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood, body fluids or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood, body fluids or other potentially infectious material and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

NAME _____ SSN _____

DEPARTMENT _____

SIGNATURE _____ DATE _____

DISTRIBUTION: Original - Treating Facility
Second Copy - Department
Third Copy – County of San Bernardino, Risk Management Division/Safety Section

County of San Bernardino
BLOODBORNE PATHOGEN & TUBERCULOSIS EXPOSURE REPORT

(INSTRUCTIONS ON REVERSE SIDE)

1. SECTION 1			
2. Employee Name		3. Birth Date	4. S.S. #
5. Home Address (number, street, apt. number)			6. Home Phone ( )
7. (city, state,zip)			8. Work Phone ( )
9. Hire Date	10. Job Classification		11. Employee #
12. Dept.Org Code	13. Dept. Fund	14. Sub Fund	15. Location Code
16. Department Name (specify section)			
17. Dept. Mailing Address (number, street, city, zip, mail code)			

18. SECTION 2 BLOODBORNE PATHOGEN EXPOSURE SECTION

19. Route of exposure: ☐Body ☐Clothing ☐Article ☐Sharps
20. If SHARPS: Type and Brand of Sharp — Complete additional sharps information on reverse side
21. Performing tasks as trained? ☐Yes ☐No If no, corrective action taken:
22. PPE Used: ☐Gloves ☐Gown ☐Apron ☐Goggles ☐Eye Shield ☐Other (specify)
23. Exposure Transmission: ☐Skin w/break ☐Mouth ☐Left Eye ☐Right Eye ☐Puncture ☐Other (specify)
24. Exposed body part: ☐Left ☐Right
25. ☐Finger ☐Hand ☐Arm ☐Face/Head ☐Torso ☐Leg ☐Other (specify)
26. Substance Involved: ☐Blood ☐Semen ☐Vaginal Secretions ☐Cerebrospinal Fluid ☐Other (specify)
27. How Exposed:
28. Extent of Exposure (explain and quantify if possible):
29. Actions taken following exposure: ☐Washing ☐First Aid ☐Irrigation ☐Other (specify)
30. Is the source known? ☐No ☐Yes If yes, source name, date of birth:

Source Status **(to be completed by treating facility or Risk Management ONLY)**
31. ☐HCV+ ☐HCV- ☐HBV+ ☐HBV- ☐HIV+ ☐HIV- ☐Unknown

32. SECTION 3 TUBERCULOSIS EXPOSURE SECTION (AIRBORNE)

33. How exposed:
34. Length of time in contact with source:
35. Is the source known? ☐No ☐Yes If yes, source name, date of birth

Source Status **(to be completed by treating facility or Risk Management ONLY)**
36. ☐Unknown ☐Active TB ☐Rule out TB Physicians name & phone:

EVALUATION/FOLLOW-UP TREATMENT AUTHORIZATION

Please provide this patient with medical evaluation/follow-up as provided by San Bernardino County Procedure, a copy of which has been previously provided. Above you will find background information relative to the incident. All billings for services are to be sent to:
San Bernardino County Risk Management Division, 222 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0016

Supervisor's Name (type or print)	Supervisor's Signature	Phone	Title	Date

DISTRIBUTION: Original – Treating Facility Second Copy - Risk Management

Instructions for completing the Bloodborne Pathogen & Tuberculosis Exposure Report

This report includes medically sensitive information and is to be prepared and handled in strict confidence. Only these two pages are to be prepared as follows:

1) The employee delivers the first page to the approved medical facility to which he or she has been referred for evaluation and follow-up.
2) The second page is to be sent in a sealed envelope marked. *"Medically Sensitive and Confidential Information to be opened by Addressee only"*, to Human Resources/Risk Management Division, Attn: County Safety Officer, mail code 0016.
3) Additional information and requirements are contained in the Employee Safety & Health Manual in accordance with the California Code of Regulations, Title 8, Section 5193. Questions regarding this form and other safety related matters should be directed to the County Safety Officer.

This report is not to be copied or duplicated, nor is the information contained herein to be maintained in any fashion other than described above without the expressed written permission from the County Safety Officer. The information contained in the report is not to be released in any manner or to any person, other than outlined above, without review and approval by County Counsel, San Bernardino County. If the exposed employee desires to maintain a copy of this report, such copy is to be provided by the treating medical professional. San Bernardino County employees are hereby advised that in maintaining a personal copy of this report, they assume personal liability (both civil and criminal) for any release of confidential information on the source individual that may result from maintaining such personal copy.

Instructions - Complete Section 1 (1-17) for all exposures.

1-11 Self explanatory.
12-15 This information can be obtained through your Human Resource Officer or Payroll Clerk.
16-17 Specify your department, section and mailing address with mail code.

Complete Section 2 (19-31) For Bloodborne Pathogen exposures

19. What was contaminated on the source that came in contact with the employee.
20. Sharps – if a sharp (needle, razorblade, knife, etc.) was involved during the exposure and was being used in a controlled environment (hospital, medical aid, clinic, etc.), then document the type, brand and model of the sharp (e.g. 18g needle/ABC Medical/"No stick" syringe) and complete the following information:

Additional Sharps Information

A. Did the device being used have engineered sharps injury protection? ☐ Yes, continue ☐ No, skip to question B
   1. Was the protective mechanism activated? ☐ Yes ☐ No
   2. Did the exposure incident occur: ☐ Before ☐ During ☐ After activation

B. Exposed Employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? Explain: _____

_____

C. Exposed Employee: Do you have an opinion that any other engineering administrative or work practice control could have prevented the injury? Explain. _____

_____

21. Self explanatory.
22. Indicate what type of Personal Protective Equipment (PPE) was being worn while performing the procedure at the time the employee was exposed.
23. Indicate how the fluid or blood got into the employee's body. For example, blood in the eyes, puncture with a sharp, blood on skin that had a cut or scab, etc.

24-25. Indicate which part of the body was exposed.

26. Indicate what type of substance from the source individual came in contact with the employee's body part.
27. Exactly what was being done when the exposure occurred? For example, drawing blood, patting down a suspect, picking up a syringe with hands, etc.
28. Examples of Descriptive Terms: 2 drops or a quart of blood, a superficial or deep cut or puncture, etc.
29. Indicate what was done after the exposure to help the employee remove the substance involved.
30. Self-explanatory .
31. The treating facility or Risk Management will complete this section when applicable.

Complete Section 3 (33-36) For Tuberculosis exposures

33. Exactly what was being done when the exposure occurred? For example, transporting the source in a vehicle, entered the room to deliver a tray, etc.
34. Indicate the span of time the employee was in contact with the tuberculosis patient; e.g. 5 minutes, 5 hours, etc.
35. Self explanatory.
36. The treating facility or Risk Management will complete this section when applicable.

BLOODBORNE PATHOGEN EXPOSURE INCIDENT MEDICAL EVALUATION/FOLLOW-UP PROCEDURE

The following procedures are established to protect the health of San Bernardino County employees who may suffer an **EXPOSURE INCIDENT** as defined in Title 8, California Code of Regulations, General Industry Safety Orders, Section 5193, Paragraph (b).

As required by Title 8, California Code of Regulations, General Industry Safety Orders, Section 5193, Paragraph (f) 3(B) 4, the medical evaluation/follow-up protocol defined below is in accordance with current recommendations of the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control.

Prerequisites for participation in this medical evaluation/follow-up procedure by County employees are as follows:

1. The employee must have suffered a documented **EXPOSURE INCIDENT** as defined in Title 8, as referenced above;

2. The exposed employee must consent to blood testing for Hepatitis B and C Virus on the first visit for medical evaluation/follow-up;

3. With regard to potential HIV exposure, the exposed employee must, on the first visit, consent to provide a blood specimen for 90 day retention in the event HIV testing becomes necessary. HIV testing of this sample shall not be completed without additional consent from the patient.

4. The employee must consent to providing the San Bernardino County Safety Officer with copies of all medical reports and test results for thirty year retention as required by Title 8, Section 5193.

San Bernardino County employees who do not consent to all four conditions above, shall <u>not</u> be provided medical evaluation/follow-up at County expense and may seek the medical evaluation/follow-up they deem necessary at their personal expense.

I. WOUND TREATMENT

A. If puncture/laceration wound is apparent:

1. Cleanse area thoroughly.
2. Apply topical treatments as deemed necessary.
3. Dress wound as appropriate.

B. Review Tetanus immunization status:

1. If patient has received tetanus immunization within last ten years, no further vaccination is necessary.
2. If patient has not had tetanus immunization within last ten years, administer 0.5cc IM.

II. PATIENT CONSENT

A. Obtain patient consent for HBV and HCV blood draw and testing.
B. Obtain patient consent for HIV blood draw for 90 day retention.
C. Request patient consent for HIV testing of blood sample.
D. Obtain patient consent to provide copies of all medical reports and test results to San Bernardino County Safety Officer.

III. HEPATITIS B PROPHYLAXIS POST-EXPOSURE

A. If source individual HBV status is known to be **HBsAg (+):**

1. If patient is unvaccinated for HBV:

   a. Administer HBIG X 1 dose immediately.
   b. Initiate Hepatitis B vaccination series following six month dosing protocol.
   c. If patient refuses vaccine series:

      I. Have patient sign Statement of Declination form.
      II. Offer second HBIG dose one month after first dose.

2. If patient vaccinated for HBV:

   a. Complete tests for anti-HBs on patient:

      I. If inadequate antibody response, administer HBIG X 1 dose immediately and administer Hepatitis B vaccine booster dose.
      II. If adequate antibody response, no further Hepatitis B treatment needed.

B. If source individual HBV status is known to be **HBsAg (-):**

1. If patient unvaccinated for HBV:

   a. Initiate Hepatitis B vaccination series following 6 month dosing protocol.
   b. If patient refuses vaccine series, obtain signed Statement of Declination.

2. If patient vaccinated for HBV:

   a. No further Hepatitis B treatment needed.

C. If source individual HBV status unknown:

1. If patient unvaccinated for HBV:

   a. Determine whether HBsAg testing on source individual is or will be accomplished and obtain results.
   b. If source individual HBsAg (+), administer HBIG X 1 dose to patient.
   c. Initiate Hepatitis B vaccination series following 6 month dosing protocol.
   d. If patient refuses vaccine series:

      I. Obtain signed Statement of Declination.
      II. Offer second HBIG dose one month after first dose if source individual HBsAg (+).

2. If patient vaccinated for HBV:

   a. Determine whether HBsAg testing on source individual is or will be accomplished and obtain results.
   b. Complete tests for anti-HBs on patient.
   c. If source individual HBsAg (+) and patient anti-HBs (-):

I. Administer HBIG X 1 dose immediately.
II. Administer Hepatitis B vaccine booster dose.

d. If patient anti-HBs (+):

I. No further Hepatitis B treatment needed.

C. If unknown source individual or source status unable to be determined:

1. If patient unvaccinated for HBV:

a. Initiate Hepatitis B vaccination series following 6 month dosing protocol.

2. If patient vaccinated for HBV:

a. Complete testing for anti-HBs on patient:

I. If patient anti-HBs (+):

A. No further Hepatitis B treatment needed.

II. If patient anti-HBs (-):

A. Administer Hepatitis B vaccine booster dose.

IV. HIV POST-EXPOSURE MONITORING

A. Source individual known HIV (+) or high risk:

1. Request written consent for HIV antibody testing on patient:

a. If patient refuses HIV antibody testing:

I. Prepare documentation declining testing for patient's signature.
II. Obtain blood specimen from patient and request specimen be held for 90 days in the event patient later requests testing.

2. Complete HIV antibody testing on patient:

a. If patient tests HIV (+):

I. Refer patient for evaluation, treatment, and counseling.

b. If patient tests HIV (-):

I. Repeat HIV antibody testing on patient at 6 weeks, 3 months, 6 months, and 1 year.
II. Provide counseling to patient regarding:

A. Associated risk of exposure and seroconversion.
B. Psychological impact of exposure.
C. Safe sexual practices during 1 year testing period.
D. Avoidance of pregnancy during testing period.
E. Abstaining from blood donations during testing period.

III. Review signs and symptoms of HIV seroconversion with patient and instruct patient to return to office if the following signs or symptoms occur within 8-12 weeks following exposure:

*Lymphadenopathy	*rash
*headache	*night sweats
*diarrhea	*arthralgias
*malaise	*fever
*myalgias	*chills

B. Source individual known HIV (-):

1. Offer patient baseline HIV antibody testing.
2. If patient declines testing, prepare documentation declining testing for patient signature.
3. Obtain blood specimen from patient and request specimen be held for 90 days in the event patient later requests testing.
4. No further HIV action required.

C. Source individual known - HIV status unknown:

1. Determine whether source individual HIV antibody testing is or will be accomplished and obtain results:
2. Obtain consent for patient HIV antibody testing as outlined in III A.1 above.
3. Complete tests for patient HIV antibody.
4. If patient tests HIV (+) on baseline:

   a. Refer patient for evaluation, treatment, and counseling.

5. If source individual tests HIV (-):

   a. No further HIV action required.

6. If source individual tests HIV (+):

   a. Follow guidelines as outlined in III A. above.

7. If source individual refuses HIV antibody testing:

   a. Follow guidelines as outlined in III A. above.

D. Unknown source individual:

1. Follow guidelines as outlined in III A.

County of San Bernardino
CAO/HUMAN RESOURCES
RISK MANAGEMENT DIVISION/SAFETY SECTION

HEPATITIS B VACCINE AUTHORIZATION

To: _____ Address _____

_____ _____ SSN _____

Name of Employee **Job Title**

has requested immunization against Hepatitis B.

In providing service, please track this patient to assure the full series is completed. If after the patient has been reminded, he or she fails to proceed with the series, please contact the individual below authorizing this immunization.

Upon completion of the immunization series, please provide documentation of completion to the billing address shown below with a copy to:

Human Resources/Risk Management Division
Attn: County Safety Officer
222 W. Hospitality Lane, Third Floor
San Bernardino, CA 92415-0016

Billing detail to provided to:

County of San Bernardino _____ _____
Department **Attention**

_____ _____
Street Address **City** **State** **Zip**

Signed By _____ Department _____

Title _____ Telephone _____

Date _____

DISTRIBUTION: Original – Employee
Second Copy - Department
Third Copy – Risk Management Division/Safety Section

04-19404-000

BLOODBORNE PATHOGEN PROGRAM

CODE OF SAFE WORK PRACTICES

1. San Bernardino County employees whose employment may result in personal contact with human body fluids, unfixed tissue/organs, cell tissue or organ cultures, are to unequivocally assume that all such agents are infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and/or other blood borne pathogens.

2. County employees whose work activities may reasonably be anticipated to have the potential for personal contact (eyes, mouth, mucous membrane, skin, open wounds) with the agents described in #1 above, shall follow established work rules and engage in work practices to avoid such personal contact.

3. All personal contact with infectious agents as defined in #1 and #2 above shall be reported immediately to the employees' supervisor as an "Exposure Incident".

4. Employees shall use protective clothing and/or equipment, which is provided by the County of San Bernardino, when any personal contact as described in #1 and #2 above may be reasonably anticipated during the course of employment.

5. Minimum protective clothing/equipment to be worn where contact with infectious agents may be reasonably anticipated is as follows:

    a. Appropriate protective gloves by all employees who may come into contact with any source of exposure as described in #1 above and for all body cavity searches;

    b. Protective eyewear or face shields where splash or mist exposure may be reasonably anticipated;

    c. Protective gloves designed to be impervious to cuts or punctures where contact with contaminated metal, broken glass, or other sharp objects may be reasonably anticipated (vehicle accidents or disaster/emergency situations);

    d. Protective long sleeve gowns and protective shoe coverings where personal clothing/shoes or arms may reasonably be anticipated to become soaked or splashed with infectious agents.

6. An officer should use great caution in searching the clothing of suspects. Individual discretion, based on the current circumstances, should determine if a suspect or prisoner should empty their own pockets, or if the officer's skills should be used in determining the contents of a suspect's clothing.

7. A flashlight should be used to search hidden areas. Whenever possible, use long handled mirrors and flashlights to search such areas.

8. If searching a purse, contents should be emptied from the purse by turning it upside down over a surface on which contents can be examined before touching them.

9. Employees shall promptly wash hands and exposed skin upon removal of protective clothing/equipment. Employees shall **immediately** wash exposed areas following an "exposure incident".

10. Protective clothing/equipment as well as contaminated personal clothing shall be removed prior to leaving a contaminated area and proceeding to a non-contaminated area.

11. Infectious waste, used protective clothing/ equipment, contaminated personal clothing/equipment and the product of contaminated spills clean-up shall be

processed as prescribed by the County of San Bernardino Bloodborne Pathogen Program.

12. Broken contaminated glass or other objects are not to be cleaned up by hand, gloved or otherwise. Brooms, dustpans, pieces of wood or cardboard or other such items are to be used in a way as to avoid any possibility of a cut or puncture wound.

13. Sharps, syringes, and all other contaminated items presenting the potential of a cut or puncture wound are to be disposed of or placed for transport into a hard container designed, designated and identified for such disposal or transport according to the requirement of the County of San Bernardino Bloodborne Pathogens Program.

14. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses while wearing contaminated protective clothing/equipment or working in an environment where contact with infectious agents may be reasonably anticipated is strictly prohibited.

15. Food, drink, or condiments shall not be kept in refrigerators, freezers, shelves, cabinets, on counter or bench tops, or in work areas where contact with infectious agents may be reasonably anticipated.

16. Used needles and other used sharps shall not be bent, recapped, or removed except as indicated below. Shearing or breaking of used needles is prohibited.

    a. Used needles and sharps shall not be recapped or removed unless it can be demonstrated that no alternative is feasible or that such is re required by a specific medical procedure;

    b. If recapping or removal is demonstrated to be necessary, the task must be accomplished through the use of a mechanical device or a one handed technique.

17. Employees are prohibited from reaching into or manually compacting any container which may be reasonably anticipated to contain used needles, sharps, or other contaminated waste.

18. County employees as described in #1 above shall review the County of San Bernardino Bloodborne Pathogen Program at the time of assignment, following changes or revisions to the program, and at least annually.

19. Without exception, protective gloves are to be put on prior to providing any first aid or emergency medical treatment.

20. Without exception, protective eyewear is to be put on prior to providing any first aid or emergency medical treatment.

21. Without exception, pocket masks or other such barrier devices are to be used whenever CPR is rendered.

I have read and understand the preceding safe work practices. I am aware that in addition to increasing the risk and possibility of serious illness, a serious and willful failure to comply with these work rules could result in a significant reduction in my benefits, per the California Labor Code, Section 4551, should an occupational illness result from such failure.

_____	_____
Date	Signature
_____	_____
Social Security Number	Print Name

EMPLOYEE TRAINING CHECKLIST **Addendum F**
County of San Bernardino

(This report is to be completed by the Supervisor and New Employee within ten working days of employment or new job assignment. Additional forms are to be prepared as the employee receives safety training during the course of employment, at least annually).

NAME _____ BIRTHDATE _____

Date Employed: _____ SSN: _____ Dept. Assigned: _____

Job Title _____ Employee Past Work Experience: _____

_____

a. Has Employee taken pre-employment physical? ☐ yes ☐ no
b. Are there any physical limitations? ☐ yes ☐ no

If answer to B is yes, please explain: _____

I HAVE BEEN INSTRUCTED IN THE FOLLOWING SUBJECTS THAT ARE CHECKED:

1. Safety policies and programs ☐ yes ☐ no
2. Safety rules, both general and specific to the job assignment ☐ yes ☐ no
3. Safety rule enforcement procedures ☐ yes ☐ no
4. Use of tools and equipment ☐ yes ☐ no
5. Proper work shoes and other personal protective equipment ☐ yes ☐ no
6. Handling of material ☐ yes ☐ no
7. Lifting and use of lifting equipment such as hoists and cranes ☐ yes ☐ no
8. How, when and where to report injuries ☐ yes ☐ no
9. Importance of housekeeping ☐ yes ☐ no
10. Special hazards of job ☐ yes ☐ no
11. When and where to report unsafe conditions ☐ yes ☐ no
12. Safe operation of vehicle ☐ yes ☐ no
13. Personal protective equipment: List Items _____ _____ _____ _____
14. Hazardous materials: List Items _____ _____ _____ _____
15. Tools/Equipment: List Items _____ _____ _____ _____
16. List all training not indicated above (use back of form if necessary): _____

_____

Employee Signature _____ Date _____

Follow up on employee will be observed by _____

Employee has performed operation to the satisfaction of the undersigned. An observation was completed on the date indicated.

Supervisor Signature _____ Date _____

IMPORTANT: If employee is transferred to another job, an additional safety instruction report must be completed.

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Department:_____ Division/Location:_____ Date of Preparation _____

In accordance with the San Bernardino County Bloodborne Pathogen Program, the following exposure control plan has been developed:

A. PURPOSE

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
2. Conform with the elements set forth in the San Bernardino County Bloodborne Pathogen Program;
3. Comply with requirements of Title 8, California Code of Regulations, General Industry Safety Orders, Section 5193.

B. EXPOSURE DETERMINATION

The State of California requires employers to perform an exposure determination assessing which employees may incur occupational exposure to blood or Other Potentially Infectious Materials (OPIM). The exposure determination must be made without regard to the use of personal protective equipment (i.e. under most circumstances, employees are considered to have occupational exposure even if they wear personal protective equipment when in contact with blood or body fluids). This exposure determination must list all job classifications in which employees may reasonably be anticipated to incur occupational exposure, regardless of frequency. This list does not include job classifications in which employees may suffer incidental occupational exposure to blood or body fluids that are neither reasonably nor routinely expected. At_____(name of department or location) the following job classifications are in this category:

(List job classifications)_____

_____

_____

In addition, determining exposure requires a listing of job classifications in which some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, the procedures that might cause these employees to have occupational exposure are also required to be listed. The purpose is to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Job Classification	Task/Procedure

C. IMPLEMENTATION METHODOLOGY

1. COMPLIANCE METHODS

Universal precautions will be observed at _____ (name of department or location) in order to prevent hazardous contact with blood or other potentially infectious materials. All blood or body fluid will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls are utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment must be utilized. At _____(name of department or location) the following engineering controls are utilized: (list controls, such as sharps containers, biosafety cabinets, prohibited work practices, required work practices, etc.)

_____

_____

_____

The above controls are examined and maintained or replaced on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: (list schedule such as daily, once/week, etc. as well as list who has the responsibility to review the effectiveness of individual controls, such as the supervisor for each department, etc.)

_____

_____

_____

Handwashing facilities are available to employees who may be exposed to blood or other potentially infectious materials. These facilities are readily accessible in all work places at _____(name of department or location). If handwashing facilities are not available (such as may be the case in field exposures), employees must use either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, hands are to be washed with soap and running water as soon as feasible.

_____ (insert name of position/person, e.g. supervisors) shall ensure that after the removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

2. CONTAMINATED NEEDLES AND SHARPS

Contaminated needles and other contaminated sharps **shall not** be sheared or purposely broken. Recapping, bending or removal of contaminated needles is permitted only when a medical procedure requires it and no alternative is feasible. If such action is required, then it must be done by the use of a mechanical device or a one-handed technique. At_____ (name of department or location) bending, recapping or removal is only permitted for the following procedures: (List each procedure and also list the mechanical device to be used or alternately if one-handed technique will be used.)

_____

_____

_____

_____

3. CONTAINERS FOR REUSABLE SHARPS

Contaminated sharps that are reusable are to be placed immediately after use into appropriate containers. At _____(name of department or location) containers for reusable sharps are puncture resistant, labeled with a biohazard label and are leak proof. (List here where reusable sharps containers are located, who has responsibility for removing sharps from containers, manner of removal and how often the containers will be checked to remove the sharps.)

4. WORK AREA RESTRICTIONS

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter or bench tops where blood or other potentially infectious materials are, have been, or may be, present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures must be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which are employed at _____(name of department or location) to accomplish this are: (List methods, such as covers on centrifuges, usage of dental dams if appropriate, collection of evidence methods, control of suspects, etc.)

5. SPECIMENS

Specimens of blood or other potentially infectious materials are to be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping of the specimens.

The container used for this purpose will be properly labeled or color coded and closed prior to storage transport or shipping.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container. Secondary containers shall meet all requirements for primary containers.

6. CONTAMINATED EQUIPMENT

_____ (insert name of position/person) is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials examined prior to servicing or shipping. Such contaminated equipment is to be decontaminated as necessary, unless decontamination is not feasible.

7. PERSONAL PROTECTIVE EQUIPMENT

PPE Provision

_____ (insert name of position/person) is responsible for ensuring that the following provisions are met.

All personal protective equipment used at _____(name of department or location) is provided without cost to employees. Personal protective equipment is chosen based upon anticipated exposure to blood or other potentially infectious materials. Protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which protective equipment will be used. (Indicate how clothing will be provided to employees, e.g. who has responsibility for

distribution. List which procedures require protective clothing and the type of protection required.)

PPE Use

_____ (insert name of position/person/supervisor) is responsible to ensure that employees use appropriate PPE.

PPE Accessibility

_____ (insert name of position/person) is responsible to ensure that PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are available to those employees who are allergic to gloves normally provided.

PPE Cleaning, Laundering and Disposal

Personal protective equipment will be cleaned, laundered and/or disposed of by _____(name department) at no cost to the employees. Necessary repairs and replacements are made at no cost to employees.

All protective garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area or location which requires the equipment.

When PPE is removed, it is to be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves

Gloves are to be worn where it can be reasonably anticipated that employees will have hand contact with blood, or other potentially infectious materials, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.

Disposable gloves used at_____ (name of department or location) are not to be washed or decontaminated for re-use and are to be replaced when they become contaminated, if they are torn/punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the gloves is not compromised. Utility gloves are to be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray splatter, or droplets of blood or other potentially infectious materials are generated and eye, nose, or mouth contamination can be reasonably anticipated. Personal eye glasses do not provide a sufficient level of protection. If eye glasses are worn, goggles which completely cover the glasses must also be worn to prevent exposure through the eyes. Situations at _____(name of department or location) which would require such protection are as follows:

_____

_____

_____

93 Additional Protection

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can be reasonably anticipated. The following situations require that such protective clothing be utilized:

_____

_____

8. HOUSEKEEPING

Decontamination will be accomplished by utilizing the following materials: (List the materials which will be utilized, such as bleach solutions or EPA registered germicides)

_____

_____

_____

This facility is cleaned and decontaminated according to the following schedule: (List and schedule)

AREA	SCHEDULE	PROCEDURE AND CLEANER/SANITIZER USED

All contaminated work surfaces are to be decontaminated after completion of procedures and immediately after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface has become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles which may be contaminated are inspected and decontaminated on a regularly scheduled basis (list frequency _____ and by position/person _____).

Broken glassware which may be contaminated is not to be picked up directly with the hands. A mechanical means (brush, dust pan, tongs or forceps) shall be used.

Reusable sharps contaminated with blood or other potentially infectious materials shall not be stored or discarded in a manner that requires employees to reach by hand into containers where sharps have been placed.

9. REGULATED WASTE DISPOSAL

Disposable Sharps

Contaminated sharps are to be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and properly labeled.

During use, containers for contaminated sharps are to be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be anticipated to be found.

Sharps containers are to be maintained upright throughout use, replaced routinely, and are not to be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers are to be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The sharps container shall be placed in a secondary container if leakage of the primary container is a possibility. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be properly labeled to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of percutaneous injury.

Other Regulated Waste

Other regulated waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.

A waste bag or container must be labeled and color coded, and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: Disposal of all regulated waste shall be in accordance with applicable State and local regulations.

10. LAUNDRY PROCEDURES

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible and with a minimum of agitation. Such laundry will be placed and transported in appropriate or color coded container. Such laundry will not be sorted or rinsed in the area of use.

Laundry at this facility will be cleaned at _____.

11. HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

General

The_____ (insert department name) makes available Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

(Insert position/person) _____ shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

a. Made available at no cost to employees;

b. Made available at a reasonable time and place;

c. Performed by or under the supervision of a licensed physician or by/under the supervision of another licensed healthcare professional at facilities selected from a list provided by San Bernardino County, Human Resources/Risk Management, Safety/Loss Prevention Section; and

d. Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B Vaccination

_____ (insert name of position/person) is in charge of the Hepatitis B vaccination. (We contract with specific medical facilities to provide service. A list of approved facilities is available from Risk Management Division Safety Section).

Hepatitis B vaccination shall be made available after an employee has received training in occupational exposure (see information and training) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has

revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination.

If an employee initially declines Hepatitis B vaccination, but at a later date, while still covered under this program decides to accept vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination shall sign a declination Form #04-19403-000 indicating their refusal.

Post Exposure Evaluation and Follow-up

All exposure incidents shall be reported, investigated, and documented. When an employee incurs an exposure incident, it shall be reported immediately to (list who has responsibility for investigation of exposure incidents): _____

Following a report of an exposure incident, an exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;

b. Identification and documentation of the source individual, unless it can be established that identification is impossible or prohibited by State or local law.

c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine Bloodborne Pathogen infectivity. If consent is not obtained, the (insert name of position/person) _____ shall establish that legally required consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

e. Results of the source individual's testing is made available to the exposed employee. Employees are informed of applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual. Such results are only given an exposed employee by the evaluating health care professional.

Collection and testing of blood for HBV and HIV serological status is to comply with the following:

a. The exposed employee's blood shall be collected as soon as possible and tested, with employee consent, for HBV immediately;

b. An employee will be offered the option of having a blood sample tested for HIV serological status. A blood sample must be provided and in the absence of testing consent, will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status in the future.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up. All post exposure follow-up will be performed from among a list of health care providers selected by Human Resources/Risk Management Division/Safety Section.

Information Provided to the Healthcare Professional

The (insert name of position/person) _____ shall ensure that the healthcare professional responsible for evaluating an employee after an exposure incident is provided a copy of the form "Bloodborne Pathogen & Tuberculosis Exposure Report", County Form #15-19418-000 Rev 6/01. This will be accomplished by having the exposed employee hand carry a single copy to the healthcare professional.

Healthcare Professional's Written Opinion

The (insert name of position/person) _____ shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination and post exposure follow-up shall be limited to the following information:

a. Whether vaccination is indicated for employee and if employee has received such vaccination.

b. A statement that the employee has been informed of the results of the evaluation; and

c. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Note: All other findings or diagnosis shall remain confidential and shall not be included in the written opinion.

12. LABELS AND SIGNS

_____ (insert name of position/person) shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

The label will include a universal biohazard symbol and the legend BIOHAZARD. In case of regulated waste, the word BIOHAZARDOUS WASTE may be substituted for the BIOHAZARD legend. The label shall be fluorescent orange or orange-red.

Regulated waste bags or containers are also to be labeled.

Blood products that have been released for transfusion or other clinical use are exempted from labeling requirements.

13. INFORMATION AND TRAINING

_____ (insert name of position/person) will ensure that training is provided to employees at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training will be interactive and cover the following elements:

a. An accessible copy of the Title 8, General Industry Safety Orders, Section 5193, and an explanation of its contents;

b. A discussion of the epidemiology and symptoms of bloodborne diseases;

c. An explanation of the modes of transmission of bloodborne pathogens;

d. Explanation of the _____ (insert department name) Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy.

e. A review of tasks that may involve exposure.

f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment.

g. Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment.

h. An explanation of the basis of selection of personal protective equipment.

i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

j. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.

k. Information on the evaluation and follow-up required after an exposure incident.

l. An explanation of the signs, labels, and color coding systems.

m. An explanation of the Sharps Injury Log, needleless systems, needle devices with engineered sharps injury protection, and non-needle sharps with engineered sharps injury protection.

14. RECORDKEEPING

Medical Records

The San Bernardino County Safety Officer is responsible for maintaining medical records related to occupational exposure as indicated below. These records will be kept at Risk Management Division Safety/Loss Prevention Section.

Medical records shall be maintained in accordance with Title 8, California Code of Regulations, Section 3204. These records shall be kept confidential, and not disclosed without employee's written consent and review of all requests for records by San Bernardino County Counsel, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

a. The name and social security number of the employee.

b. A copy of the employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.

c. A copy of all results of examination, medical testing, and follow-up procedures.

d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

e. A confidential copy of the healthcare professional written opinion.

Training Records

_____ (insert name of position/person) is responsible for maintaining the following training records. These records will be kept at (location)_____

Training records shall be maintained for five years from the date of training. The following information shall be documented:

a. The dates of the training sessions;

b. An outline describing the material presented;

c. The names and qualifications of persons conducting the training;

d. The names and job titles of all persons attending the training sessions.

e. Sharps Injury Log.

Availability

Employee records shall be made available to the employee or to his designated representative for examination and copying upon request in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204.

All employee records shall be made available to the Chief of the Division of Occupational Safety and Health (DOSH) and the National Institute for Occupational Safety and Health (NIOSH).

15. EVALUATION AND REVIEW

_____ (insert name of position/person) is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

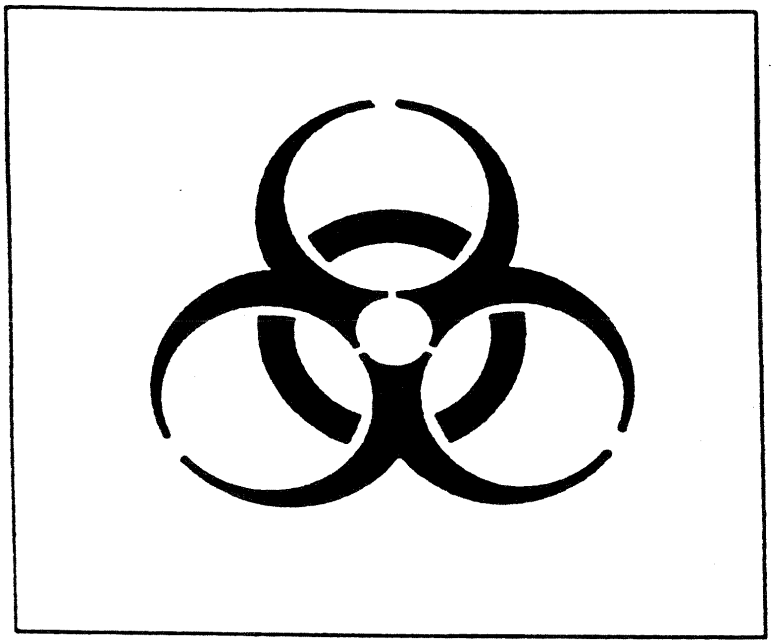
Appendix "A"

LABELING REQUIREMENTS

Item	No Label Needed		Biohazard Label		Red Container
Regulated waste bags			X	and	X
Sharps containers (disposable and/or reusable)			X		
Refrigerator/Freezer holding blood or other potentially infectious material			X		
Containers used for storage, transport or shipping of blood or other potentially infectious materials			X	or	X
Blood/blood products for clinical use	X				
Individual specimen containers of blood or other potentially infectious materials remaining in facility	X	or	X	or	X
Contaminated equipment needing service (e.g. dialysis where the equipment; suction apparatus)			X (plus a label specifying contamination exists)		
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal			X		
Contaminated laundry	X *	or	X	or	X
Contaminated laundry sent to another facility that does not use Universal Precautions			X	or	X

* No label needed if Universal Precautions are used and specific use of container or item is known to all employees.

AUTHORIZED LABELING



BIOHAZARD

Or in the case of Regulated Waste the Legend:

BIOHAZARD WASTE

As described in Health & Safety Code Sections 25080-25082.

These labels shall be flourescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

BLOODBORNE PATHOGEN PROGRAM
EXPOSURE INCIDENT ACTION PROCEDURE

INITIATOR	ACTION
EMPLOYEE	1. Performs immediate field decontamination procedures in the event of a specific exposure incident.
	2. Reports a specific exposure incident to responsible supervisor as soon as possible following incident - in no event to exceed end of work day of incident.
	3. Reports source individuals name and HIV/HBV status to supervisor if known.
	4. Personally meets with responsible supervisor prior to end of work shift to provide incident detail for supervisory reporting process.
	5. Reports to selected medical professional for medical evaluation/follow-up as referred by supervisor within 24 hours of exposure incident. Returns to medical professional for all necessary follow-up testing.
	6. Delivers original supervisor prepared report "Bloodborne Pathogen & Tuberculosis Exposure Report", form #15-19418-000 Rev 6/01, to medical evaluator to which referred.
	7. Attends initial and annual training as scheduled by supervisor.
	8. Signs Vaccination Declination or reports to selected medical professional as referred by supervisor in a timely manner for Hepatitis B immunization series.
	9. Signs consent forms for blood draws, testing and release of medical information which are prerequisite for County paid medical evaluation/follow-up.
	10. Completes the Sharps Injury Log.
SUPERVISOR	11. Provide employee authorization for Hepatitis B vaccine series, upon request from employee for immunization.
	12. Prepares "Bloodborne Pathogen & Tuberculosis Exposure Report", Form #15-19418-000 Rev 6/01, according to instructions on report form. Provides one copy to employee for delivery to medical evaluation provider.
	13. Sends second copy of "Bloodborne Pathogen & Tuberculosis Exposure Report", Form #15-19418-000 Rev 6/01, *following specific instructions on how to send copy*, on reverse side of form, after assuring copy is legible.
	14. Upon employee report of an exposure incident, completes "Evaluation/Follow-Up Treatment Authorization" portion of Bloodborne Pathogen & Tuberculosis Exposure Report, and refers employee to specific medical provider selected from list provided by Risk Management Division/Safety Section.

INITIATOR	ACTION
SUPERVISOR Con't.	15. Assists employee in identifying source individual and assures that appropriate requests are initiated to determine the HIV/HBV status of source individual, or establish that such status is legally or otherwise unobtainable.
MEDICAL CLINIC/EVALUATOR	16. Provide employee services in connection with authorization for Hepatitis B immunization series.
	17. Track employee immunization to assure completion of Hepatitis B immunization series.
	18. Provide San Bernardino County with documentation of Hepatitis B immunization - one (1) copy to referring department and one (1) copy to County of San Bernardino, Human Resources/Risk Management Division/Safety Section, Attn: County Safety Officer, 222 W. Hospitality Lane, 3rd Floor, San Bernardino, CA. 92415-0016.
	19. Provide employee with medical evaluation/follow-up upon authorization appropriate to exposure documentation provided by "Bloodborne Pathogen & Tuberculosis Exposure Report", County form #15-19814-000 Rev 6/01.
	20. Obtain employee consent to draw blood.
	21. Obtain employee consent to provide copies of all medical reports and test results to San Bernardino County Safety Officer.
	22. Obtain consent for employee testing for Hepatitis B and Hepatitis C.
	23. Obtain consent, if forthcoming, from employee for HIV testing or consent for blood to be drawn and sample to be retained for 90 days in the event employee consents to or desires HIV testing at a future date.
	24. If employee refuses HBV HCV blood sample/testing or HIV blood draw for 90 day retention, discontinue medical evaluation/follow-up procedure, referring employee to personal physician for all future evaluation/follow-up at employee personal expense.
	25. Contact individual named on exposure documentation ("Bloodborne Pathogen & Tuberculosis Exposure Report") for source individual information.
	26. Contact employee in a timely manner with all results of HIV, HBV, and HCV testing; both of employee and source individual.
	27. If requested by employee, provide employee with copy of form "Bloodborne Pathogen & Tuberculosis Exposure Report".
	28. Provide confidential copies of all medical reports and test reports to San Bernardino County Safety Officer. All reports are to be sent in a sealed envelope marked *"Medically Sensitive and Confidential Information - to be opened by Addressee only"*, to Human Resources/Risk Management Division/Safety Section, Attn: County Safety Officer, 222 W. Hospitality Lane, 3rd Floor, San Bernardino, CA. 92415-0016.
	29. Provide referring department with a copy of the physicians written opinion, which is to include only that information outlined on page 191 of the San Bernardino County Bloodborne Pathogen Program.
	30. Provide employee with exposure education and counseling appropriate

INITIATOR	ACTION
	to the nature and extent of exposure and source individuals known or suspected HIV/HBV/HCV status.
DEPARTMENT HEAD	31. Assure that all levels of management and supervision are instructed as to County policy relative to implementation of County Safety procedures.
	32. Assure that department training includes modules for employees on initial Bloodborne Pathogen training as outlined on page 193, items 4., a. through l., and with annual follow-up as well as a management/supervisor initial and annual follow-up module on San Bernardino County Bloodborne Pathogen Program implementation.
INDIVIDUAL DEPARTMENT ADMINISTRATIVE STAFF	33. If an exposure incident involves a sworn law enforcement employee, complete California Department of Health Services Report, Form #DHS 8479 (3/93).
	34. Assure that each department operating location has a supply of forms necessary for effective implementation of the County Bloodborne Pathogen Program. These include the following: 1. County form #15-19418-000 Rev 6/01 " Bloodborne Pathogen & Tuberculosis Exposure Report", which includes the Evaluation/Follow-Up Treatment Authorization 2. Hepatitis B Vaccine Authorization Form 3. Hepatitis B Vaccination Declination Form 4. Sharps Injury Log
	35. Establish internal controls to assure that reporting procedures mandated upon the department by State, Federal or other County Agencies, but not covered or required by the County Bloodborne Pathogen Program, are completed.
	36. Establish internal controls and procedures to assure that exposure source individuals are tested for HIV/HBV/HCV infectivity unless testing is prohibited by law.
	37. Maintain payroll cost documentation for administrative cost and officer hours paid in connection with law enforcement HIV testing sufficient to recover costs under SB90 provisions.
	38. Complete information required on form "Bloodborne Pathogen & Tuberculosis Exposure Report", and route copy to Risk Management Division/Safety Section per distribution instructions on form.

INITIATOR	ACTION
RISK MANAGEMENT DIVISION/SAFETY SECTION	39. Provide consultation and training to all San Bernardino County Departments necessary for implementation of Bloodborne Pathogen Program. 40. Receive all reports of exposure incidents for inclusion into Risk Management Division database and OSHA 200 logs. Audit all reports to assure accuracy. 41. Prepare and provide departments list of approved providers of medical evaluation/follow-up treatment 42. Pay all medical services invoices from approved pre-selected service providers in a timely manner. 43. Refer all invoices for medical services at non-approved provider to appropriate department for payment. 44. Monitor all medical evaluation/follow-up treatment to assure that care is provided non-adversarily and according to established guidelines. 45. Upon receipt of documentation, reimburse County departments all funds paid in the form of medical expenses in connection with Bloodborne Pathogen Program. 46. Maintain cost documentation with regard to law enforcement HIV testing sufficient to recover costs under SB90 provisions.

safety/docs/sftymnl/bloodborne pathogen program
(rev 7-01)

ADDENDUM I

COUNTY OF SAN BERNARDINO
SHARPS INJURY LOG

Please complete a Log for each employee exposure incident involving a sharp.

Department: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date filled out: _____ **By:** _____ **Ph. No:** ( ) _____

Date of exposure: _____ **Time of day:** _____

Explain the exposure incident exactly: _____

_____

_____

Job classification: ☐ MD ☐ Nurse ☐ Medical Asst. ☐ Phlebotomist/Lab tech ☐ Housekeeper/Laundry
☐ CAN/HHA ☐ Law & Justice ☐ Student ☐ Other _____

Department/Location: ☐ Patient room ☐ Emergency dept. ☐ Procedure room ☐ Operating room
☐ CCU/ICU ☐ Clinical laboratory ☐ Medical/outpatient clinic
☐ Service/Utility area (disp. rm./laundry) ☐ Home ☐ Other_____

Procedure: ☐ Draw venous blood ☐ Draw arterial blood ☐ Injection, through skin
☐ Start IV/set up heparin lock ☐ Heparin/saline flush ☐ Cutting ☐ Suturing
☐ Search ☐ Other _____

Did the exposure incident occur: ☐ During use of sharp ☐ Disassembling ☐ Between steps of a multi-step procedure
☐ After use and before disposal of sharp ☐ While putting sharp into disposal container
☐ Sharp left, inappropriate place (table, bed, etc.) ☐ Other _____

Body part involved: ☐ Finger ☐ Hand ☐ Arm ☐ Face/head ☐ Torso ☐ Leg ☐ Other _____

Identify sharp involved: ☐ Type: _____ ☐ Brand: _____ ☐ Model _____
(e.g., 18h needle/ABC Medical/"no stick" syringe)

Did the device being used have engineered sharps injury protection? ☐ Yes ☐ No ☐ Don't know

Was the protective mechanism activated? ☐ Yes - fully ☐ Yes - partially ☐ No

Did the exposure incident occur: ☐ Before ☐ During ☐ After activation

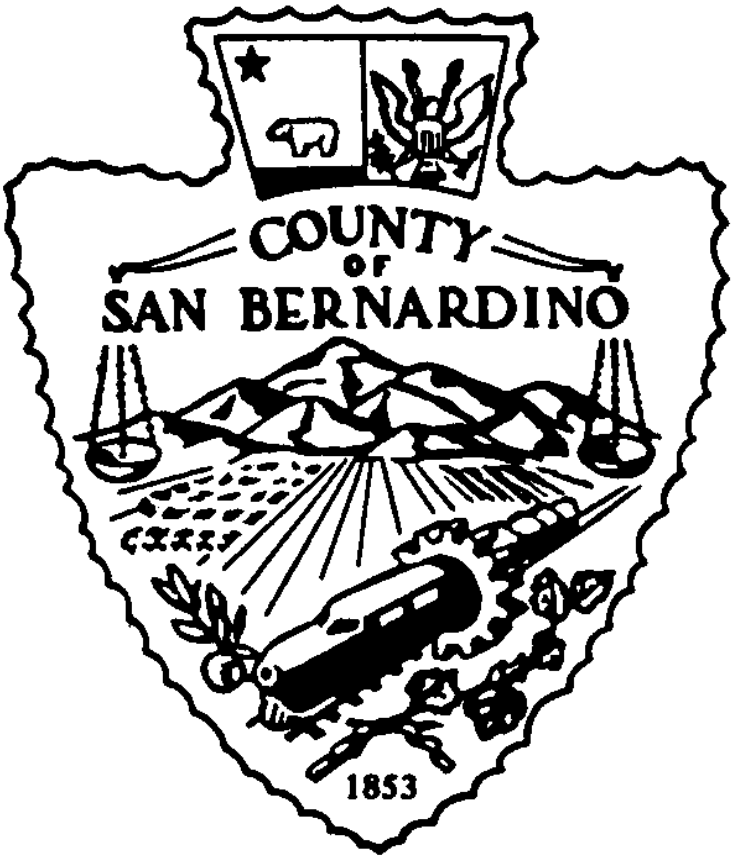
Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented injury? ☐ Yes ☐ No
Explain: _____

_____

Exposed employee: Do you have an opinion that any other engineering, administrative or work practice Control could have prevented the injury? ☐ Yes ☐ No
Explain: _____

_____

Violence



WORKPLACE VIOLENCE

SCOPE

This section establishes County of San Bernardino procedure for addressing the subject of Workplace Violence. It provides information and guidance on the process of anticipating, identifying, evaluating, and mitigating workplace hazards from violent or threatening behavior in connection with employment with San Bernardino County.

The program identifies mandated documentation, communication, training, and action which are necessary to ensure the health and safety of County employees.

This procedure sets forth minimum standards for all County Departments, Agencies and Groups. Individual entities may implement more stringent standards.

Copies of Department prepared programs are to be provided upon request to Risk Management Division/Safety Section as well as included in the immediately following divider labeled "Department Program".

PURPOSE

Title 8, California Code of Regulations, Section 3203, requires California employers to establish effective programs for the purpose of protecting employees from the potential of harm or injury as a result of reasonably anticipated and identifiable hazards in the workplace. County Policy #09-08 mandates a "Zero Tolerance" policy with regard to workplace violence.

INTRODUCTION

Workplace violence events can be divided into three categories, Type I, II, and III. A particular occupation or workplace may have a potential for more than one type of violence.

Typical Type I workplace violence involves a violent act by an assailant who has no legitimate relationship to the workplace. The assailant is usually one who enters the workplace to commit a robbery or other property type criminal act.

The perpetrator of Type II incidents is either the recipient or the object of a service provided by the affected workplace or victim, e.g., the assailant is a present or former client, patient, customer, passenger, criminal suspect or prisoner.

Type III incidents of workplace violence predominately consist of assaults by an individual who has some present or prior employment-related or personal involvement with a specific employee or workplace. A Type III incident typically involves a threat or physical act against an employee, supervisor, manager, current former spouse, or personal/business acquaintance which evolves out of the relationship between the perpetrator and victim.

The perpetrators of Type III incidents are customarily found to be current or former employees; a current or former spouse or lover, spurned suitor; relative or friend; or some other person who holds a real or imaginary grievance against an employee of that workplace.

RESPONSIBILITIES

<u>Assistant Administrative Officers, Elected Officials and Directors of Board Governed Special Districts</u>

1. Exercise responsibility and authority for implementation of procedures to assure the Health and Safety of County employees as defined in Policy #09-07 dated July 11, 1991, SAN BERNARDINO COUNTY ILLNESS/INJURY PREVENTION PROGRAM.

2. Implement VIOLENCE AND THREATS IN THE WORKPLACE - ZERO TOLERANCE policy forthwith.

3. Ensure that subordinate managers/supervisors conduct workplace/work practice assessments and therefrom develop and implement control measures for the purpose of mitigating employee exposure to reasonably foreseeable incidents of workplace violence.

<u>Managers</u>

1. Assure that appointing authority, organization supporting personnel officer/assistant personnel officer, Risk Management Division/Safety Section, as

well as other appropriate sources of consultation, are immediately notified of threats and violent behavior.

2. Ensure that VIOLENCE AND THREATS IN THE WORKPLACE - ZERO TOLERANCE, San Bernardino County Policy #09-08 - is fully implemented in all work locations within their area of responsibility.

3. Ensure that mid-level managers and supervisors are fully informed of Zero Tolerance and that all action defined in "Amplification" of Policy #09-08 is followed.

4. Assure that supervisor and mid-level manager hazard assessments receive careful evaluation with regard to hazard anticipation, identification, evaluation and mitigation.

5. Assure that incident documentation is completed and distributed promptly and accurately.

6. Assure that all work locations maintain a supply of reporting forms "Workplace Threat Incident Against County of San Bernardino Employee Report" and/or "Workplace Threat Mitigation Report", and that these are completed and route as appropriate.

7. Ensure that appropriate mid-level managers and supervisors attend all training with regard to workplace violence presented by Human Resources, Risk Management Division/Safety Section.

8. Understand and practice all work procedures established to mitigate the potential or consequence of threats or violent behavior toward County employees.

9. Immediately report all incidents to Department management.

10. Assure that supervisors provide training to employees, initially, when conditions change and when new work practice is established.

11. Assure that, insofar as is possible or feasible, control measures are developed and implemented as a result of workplace/work practices assessments.

Supervisors

1. Anticipate, identify, evaluate and mitigate the potential for workplace violence.

2. Advise manager of all hazard assessment results.

3. Develop and implement safe work practices for the purpose of administratively controlling the potential and/or consequences of workplace violence.

4. Control the work environment.

5. Supervise employee behavior in conformance with established safe work practices.

6. Train employees, initially, when conditions change and when new work practice is established.

7. Immediately insure victim and other employee safety/security.

8. Ensure that all threats and violent behavior, direct, indirect, actual or implied are reported to law enforcement agencies, if appropriate based upon discussion with the department personnel officer and Risk Management Division.

9. Ensure that all County work sites and work practices under individual areas of responsibility are reviewed for the purpose of providing employee security and protection from the potential of reasonably foreseeable violent action.

10. Assure that all reports of threats and violent behavior, direct, indirect, actual or implied are fully and formally investigated by the department personnel officer, with the assistance and involvement of appropriate supporting and/or consultative staff.

Employees

1. Zero Tolerance - Do not perpetrate threats, either real or those which may be perceived as real, or violent behavior in connection with or during the course of San Bernardino County Employment.

2. Zero Tolerance - Do not possess, have close at hand, or use either offensive or defensive weapons in connection with or during the course of San Bernardino County employment without specific and unequivocal written authorization of Department, Agency, or Group Head.

3. Immediately report all incidents of threats or violent behavior to supervisor.

4. Consistently practice hostility diffusion techniques.

5. Immediately disengage and contact supervisor upon any instance of direct and overt violence or threatening behavior.

Personnel Officers, Asst. Personnel Officers

1. Investigate workplace violence incidents and prepare documentation. All direct or overt acts of violence require preparation of a narrative report with a copy to Risk Management Division/Safety Section. Other incidents are to be reported on County forms as indicated in above item #6, Managers.

2. Immediately notify Risk Management Division/Safety Section, and Sheriff's Office of County Safety and after assessment of circumstances, other appropriate sources of consultation in the event of a workplace violence incident.

3. Provide consultation to managers and supervisors in preparation of personnel action that may reasonably be anticipated to precipitate an incident of workplace violence.

4. Participate in supervisor/management training presentations.

Risk Management Division

1. Prepare guidelines, programs, training and implementation monitoring in conformance with all Title 8, California Code of Regulations, San Bernardino County Illness/Injury Prevention Program and Violence and Threats in the Workplace - Zero Tolerance Policy mandates.

2. Develop and present manager/supervisor training.

3. Maintain records of incidents.

4. Provide consultation with regard to workplace threats and violence as well as workplace physical/facility security. Make determination and notification of Sheriff's Department for life-threatening incidents.

5. Provide consultation with regard to the process of anticipating, identifying, evaluating and mitigating hazards related to workplace violence.

6 Identify and maintain a current record of County Building Safety/Security Coordinators (BSC). Provide ongoing training for new BSC's.

Sheriff's Office of County Safety and Security

1. Provide liaison, guidance and coordination with Risk Management and department officials to mitigate serious workplace threats.

2. Provide expertise, education and resources as available to address concerns countywide.

3. Conduct a Facility Security Assessment of all county facilities, prioritized by threats, incidences, and number of employees in each department.

4. Oversee assignments of Security Guards by Facilities Management and Purchasing Department.

5. Consult with alarm and security system installers to insure the installation of quality and/or standardized county alarm systems.

HAZARD ASSESSMENT

Hazard assessments for workplace security will be performed in the form of periodic inspections. These inspections will consist of anticipation, identification, and evaluation of workplace and employee work practice security hazards. Inspections relative to security hazards and threats of workplace violence shall be performed under the guidelines and procedures provided in Section 4, "Safety Inspection", of the San Bernardino County Employee Safety and Health Manual in conformance with the San Bernardino County Illness/Injury Prevention Program.

Items to consider when assessing workplace security hazards include, but are not limited to the following:

1. Access to, and freedom of movement within, the workplace by non-employees, including recently discharged employees or persons with whom an employee is having a dispute.

2. Adequacy of workplace security systems, such as door locks, security windows, physical barriers, and restraint systems.

3. Frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of the department.

4. Effectiveness of systems to warn others of a security danger or to summon assistance, e.g., alarms or panic buttons.

5. The use of work practices such as "buddy" systems for specified emergency events.

6. Safe rooms designated at all locations.

INCIDENT INVESTIGATIONS

Procedures for investigating incidents of workplace violence, including threats and physical injury, include the following:

1. Completion of narrative reports and/or "Workplace Threat Incident Against County of San Bernardino Employee Report" or "Workplace Threat Mitigation Report" as appropriate.

2. Notification of Agency, Group or Department Personnel Officer;

3. Notification of Risk Management Division/Safety Section;

4. Reviewing all such previous incidents;

5. Arriving at the scene of an incident immediately following notification;

6. Interviewing threatened or injured employees and witnesses;

7. Examining the workplace for security risk factors associated with the incident, after release of the scene by law enforcement personnel in the event that the incident involves injuries or death;

8. Determining the cause of the incident; and

9. Taking corrective action to prevent a similar incident from recurring.

TRAINING

All employees, including managers and supervisors, shall have training and instruction on general and job-specific workplace security practices. Training and instruction shall be provided when the Violence and Threats in the Workplace - Zero Tolerance Policy is first implemented and periodically thereafter. Training shall be provided to all new employees, other employees that have not previously been trained, and to all employees given new job assignments for which specific workplace security training for that job assignment has not previously been provided. Additional training and instruction must be provided to all personnel whenever new or previously unrecognized security hazards are identified. As is provided in the San Bernardino County Illness/Injury Prevention Program, supervisors are accountable for training all employees within their area of responsibility.

General workplace security training and instruction includes, but is not limited to, the following;

1. Explanation of the Violence and Threats in the Workplace - Zero Tolerance Policy including measures for verbally reporting any violent acts or threats of violence;

2. Use of Risk Management Division Hazard Report, Form #15-18582, to provide employees a means to report perceived hazards to managers when such hazards are not imminent;

3. Use of San Bernardino County reports "Workplace Threat Incident Against County of San Bernardino Employee" and/or "Workplace Threat Mitigation Report" as appropriate.

4. Recognition of workplace security hazards including the risk factors associated with Type II and Type III workplace violence;

5. Measures to prevent workplace violence, including procedures for reporting

workplace security hazards or threats to Department Heads, Managers, and Supervisors;

6. Measures to summon others for assistance;

7. Employee routes of escape;

8. Notification of law enforcement authorities when a criminal act may have occurred;

9. Notification of Personnel Officer with regard to all incidents of violent behavior and/or threats;

10. Notification of Risk Management Division/Safety Section with regard to all incidents of violent behavior and/or threats;

11. Emergency medical care provided in the event of any violent act upon an employee; and

12. Post-event trauma counseling for those employees desiring such assistance.

13. Hostility diffusion techniques.

14. Personal security.

RECORDKEEPING

Records shall be maintained as follows:

1. Assaults resulting in injury must be reported to the County Risk Management Division within 24 hours;

2. Doctors reports of injuries should be sent to Risk Management Division, Workers' Compensation Section;

3. Investigation Reports must be completed and copies sent to the Risk Management Division/Safety Section and Agency Personnel officer; and

4. Training records will be maintained for a period of three (3) years.

5. BSC's should maintain copies of training, security assessments, and incidents for a period of eighteen (18) months.

IDENTIFICATION OF HAZARDS

Worksite analysis shall utilize a systematic method to identify and evaluate those areas and work practices which may reasonably be anticipated to present the potential for harm or injury to County employees as a result of violent behavior. This analysis must accomplish the following:

1. Identify work locations or tasks in which employees are at risk of assaultive behavior;

2. Identify high risk factors such as physical risk factors of the building;

3. Determine if risk factors have been reduced or eliminated to the extent feasible;

4. Determine if risk factors which cannot be entirely eliminated are effectively controlled administratively;

5. Evaluate all newly modified or planned facilities to ensure that hazards are anticipated and reduced or eliminated; and

6. Conduct periodic surveys or conduct surveys whenever there are changes in operational functions to identify new or previously undetected risks in security applications or practices.

Evaluation of this information shall result in a plan of correction for current and continuous hazard prevention and control.

HAZARD REDUCTION AND CONTROL

In order to reduce, eliminate, or control hazards, engineering, administrative, and work practice controls for all at risk job assignments and facility locations must be implemented. Wherever feasible, engineering controls are to be used to eliminate the potential for employee injury as a result of violent acts. Wherever it is impractical to eliminate hazards by engineering them out of the workplace, administrative controls are to be implemented to control or eliminate the potential for employee injury.

The following lists are only illustrative of each type control and do not include all possible options:

1. Engineering Controls

   - Bright and effective lighting - indoors and outside
   - Alarms
   - Safe rooms
   - Bullet proof barriers
   - Locked doors between public and employees
   - Wide counters between employees and public
   - No lobby entrance to stairwells for non-employees
   - Counter barriers
   - Guards
   - Office design/layout
   - Mandatory ID visibility
   - Access Control
   - Closed Circuit Television (CCTV)
   - Operation of Automatic Door Closures

2. Administrative Controls

   - Employee training
   - Modification of job tasks
   - Changes in work hours
   - Change in work location
   - Implementation of safe work practices
   - Panic buttons
   - Surveillance cameras
   - Injunctions

PROFILE OF INDIVIDUALS PRONE TO VIOLENCE

Experts caution that there is no definitive profile from which an employer or employee can determine whether one individual will be more prone to violence in the workplace than another. However, the same experts agree, and experience confirms, that there are often a number of character traits that while not confirming an individual will be prone to violent behavior, are nevertheless possible indicators that can be used to heighten awareness of an individuals propensity to commit violence.

Whenever an individual exhibits a number of these traits in a pattern of escalation, it can be construed as a signal of a situation with the potential for violence. The most common signals are the following:

1. Any history of violent behavior before or after employment with current employer.

2. An extreme obsession with weapons and weapons collections. Compulsive reading and/or collecting of weapons catalogs and publications, if this behavior starts spontaneously or is out of character for that person, it should be considered.

3. Obsessive discussion of weapons at work, displaying a concealed weapon to test the reactions of co-workers.

4. Making either direct or veiled verbal threats of harm, e.g., predicting that bad things are going to happen to a co-worker or supervisor.

5. Intimidating others or attempting to instill fear in co-workers or supervisors, either physically or verbally. Harassing phone calls or stalking are obvious examples.

6. Exhibiting signs of paranoia, panicking easily, and often perceiving that the whole world is against them.

7. Being a loner with little or no involvement with co-workers, with the possible exception of a romantic interest in a specific co-worker. This interest will usually be so intense that the victim co-worker will feel threatened and frequently report the unwanted attention to a member of management, a supervisor, or law enforcement authorities.

8. Inability to accept criticism, holding a grudge (especially against a supervisor), and verbalization of veiled threats toward the person with whom they are holding the grudge.

9. Expressing extreme desperation over recent family, financial, or personal problems.

10. Fascination with recent incidents of workplace violence and expressing approval of the use of violence under similar circumstances.

11. Obsession which is likely to be expressed by holding a petty grudge against a co-worker or in some cases, an obsessive fascination with an unrequited romantic interest.

ZERO TOLERANCE IMPLEMENTATION

In General

Zero Tolerance with regard to threats and/or violent behavior shall include, but not be limited to, the following proactive measures and/or prohibited behavior:

1. No person shall engage, or be allowed to engage, in violent conduct or make threats of violence, implied, actual, direct, or indirect, at a County workplace or in connection with the conduct of County business.

2. All threatening comments or behavior, direct or indirect, are to be taken seriously, and are never to be dismissed. Even indirect or implied comments are to be reported to an immediate supervisor and management, and may require further monitoring.

3. Threatening comments, action or violent behavior at any County location or at any location where County business is being conducted are to be reported immediately to Department Supervision. Supervisors shall take necessary steps to assure the incident is immediately reported to an appropriate Department Head.

4. The supervisor to whom a direct or overt incident is reported shall immediately provide security for the threatened individual, co workers, and the public at the worksite by:

    a. Initiating action to immediately place an employee alleged to have made threats or engaged in violent behavior on paid leave pending the outcome of an investigation;

    b. Ensuring that any threatening or violent person, employee or member of the public, leaves the worksite;

    c. After consultation with appropriate manager, personnel officer and Risk Management Division/Safety Section, immediately contacting an appropriate Law Enforcement Agency, if necessary to ensure removal of the offender from the scene; and

    d. Ensuring that an employee who has been the victim of job related threats or violence away from County work sites does not revisit the scene until authorities have dealt with the perpetrator.

    e. Fax a copy of the Workplace Threat Incident Report to the Sheriff's Office of County Safety and Security located at Sheriff's Headquarters.

5. All threats and violent behavior, implied, actual, direct, or indirect, are to be documented and investigated. Such documentation shall include names and other appropriate identification of the parties involved, verbal comments made or description of the violent behavior, witness names, and witness statements.

6. County employees who engage in threats or violence, direct, indirect, implied, or actual, against co-workers or any other person in connection with County business, are to be subject to legal action by law enforcement authorities and disciplinary actions, up to and including termination of employment.

7. Except as specifically permitted, San Bernardino County employees are prohibited from possessing or using defensive weapons during the conduct of County business.

8. Non-job related offensive weapons of any type (firearms, knives, clubs, etc.) are forbidden at any County facility or in connection with the conduct of County business without regard to location.

Supervisor Action

1. Anticipate, identify and evaluate work site and work practices for the purpose of discovering hazards.

2. Establish, implement and monitor safe work practices for the purpose of eliminating or reducing employee hazard exposure.

3. Warn employees of hazards.

4. Control the work environment.

5. Supervise employees.

6. Provide employees workplace violence training.

Manager Action

1. Evaluate work site and work practices assessments and select either Engineering or Administrative measures to reduce employee exposure.

2. Assure that employees and supervisors are trained.

3. Assure that reporting procedures are followed.

safety/docs/sftymnl/master/violmanl.doc

County of San Bernardino

WORKPLACE THREAT INCIDENT
AGAINST COUNTY OF SAN BERNARDINO EMPLOYEE

1. **Name of individual threatening County employee:** _____
2. **Perpetrator's relationship to County:** _____
3. **Physical description:** **Height** _____ **Weight** _____ **Hair** _____ **Eyes** _____

   Ethnicity _____ **SSAN** _____ **CDL** _____ **DOB** _____

   Address/Phone: _____

   Distinguishing Characteristics _____ *(Attach Photo if possible)*
4. **Location of threat** _____
5. **Date** _____ **Time** _____
6. **Circumstances of threat & who heard it** _____
7. **Exact words of threat** _____
8. **Threatened County Employee** _____ **Phone** _____
9. **Department** _____ **Phone** _____
10. **Supervisor** _____ **Phone** _____
11. **Work Address** _____
12. **Building Safety Coordinator** _____ **Phone** _____
13. **Employee's home telephone** _____ **Cell Phone** _____
14. **Additional comments** _____

10-19964-000

DISTRIBUTION: Risk Management Division/Safety Section
Human Resources Officer
Sheriff 's Office of Safety & Security Department

COUNTY OF SAN BERNARDINO
WORKPLACE THREAT MITIGATION REPORT

Name of threatened employee: _____

Department: _____

Supervisor: _____

Work address: _____

Work telephone: _____ Home telephone: _____

ASSESSMENT BY:

Dept. Head ☐ Name: _____ Telephone: _____

Personnel Officer ☐ Name: _____ Telephone: _____

Risk Mgmt/Safety ☐ Name: _____ Telephone: _____

Other: _____ ☐ Name: _____ Telephone: _____

RECOMMENDED ACTION:

☐ Armed Security at worksite Date initiated: _____

☐ Surveillance of perpetrator Date initiated: _____

☐ Area lighting Date initiated: _____

☐ Accompaniment to and from car Date initiated: _____

☐ Change in work hours Date initiated: _____

☐ Change in parking location Date initiated: _____

☐ Surveillance of employee Date initiated: _____

☐ Change in work location Date initiated: _____

☐ Injunction against perpetrator Date initiated: _____

☐ Buddy system Date initiated: _____

☐ Other: _____

_____

_____

_____

15-19965-000

Risk Management Division/Safety Section
Human Resources Personnel Officer
Department

Electrical

County of San Bernardino

ELECTRICAL SAFETY

SCOPE

This section establishes the County of San Bernardino procedure for Electrical Safety. It provides information and guidance on identifying, evaluating, and mitigating the hazards associated with the use of electrical systems and apparatus in connection with employment with San Bernardino County.

The procedure identifies documentation, communication, training, and action that are necessary to ensure the health and safety of San Bernardino County employees. It sets forth ***minimum standards*** for all County Departments, Agencies and Groups. Individual entities (particularly those engaged in construction, maintenance or other field activities) may implement more stringent standards.

PURPOSE

Title 8, California Code of Regulations, Section 3203, requires California employers to establish effective programs for the purpose of protecting employees from the potential of harm or injury as a result of reasonably anticipated and identifiable hazards in the workplace. Title 8, Subchapter 5, Electrical Safety Orders, specifies the majority of the regulations enforced by Cal/OSHA with regards to electrical hazards encountered in the workplace.

INTRODUCTION

We all need electricity in our daily lives, and tend to take it for granted. Most of the time, electricity can be used safely and efficiently, but it can also be deadly. A yearly average of 28 workers are killed and 559 disabled, in California, due to occupational accidents involving electric shock. This section explains some of the most common electrical hazards, what you can do to protect yourself and others from being harmed by them, and some of the steps required by the County of San Bernardino to provide workers with a safe and healthful workplace.

Electricity travels in closed circuits, and its normal route is through a conductor. Shock occurs when the body becomes a part of the electrical circuit, as the current enters the body at one point and leaves at another. The rate of current flow, called the amperage, is what dictates the degree of injury resulting from an electric shock. 4000 volts is not necessarily any more dangerous than 12 volts, but 15 amps is much more deadly than 1/2 amp. A wet environment is also much more hazardous than a dry one. If you touch an exposed wire with dry hands, and are standing on a non-conductive surface such as a rubber mat, you might not even feel a shock -- but if you are perspiring and are standing in water, you may be killed.

RESPONSIBILITIES

Some employees work with electricity directly, such as engineers, electricians, maintenance and construction workers. Others, such as office and administrative personnel, work with electricity indirectly. It is the responsibility of all County of San Bernardino personnel to assure that electrical related hazards are recognized, evaluated, mitigated and/or eliminated.

HAZARD ASSESSMENT

Hazard assessments for workplace electrical safety will be performed in the form of periodic inspections. These inspections will consist of identification and evaluation of workplace and employee work practice electrical hazards. Inspections relative to electrical hazards shall be performed under the guidelines and procedures provided in Section 4, "Safety Inspection", of the San Bernardino County Employee Safety and Health Manual in conformance with the San Bernardino County Illness/Injury Prevention Program.

A sample Electrical Safety Checklist is included at the end of this manual section. Some of the major items to consider when assessing workplace electrical hazards include:

Hazardous (Classified) Locations

- Certain work areas or locations are “classified” depending on the properties of the flammable vapors, liquids or gases, or combustible dusts or fibers that may be present and the likelihood that a flammable or combustible concentration is present. In other words, these work areas are much more prone to an accident caused by contact with or exposure to electricity, than the “routine” County of San Bernardino work areas such as offices. Some common "Hazardous Locations" may include:

  - Gasoline dispensing and service stations,
  - Paint-finishing or spray painting shops/area,
  - Health care facilities,
  - Marinas or boat yards.

Classifications

- Each room, section or area is considered individually in determining its electrical hazard classification. Refer to Article 59, Section 2540 of the Electrical Safety Orders; or the National Electrical Code, NFPA 70, for specific details. A general overview of these classified locations, which are assigned six designations, from most to least severe, is as follows:
  - **Class I, Division 1** -- This classification usually includes locations where flammable liquids are handled, spray painting areas, and flammable solvent dryers.

  - **Class I, Division 2** -- This typically includes locations where flammable liquids/gases are handled in closed containers or in areas with good mechanical ventilation.

  - **Class II, Division 1**-- Usually locations in which combustible dust is or may be in suspension in the air, in quantities sufficient to produce explosive or ignitable mixtures.

  - **Class II, Division 2** -- These are usually rooms or areas where explosive or ignitable concentrations of suspended dust are prevented by dust control equipment.

  - **Class III, Division 1**; and **Class III, Division 2** – This can include textile mills, clothing manufacturing plants, and woodworking plants.

- The most commonly found Class I/Division I locations for the County of San Bernardino, are where paints or lacquers are applied by spraying, dipping, brushing, or by other means.

Generally speaking, the interiors of spray booths, and the immediate area of other than touch-up spray painting, are included.

Special Conditions

Special electrical system requirements have been established for places of assembly, data processing facilities and swimming pools. Refer to the Electrical Safety Orders and the Life Safety Code (NFPA 101) for specific information regarding these particular areas and activities.

HAZARD REDUCTION AND CONTROL

In order to eliminate or reduce electrical hazards, engineering or administrative controls must be implemented. Preferably, engineering controls are to be used to eliminate the potential for employee injury as a result of electrical contact or misuse. Wherever it is impractical to eliminate hazards by engineering them out of the workplace, administrative controls are to be implemented to control or eliminate the potential for employee injury.

There are various ways of protecting people from the hazards caused by electricity. These include: insulation, guarding, grounding, mechanical devices, and safe work practices. Examples are:

Engineering Controls
GFCI's
Circuit Breakers or Fuses
Grounding & Bonding
Isolation/Separation
Guards/Enclosures

Administrative Controls
Training
Personal Protective Equipment (PPE)

Electrical Equipment

Work area inspections are conducted to assure that electrical equipment does not pose hazards that are likely to cause death or serious physical harm to employees. Specific considerations for County employees include:

- **Ground Fault Circuit Interrupters (GFCI)**
  - GFCI's shall be installed in "high-risk" areas such as where wet environments are present or anticipated, including:
    1. Restrooms
    2. Kitchens -- within 10 feet of sinks, and where toasters are plugged in
    3. Outdoors
    4. Within 10 feet of tubs, spas, fountains, pools, and similar containers of water
    5. Construction sites

- **Flexible Cords and Cables (Extension Cords)**
  - Flexible cords and cables shall be protected from accidental damage.
  - Unless specifically permitted, flexible cords and cables may not be used as a substitute for the fixed wiring of a structure, where attached to building surfaces, where concealed or where run through holes in walls, ceilings, or floors, or where run through doorways, windows, or similar openings.

Controls for Hazardous (Classified) Locations

- Electrical equipment in Class 1 locations must be "explosion-proof", and listed for such locations by Underwriters Laboratories (U.L.). This includes items such as lights, fans, motors, and switches.
- NFPA 70, The National Electrical Code, 1999 Edition, contains guidelines that are more specific, and should be referenced for a more thorough understanding of the hazards encountered and necessary control methods.
- Parking garages used for parking or storage and where there is no use of electrical equipment, open flames, welding, or volatile flammable liquids are not classified as hazardous areas, but they shall be adequately ventilated to carry off the exhaust fumes of the engines.
- Gasoline dispensing and service stations and water pump stations have extensive requirements. These can be referenced in Electrical Safety Orders Section 2540.7.

Administrative Controls and Safe Practices

It is expected that the County of San Bernardino employees understand and comply with the following measures:

- Employees should not work near live parts of electrical circuits, unless they are protected by one of the following means:
  - De-energizing and grounding the parts.
  - Guarding the part by insulation.
  - Any other effective means.
- Management must ensure that specific electrical hazards are identified and dealt with *prior* to exposing workers to injury or possible death. No work is to be done on *exposed*, *energized* parts of equipment or systems until:
  - A responsible supervisor has determined that the work *must* be done while the part or system is energized;
  - Workers have been trained in the techniques and hazards involved in the job;
  - Personal protective equipment (including hand and eye protection) has been issued. Suitable insulated gloves shall be worn for voltages exceeding 300 volts;
  - Necessary barriers, barricades, signs, or tags are in place for personnel protection;
- When the work is completed, the supervisor is responsible to ensure that all *permanent* barriers and covers are reinstalled.
- The chance of being shocked increases when working on energized and exposed parts in a cramped space, so sufficient clearance is critical. The minimum clear distances depend on (1) the voltage rating of the equipment, and (2) the nature of the work area. Refer to the

Electrical Safety Orders, Section 2340.16, Work Space About Electric Equipment, for specific clearances.

- Entrances to rooms and other guarded locations containing exposed energized parts shall be marked with conspicuous warning signs forbidding unqualified persons to enter.
- Overhead power lines must be de-energized and grounded by the owner or operator of the lines, or other protective measures must be provided before work is started. Protective measures, such as guarding or insulating the lines, must be designed to prevent unqualified employees from contacting the lines.
- Any work within 6 feet of "live" lines carrying between 600-50,000 volts, is prohibited.
- Any part of a crane or its load shall be kept at least 10 feet from energized lines.
- Prior to climbing poles or other elevated structures supporting overhead electrical lines or equipment, an inspection shall be made to assure that such poles or structures are in safe condition for the work to be performed. Where poles or structures are determined to be unsafe for climbing, they shall not be climbed until made safe by guying, bracing or other adequate means.
- Management must provide either ground-fault circuit interrupters (GFCI's) or an Assured Equipment Grounding Conductor Program (AEGCP) to protect employees from ground fault hazards at construction sites. While GFCI's provide workers with the best protection from electric shock, management may institute an AEGCP as an alternative to installing GFCI's.

TRAINING

All County employees, including managers and supervisors, will be provided with training on general and job-specific workplace electrical safety practices. Training and instruction will be provided when the individual receives initial indoctrination & safety training, and periodically thereafter. Training will also be provided to all new employees, other employees that have not previously been trained, and to all employees given new job assignments for which specific workplace electrical safety training for that job assignment has not previously been provided. Additional training and instruction must be provided to all personnel whenever new or previously unrecognized electrical hazards are identified. As is provided in the County Illness/Injury Prevention Program, supervisors are accountable for training all employees within their area of responsibility.

The "field staff" such as construction, maintenance, and service personnel, will receive more specific training due to their increased exposure to electricity. Management will ensure that each employee has been trained by a competent person in the following areas, as applicable:

- The nature and recognition of hazards in the work area;
- Avoiding incidental or accidental contact;
- The proper use of personal protective equipment;
- Emergency response procedures;
- The proper construction, use, placement, and care of GFCI's; and
- The correct procedures for erecting, maintaining, and disassembling the electrical hazards protection systems to be used.

<u>All Employees -- General Guidelines</u>

The "general staff" such as office workers, administrative personnel, and management, should be familiar with the basic principles of electricity, and general guidelines for injury reduction or avoidance. Electrical safety-related work practices cover both qualified persons (those who

have training in avoiding the electrical hazards of working on or near exposed energized parts) and unqualified persons (those with little or no such training). General workplace electrical safety training and instruction includes, but is not limited to, the following.

Safety-Related Work Practices

- Safety-related work practices shall be employed to prevent electric shock or other injuries resulting from either direct or indirect electrical contacts, when work is performed near or on equipment of circuits that are or may be energized.
- Individual space heaters must be approved by the Risk Management Department, prior to being used at the workstation. They shall be plugged into only a permanent, 3-prong outlet.
- Extension cords are not allowed in County of San Bernardino buildings. Underwriters Laboratories (U.L.) approved multi-plug outlets with maximum 15-amp fuse, are acceptable.
- Worn or frayed electrical cords or cables must not be used.
- Flexible cords must not be fastened with staples, hung from nails, or suspended by wire.
- Always grab the plug when removing from an outlet; never pull by the wire or cord.
- Keep all power cords away from walking areas, to prevent tripping hazards.
- Use battery-powered tools as much as possible, especially when working outdoors.
- Combustible materials such as boxes, paper, towels, and plastics, are to be kept at least 3 feet (36 inches) away from space heaters, circuit breaker panels, and transformers.
- Power tools must have a "ground terminal", or be "double-insulated".
- Unqualified employees and mechanical equipment must be at least 10 feet (3 meters) away from overhead power lines.
- Cal/OSHA requires portable ladders to have nonconductive side rails if used by employees who would be working where they might contact exposed energized circuit parts.
- Lamps for general illumination must be protected from breakage, and metal shell sockets must be grounded.
- Temporary lights must not be suspended by their cords, unless they are so designed.
- Portable lighting used in wet or conductive locations, such as tanks or boilers, must be operated at no more than 12 volts or must be protected by GFCIs.
- Listed, labeled, or certified equipment shall be installed and used in accordance with instructions included in the listing, labeling, or certification.
- In work areas where the exact location of underground electrical power lines is unknown, employees using jack hammers, bars, or other hand tools that may contact the lines must be protected by insulating gloves, aprons, or other protective clothing that will provide equivalent electrical protection.
- Equipment or circuits that are de-energized must be rendered inoperative and must have tags attached at all points where the equipment or circuits could be energized.
- There must be written lockout and/or tagout procedures (See Section 10 of the County of San Bernardino Employee Safety & Health Manual).

Electrical Emergencies

If someone has suffered a serious electrical shock, remain calm and do the following:

- Don’t touch the person if he or she is still in contact with the wire/machine;
- Don’t try to use a tool to free the person;
- Shut off the power at the control switch, or locate the circuit breaker panel switch;
- Call a supervisor or manager, if available;
- Call “911” or your designated emergency phone number.

COUNTY OF SAN BERNARDINO

ELECTRICAL SAFETY CHECKLIST

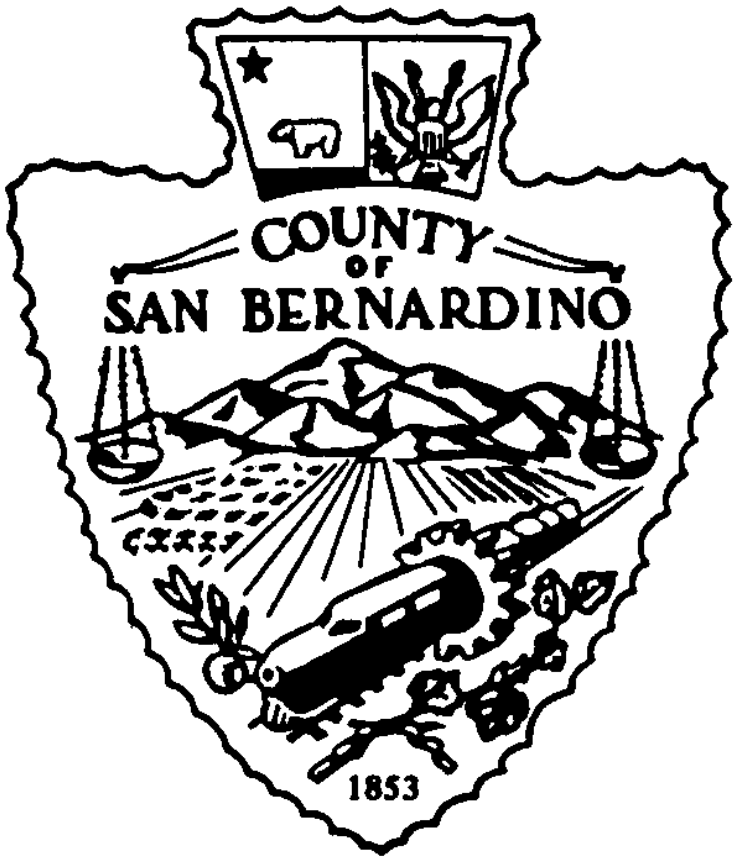
	Yes	No	COMMENTS (Required for "No" responses)
A. GENERAL GUIDELINES (Maintenance Personnel)			
1. Only qualified persons trained to avoid electrical hazards of working on or near exposed electrical parts are permitted to work on or near such parts			
2. Electrical staff familiar with National Electrical Code (NEC) requirements			
3. Qualified workers are trained to:			
Distinguish exposed live parts			
Determine nominal voltage of live parts			
Know and maintain clearance distances specified by OSHA for working with or near specific voltages			
4. Live parts are de-energized before employees work on or near them.			
5. Only qualified, trained persons using safety techniques and insulating equipment and tools work on equipment left energized due to design limitations or potential hazard increase from de-energizing.			
6. De-energized equipment with potential of employee exposure is locked and/or tagged out			
7. Lockout/tagout procedures are in written form and available to employees.			
8. Control circuit devices such as push buttons are not used as sole means for de-energizing.			
9. De-energizing follows these steps: Circuits and equipment disconnected from electric energy sources			
Stored electric energy released			
Stored non-electrical energy that could re-energize electric circuits is blocked or relieved			
Locks and tags placed on each de-energizing disconnect device			
Locks alone used only by qualified persons and for de-energizing one circuit during one shift			
Tags alone used only when locks cannot be and when equally safe as locks			
Tags alone supplemented by at least one other safety measure			
Locks removable only with due force or tools			
Tags state that unauthorized use and removal is prohibited			
Qualified person verifies de-energization with test equipment			
Test equipment checked before and after use when testing over 600 volts			
10. Equipment that is de-energized but not locked or tagged out, is treated as energized.			

	Yes	No	COMMENTS (Required for "No" responses)
11. Re-energizing follows these steps:			
Qualified person verifies that tools and other devices are removed			
Employees in area warned to stay clear			
Locks and tags removed by employee who installed or under that person's supervision			
Qualified person removes locks or tags if installer is not available			
12. Are unsafe acts avoided by employees working on electrical processes or around electrical circuits?			
B. ELECTRICAL POWER SYSTEMS			
1. Electrical control panels clearly identified			
2. Access to panels limited to certified electrical specialists			
3. Safety signs and tags used to warn employees about electrical hazards			
4. Conduit, BX cable, etc., properly attached to supports and tightly connected to outlet and junction boxes			
5. Switches checked for evidence of overheating			
6. Electrical switches marked to show their purpose			
7. Motors clean and free of excessive dirt and oil			
8. Electrical panel doors kept closed			
9. All panels grounded; grounding tested			
10. Explosion-proof and waterproof fixtures used in designated areas			
11. No exposed conductors at rear of switchboard			
12. Flexible extension cords not frayed or spliced			
13. Equipment operated and maintained by trained specialists			
C. OVERHEAD LINES			
1. Overhead lines de-energized and grounded or protective measures in place before work starts near them			
2. Protective measures prevent employee body or conductive equipment from contacting lines			
3. Unqualified persons working near lines meet OSHA guidelines (10 feet for voltages to 50kV; 10 feet plus 4 inches for every additional 10kV over 50)			
4. Qualified persons working near energized lines use insulated protective equipment, or insulate energized part or stay within OSHA guidelines for distance from specific voltage ranges			
5. Vehicles or equipment with elevation capability maintain 10-foot clearance from energized overhead lines (plus 4 inches for every 10kV over 50kV)			
6. Exceptions limited to those permitted by standard:			
Vehicle in transit with lowered structure (4 feet plus 4 inches for every 10kV over 50kV)			
Properly rated insulating barriers prevent contact with lines			
Properly insulated aerial lift is used by qualified person			

	Yes	No	COMMENTS (Required for "No" responses)
7. Employees on ground only contact vehicle or attachments if wearing proper protective equipment			
8. Employees stay clear of ground equipment when line contact is possible			
9. Barricades or insulation protect employees from hazardous ground potentials where needed			
D. ILLUMINATION AND CONFINED SPACES			
1. Adequate illumination in place before employees enter confined spaces with exposed energized parts			
2. Employees do not reach blindly into areas with possible energized parts			
3. Protective shields, barriers, or insulating materials protect employees working in confined spaces with exposed energized parts			
4. Portable lights equipped with proper guards			
5. Explosion-proof fixtures provided in designated areas			
E. CONDUCTIVE MATERIALS			
1. Work practices and insulating materials used to minimize hazard of employee body contact with conductive materials			
2. Portable ladders used around energized parts have non-conductive (non-metal) siderails			
3. Employees prohibited from wearing conductive jewelry or clothing unless insulated to become non-conductive			
4. Drums of flammable solvents grounded in storage areas			
5. Employees trained to carry long, conductive objects in a horizontal position			
6. Conductive cleaning materials prohibited around energized parts unless procedures in place to prevent electrical contact			
F. PORTABLE ELECTRIC EQUIPMENT (Tools and Extension Cords)			
1. Extension cords connected to equipment are not used to raise or lower it			
2. Extension cords not fastened in ways that could damage insulation			
3. Portable equipment inspected before use for defects			
4. Defective or damaged equipment removed from service			
5. Attachment and plugs always match			
6. Attachment plugs and receptacles not connected or altered to prevent grounding			
7. Adapters that interrupt grounding not used			
8. Only electrical equipment and cords approved for use near water or conductive liquids are used in such locations			
9. Employees do not plug or unplug energized equipment with wet hands			
10. Wet or otherwise conductive equipment is handled only with insulating protective equipment			
11. Locking-type connectors properly secured after connection			

	Yes	No	COMMENTS (Required for "No" responses)
G. PERSONAL PROTECTIVE EQUIPMENT			
1. Personal protective equipment appropriate to hazard provided:			
Non-conductive head protection			
Rubber-soled shoes or boots			
Eye and face protection			
2. Personal protective equipment used where required			
3. Protective equipment inspected periodically and maintained in safe, reliable condition Last inspection date _____			
4. Insulated tools and handling equipment used			
5. Ropes and hand lines are non-conductive			
6. Protective shields, barriers, or insulating materials used as protection near exposed energized parts			
7. Barricades and/or attendants used where necessary to prevent or limit employee access to energized parts			
8. Portable lights equipped with proper guards			
9. Explosion-proof fixtures provided in designated areas			
10. Drums of flammable solvents grounded in storage areas			
11. No employees who are not qualified perform designated electrical work			
12. Affected employees follow safety precautions when working around energized circuits and overhead lines			

Welding and Cutting



County of San Bernardino
WELDING & CUTTING

SCOPE

This section establishes the County of San Bernardino procedure for Welding & Cutting. It provides information and guidance on identifying, evaluating, and mitigating the hazards associated with welding, torch cutting, and other types of "hot work".

Most County of San Bernardino employees will never be required to work with or in the vicinity of welding and cutting equipment, in the performance of their regular job duties. It is anticipated that those employees engaged in maintenance, equipment repair, and construction duties, will be the ones most likely affected by this section.

The procedure outlines documentation, communication, training, and related activities that are necessary to ensure the health and safety of San Bernardino County employees. It sets forth ***minimum standards*** for all County Departments, Agencies and Groups. Individual entities (particularly those engaged in maintenance, repair, and construction activities) may implement more stringent standards.

PURPOSE

Title 8, California Code of Regulations, Section 3203, requires California employers to establish effective programs for the purpose of protecting employees from the potential of harm or injury as a result of reasonably anticipated and identifiable hazards in the workplace. Title 8, Subchapter 7, Article 90 (Electric Welding, Cutting and Heating), and Articles 80 through 88 (Gas Systems for Welding and Cutting) require various practices while performing welding and cutting. The following sections of the Employee Safety & Health Manual will also need to be instituted where welding and cutting operations exist: Confined Space Entry, Personal Protection, Respiratory Protection, Hazard Communication, Hearing Conservation and Fire/Emergency Evacuation.

INTRODUCTION

Welding is any process in which two or more pieces of metal are joined together by the application of heat, pressure, or a combination of both. Most of the processes may be grouped into two main categories: pressure welding, in which the weld is achieved by pressure; and heat welding, in which the weld is achieved by heat. Heat welding is the most common welding process used today. Brazing and soldering are other means of joining metals.

HAZARDS

Deaths from explosions, electrocutions, asphyxiation, falls, and crushing injuries are associated with welding, torch cutting, and other hot work activities. These deaths often involve confined or restricted spaces (see Confined Space Entry). In addition, numerous health hazards are associated with exposure to fumes, gases, and ionizing radiation formed or released during welding, cutting, and brazing (see Personal Protection, Respiratory Protection and Hazard Communication).

DEFINITIONS

- Arc Welding – This has become an important welding process, particularly for joining steels, and requires a continuous supply of either direct or alternating electrical current. This current is used to create an electric arc, which generates enough heat to melt metal and create a weld.

- Back-flow Check Valve – Also Hydraulic Back-Pressure Valve, Hydraulic Seal, Hydraulic Flash Arrester, and Hydraulic Valve. Terms used interchangeably to mean a device designed and constructed to prevent a flash-back from reaching a fuel gas source such as an acetylene cylinder. The valve also prevents accidental mixing of fuel gas and oxygen caused by reverse flow.

- Brazing – Low-temperature silver alloy brazing makes joints that are strong, permanently leak-tight and maintenance-free. Brazing temperatures generally range

from about 1150-F to 1600-F; copper, for example, melts at 1981-F, steel at 2500-F.

- Ceiling Limit – The maximum concentration of a vapor, fume, gas, or other air contaminant, allowed to be in the work area at any time during the day. Persons exposed to a concentration above the Ceiling Limit, must be provided with respiratory protection.

- Combustible – Able to catch fire and burn, and can remain burning without the need to continue applying the original source of heat. Some common combustible materials are paper, cardboard, wood, cloth, and most plastics.

- Cutting – As used in this manual section, the term cutting applies to the use of heat-producing tools to cut metals. The most commonly used method is torch cutting, using acetylene gas torches.

- Dilution Ventilation – Air is delivered to the work area, usually by means of a fan or blower, thus reducing the concentration of any airborne contaminants such as fumes, gases, or vapors. This method is generally not as effective as exhaust ventilation (see below).

- Exhaust Ventilation – Also called Local Ventilation, consists of installing ventilation equipment that is designed to remove contaminants from the employee's breathing zone. An exhaust hood or duct is place near the source of the air contaminant. A vacuum condition is created that captures the fume, vapor, or gas, and either filters out the contaminant or transports it to an area away from the workers.

- Explosive Range – The concentration of a vapor in air, which will explode if exposed to a heat source. The vapor will explode if its concentration is above the Lower Explosive Limit (LEL), or below the Upper Explosive Limit (UEL).

- Flux – A fusible material that shields the metals to be welded, from air. The surfaces to be welded, and the welding rod, are coated with flux. The lack of this protective coating would result in a defective weld.

- Gas Welding -- A non-pressure process using heat from a gas flame. The flame is applied directly to the metal edges to be joined and simultaneously to a filler metal in wire or rod form, called the welding rod, which is melted to the joint. Gas welding has the advantage of involving equipment that is portable and does not require an electric power source.

- Gas-Metal Welding – A bare electrode is shielded from the air by surrounding it with argon or carbon dioxide gas or by coating the electrode with flux. The electrode is fed into the electric arc, and melts off in droplets to enter the liquid metal that forms the weld. Most common metals can be joined by this process.

- Gas-Tungsten Arc Welding – A tungsten electrode is used in place of the metal electrode used in shielded metal-arc welding (See below). A chemically inert gas, such as argon, helium, or hydrogen, is used to shield the metal from oxidation. The heat from the arc formed between the electrode and the metal melts the edges of the metal. Metal for the weld may be added by placing a bare wire in the arc or the point of the weld. This process can be used with nearly all metals and produces a high-quality weld. However, the rate of welding is considerably slower than in other processes.

- Permissible Exposure Limit (PEL) – A measured concentration of an airborne contaminant, for the purpose of determining acceptable levels of fumes, gases, or vapors in the air. An average exposure of 8 hours is used, meaning that sometimes the actual concentration may be higher, and at other times lower, than the PEL. PEL's are calculated to protect most workers for a working lifetime.

- Resistance Welding – Heat is obtained from the resistance of metal to the flow of an electric current. Electrodes are clamped on each side of the parts to be welded, the parts are subjected to great pressure, and a heavy current is applied briefly. The point where the two metals meet creates resistance to the flow of current. This

resistance causes heat, which melts the metals and creates the weld. Resistance welding is extensively employed in many fields of sheet metal or wire manufacturing and is particularly adaptable to repetitive welds made by automatic or semiautomatic machines.

- Shielded Metal-Arc Welding -- A metallic electrode, which conducts electricity, is coated with flux and connected to a source of electric current. The metal to be welded is connected to the other end of the same source of current. By touching the tip of the electrode to the metal and then drawing it away, an electric arc is formed. The intense heat of the arc melts both parts to be welded and the point of the metal electrode, which supplies filler metal for the weld. This process, developed in the early 20th century, is used primarily for welding steels.

- Short Term Exposure Limit (STEL) – A measured concentration of an airborne contaminant, for determining acceptable levels of exposure for only limited periods of time. A common time period is 15 minutes, meaning that the worker is not allowed to be exposed to the specified concentration of the contaminant for more than 15 minutes.

- Submerged-Arc Welding – Similar to gas-metal arc welding, but in this process no gas is used to shield the weld. Instead, the arc and tip of the wire are submerged beneath a layer of granular, fusible material formulated to produce a proper weld. This process is very efficient but is generally only used with steels.

- Thermite Welding – Heat is generated by the chemical reaction that results when a mixture of aluminum powder and iron oxide, known as thermite, is ignited. The aluminum unites with the oxygen and generates heat, releasing liquid steel from the iron. The liquid steel serves as filler metal for the weld. Thermite welding is employed chiefly in welding breaks or seams in heavy iron and steel sections. It is also used in the welding of rail for railroad tracks.

RESPONSIBILITIES

The primary decision as to whether individuals are or will be exposed to the hazards associated with welding, cutting and other hot work activities, rests with the Department Manager. Many Departments, by the nature of their job classifications and duties, will never face exposure to these hazards. However, it is the responsibility of all County of San Bernardino personnel to assure that any hot work related hazards that may be encountered are recognized, evaluated, and controlled.

Supervisors directly overseeing the welding or cutting activities, are responsible for the protection of personnel in proximity to the hot work. Supervisors shall ensure that any person doing this work is appropriately attired (in accordance with applicable standards and the County Employee Safety & Health Manual). The Supervisor shall also ensure the employee has received training and has adequate experience this type of work activity.

The County of San Bernardino employs individuals who visit job sites or enter active work areas to conduct inspections of the work process, evaluate materials used, etc. These employees who are in proximity to but do not actively engage in the hot work activity itself also risk injury when welding, torch cutting, and similar hot work is being performed. Whether or not County of San Bernardino personnel are personally engaged in the hot work activities, it is the responsibility of all employees to understand the potential for hazardous atmospheres, methods of ventilation, and identification of material types and seek remediation of any hazards before entering a hot work area.

HAZARD ASSESSMENT

Hazard assessments for hot work activities will be performed through Material Safety Data Sheet (MSDS) reviews in accordance with the Employee Safety & Health Manual, Section Hazard Communication and Title 8, Section 5194 of the California Code of Regulations, air contaminant sampling/analysis, and on-site inspections. These inspections will identify and evaluate the workplace and employee work practice hazards. Inspections will be performed under the guidelines and procedures provided in Section 4, "Safety Inspection", of the San Bernardino County Employee Safety and Health Manual and contained at the end of this program identified as GAS WELDING AND CUTTING CHECKLIST (page 240.10).

ASSESSMENT STANDARDS

At a minimum the following items shall be considered before hot work begins. Different hot work conditions may require more extensive assessment. The supervisor of the hot work is responsible to determine the need for further evaluation before hot work begins.

- Cutting or welding is permitted only in areas that are or have been made “fire-safe”. Such areas include noncombustible or fire-resistive construction, essentially free of combustible and flammable contents, and suitably segregated from adjacent areas. When work cannot practically be moved the area shall be made fire-safe by removing combustibles or protecting combustibles from ignition sources.

- Where combustible materials such as paper clippings, wood shavings or textile fibers are on the floor, the floor shall be swept clean for a radius of 35 feet. Combustible floors need to be kept wet, covered with damp sand, or protected by fire-resistant shields. Where floors have been wet down, personnel operating arc welding or other electrical equipment must be protected from possible shock.

- Where practical, all combustibles are to be relocated at least 35 feet from the work site. Where relocation is impractical, combustibles can be protected with flame-proofed covers or otherwise shielded with suitable guards or curtains.

- If the object to be welded or cut cannot readily be moved, all combustible materials in the vicinity shall be taken to a safe place.

- Where objects to be welded or cut are not movable and where fire hazards cannot be removed, then guards can be used to confine the heat, sparks, and slag, and to protect the immovable fire hazards and nearby personnel.

- Wherever there are cracks or openings in the floor that cannot be closed or covered, precautions shall be taken so that no combustible materials on the floor will be exposed to sparks that might drop through the floor. The same precautions shall be observed with regard to cracks or openings in walls, open doorways, and open or broken windows.

- Ducts and conveyor systems that might carry sparks to distant combustibles shall be suitably protected or shut down.

- Cutting or welding on pipes or other metal in contact with combustible walls, partitions, ceilings or roofs shall not be done if the work is close enough to cause ignition by conduction.

- No welding shall be done in an explosive environment.

- A written “hot work” permit is required whenever a combustible environment may exist. See Attachment A, page 240.12 for requirements related to a Hot Work Permit.

AIR CONTAMINANTS

- Employee exposures to airborne contaminants from welding and cutting work, shall not exceed the Permissible Exposure Limit (PEL) specified for the substance. Refer to Table AC-1, Section 5155 of Title 8.

- An employee exposure to an airborne contaminant, expressed as a 15-minute time-weighted average concentration, shall not exceed the Short Term Exposure Limit (STEL) specified for the substance in Table AC-1 at any time during the workday.

- Employee exposure to concentrations above the PEL, but below the STEL, shall be controlled so as to prevent harmful effects such as narcosis, significant irritation of the eyes, skin or respiratory tract, or chronic or irreversible tissue change.

- Employee exposures shall be controlled such that the applicable Ceiling Limit specified in Table AC-1 for any airborne contaminant is not exceeded at any time.

HAZARD REDUCTION AND CONTROL

In order to reduce, eliminate, or otherwise control hazards for all at risk job assignments and facility locations, engineering, administrative, and work practice controls need

to be implemented. Wherever feasible, engineering controls are to be used to eliminate the potential for employee injury as a result of direct or indirect hot work activities. Wherever it is impractical to eliminate hazards by engineering them out of the workplace, administrative controls are to be implemented to control or eliminate the potential for employee injury.

Protection from the hazards associated with hot work operations shall be instituted before hot work begins. At a minimum the following procedures and policy shall be covered with affected employees:

VENTILATION

- Ventilation requirements for welding, cutting, and brazing operations minimize the worker's exposure to hazardous fumes, gases, and vapors.

- Where workplace monitoring records clearly demonstrate that exposure levels are not exceeded, neither mechanical ventilation nor respiratory protective equipment is required.

- Local exhaust systems (at source of exposure) providing a minimum air velocity of 100 lineal feet per minute in the welding zone shall be used except as otherwise specified in Section 5150 of Title 8.

- Where local exhaust ventilation is not feasible, mechanical dilution ventilation sufficient to keep airborne contaminants below the PEL shall be provided.

- Local exhaust ventilation shall be used when working **indoors or in enclosed spaces**, and potentially hazardous materials are employed as base metals, fluxes, coatings, plating or filler metals. These include the following materials:
  (A) Beryllium
  (B) Cadmium
  (C) Chromium
  (D) Fluorides
  (E) Lead
  (F) Mercury
  (G) Zinc
  (H) Inert-gas metal-arc welding or oxygen cutting of stainless steel
  NOTE: When local exhaust ventilation is not an effective means for preventing hazardous exposure levels, supplied-air respirators will be worn in accordance with the Respiratory Protection Program establish under the Employee Safety and Health Manual.

- Degreasing or other operations involving chlorinated hydrocarbons shall be located or controlled so that the vapors will not enter the atmosphere surrounding any welding or cutting operations. The purpose is to prevent the degradation of such chlorinated hydrocarbon vapors to more highly toxic gases by the action of heat or ultraviolet radiation.

LABELING

Hazardous materials used in welding and cutting shall bear precautionary labels as described by this subsection. The following wording should be used to describe the hazards of, and lists the precautionary measures for, the hazardous material. Note there are three common categories of labeling, according to the anticipated degree of danger or hazard to be encountered. The three categories, in **ascending** order of hazard, are:

- **Caution**
- **Warning**
- **Danger**

- All filler metals and fusible granular materials are to carry the following notice, as a minimum, on tags, boxes or other containers:

  CAUTION
  Welding may produce fumes and gases hazardous to health. Avoid breathing these fumes and gases. Use adequate ventilation.

Additional labeling for Cadmium or Fluoride could be:

- Filler metals containing cadmium and cadmium-plated materials shall carry the following notice on tags, boxes or other containers:

  WARNING
  CONTAINS CADMIUM. POISONOUS FUMES MAY BE FORMED ON HEATING.
  Do not breathe fumes. Use only with adequate ventilation such as fume collectors, exhaust ventilators, or supplied-air respirators. If chest pain,

cough, or fever develops after use, call physician immediately.

- Containers of fluoride fluxes shall bear the following statement:

CAUTION
CONTAINS FLUORIDES

This flux when heated gives off fumes that may irritate eyes, nose, and throat.

1. **Avoid fumes--use only in well-ventilated spaces.**
2. **Avoid contact of flux with eyes or skin.**
3. **Do not take internally.**

Personal Protective Equipment

- Non-combustible or flameproof screens are required to protect the eyes of non-welders from flash burns and ultraviolet light rays.

- Welders shall be required to properly wear:

1. Non-flammable gloves with gauntlets
2. Appropriate foot protection, with steel toes if risk of heavy items falling on feet
3. Aprons (leather) and shirts that have sleeves and collars
4. Helmets, hoods, and face shields suitable for head protection
5. Suitable eye protection
6. Respiratory protection (as required and in accordance with the Respiratory Protection Program)

    a. Outdoor Operations – respirators are required for any operation involving beryllium, cadmium, lead, or mercury. For other operations and materials, respirators are not required when natural or mechanical ventilation is sufficient to prevent exposure to airborne contaminants in excess of the Permissible Exposure Limits (PEL's) noted in Section 5155 of Title 8, Subchapter 7.
    b. Indoor Operations – respirators are to be used when local exhaust or mechanical ventilation is not feasible or able to prevent exposures that exceed limits specified in Section 5155. Note it is IMPORTANT to assure that the proper type of respiratory protection is furnished.
    c. Enclosed Spaces – supplied-air respirators are to be used when local exhaust ventilation is not an effective means for preventing potentially hazardous exposures.

- Welders may have to do a good deal of chipping or cleaning of metal, and this work can throw particles of metal at the eyes. If the welding helmet is raised while doing this work, safety glasses or goggles shall be worn.

FIRE PREVENTION

Management will establish a fire prevention and suppression procedure relative to use of cutting and welding equipment on its property. Instructions are to be based upon the applicable parts of ANSI Z49.1-1973, portions of which are reproduced below and shall be in conjunction with the County Safety Coordinator where the hot work is to be performed.

- Based on fire potentials of the facilities, establish approved areas for cutting and welding, and establish procedures for allowing cutting and welding in other areas.

- Designate an individual responsible for authorizing cutting and welding operations in areas not specifically designed or approved for such processes. This individual will determine the combustible materials and hazardous areas present or likely to be present in the work location, and protect combustibles from ignition by the following:

    1. Have the work moved to a location free from dangerous combustibles;
    2. If the work cannot be moved, have the combustibles moved to a safe distance from the work or have the combustibles properly shielded against ignition;
    3. See that cutting and welding are scheduled so as not to interfere with other work activities that might expose combustibles to ignition.

- The designated responsible individual has other duties, including:

    1. Secure authorization for the cutting or welding operations from top management.

2. Determine that the cutter or welder secures his approval that conditions are safe before going ahead.
3. Determine that fire protection and extinguishing equipment, such as fire extinguishers, water containers, water hoses, or sand are properly located at the site.
4. Where fire watchers are required, see that they are available at the site.
5. Insist that only approved apparatus such as torches, manifolds, regulators, or pressure reducing vales, be used.
6. Insist that cutters or welders and their supervisors are suitably trained in the safe operation of their equipment and the safe use of the process.
7. Advise all personnel about flammable materials or hazardous conditions of which they may not be aware.
8. Inspect the area prior to authorizing cutting and welding operations. Designate precautions to be followed in granting authorization to proceed, in the form of a written Hot Work Permit (See sample at the end of this section).

- Fire watchers are required whenever welding or cutting is performed in locations where other than a minor fire might develop, or whenever any of the following conditions exist:

  1. Proximity of Combustibles – Appreciable combustible material, in building construction or contents, closer than 35 ft. to the point of operation.
  2. Ignitable Combustibles – Appreciable combustibles easily ignited by sparks.
  3. Openings – Wall or floor openings within a 35-foot radius expose combustible material in adjacent areas including concealed spaces in walls or floors.
  4. Metal Walls – Combustible materials are adjacent to the opposite side of metal partitions, walls, ceilings, or roofs and are likely to be ignited by conduction or radiation.

- Fire watchers shall be trained in the use of fire extinguishing equipment, and be familiar with facilities for sounding an alarm in the event of a fire. They are to watch for fires in all exposed areas, try to extinguish them only when obviously within the capacity of the equipment available, or otherwise sound the alarm. A fire watch is to be maintained for at least 1/2 hour after completion of welding or cutting operations to detect and extinguish smoldering fires.

- Cutting or welding is prohibited in areas not authorized by management, and near the storage of large quantities of exposed, readily ignitable materials such as wood shavings, bulk sulfur, or shredded or baled paper.

TRAINING

Cal/OSHA requires all employers to instruct employees on hot work safety requirements. All employees who actively engage in hot work related activities, shall have training and instruction on general and job-specific safety practices. Training and instruction shall routinely be provided when the individual receives initial indoctrination & safety training, and periodically thereafter.

Training is required for all new employees, other employees that have not previously been trained, and to all employees given new job assignments for which specific hot work safety training for that job assignment has not previously been provided. Additional training and instruction must be provided to all personnel whenever new or previously unrecognized hazards are identified. As is provided in the San Bernardino County Illness/Injury Prevention Program, supervisors are accountable for training all employees within their area of responsibility.

SAFE PRACTICES
Confined Spaces

In addition to the requirements set forth in the Construction Safety Orders and the General Industry Safety Orders to prevent exposure to harmful levels of atmospheric contaminants, and to assure acceptable atmospheric conditions, no hot work will performed in a confined space as defined in the Confined Space Entry Program contained within the Employee Safety and Health Manual unless all of the elements of the Program and applicable Cal/OSHA standards are met.

Gas Welding or Torch Cutting

- **Gas Cylinders** must be stored and used as follows:

  1. Cylinders must be protected from all heat sources.
  2. They must be secured upright and placed so they will not fall or be knocked over.
  3. Cylinders must be handled in suitable cradles, with their valve caps installed; they must never be lifted by magnet, rope, or chain.
  4. Cylinders shall be kept far enough away from the actual welding or cutting operation so that sparks, hot slag or flame will not reach them, or provide fire-resistant shields.
  5. Fuel gas cylinders in storage must be separated from oxygen cylinders by a minimum of 20 feet, or by a non-combustible barrier that is at least 5 feet high (assuming cylinders are stored upright on the floor – if stored in racks or on shelves, the barrier must be above the top cylinder) and has a fire-resistance rating of ½ hour
  6. Valve stem wrenches must be left in place while cylinders are in use
  7. A fire extinguisher rated at least “10-B:C” must be kept near the work area
  8. Fuel back-flow protection is required.
  9. Torches in use will be inspected at the beginning of each working shift for leaking shutoff valves, hose couplings, and tip connections. Clogged torch tip openings can be cleaned with suitable cleaning wires, drills, or other devices designed for such purpose.
  10. Torches must be lighted using friction lighters or other approved devices, and not by matches or from hot work.
  11. Gas valves are to be opened while standing to one side of the outlet; never in front of it. A fuel-gas cylinder valve shall never be opened up or cracked near other welding work or near sparks, flame, or other possible sources of ignition.
  12. An acetylene cylinder valve shall not be opened more than one and one-half turns of the spindle, and preferably no more than three-fourths of a turn.
  13. Before connecting a regulator to a cylinder valve, the valve shall be opened slightly and closed immediately. This action is generally termed "cracking" and is intended to clear the valve of dust or dirt that might otherwise enter the regulator.
  14. Before a regulator is removed from a cylinder valve, the cylinder valve must be closed and the gas released from the regulator.
  15. If cylinders are found to have leaky valves or fittings that cannot be stopped by closing of the valve, the cylinders must be taken outdoors away from sources of ignition and slowly emptied.

- For **Gas Welding** or Gas Torch Cutting:

  1. Acetylene can be dangerous, for its explosive range is 2.6%-80%. Such a wide explosive range means there is usually an explosive mixture when acetylene is released into the air.
  2. Fuel gas and oxygen cylinders and hoses must be distinguished from each other.
     NOTE: Red is generally accepted as the color for fuel gas, while green is used for oxygen.
  3. Cylinders and hoses must be inspected at the beginning of each shift.
  4. Couplings must not be allowed to be disconnected by means of a straight-pull motion.
  5. Oxygen from a system without a pressure regulation device must never be used.
  6. Regulators or automatic reducing valves shall be used only for the gas and at the pressure for which they are intended. Defective oxygen and fuel gas pressure regulators, including their gauges, will not be used.
  7. Gauges on oxygen regulators shall be marked "USE NO OIL."
  8. Back-flow protection shall be provided by an approved device that will prevent oxygen from flowing into the fuel-gas system or fuel from flowing into the oxygen system. The back-flow protection device can be installed on either the torch or at any point downstream of the shutoff valve for the oxygen and fuel gas outlet valves.
  9. Acetylene shall not be used at a pressure in excess of 15-psi.

10. Welding fuel-gas cylinders are to be placed with valve end up whenever they are in use. Liquefied gases are to be stored and shipped with the valve end up. Nothing that may damage the safety device or interfere with the quick closing of the valve, is to be placed on top of an acetylene cylinder when in use.
11. Upon completion or discontinuance of welding operations, the welder is to provide some means of warning other workers of the location of hot metal.
12. Oil or grease must never come into contact with oxygen equipment.
13. If you ever need to thaw out a frozen valve on an acetylene cylinder, use warm (NOT BOILING) water; NEVER use a flame to warm the valve or cylinder.

Electric Welding, Cutting, and Heating

- All electric welding equipment is to be installed and maintained in accordance with the California Electrical Safety Orders and Title 8, Subchapter 7, Article 90 (Electric Welding, Cutting, and Heating). For additional details see applicable technical portions of American National Standards Institute, Z49.1-1973, Safety in Welding and Cutting.

- When operations are suspended for any substantial period of time, such as during lunch or overnight, welding machines shall be shut off.

- Current-carrying parts passing through those portions of the holder gripped by the user and through the outer surfaces of the jaws of the holder shall be insulated against the maximum voltage to ground.

- **Arc Welding** is regulated as follows:

  1. Where the work permits, the welder shall be enclosed in an individual booth painted with a finish of low reflectivity, or be enclosed with noncombustible screens. Booths and screens shall permit circulation of air at floor level.
  2. Workers or other persons adjacent to the welding areas are to be protected from the rays by noncombustible or flameproof screens or shields, or be required to wear appropriate goggles.
  3. Cables in poor condition or lacking completed insulation, must not be used; no cable may be spliced within 10 feet of the electrode holder.
  4. The frames of arc welding and cutting machines must be grounded.
  5. Electrodes are to be removed when not in use, and the holders protected so they cannot make electrical contact with employees or conducting objects.
  6. Hot electrode holders shall not be dipped in water.
  7. Defective equipment must not be used.
  8. Arc welding and cutting machine frames shall be grounded, either through a third wire in the cable containing the circuit conductor or through a separate wire at the source of the current. Grounding circuits shall have resistance low enough to permit sufficient current to flow to cause the fuse or circuit breaker to interrupt the current.
  9. Each welder, or its supply conductors, shall have over-current protection rated or set at not more than 200% of the rated primary current of the welder.
  10. A disconnecting means shall be provided in each welder control assembly, or for the circuit controlling the equipment.
  11. When arc welding is performed in wet or high humidity conditions, employees shall use additional protection, such as rubber pads or boots, to guard against electric shock.

- **Resistance Welding** is to be regulated as follows:

  1. All suspended portable welding gun equipment, with the exception of the gun assembly, shall be equipped with a support system capable of supporting the total shock load in the event of failure of any component of the supporting system.
     NOTE: The system shall be designed to be fail-safe. The use of devices such as secondary cables, chains, clamps, etc., is considered satisfactory.
  2. Where it enters the gun frame, the movable holder mechanism shall be designed so as to present no shear points to the fingers placed on the operating movable holder; otherwise, guarding can be provided.

3. One or more safety emergency stop buttons must be provided on all multi-spot welding machines, with a minimum of one stop button at each operator's position.
4. Periodic inspections of resistance welding equipment shall be performed by qualified personnel, and a certification record maintained.

- Employees shall not engage in, or be exposed to, the **Inert-Gas Metal-Arc Welding** process unless the following precautions are taken:

  1. Chlorinated solvents shall not be used within 200 feet of the exposed arc. Surfaces prepared with chlorinated solvents shall be thoroughly dry before welding is performed on them.
  2. When welders are exposed to their own arc or to each other's arc, filter lenses complying with the requirements of Title 8, Section 3382 of the California Code of Regulations are to be worn to protect against flashes and radiant energy.
  3. Employees exposed to radiation are to have their skin covered completely to prevent ultraviolet burns and damage. Helmets and hand shields shall not have leaks, openings or highly reflective surfaces.
  4. Inert-gas metal-arc welding on stainless steel must not be performed unless exposed employees are protected either by local exhaust ventilation or by wearing supplied air respirators.

safety/docs/sftymnl/welding/sbc welding cutting 1.doc

COUNTY OF SAN BERNARDINO
GAS WELDING AND CUTTING CHECKLIST

	Yes	No	COMMENTS (Required for "No" Responses)
A. GENERAL WELDING PROCEDURES			
1. Welders properly trained and certified			
2. Hoses neatly tucked away from traffic and damage			
3. Hoses inspected for leaks, damage, and loose connections			
4. Hoses free of grease and oil			
5. Equipment properly degreased before being welded			
6. Gaskets not used for hose connections			
7. Standard replacement parts used			
8. Manufacturer's safety labels and instructions in place on equipment			
9. Welders wear long-sleeved cotton shirts and clean clothing, free of oil and grease			
10. Goggles and eye shades available and in use			
11. Helmets and leather aprons available and in use			
12. Gloves and leggings available for use			
13. Welding booth or area isolated from employee traffic			
14. "Do Not Enter" signs posted at welding booth			
15. Tinted screens or curtains surround welding area			
16. Flammables removed from welding area and covered with fire blanket			
17. Fire extinguishers available at welding site before job starts			
18. Fire watcher on hand where danger of welding fire exists			
19. Welding area well ventilated			
20. Respirators available for close work/confined spaces (prior medical clearance required)			
21. Welders trained in respirator fit and use (prior medical clearance required)			
22. Local exhaust fan in place and fully operational			
23. Confined Space program in place and instituted			

	Yes	No	COMMENTS (Required for "No" Responses)
B. "HOT-WORK" POLICY, PROCEDURES, AND PERMITS			
1. Hot-work policy and procedure developed			
2. Hot-work permits or tags available and used by welders			
3. Hot-work areas designated during facility tour for fire danger			
4. Welders trained in hot-work procedure and use of permits			
5. Welding supervisor notifies department supervisor before starting welding job			
6. Written permit, signed by welding supervisor, issued before start of hot-work job			
7. Fire warden checks area before start of hot-work job			
8. Sprinklers clearly operational before start of hot-work job			
9. Fire extinguishers and fire watcher present during welding jobs in hot-work area			
10. At job completion, welder checks area for any remaining fire potential			
11. Outside contractors included in coverage of hot-work policy			
C. COMPRESSED GASES			
1. Compressed gas cylinders (full or empty) stored in designated area away from forklift or pedestrian traffic			
2. Oxygen cylinders separated from gas cylinders or combustible materials by at least 20 feet, or with a 5-foot-high non-combustible barrier			
3. Contents marked on all cylinders			
4. Cylinders separated by contents			
5. Straps or chains provided to keep cylinders upright			
6. Valve protection caps hand tight on all cylinders not connected for use			
7. Full cylinders lifted with cradles or other lifting devices			
8. Storage area "off limits" to other personnel			
9. Cylinders kept away from heat-producing devices			
10. "No Smoking" signs posted in storage area			
11. Storage area well ventilated			
12. Gas detectors installed, if necessary, in areas where gas fumes accumulate			
13. Emergency response teams trained to handle cylinder-related problems			

COUNTY OF SAN BERNARDINO
CUTTING, WELDING, AND BRAZING PERMIT

Applies only to the Location/Building area specified below.

Date:_____ Location and Building:_____
Nature of Job:_____
Welder's Name:_____ Signature:_____
Permit Expires: Date:_____ Time:_____ Approved By:_____
County Safety Coordinator Name: _____ Dept: _____

PRECAUTIONS:	Yes	No	N/A
Sprinklers in service	_____	_____	_____
Cutting/welding equipment in good repair	_____	_____	_____
PRECAUTIONS WITHIN 35' OF WORK:			
Floors free of combustibles	_____	_____	_____
Combustible floors protected	_____	_____	_____
Flammable liquids removed or protected	_____	_____	_____
Explosive atmosphere in area eliminated	_____	_____	_____
All walls and floors opening covered	_____	_____	_____
Fire resistant coverings under work	_____	_____	_____
WORK ON WALLS OR CEILINGS:			
Construction is non-combustible	_____	_____	_____
Combustibles moved away from other side of the wall	_____	_____	_____
WORK ON ENCLOSED EQUIPMENT/CONFINED SPACE:			
Enclosed equipment/confined space cleared of all combustibles	_____	_____	_____
Containers/confined space purged of flammable liquids	_____	_____	_____
Atmosphere verified as “Safe” (Below STEL and 50% of LEL)	_____	_____	_____
FIRE WATCH:			
Fire watch will be provided during and at least 30 minutes after completion	_____	_____	_____
Fire watcher is trained in use of this equipment and in sounding alarm	_____	_____	_____
Fire watcher is supplied with appropriate fire extinguisher	_____	_____	_____

*ALL items must be answered "Yes" or “N/A” BEFORE permit is approved.
See Rules concerning Cutting, Welding and Brazing on the reverse side.

CUTTING, WELDING AND BRAZING PERMIT REQUIREMENTS

This procedure shall be supervised by a qualified individual familiar with all of the requirements of the Welding and Cutting operation and applicable Safety and Health provisions located in this section and the California Code of Regulations. The qualified individual will examine the proposed work area, ensure that the area is made safe, and make sure that the precautions listed on the permit are taken.

The individual shall then sign the permit (front page) and give it to the welder. No work shall be allowed without a properly signed permit at the work site.

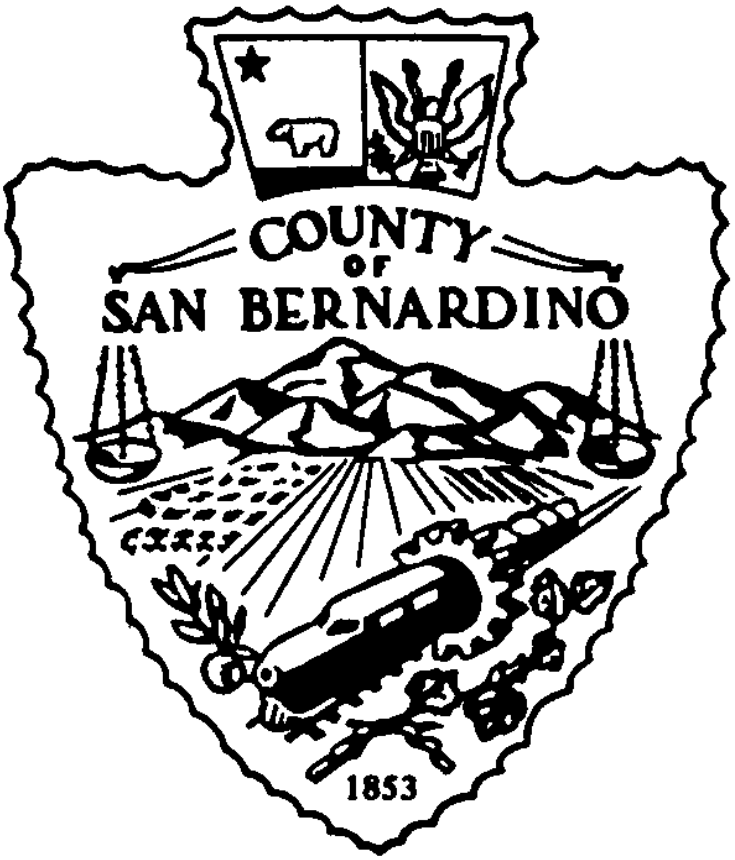
If the hot work continues for more than one shift, a new permit shall be issued for each shift.

Welders and other personnel who might be using hot work equipment shall be instructed in the precautions below, and this list posted in the maintenance shop and on the equipment.

1. Perform hot work in a properly arranged maintenance shop except when the job cannot be moved to it.
2. Use only equipment that is in good condition – Valves, regulators, hoses, and torches shall be thoroughly checked.
3. Refrain from using welding, cutting, or other hot work equipment in a building where sprinklers are out of service.
4. Move combustibles at least 35 feet from hot work operations, or have them protected by metal guards or by flameproof curtains or covers rather than ordinary tarpaulins.
5. Prohibit hot work in or on vessels containing flammable or combustible materials, including residues, until they have been completely cleaned and purged, or inerted.
6. Check the atmosphere for combustible gases or vapors where necessary, using calibrated detection equipment. If there is a chance of a gas vapor release during hot work operations, continuous-duty portable gas detectors shall be used to constantly monitor the area,
7. Prohibit hot work until surrounding floors are swept clean and, if combustible, wet down.
8. Prohibit hot work until all wall and floor openings within 35 feet of the operations have been tightly covered or otherwise protected with metal guards or flameproof tarpaulins,
9. Prohibit hot work until responsible persons have been assigned to watch for dangerous sparks in the area and on floors above and below.
10. Secure gas cutting and welding cylinders so they will not be upset or damaged, and replace protective caps on all cylinders that are not actually in use.
11. Carefully connect the ground clamp, as close to the work as possible so that it may be easily observed, when using electrical arc welding equipment.
12. Arrange for a patrol of the area, including floors above and below, during any break in the work, such as lunch or rest periods, and for at least ½ hour after the work is completed.
13. Use portable stands to elevate welding hose or cable off floor areas to protect from damage.

The Cutting, Welding, and Brazing Permit is to be printed on canary stock only.

Powered Industrial Trucks (Forklifts)



County of San Bernardino

POWERED INDUSTRIAL TRUCKS (FORKLIFTS)

DEFINITION

The American Society of Mechanical Engineers (ASME) defines a powered industrial truck as a mobile, power-propelled truck used to carry, push, pull, lift, stack, or tier materials. Powered industrial trucks are also commonly known as forklifts, pallet trucks, tractors, rider trucks, fork trucks, motorized hand trucks, or platform lift trucks, and can include other specialized industrial trucks powered by electric motors or internal combustion engines. For simplification purposes, *powered industrial trucks* will be referred to in this plan as "Forklifts."

THE REGULATIONS

The Occupational Safety and Health Administration has issued regulations specifying general requirements for forklifts. These regulations can be found in Title 8, California Code of Regulations. The regulations require, among other things, that forklifts meet the design and construction requirements for powered industrial trucks as established by the American National Standard Institute, ANSI B56.1-1988, Part II (or the most current publication). For equipment purchasing purposes, other reference codes and standards are provided in Attachment A. The selection of the right equipment is very important, and must take into consideration such factors as environment, facility size, work loads, type of materials to be handled, area ventilation, fire hazards, and storage of fuel.

TAKE FORKLIFT OPERATION SERIOUSLY

Driving a forklift is a serious responsibility. A 6,000-pound capacity forklift weighs two or three times as much as the average car. With a capacity load, the truck is handling a mass as high as 16,000 pounds. A forklift with eight tons of mass travelling at a high speed can cause tremendous damage should something be hit or run over. Most forklift accidents occur when the driver hits a co-worker because of an error in judgment. Few accidents result from overturning the forklift, but when these occur, they often result in *very* serious injuries and even fatalities.

Operators must successfully complete training and an evaluation of their skills. Such training covers safe operations of the type of truck being used, the hazards in the workplace, and safety regulations.

MANAGEMENT'S RESPONSIBILITIES

Management is responsible for assuring equipment meets the code requirements for the type of work and environment in which the work is being performed. Management is ultimately responsible for the safe operation and proper maintenance of the forklifts. Management must ensure:

1. Each driver/prospective driver is physically capable of operating a forklift.
2. Drivers are trained and instructed to properly operate a forklift. Employees who successfully meet or surpass program requirements are issued licenses.
3. Only licensed personal are allowed to operate forklifts.
4. Applicable safety rules and regulations are strictly enforced.
5. Written approval is obtained from the manufacturer of a forklift prior to modifying the forklift in any manner which may affect its capacity and/or safe operations.
6. If modifications are made with the manufacturer's approval, the capacity, operation, and maintenance instruction plates, tags, or decals are changed accordingly.
7. Name plates and markings provided on the forklift are in place and maintained in a legible condition.

8. The atmosphere/location, where the forklift is to be used, is assessed periodically. The user is provided with the properly designated forklift based on the assessment of the atmosphere/location.

9. Additional labels are placed on forklifts if they are equipped with non-factory installed front-end attachment to address the combined weight of the forklift and attachment.

10. Each forklift is provided with an overhead guard.

11. The preventive maintenance program is monitored periodically to ensure it is being followed. Inspections are conducted at the start of each shift and documented. Faulty forklifts are locked out of service until properly repaired.

12. Fuel handling and storage of liquid fuels such as gas and diesel fuel are in accordance with NFPA Flammable and Combustible Liquids Code (NFPA 30).

13. The storage and handling of liquefied petroleum gas fuel is in accordance with NFPA Storage and Handling of Liquid Petroleum Gases (NPA 58).

14. Proper battery charging procedures are followed as required by the manufacturer.

15. Employees have access to personal protective equipment for forklift fueling/charging operations.

16. Properly maintained safety showers/eye washes are provided in repair and fueling/charging areas.

17. Employees are not permitted to smoke while operating the forklifts, charging the forklifts, or fueling the forklifts. In addition, smoking is not allowed in fuel storage areas, battery storage areas, battery charging areas, or maintenance areas.

18. Refresher training and evaluation is conducted when appropriate (Title 8, Section 3668(d)).

FORKLIFT OPERATOR TRAINING

Government regulations have made training mandatory and training must be quite specific; specific to the equipment being used and specific to the conditions under which they are operated. No two facilities are alike, therefore site-specific training is required. This means anyone required to operate forklifts must be trained and evaluated by knowledgeable and experienced trainers and supervisors. Training topics include environmental hazards, operator maintenance, hazardous locations, surface operating conditions, site specific operations, and other potential hazards and information.

Training should include three distinct methodologies. First, there is academic or classroom training. Next, the operators must be provided “hands on” training to ensure operators fully understand controls, equipment performance, individual characteristics of each forklift equipment they will be operating and the potential hazards that may be encountered in each work location. The third method of training is evaluation. Through the evaluation process, operators can learn from mistakes and improve their performance. An experienced person, who has the knowledge and experience to train and evaluate operators’ competency in forklift operations, must conduct the evaluation. The evaluator observes individuals who operate forklifts to determine their safe operation of the vehicle, how the operator observes safety rules and how the operators know, understand and handles the equipment.

The regulation states: THE TRAINING PROGRAM SHALL BE PRESENTED TO ALL NEW OPERATORS REGARDLESS OF PREVIOUS EXPERIENCE. Once the training is accomplished, refresher training is not required as long as there is no change in equipment, work area hazards, standards, or other pertinent factors, and only IF the operator can pass a competency evaluation. The evaluation must be conducted at least every three years. If the operator is unable to pass the evaluation, refresher training must be provided.

Training documentation is critical. Certification of training and competency must be documented for all persons who operate forklifts.

Documentation should include what training was provided, who conducted the training, who was trained, when operators were trained and what was included in the evaluation or performance testing.

DAILY OPERATOR CHECKLIST

The completion of a pre-shift "Forklift Operator Checklist" is essential to having a good maintenance program. The forklift must be inspected, and the Forklift Operator Checklist completed at the beginning of each work shift, and prior to operating the forklift.

The supervisor must be notified if any deficiencies are noted. It is the supervisor's responsibility to determine if the deficiencies warrant removal of the forklift from service. When a forklift is removed from service, it should be locked and/or tagged out of service until it is repaired. It is the supervisor's responsibility to notify maintenance for service of the equipment.

The supervisor is also responsible for maintaining a file of completed forklift safety inspection checklists for reference, and for forwarding copies to appropriate departments as directed.

Note: A checklist is not required for each operator after one has been completed at the start of the shift. However, an informal inspection of the forklift (visual/physical) must be completed each time a new operator uses the forklift. This should be emphasized in training.

MAINTENANCE OF FORKLIFTS

Maintenance of forklifts and associated equipment is of the utmost importance for the safety of employees and the preservation of the equipment. Communication between the operators, supervisors, and maintenance personnel is crucial. A routine maintenance schedule in accordance with manufacturer's instructions, should be provided for each forklift and a maintenance log must be kept.

Each Department is responsible for maintaining individual up-to-date forklift/equipment maintenance files. The files should contain a forklift maintenance log (which has an entry for each repair), receipts for all parts, and copies of the Operator's checklist. These files will be audited periodically by the Risk management Division for completeness.

FORKLIFT MAINTENANCE LOG ASSIGNMENT OF AUTHORIZED PERSONNEL

Each Department is responsible for maintaining all forklifts and associated equipment. This may be done through the Vehicle Services Department or a County Vendor. The forklift operators are responsible for conducting pre-use inspections prior to the beginning of each shift and if any deficiencies are noted it is their responsibility to inform a supervisor verbally and through documentation on the Forklift Operator Checklist.

The Vehicle Services Department or County Vendor will be responsible for reinstating once equipment is repaired. If the repairs cannot be done immediately the equipment should be tagged and/or locked out of service.

The Vehicle Services Department or County Vendor are the only entities having the authority to remove a tag and/or lock when all repairs are completed. When the red tag is removed, it must be signed by the person placing it back into service and placed in the maintenance file for that forklift/piece of equipment.

ATTACHMENT A

Standards and Codes
for Powered Industrial Trucks (Forklifts)
(Department of Energy [DOE] OSH Technical Reference)

Organization[1]	Standard	Title
OSHA	**29 CFR 1910.178**	**Powered industrial trucks**
OSHA	**29 CFR 1910.1000**	**Air contaminants**
ANSI	**B56.1-1988**	**American national standard for powered industrial trucks**
NFPA	**NO. 30-1969**	**NFPA flammable and combustible liquids code**
NFPA	**NO. 58-1969**	**NFPA storage and handling of liquefied petroleum gases**
NFPA	**NO. 505-1969**	**Powered industrial trucks**
UL	**583**	**Standard for safety for electric or battery-powered industrial trucks**
UL	**558**	**Standard for safety for internal combustion or engine-powered industrial trucks**
ANSI/NFPA	**30-1987**	**Flammable and combustible liquid code**
ANSI/NFPA	**58-1986**	**Storage and handling of liquefied petroleum gases**
ANSI/NFPA	**505-1987**	**Fire safety standard for powered industrial trucks-type designations, area of use, maintenance and operation**

GENERAL TYPES OF EQUIPMENT

There is a wide range of equipment, each designed for specific industries and uses. Manufacturers classify powered industrial trucks according to each truck's individual characteristics. There are seven basic classes of trucks.

Class One: Electric motor, sit-down rider, and counter-balanced trucks using either pneumatic or solid tires.

Class Two: Electric motor narrow aisle trucks that use only solid tires.

Class Three: Electric motor hand or hand/rider trucks that use solid tires. These are commonly referred to as electric pallet jacks.

Class Four: Internal combustion engine trucks, using solid tires. These are the most common types of forklifts. They can be gas, diesel, or propane powered.

Class Five: Internal combustion engine trucks, using pneumatic tires.

Class Six: Electric and internal combustion engine tractors, with pneumatic tires.

Class Seven: Rough terrain forklift trucks, which use pneumatic tires. These are more commonly used in construction.

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[1] OSHA = Occupational Safety and Health Administration
ANSI = American National Standards Institute
NFPA = National Fire Protection Association
UL = Underwriters Laboratory

PNEUMATIC OR SOLID TIRES

Pneumatic tires are tires filled with air, just like an automobile tire. These are designed so the forklift can maneuver in uneven, ungraded terrain surfaces. The tires are more flexible and can adjust to the changing surfaces on which they drive.

Solid tires are exactly what their name implies. They are made of solid rubber or other materials. These tires must be used on smooth, fairly even surfaces. Solid tires are not flexible, but provide excellent wear; however, they can be cut or damaged. When solid tires must be replaced, it requires the use of a high-pressure press, which presses the tire onto the forklift wheel. Technicians with proper equipment perform the demounting and mounting of solid tires.

ATTACHMENTS

Attachments to forklifts can dramatically change the equipment's safe lifting capacity. Attachments come in a wide variety of uses and sizes. There are side shifters, which allow the load to be moved from sid to side. There are pipe attachments that contain or hold the pipes being lifted. In this case, it can significantly affect the lateral stability of the forklift. There are other specialty attachments designed for specific loads.

Next, there are a variety of booms, which extend the ability of the forklift to lift long loads. When using boom attachments, the longitudinal stability of the forklift is affected and greatly decreases the safe lifting capacity of the forklifts. There are other attachments, such as floor sweepers, tippers or trash hauling attachments, and rams for specific service, such as lifting large wire coils and other uses.

There are platforms used as attachments to protect people when being lifted on the forklift. Other attachments could include barrel attachments, which are designed primarily for lifting drums and barrels. Regardless of the attachment used, the equipment manufacturer must approve it. It is important to understand fully how each particular attachment changes the safe lifting capacity of the forklift, the stability of the truck and other potentially hazardous changes to the equipment on which the attachment is being used.

Fork extensions, which are inserted over the forklift's existing forks, should not be longer than 150 percent of the supporting fork's length. By using forklift extensions, the safe lifting capacity is decreased. Fork extensions and all attachments must be attached to the forklift to prevent unintentional disengagement from the forks.

Appendix

Documentation Forms

FORKLIFT OPERATOR
CERTIFICATION LOG

The Certification process includes academic training, performance of "hands-on" training, and trainer/supervisor evaluation of the operator's ability to safely operate forklift equipment. Site specific training is required for 0potential hazards unique to each location and the location's processes and facilities, to which forklift operators may be exposed.

Location:_____

Operator Name	Date of Training	Evaluation Date	Instructor

Forklift Make_____ and Model_____

County of San Bernardino

FORKLIFT OPERATOR TEST

Name:_____ Date:_____

Department:_____ Score:_____

Please circle the correct answer.

No.			
1.	T	F	It is necessary for every forklift operator to know the load capacity of the forklift they are assigned.
2.	T	F	It is important for the forklift operator to know the lifting capacity of the forklift, and the weight of the load they are bout to lift.
3.	T	F	The operator should always read the identification plate and fully understand what it says.
4.	T	F	Always drive with your foot resting on the clutch, in order to be able to shift faster.
5.	T	F	Never back up a ramp with a load on your forks.
6.	T	F	Always back up a ramp when your forklift is empty.
7.	T	F	Because the rear wheels guide your forklift, the rear end will always swing in wide turns.
8.	T	F	Added attachments and equipment have no effect on lifting capacity.
9.	T	F	When you are unloading, be sure to tilt the mast forward just before you reach the unloading point.
10.	T	F	Carrying loads that weigh more than the specified capacity of your forklift is okay, only if you are behind schedule.
11.	T	F	If you load is blocking your view, always travel backward.
12.	T	F	Your forklift turns the same as your car.
13.	T	F	Forklifts always have the right-of-way over pedestrians, emergency vehicles, and co-workers.
14.	T	F	Your load should be kept back completely against your carriage and correctly centered on the forks.
15.	T	F	You do not have to wory about rear swing because it will always follow the turning wheels.
16.	T	F	Forks should always be raised high enough above the floor to avoid obstacles and uneven surfaces.
17.	T	F	Your forks are designed to lift loads and push loads into place on a pallet or shelf.
18.	T	F	You can carry other people on your forklift if your supervisor says its okay.
19.	T	F	You must make sure all valves and nozzles are secure and there are no leaks on a propane tank.
20.	T	F	Never place your arms, hands or head through the mast.
21.	T	F	It is the operators responsibility to check floor, brakes, support dollies, and docking plates, when loading trailers.

FORKLIFT OPERATOR TEST -*Continued*

No.			
22.	**T**	**F**	If your forklift is counter balanced, the balance point is locate between the front and rear wheels.
23.	**T**	**F**	Most forklift related deaths and injuries are caused by horseplay.
24.	**T**	**F**	You may never allow someone to walk under your forks when they are elevated.
25.	**T**	**F**	You may allow people to work or walk under your elevated forks as long as an approved jack stand is in place.
26.	**T**	**F**	You can lift someone while they are standing on your forks, as long as they are wearing a safety harness.
27.	**T**	**F**	A certified cage for lifting people with a forklift, has four side rails, a toe kick, and an opening to get in and out, that is secured with a chain or similar device.
28.	**T**	**F**	If you are move than 25 feet away, or out of sight of your forklift, you are not in control.
29.	**T**	**F**	Allowing a co-worker or friend to use your forklift is okay.
30.	**T**	**F**	The shift operator should check all safety equipment such as headlights, horn, backup alarm, seat belts, overhead guard, and other equipment that is factory installed, at least once a week.
31.	**T**	**F**	A safe speed is a speed the operator feels comfortable at, and has no effect on handling ability.
32.	**T**	**F**	Anyone can operate a forklift as long as they have a valid drivers license.
33.	**T**	**F**	If you operate a forklift in an area where chemicals are used, you must wear protective equipment.
34.	**T**	**F**	You can leave your forklift unattended and the engine running as long as you can see it.
35.	**T**	**F**	Forklift trucks stop faster than cars, so you don't need to worry about speed or slippery floors.
36.	**T**	**F**	There is a general rule that a forklift will lose 1000 pounds of lifting capacity, for every 12 inches it goes beyond the rated load center.
37.	**T**	**F**	When loading a trailer, it is the truck drivers responsibility to make sure brakes are set, chocks are in place, docking plates are locked, and the trailer bed is in good condition.

Instructor:_____ Date:_____

FORKLIFT OPERATOR COURSE EVALUATION

NAME:_____ DEPARTMENT:_____

INSTRUCTOR:_____ [ ] PASS [ ] FAIL (see coments)

CLASS DATE:_____CERTIFIED ON MODEL(S)_____

OBSTACLE COURSE SETUP:_____ FIRST TIME OPERATOR: ☐YES ☐NO

1. THE OPERATOR DEMONSTRATED HIS/HER CAPABILITY OF PERFORMING A PRE-DRIVE INSPECTION OF EQUIPMENT.
☐Satisfactory ☐Some Knowledge ☐Needs Improvement

2. THE OPERATOR DEMONSTRATED THE PROPER USE OF CONTROL DEVICES INCLUDING CLUTCH, INCHING (AUTOMATIC TRANSMISSION) TILT, LIFT AND ATTACHMENTS.
☐Satisfactory ☐Some Knowledge ☐Needs Improvement

3. THE OPERATOR DEMONSTRATED ADEQUATE CONTROL OF STEERING, AND REAR SWING.
☐Satisfactory ☐Some Knowledge ☐Needs Improvement

4. THE OPERATOR DEMONSTRATED THE PROPER POSITIONING AND USE OF ALL CONTROLS, SWITCHES, AND SAFETY FEATURES.
☐Satisfactory ☐Some Knowledge ☐Needs Improvement

5. THE OPERATOR DEMONSTRATED ADEQUATE MANEUVERING SKILLS (LOADED AND UNLOADED) SMOOTH STARTS AND STOPS, SHARP TURNS (FORWARD AND REVERSE) PROPER SPEED, LOOKING IN ALL DIRECTIONS OF TRAVEL, POSITION OF FORKS, AND CLEARANCE OF SIDE AND OVERHEAD OBSTACLES.
☐Satisfactory ☐Some Knowledge ☐Needs Improvement

6. OPERATOR TOOK THIS OBSTACLE MANEUVERING COURSE SERIOUSLY.
☐Satisfactory ☐Some Knowledge ☐Needs further instruction

7. OPERATOR WAS CERTIFIED ON THE FOLLOWING FORKLIFT MODELS:

A_____ B_____ C_____

ADDITIONAL COMMENTS OF INSTRUCTOR:_____

_____

Instructor Name:_____ Instructor Signature:_____

FORKLIFT OPERATOR DAILY CHECKLIST

(Complete and submit to your supervisor prior to operation of the equipment at start of each shift)

NAME:_____ **LOCATION:**_____

DATE:_____ **FORKLIFT I.D.**_____

HOUR METER READING:_____ **SUPERVISOR:**_____

CHECKLIST		OKAY	UNACCEPTABLE*
1.	Engine Oil Level		
2.	Water/Coolant Level		
3.	Battery (water)		
4.	Clean air Filters		
5.	L.P. Gas Odor		
6.	LPG Gas Cylinder Connections/Holding Bracket		
7.	Tires		
8.	Engine Oil Pressure		
9.	Water/Coolant Temperature		
10.	Ammeter		
11.	Lights		
12.	Horn		
13.	Hoist Control		
14.	Tilt Control		
15.	Drive Control		
16.	Steering		
17.	Foot Brakes		
18.	Parking Brakes		
19.	Leaks		
20.	Overhead Guard		
21.	Load Backrest		
22.	Attachments		
23.	Seatbelt		
24.	Backup Alarm/Warning Lights		
24.	Mirrors		
26.	Safety Seat Breat		

* Any “unacceptable” requires a description of the problem(s), correction(s) in the space below, or on the reverse side of this page.

INDUSTRIAL TRUCK INSPECTION CHECKLIST
BY CONTRACTOR

COMCO INSPECTOR:_____ VEHICLE LOCATION:_____

DATE:_____ VEHICLE MAKE AND MODEL:_____

FORKLIFT I.D._____ HOUR METER READING:_____

CHECKLIST		PASS	FAIL*	COMMENTS
1.	Engine Oil Level			
2.	Water/Coolant Level			
3.	Battery (water)			
4.	Clean air Filters			
5.	L.P. Gas Odor			
6.	LPG Gas Cylinder Connections/Holding Bracket			
7.	Tires			
8.	Engine Oil Pressure			
9.	Water/Coolant Temperature			
10.	Ammeter			
11.	Lights			
12.	Horn			
13.	Hoist Control			
14.	Tilt Control			
15.	Drive Control			
16.	Steering			
17.	Foot Brakes			
18.	Parking Brakes			
19.	Leaks			
20.	Overhead Guard			
21.	Load Backrest			
22.	Attachments			
23.	Seatbelt			
24.	Backup Alarm/Warning Lights			
24.	Mirrors			
26.	Safety Seat Break			

Notes: _____

_____

Signature of Inspector_____ **Date:**_____

_____

* A'FAIL" notation requires description of the problem(s) below. Use back of sheet if necessary.

FORKLIFT MAINTENANCE LOG

Forklift I.D. #	Model	Description of Repairs	Repairs		Mechanic's Initials	Vendor (if applicable)	Cost
			Date	Hour Meter			

SAMPLE
OUT OF SERVICE TAG

FRONT

BACK

FORKLIFT CODE OF SAFE PRACTICES

County of San Bernardino
Risk Management Division
222 West Hospitality Lane, Third Floor
San Bernardino, California 92415-0016

For

Location:_____
_____
_____
_____
Telephone:_____

17 April 2001

Safe Forklift Operating Practices

The establishment and the consistent enforcement of rules/safe work practices are critical to the success of this program. If safe work practices are not established and communicated, no one will know what is expected of them. (See Appendix B.) In addition, if the rules are not enforced or are inconsistently enforced, the meaning of the rules becomes diluted and possibly ignored. Each operator must be held accountable for following the established safe work practices. Violation of safe practices should be addressed through the progressive disciplinary procedures outlined in the Injury and Illness Prevention Plan.

1. FORKLIFT OPERATOR

1.1 **O**nly trained/licensed personnel are authorized to operate forklifts. Operating a forklift takes skill and knowledge.

1.2 **U**se the equipment as it was designed to be operated. Know the forklifts rated capacity and do not exceed it.

1.3 **O**bey all traffic signs, follow facility rules, and use safe forklift operating practices.

1.4 **C**omplete and submit pre-use inspection checklist to your supervisor at the beginning of each shift as a minimum.

1.5 **A**lways inspect the forklift prior to operations.

1.6 **D**o not operate a defective forklift. Immediately report all defects to your supervisor, and take the forklift out of service until repaired.

1.7 **O**nly authorized personnel may repair forklifts. If immediate repairs are impossible, the forklift must be locked and tagged out of service.

1.8 **A**lways keep your arms and legs inside the vehicle. Never place your head, arms or legs between the uprights of the mast or outside the running lines of the forklift.

1.9 **I**f the forklift has a seat belt, wear it! A seat belt will help to hold you in the frame of the safety cage should the vehicle tip. If you attempt to jump off the forklift, you are likely to be trapped under it or the load it is carrying. Older model forklifts without seat belts should be retrofitted with one, or may eventually be phased out.

1.10 **W**ear protective equipment when required, such as safety glasses and ear protection.

1.11 **T**ampering with safety equipment or misuse of equipment is grounds for disciplinary action and possibly immediate termination.

2. OPERATION

2.1 **U**se only designated forklifts having a UL listing in hazardous locations (e.g., flammable/explosive atmospheres).

2.2 **H**orseplay is prohibited and is possible grounds for immediate termination.

2.3 **O**perating a forklift in congested areas or around pedestrians should be avoided.

2.4 **U**se elevators that have the capacity to support the combined weight of you, the forklift and load. Enter elevators slowly and squarely only after they have leveled. Once on the elevator neutralize the controls, shutoff the power, and set the brakes.

2.5 **S**et brakes and wheel chocks to prevent movement of forklifts, trailers or railroad cars while loading and unloading. Place derailers, wheel chocks, and blue flags prior to entering a railroad car. Place fixed jacks under semi-trailers when not coupled to a tractor.

2.6 **S**ecure dock boards and bridge plates before driving over them. Never exceed the rated capacity of the dock boards/bridge plates.

2.7 **C**heck the flooring of trailers and railroad cars for defects and weakness before entering them.

2.8 **W**hen leaving a forklift unattended (definition: Forklift not in view or is in view, but is more than 24 feet away), you should:

- Fully lower the forks.
- Place transmission in neutral.
- Shut off power/neutralize controls.
- Set brakes and remove key or connector plug.
- Chock wheels of forklift if parked on an incline.
- Turn of propane (if applicable).

2.9 **P**ark forklifts only in designated areas.

2.10 **T**urn off engine and park forklift prior to refueling.

2.11 **C**onduct refueling, changing cylinders, or charging in designated areas.

2.12 **F**ollow applicable forklift refueling and charging procedures.

2.13 **U**se personal protective equipment (e.g., face/eye protection, gloves, etc.) during refueling, changing cylinders and charging.

2.14 **K**eep eyewash stations and showers unobstructed, clean, and functional.

2.15 **P**roperly handle and store empty/full LPG containers.

2.16 **S**afely clean up all oil or fuel spillage and dispose of waste (as required by the EPA) prior to restarting the engine.

2.17 **D**o not operate forklift with a leak in the fuel or hydraulic system.

2.18 **D**o not use open flames to check electrolyte level in storage batteries or gasoline level in fuel tanks.

2.19 **N**o smoking or open ignition sources are allowed when:

- Changing LPG tanks.
- Refueling gasoline forklifts.
- Changing storage batteries.

➢ **S**pinner knobs on steering wheels are prohibited.

3. TRAVELING

3.1 **R**ight of way is always given to pedestrians and emergency vehicles.

3.2 **K**eep alert for the following:

- Spills
- Water
- Oil/Chemicals
- Rough Surfaces

3.3 **D**o not allow riders on the forklift.

3.4 **C**heck for adequate overhead clearance especially when entering into a new area, and/or when raising the forks.

3.5 **K**eep forks slightly tilted back so the load is cradled by the backrest to aid in stabilizing the load.

3.6 **O**perate in designated areas and keep to the right side of the aisle when possible. Use the safest route to move from one point to another.

3.7 **W**hen driving:

- Keep loaded or empty forks as close as possible to grade level without scraping.
- Operate at an appropriate speed for the area.
- Constantly observe surroundings and watch for pedestrians in the area.
- Give your eyes time to adjust when traveling between light and dark areas.
- Drive defensively.

3.8 **P**assing another forklift is prohibited when both are traveling in the same direction.

3.9 **T**ravel in reverse if the load obstructs your vision.

3.10 **L**ook behind you to verify if your path is clear before moving in reverse (keep body parts within the running line of the forklift).

3.11 **M**aintain a safe distance (approximately 3 forklift lengths) between you and the forklift ahead.

3.12 **S**low down/stop and sound the horn at cross aisles and other locations where vision is obstructed.

3.13 **R**educe speed and safely negotiate the corner when making turns (do not turn sharply).

3.14 **S**top the forklift gradually (avoid sudden stops).

3.15 **S**top and pick up debris in aisle ways rather than running over it.

3.16 **M**aintain a safe distance from the edge of ramps or platforms while on any elevated dock or platform, or freight car.

3.17 **A**scend/Descend inclines slowly and straight. Never operate diagonally across an incline.

3.18 **N**ever turn until forklift is on level ground.

3.19 **K**eep empty forks pointed down grade when traveling, either up or down grade.

3.20 **K**eep loaded forks pointed up grade when traveling, either up or down grade.

3.21 **C**ross bumps at dead slow speed easing the wheels over the bumps. Cross railroad tracks diagonally. Park at least 8 feet from the center of the railroad tracks.

4. LOADING/STACKING

4.1 **A**ll forklifts must be equipped with an overhead guard.

4.2 **H**andle only stable/safely arranged loads.

4.3 **C**heck for adequate overhead clearance before raising the forks.

4.4 **A**lways operate at a safe speed and use controls in smooth manner. Avoid sudden stops/motion.

4.5 **N**ever lift a person with a forklift unless there is a properly designed safety-platform securely attached to the forks and follow special procedures (consult a supervisor).

4.6 **N**ever allow anyone between your vehicle and the load. Never drive up to a pedestrian when adjacent to a fixed object.

4.7 **N**ever elevate a load which is higher than the backrest, it could slide back and fall on the operator.

4.8 **K**eep forks adjusted as wide as possible and level when inserting them into the pallet.

4.9 **P**lace the forks under the load as far as possible and carefully tilt the load back slightly to stabilize the load.

4.10 **W**atch carefully to make certain the load/forks do not catch on surrounding material/obstructions.

4.11 **S**top the forklift before raising or lowering a load (never travel with an elevated load).

4.12 **U**se extreme care when tilting the load forward or backward, especially when the load is raised.

4.13 **S**lightly tilt the load backward when stacking.

4.14 **N**ever tilt the load forward except when depositing a load over a rack or stack.

4.15 **O**nly stack material on a stable base, which is sufficient to support the stack.

4.16 **W**hen backing up after stacking a load, make sure the forks are free of the load.

4.17 **N**ever stack material so that it obstructs:

- Walkways
- Exits
- View
- Electrical/switches
- Fire extinguishers
- Emergency equipment

4.18 **L**oad should be stacked at least 18” from the sprinkler system.

4.19 **R**estack material if poorly staked or notify the supervisor if restacking cannot be done safely.

4.20 **I**mmediately notify the supervisor of any damaged materials/equipment.

4.21 **R**emove all damaged pallets.

4.22 **U**se forks for picking up loads not for pushing, shoving or ramming. Do not use forklifts for opening or closing doors.

County of San Bernardino

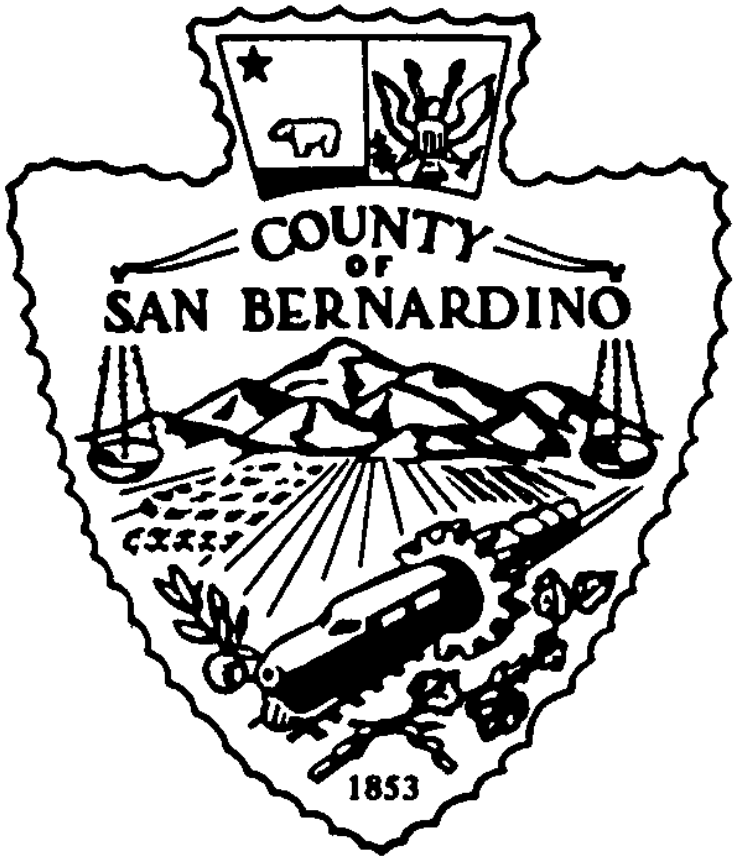
ACKNOWLEDGEMENT OF RECEIPT
FORKLIFT CODE OF SAFE PRACTICES

I acknowledge I have received a copy of the ***FORKLIFT CODE OF SAFE PRACTICES*** and have read, understand and agree to abide by the rules. I have been given an opportunity to ask questions and express any concerns about the forklift safety policy. I realize failure to follow the guidelines of this policy may be grounds for dismissal.

Print Name _____ Date_____

Signature_____

Hand and Powered Tools Policy



County of San Bernardino

HAND AND PORTABLE POWERED TOOLS AND EQUIPMENT

(Title 8, CCR, GISO, Group 3, Article 20)

INTRODUCTION

Employers are responsible for the safe condition of tools and equipment used by employees, including tools and equipment employees furnish themselves. Part of the employer's tasks are to assure tools are used only for the purpose they are intended, and unsafe tools are identified, removed from service and tagged for repair, or disposal.

The tool safety program must include these four basic practices:

1. Select the right tool for the job.
2. Keep tools in good condition.
3. Use tools according to Manufacturer's instructions.
4. Keep tools in a safe place.

TOOL STORAGE

Centralized tool control helps to assure uniform inspection and maintenance of tools by a trained person. A tool room attendant can help promote tool safety by recommending or issuing the right type of tool, by encouraging employees to turn in defective or worn tools, and by encouraging the safe use of tools.

Departments performing work at multiple locations may find that it is not always practicable to maintain a tool supply room. In such cases, the job supervisor must inspect all tools as part of their monthly inspections and remove from service those found to be defective.

SWITCHES AND CONTROLS

Hand-held power tools must be equipped with means (such as an on-off switch) to control the energy supplies to the moving parts. The operating control on hand-held power tools must be located to minimize the possibility of its accidental operation.

Cal-OSHA provides for three different types of controls, depending on the hazards and operation of the tools.

1. A constant pressure switch that shuts off the power to the tool when pressure is released must be provided on the following tools:
   - Hand-held powered circular saws having a blade diameter greater than 2 inches.
   - Percussion tools (unless equipped with an accessory device that holds them within their intended range of operation).
   - Electric, hydraulic, or pneumatic chain saws. All hand-held gasoline-powered chain saws must be equipped with a constant pressure throttle control that will shut off the power to the saw chain when the pressure is released.

The operating control on hand-held power tools must be located to minimize the possibility of its accidental operation.

2. A lock-on control where turnoff can be accomplished by a single motion of the same finger or fingers that turn it on may be used on the following power tools:
   - Hand-held powered drills, tappers, and fastener drivers.
   - Horizontal, vertical, and angle grinders with wheels greater than 2 inches in diameter.
   - Disc sanders with discs greater than 2 inches in diameter.
   - Belt sanders, reciprocating saws, and saber, scroll, and jig saws with blade shanks greater than a "nominal" one-fourth inch (i.e., to within plus or minus 0.05 inch).
   - Other similarly operating powered tools.

3. All other hand-held powered tools, not subject to the requirements above, must be equipped with a positive "on-off" control, unless they have either of the two systems outlined in number 1 or 2 above.

Exception: This does not apply to concrete breakers or vibrators, garden appliances, household and kitchen appliances, jack hammers, medical or dental equipment, personal care appliances, powered tampers, or rock drills, nor does it apply to fixed machinery.

PNEUMATIC OR POWER-ACTUATED TOOLS

Pneumatic and power-actuated tools used in industrial operations must be designed, constructed, operated, and maintained according to Article 27 of the Cal-OSHA Construction Safety Orders.

Power-actuated tools must be recognized for their intended use by either:

- An appropriate nationally recognized testing laboratory.
- Cal-OSHA.

Exception: This requirement does not apply to the following:

- Devices designed for attaching objects to soft construction materials such as wood, plaster, tar, dry wallboard
- Stud welding equipment

Power-actuated tools must be stored securely in a lockable container with the words:

POWER-ACTUATED TOOL

in plain sight on the outside of the container. The following notice must also be attached on the inside of the container's cover:

WARNING
POWER-ACTUATED TOOL TO BE USED ONLY BY A TRAINED, QUALIFIED OPERATOR AND TO BE KEPT UNDER LOCK AND KEY WHEN NOT IN USE.

The following items must be stored with the tool:

- Operator's instruction and service manual
- Power load and fastener chart
- Tool inspection and service record
- Maintenance tools and accessories.

Power loads of different power levels and types must be kept in separate compartments or containers.

Following are the operational requirements that apply to power-actuated tools.

- All power-actuated tools must be used according to the manufacturer's instructions.
- Prior to use, the operator must inspect the tool to determine that it is in proper working condition, as recommended by the manufacturer. If any problem is found, the tool must immediately be removed from service, tagged "DEFECTIVE" and not used until it has been repaired in accordance with the manufacturer's instructions.
- Operators and assistants must wear eye or face protection when the tool is in use.
- Only those accessories, fasteners, and power loads recommended by the tool manufacturer, or those providing the same level of safety and performance, may be used.
- Tools may not be loaded until just prior to the firing time. If work is interrupted after loading, then the tool must be unloaded immediately.
- Neither loaded nor empty tools may be pointed at any person and hands and feet must be kept clear of the open barrel end. The tool must always be held perpendicular to the work surface.
- If a misfire occurs, the operator must hold the tool firmly against the work surface for at least 30 seconds and then follow the manufacturer's instructions.

The following are prohibited:

- Using the tool in an explosive or flammable atmosphere
- Leaving a loaded tool unattended.
- Driving fasteners into very hard or brittle materials (i.e., cast iron, glazed tile, hardened steel, glass block, natural rock, hollow tile or most brick).
- Driving fasteners into easily penetrated or thin materials or materials of questionable resistance unless backed by a material that will prevent the fastener from passing completely through the other side.
- Driving fasteners closer that ½ inch (13 mm) from the edge of steel except for specific applications recommended by the tool manufacturer.
- Driving fasteners closer than 3-inches (76 mm) from the unsupported edge of masonry materials except for specific applications recommended by the tool manufacturer.

- Driving fasteners into concrete less than three times the fastener shank's penetration.
- Driving fasteners into any spalled area.
- Driving fasteners through existing holes unless a specific guide means, as recommended and supplied by the tool manufacturer, is used to assure positive alignment.

Maintenance Requirements

Power-actuated tools must be inspected for worn or damaged parts at regular intervals and/or as recommended by the tool manufacturer. A record of the inspection and service must be noted and dated on the tool inspection record. This inspection is in addition to the one that must be performed by the operator prior to using the tool.

Before any tool is put back into use, all worn or damaged parts must be replaced by a qualified person.

Signs

A sign must be conspicuously posted within 50 feet (15 m) of the area where the power-actuated tools are in use. This sign must be at least 8 x 10 inches (20 x 25 cm), using boldface type no less than 1-inch (2.5 cm) in height. This sign must bear working similar to the following:

CAUTION
POWER-ACTUATED TOOL IN USE

The sign must be removed when the tools are no longer being used.

Power Loads

Do not use power loads (cased or caseless) on a power-actuated tools, if that will cause a fastener to have a test velocity exceeding the maximum specified for the tool. Identify the power loads by color-number coding of the case, jacket, or package. Colors and numbers must correspond to the specific velocities, as presented in Table 1, attached.

Safety Devices

Safety clips or retainers are required on pneumatic impact tools to prevent dies and tools from being accidentally expelled from the barrel unless some other means to prevent accidents from ejection of tools or dies are being used.

In addition, all hand-held pneumatically powered tools used for driving nails, staples, and similar fasteners that operate at 100 psig or more line pressure must be equipped with a safety device at the muzzle to prevent the tool from discharging until the muzzle is in contact with a solid surface.

JACKS

A jack is defined as "an appliance for lifting and lowering or moving horizontally a load by application of a pushing force."

Jacks must be designed so that their maximum safe extension cannot be exceeded. The rated load must be marked legibly and permanently on an obvious spot on the jack by casting, stamping, or other means. Hydraulic jack in conditions below freezing should be filled with antifreeze liquid.

Employees may not work under a load supported by a jack unless the jack is blocked or cribbed. In the absence of a firm foundation, the base of the jack must be blocked. If there is a possibility of slippage of the cap, a block must be placed in between the cap and the load.

If equipment such as a screw jack, that require periodic cleaning and lubrication is being used by employees, management must ensure that jacks are inspected, properly cleaned and lubricated at regular intervals. Such activities must be logged and monitored.

POWER LAWN MOWERS

Power lawn mowers of 20-brake horsepower or less must comply with standards issued by a nationally recognized testing laboratory. This requirement applies to the following:

- Walk-behind reel and rotary power lawn mowers
- Riding reel and rotary power lawn mowers
- Lawn riding tractors
- Lawn and garden riding tractors
- Related mower attachments.

Exceptions: These regulations do not apply to flail mowers, sickle bar mowers, or sulky-type units. Mowers greater than 20-brake horsepower are covered by the Industrial Trucks Standard.

Any of these power mowers that were placed in service between March 29, 1975, and April 14, 1999, must be designed, constructed, tested and labeled to meet the provisions of ANSI B71.1-1972 and B71.la-1974 or ANSI B71.1-1980, *Safety Specifications for Power Lawn Mowers, Lawn and Garden Tractors and Lawn Tractors.* Any power mowers that you place in service after April 15, 1999, require approval only from either a government agency or a nationally recognized testing laboratory.

CODE OF SAFE PRACTICES

The attached Code of Safe Practices for Hand and Portable Powered Tools and Equipment will be distributed to all employees involved in the use, storage, or supervision of those required to use hand tools. Because of the quantities and type of tools available, it is not possible to make the Code all-inclusive. The safe use of hand and portable powered tools and equipment must be taught, monitored, and strictly enforced.

This policy and the Code must be reviewed using loss runs or accident reports plus current Standards and employee reports of unsafe conditions or practices, to assist in determining what should be revised or added. The review must be conducted at least annually or more frequently if there are recurring accidents or reports.

Code of Safe Practices
Hand and Portable Powered Tools and Equipment

1) It must not be assumed that everyone knows how to use common hand-held tools safely. Employees must be instructed and then observed using each tool to assure proper safe practices are being followed. Workers must learn how to use, inspect and care for all tools in their work boxes or at their workstation. Points for training include:

   (a) Maintaining handles in a clean, smooth, not cracked, split or broken condition. Tools with cracked or split handles are to be immediately removed from service and the handles replaced. Makeshift repairs, like winding wire or tape around a defective handle, is prohibited

   (b) Keeping tool faces clean, free of rust and properly dressed:

   (c) Always inspecting cords for electric and pneumatic tools for cracks, breaks and abrasions;

   (d) Knowing that electric tools must not be carried by cords and should have a proper case; know that electrical tools must receive extra care and must be connected to a portable GFIC (Ground Fault Interrupter Circuit) to prevent damage to the tool and injury to the worker. Use of power tools in damp or wet areas requires special precautions.

   (e) Workers should be able to determine if a tool has been abused – for instance noticing a screwdriver, which had been used as a chisel or a wrench, or used as a hammer.

   (f) Using tools in a manner for which they have been designed.

   (g) Always inspecting tools prior to use to assure the tool is in good condition.

2) The employer is responsible for assuring there are practices in place, which assures that all hand and portable powered tools and equipment are consistently inspected and maintained in a safe condition.

3) The Department supervisor or superintendent (or authorized representative) should inspect tools at regular intervals. Any employee found using a defective tool should be disciplined and retrained.

4) Workers should never carry tools in any way that might interfere with using both hands freely on a ladder or while climbing on a structure. Tool belts and tool buckets are a proper way to convey tools.

6) Workers must not leave tools on top of a stepladder, overhead piping, or other locations from which they can fall on persons below.

7) Tools should be handed from one worker to another, never thrown. Edged or pointed tools should be passed, preferably in their carrying case, with the handle toward the receiver.

8) Choose the proper wrench in every case from open end or box wrenches as preferable to jawed wrenches, since when used in the correct manner they will not mar the surface of a nut or valve. Special spanners are recommended for wheeled valves. Use of an extender on many wrenches will improve leverage. Worn or broken tool bits will destroy screws, bolts, nuts. Replace them when they show signs of wear.

9) A pipe wrench should not be struck with a hammer, nor used as a hammer unless, as with specialized types, it is specifically designed for such use. The unsafe practice of using a hammer to force a wrench can result in serious injury if the wrench slips or breaks.

10) The proper use of a file must be taught. Files work by moving in one direction only. Pushing and pulling the file simply loads it up faster. They should be brushed clean after each day's use.

11) A file should never be used without a smooth, crack-free handle. A file should not be hammered or used as a pry. A file should not be made into a center punch, chisel, or any other type of tool because the hardened brittle steel may fracture in use.

12) Cutters are designed to cut at right angles. They should not be "rocked," hammered, or pushed against the floor to force the cut.

13) Proper personal protective equipment is required when using tools which may expose a worker to potential injury. Eyes, face and hands must be protected from chips, splinters or the possibility of a flying tool or tool bit. Noisy tools may require the worker to wear hearing protection. Aprons, hard hats and safety shoes may also be required, depending upon the job hazard analysis.

14) Only experienced personnel should use planes, scrapers, bits, and drawknives.

15) Power actuated tools such as nail guns and shooters to place Red Devils, etc. require specific training and certification in use.

I HAVE READ AND UNDERSTAND THE PRECEDING SAFETY RULES. AS A COUNTY EMPLOYEE, I WILL WORK SAFELY AND FOLLOW THESE RULES AS WELL AS ANY OTHERS BROUGHT TO MY ATTENTION BY MY SUPERVISOR.

_____ _____

PRINT NAME **SOCIAL SECURITY NUMBER**

_____ _____

SIGNATURE **DATE**

_____

DEPARTMENT

Trenching

COUNTY OF SAN BERNARDINO

1853

County of San Bernardino

TRENCHING AND EXCAVATIONS

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SCOPE

The safety program outlined below establishes County of San Bernardino procedures for all open excavations made in the earth surface and covers all employees who work in or around excavations, including trenches. It provides information and guidance on the procedures for identifying, evaluating, and mitigating the hazards associated with trenches and other types of excavations which may be encountered in connection with employment by the County of San Bernardino.

Most County of San Bernardino employees will never be required to work in or around trenches and other excavations as part of their employment responsibilities. It is anticipated that those engaged in construction, inspection, and maintenance duties will be the most likely affected by this section.

These procedures identify the documentation, communication, training, and actions that are necessary to ensure the health and safety of County of San Bernardino employees working in or near excavations. It sets forth ***minimum standards*** for all county departments, agencies and groups. Individual entities (particularly those engaged in underground construction, inspection, or other field activities) may implement more stringent standards. A glossary of trenching related terms is included in Appendix TE-I.

PURPOSE

Title 8, California Code of Regulations [CCR], Section 3203, requires California employers to establish effective programs for the purpose of protecting employees from the potential of harm or injury as a result of reasonably anticipated and identifiable hazards in the workplace. Guidelines included in these procedures will be based in large part on those requirements specified in CCR Construction Safety Orders, Article 6, Sections 1540 [Excavations] and 1541 [Requirements for Protective Systems].

INTRODUCTION

In the United States, more than 1,000 workers every year die in construction-related accidents. Many of these deaths are the result of trench and excavation cave-ins, which can occur very suddenly, often with little or no warning. In many cases, the cave-in is caused by non-supported trench or excavation walls or by the failure to properly shore, slope, or bench the trench or excavation. A collapsed trench or excavation wall can trap and kill a worker in seconds. As with any work-related fatality, there is unmeasured human suffering. Additionally, the financial losses can be staggering as a result of lost production hours, damaged property, work delays, workers' compensation claims, and potential liability costs.

The purpose of the guidelines outlined in this program is to protect County of San Bernardino employees from hazards that may be encountered while working in or near trenches and excavations. The guidelines include provisions for employee training, hazard identification and control, and safe work practices that must be followed while working in an excavation or trench. These guidelines comply with CCR Construction

Safety Orders, Article 6, Sections 1540 [Excavations] and 1541 [Requirements for Protective Systems].

RESPONSIBILITIES

The primary decision as to whether individuals will be exposed to the hazards associated with excavations rests with the supervisor. Any supervisor overseeing a trench or excavation operation shall have training in excavation procedures and be qualified as a competent person. Many employees, by the nature of their job classifications and duties, will never face routine exposure to these hazards. However, it is the responsibility of all County of San Bernardino personnel to assure that any applicable excavation-related hazards are recognized, evaluated, mitigated and/or eliminated. Any department manager or supervisor assigning work in or near trenches and excavations must be qualified as a competent person. A competent person must be present on-site during all trenching and excavation work.

Competent person

A competent person is defined as someone who has:

- knowledge of new provisions pertaining to excavations, trenches and earthwork
- knowledge of soil analysis as required in the new provisions pertaining to excavations, trenches and earthwork
- knowledge of the use of protective systems
- authority to take prompt corrective action on the job site as conditions warrant
- ability to recognize and test for hazardous atmospheres

The construction site supervisor, or whoever is directly overseeing work in the immediate vicinity of any trench/excavation activities, shall be the primary competent person responsible for the protection of any County of San Bernardino employees near an excavation.

Engineers and inspectors do not actively engage in the construction activity itself. They do, however, risk serious injury or death when entering and exiting excavations, and while inside an excavation and in the immediate vicinity of earth-moving and excavation equipment. Whether or not County of San Bernardino personnel created the excavation, it is the responsibility of all engineers and inspectors to understand identification of soil types, the potential for hazardous atmospheres, and the proper methods of shoring, sloping and benching.

Safety Specialist

If a safety specialist is assigned to a department, it will be the specialist's responsibility to monitor the overall effectiveness of the trenching guidelines while work is being performed in a trench or excavation. The safety specialist will also assist with training, atmospheric testing, and any other related functions as required. If no safety specialist is assigned to a department performing trenching and excavation work, the department supervisor in charge of the work can call the Risk Management Safety Department [(909) 386-8624] for assistance.

Employees

Employees assigned to trench and excavation work should, at a minimum, have attended a basic training session in hazard recognition. The competent person conducting basic training sessions will have the necessary knowledge and certification to direct such training. Standard appropriate work attire, such as steel toed shoes, hard hats, full length pants, and eye protection (if required), will be worn by every employee working in a trench or excavation. When employees are working near motor vehicles, they shall wear reflective high visibility vests or similar clothing. Additional appropriate personal protective equipment shall be worn when performing other tasks such as welding, cutting, grinding, or high noise producing operations.

HAZARD ASSESSMENT

Hazard assessments for workplace excavation safety will include plan reviews, on-site inspections, soil sampling and analysis, and a completed Job Safety Analysis. (See the attached sample Job Safety Analysis forms in Appendix TE-II and Appendix TE-III.) These inspections will anticipate, identify, and evaluate workplace and employee work practice hazards. Inspections relative to excavation hazards shall be performed under the guidelines and procedures provided in Section 4, Safety Inspection, of the County of San Bernardino Employee Safety and Health Manual in conformance with the County of San Bernardino Illness/Injury Prevention Program.

As part of the hazard assessment, all equipment, materials, permanent installations, trees, overhead power lines, and other objects at surface level that could present a hazard to employees working in an excavation shall be identified, so any such hazards can be removed or supported as necessary.

Excavations and Trenches

An *excavation* is any man-made cut, cavity, trench, or depression in an earth surface formed by earth removal.

A *trench* is a narrow excavation (its width in relation to its length) made below the surface of the ground. In general, the depth is greater than the width but the width of a trench (measured at the bottom) is typically 15 feet or less.

If forms or other structures are installed or constructed in an excavation that was originally not classified as a trench, the excavation will be re-classified as a trench if the distance from the forms or structure to the excavation wall is 15 feet or less.

BEFORE EXCAVATING

Permits

For regulations relating to permits for excavations and trenches, refer to the California Code of Regulations [CCR] Title 8, Chapter 3.2, Article 2, Section 341 of the California Occupational Safety and Health Regulations (Cal/OSHA). As a minimum, obtain a permit from Cal/OSHA if workers are required to enter an excavation that is at least 5 feet deep.

All Regional Notification Centers in the area involved, as defined by the Government Code Section 4216(h), as well as all known owners of underground facilities in the area who are not members of a Notification Center, shall be advised of the proposed work at least two working days prior to the start of any digging or excavation work. The person coordinating any digging or excavation work should also call Dig Alert [(800)-227-2600] to notify them of the type of work, the location, date and time of the work, and the company or other organization performing the work. Dig Alert should be called at least two working days before the start of any digging or excavation work. EXCEPTION: Emergency repair work to underground facilities can be carried out without prior notice to Notification Centers or Dig Alert.

Locate Hidden Obstructions

1. The estimated location of utility installations (such as sewer, telephone, fuel, electric, or water lines, or any other underground installations that may reasonably be expected to be encountered during excavation work) shall be determined before opening an excavation. Obtain as-built plans in order to locate any underground pipes or utilities that would interfere with the excavation.
2. Be aware that these records may not be accurate. The obstructions revealed by the plans should be physically located and either removed or protected from damage.
3. If it is not possible to establish the exact location of these installations, work may proceed with caution if detection equipment or other safe means are used to locate the installations.
4. Excavation shall be done in a way that does not endanger the underground installation or the employees engaged in the work. While the excavation is open, underground installations shall be protected, supported or removed to protect employees.

Vehicle Traffic Hazards

Work done in proximity to vehicle traffic poses a serious injury risk to County of San Bernardino personnel, from such factors as vibration-induced cave-ins and the carbon monoxide generated by slowed traffic. Written traffic control plans are suggested for any lane closure on streets with more than one traffic lane in the direction of the closure, or on two lane streets in non-residential neighborhoods. The guidelines offered by CalTrans or by the Department of Transportation (DOT) should be applied. One such reference

guide is the *Work Area Traffic Control Handbook*. The importance of taking each traffic control situation seriously should be stressed. Additional measures to implement:

1. All work areas should be delineated (identified) with safety cones, pylons or other clear indicators of danger when there is exposure to vehicle or pedestrian traffic. It is recommended that all full-time supervisory personnel be certified in traffic control measures, so that at least one person at each job site will be qualified to set up, review, and monitor the traffic control procedures. Such certified personnel would also be trained to give any necessary on-the-job training to whoever is chosen to act as a flag person. Anyone requiring certification can call the Risk Management Safety Department for assistance in finding an accredited certification program.
2. Review the procedures being used to select and train personnel who will perform traffic control flagging. Such personnel should be certified for this activity.
3. A high visibility vest (with reflectors) is required for all personnel working within five (5) feet of a traveled roadway.
4. Supervisors must walk a job site immediately after cones and traffic control signs are set up, correcting the placement of any misplaced cones and replacing any missing cones, before any work begins, and should be removed as required at the completion of the work. If traffic cones, signs, or other markers must remain overnight, the supervisor must repeat the procedure of ensuring that the work zone is properly delineated with all necessary traffic cones, signs, and other markers in place before work begins. This is required whether the traffic control measures were set up by County of San Bernardino personnel or by a subcontractor. The supervisor is not being asked to do the subcontractor's job but the supervisor bears the final responsibility for assuring that the setup of traffic control measures is proper.
5. Emergency flashers and any available strobe lights or beacons should be used on all vehicles that are used or parked on street rights-of-way. Any mobile construction equipment operated on public roads should have headlights (and, if necessary, flashers) on.
6. Supervisors should monitor trenches for signs of cracks and fissures caused by the vibrations from passing vehicles.

Training

All County of San Bernardino employees who actively engage in excavation-related work activities shall have training and instruction in general and job-specific safety practices. Training and instruction shall be provided when the individual receives initial employee safety training and periodically thereafter. Training shall be provided to all new employees, employees who have not had prior training, and all employees given new job assignments for which specific trenching and excavation safety training is needed. Additional training and instruction must be provided to all personnel whenever new or unrecognized hazards are identified.

As is provided in the County of San Bernardino Illness/Injury Prevention Program, supervisors are accountable for training all employees within their area of responsibility and for designating a competent person to be present at each site where such a presence is needed. Additional training measures to follow are:

1. All personnel involved in excavation work shall be trained in the requirements of this program. A supervisor or safety specialist who is a qualified Competent Person will conduct the training.
2. Any employee assigned to a job that includes working in or near excavations will receive training as outlined below (see #5) before doing any work in or near excavations. When possible, employees will complete a minimum of ten hours of excavation safety training before working in an excavation.
3. Retraining will be performed whenever a supervisor or the safety specialist determines that an employee does not have the knowledge or skill to safely work in excavations.
4. Training records will be maintained within the department, and copies sent to the safety department at Risk Management. These records shall include the date of the training program, the instructor, signature of the trainee(s), and a copy of the written material presented.
5. Appropriate training will include:
    - Recognition of potential hazards.
    - Safe work practices that must be followed while working in excavations.
    - Personal protective equipment required during work in excavations.
    - Procedures to be followed if a hazardous atmosphere exists or could reasonably be expected to develop.
    - Emergency and non-entry rescue methods, including procedures for calling rescue service.
    - Ladder safety.

HAZARD REDUCTION AND CONTROL

In order to reduce, eliminate, or control hazards for all at-risk job assignments and facility locations, supervisory personnel should implement engineering, administrative and work practice controls. Wherever feasible, engineering controls are to be used to eliminate the potential for employee injury as a result of direct or indirect excavation work activities. If it is impractical to eliminate hazards by engineering potential hazards out of the workplace, administrative and work practice controls are to be implemented to control or eliminate the potential for employee injury.

There are various ways to protect people from the hazards associated with excavation operations. These include barricading or delineating the work area, sloping/benching excavations, using support systems (shoring) and shield systems, and safe work practices. The following lists are only illustrative of each type of control and do not include all possible options.

Daily Inspection

A competent person must make a daily inspection of the trench or excavation and of all protective systems as the work progresses. The competent person doing the inspection will inspect for evidence of situations that could result in possible cave-ins, indications of failure or potential failure of protective systems, hazardous atmospheres, and other hazardous conditions. Inspections should be completed before the start of the workday and re-inspections performed as needed throughout the shift. In addition to daily inspections, inspections shall also be made after every rainstorm or other hazard-increasing occurrence. These inspections are only required when it is reasonably anticipated that employees will be working in or around the area.

If evidence is found indicating hazardous conditions (protective system failure, hazardous atmospheres, or other situations that could result in a possible cave-in), exposed employees shall be removed from the hazardous area until the necessary precautions have been taken to ensure the safety of the employees.

Site Setup

Take precautions when excavating in previously backfilled or disturbed soil. Excavations in disturbed soil may require additional sloping, sheeting, trench boxes, hydraulic shoring, timber shoring, or bracing, as will excavations in hard compact ground if there is filled ground nearby. For example, an excavation wall that is near another previously filled excavation should be considered unstable, although it may appear to be hard compact material.

When excavation operations approach the estimated location of underground obstructions (such as utilities duct banks), the exact location of the obstruction shall be determined by safe and acceptable means, such as potholing.

While the excavation is open, underground utilities or structures shall be protected, supported or removed as necessary to safeguard employees.

Allowable Configuration of Slopes

Employees shall not be permitted to work on the faces of sloped or benched excavations at levels above other employees except when employees at lower levels are adequately protected from falling, rolling, or sliding material and equipment.

Excavations shall be sloped at an angle not steeper than one and one half (1 ½) horizontal to one (1) vertical (34 degrees measured from the horizontal), unless the supervisor uses one of the other options listed below.

- Slopes shown for Type C soil in Appendix B to CCR Title 8, Article 6, Section 1541.1

- Maximum allowable slopes, and allowable configurations for sloping and benching systems, shall be determined in accordance with the conditions and requirements set forth in Appendices A and B to CCR Title 8, Article 6, Section 1541.1.
- Designs of sloping or benching systems in accordance with tabulated data, such as tables and charts. The tabulated data shall be in written form and shall include all of the following:
  1. Identification of the parameters that affect the selection of a sloping or benching system drawn from such data
  2. Identification of the limits of use of the data, including the magnitude and configuration of slopes determined to be safe
  3. Explanatory information as may be necessary to aid the user in making a correct selection of a protective system from the data
  4. At least one copy of the tabulated data that identifies the registered professional engineer, licensed in the state of California, who approved the data shall be maintained at the job site during the construction of the protective system. After that time, the data may be stored off-site but a copy of the data shall be made available to Cal/OSHA upon request.
- Design by a registered professional engineer, licensed in the state of California. Sloping and benching systems not using the foregoing options shall be stamped and signed by a registered professional engineer. Designs shall be in written form and shall include at least the following:
  1. The magnitude of the slopes that were determined to be safe for the particular project.
  2. The configurations that were determined to be safe for the particular project.
  3. The identity of the registered professional engineer approving the design.
  4. At least one copy of the design shall be maintained at the job site while the slope is being constructed. After that time, the design need not be at the job site but a copy shall be made available to Cal/OSHA upon request.

Support Systems (Shoring)

1. Components of support systems shall be securely connected together to prevent sliding, falling, kickouts, or other predictable failure.
2. Components of support systems shall be installed and removed in a manner that protects employees from cave-ins and structural collapses or from being struck by components of the support system.
3. Individual components of support systems shall not be subjected to loads exceeding their design load.
4. Before temporary removal of individual components begins, additional precautions shall be taken to ensure the safety of employees, such as installing other structural members to carry the loads imposed on the support system.
5. Removal shall begin at, and progress from, the bottom of the excavation. Removal will be halted if there is any indication of possible failure of the remaining components of the structure or the possible cave-in of the sides of the excavation.
6. Backfilling shall progress together with the removal of support systems from excavations.

Additional requirements for support systems for trench excavations include:

1. The bottom of the components of a support system shall be no greater than two feet above the bottom of the trench, except if the system is designed to resist the forces calculated for such a depth and there are no indications of a possible loss of soil from behind or below the bottom of the support system.
2. Installation of a support system shall be closely coordinated with the excavation of trenches.

Conditions that influence the kind and amount of shoring needed include:

- Depth of trench
  - If the trench is five feet deep or more, it must be shored or sloped.
  - If there is a possibility of soil movement, trenches shallower than five feet must be shored.
  - If there is any doubt about the stability of the trench, the trench should be shored, sloped or benched.
- Soil classification
  - The more liquid the soil, the more it needs to be shored against the possibility of a cave-in.
- Changing weather conditions
  - Hardpacked soil can become saturated and unstable after rain.
  - Trenches that are safely sloped or shored in dry weather can become deathtraps when wet.
  - Thawing soil can become unstable very quickly.
- Heavy loads in the vicinity of a trench
  - Heavy equipment should not be parked near a trench.
  - Nearby structures, such as buildings, curbs, trees and utility poles, exert stress on trench shoring.
- Vibration
  - Make certain that the sloping/shoring reflects the stress from nearby roadways or other operations that can cause vibrations.
- Other considerations
  - Every trench is a possible trap for hazardous atmospheres. When in doubt, a trench should be tested and ventilated.

Shield Systems

- Shield systems shall not be subjected to loads exceeding their design load.
- Shields shall be installed in a manner to restrict lateral or other hazardous movement of the shield in the event of the application of sudden lateral loads.
- Employees shall be protected from the hazard of cave-ins when entering or exiting the areas protected by shields.
- Employees shall not be allowed in excavations when shields are being installed, removed or moved vertically.

- Additional requirements for shield systems used in trench excavations:
    1. The sides of the shield shall extend a minimum of 18 inches above the vertical walls of the excavations, as shown in Appendix B, figures B-1, B-1.2 and B-1.3 of CCR, Title 8, Article 6, Section 1541.1.
    2. The bottom of the components of a shield shall be no greater than 2 feet above the bottom of the trench, except if the shield is designed to resist the forces calculated for such a depth, and there are no indications of a possible loss of soil from behind or below the bottom of the shield.

Testing and controls

In addition to the requirements set forth in the Construction Safety Orders and the General Industry Safety Orders to prevent exposure to harmful levels of atmospheric contaminants, and to assure acceptable atmospheric conditions, the following requirements shall apply:

(a) Where an oxygen deficient atmosphere (containing less than 19.5% oxygen) or a hazardous atmosphere exists, or could reasonably be expected to exist, such as during excavations in landfill areas or in areas where hazardous substances are stored nearby, the atmospheres in the excavation site shall be tested before employees enter excavations greater than four feet in depth.

(b) Adequate precautions shall be taken to prevent employee exposure to the above-described atmospheres. Precautions should include providing proper respiratory protection or ventilation.

(c) Adequate precautions shall be taken, such as providing ventilation, to prevent employee exposure to atmospheres containing a concentration of a flammable gas in excess of ten percent (10%) of the lower flammable limit (LFL) of the gas.

(d) When controls are used that are intended to reduce the level of atmospheric contaminants to acceptable levels, testing shall be conducted as often as necessary to ensure that the atmosphere remains safe.

(e) The competent person or safety specialist shall calibrate the atmospheric monitoring equipment every six months.

(f) The competent person or safety specialist shall check the atmospheric monitoring equipment immediately before each use to ensure proper operation.

(g) The competent person or safety specialist shall give 48 hours' notice to the Risk Management Safety Department if any employee must enter a known hazardous atmosphere, so that hazards can be evaluated and rescue personnel placed on stand-by.

Emergency Rescue Equipment

Emergency rescue equipment (such as breathing apparatus, safety harnesses, lanyards and retractable lifelines, and basket stretchers) shall be readily available where hazardous atmospheric conditions exist or may reasonably be expected to develop during work in an excavation. This equipment shall be attended while in use.

Employees entering bell-bottom pier holes, or other similar deep and confined footing excavations, shall wear a harness with a lifeline securely attached to it. The lifeline shall be separate from any line used to handle materials and shall be individually attended at all times while the employee wearing the lifeline is in the excavation.

Water Accumulations

Employees shall not work in excavations in which there is accumulated water or in excavations in which water is accumulating, unless adequate precautions have been taken to protect employees against the hazards posed by water accumulation. The precautions necessary to protect employees adequately vary with each situation but could include special support or shield systems to protect from cave-ins, water removal to control the level of accumulating water, or use of a lifeline attached to a full body harness.

- If machinery is used to control or prevent water from accumulating, a competent person shall monitor the water removal equipment and operations to ensure proper operation.
- Gas and diesel powered machinery shall not be used in any trench or excavation while personnel are in the trench or excavation.
- If excavation work interrupts the natural drainage of surface water (such as streams), diversion ditches and dikes, as well as other suitable means, shall be used to prevent surface water from entering the excavation and to provide adequate drainage of the area adjacent to the excavation. Excavations subject to run-off from heavy rains will require an inspection by a competent person and compliance with Sections 1541 (h)(1) and (h)(2) of Article 6.

Adjoining Structures

- Where the stability of adjoining buildings, walls, or other structures is endangered by excavation operations, support systems, such as shoring, bracing, or underpinning, shall be provided to ensure the stability of such structures for the protection of employees.
- Excavations below the level of the base or footing of any foundation or retaining wall that could be reasonably expected to pose a hazard to employees shall be permitted only when:
    A. A support system, such as underpinning, is provided to ensure the safety of employees and the stability of the structure; or
    B. The excavation is in stable rock; or
    C. A registered professional engineer has approved the determination that such excavation work will not pose a hazard to employees; or
    D. A registered professional engineer has approved the determination that the structure is sufficiently removed from the excavation and will be unaffected by the excavation activity.
- Excavating will not be done under sidewalks, pavements, and building structures unless a support system or another method of protection is provided to protect employees from the possible collapse of such structures.

Loose or Falling Materials

- Employees are to be protected from loose rock and soil falling or rolling from an excavation face. Methods for preventing loose or falling materials may include scaling to remove loose material, installation of protective barricades at necessary intervals on the face to stop and contain falling material, or other suitable means.
- Employees shall be protected from excavated or other materials (overburden or spoil piles) or equipment that could pose a hazard by falling or rolling into excavations. This includes placing and keeping such materials and equipment at least two feet from the edge of excavations, or using retaining devices that are sufficient to prevent materials or equipment from falling or rolling into excavations, or a combination of these methods if circumstances warrant.

Fall Protection

- Where employees or equipment are required or permitted to cross over excavations over six feet deep and wider than 30 inches, walkways or bridges with standard guardrails shall be provided.
- Adequate barrier physical protection shall be provided at all remotely located excavations. All wells, pits, shafts and holes shall be barricaded or covered. Temporary barricades, such as construction tape, shall be at least five feet back from the excavation edge. Upon completion of exploration and other similar operations, temporary wells, pits, shafts, and holes shall be back-filled.
- Guardrails, fences, or barricades shall be provided on excavations adjacent to walkways, driveways, and other pedestrian or vehicular thoroughfares.
- Warning lights shall be used as necessary for the safety of the public at night.

Requirements for Protective Systems

Each employee in an excavation shall be protected from cave-ins by an adequate protective system designed in accordance with Section 1541.1(b) or (c) of Article 6, except when:

- Excavations are made entirely in stable rock; or
- Excavations are less than five feet in depth, examination of the ground by a competent person provides no indication of a potential cave-in, and the competent person has confirmed, in writing, the determination that there is no indication of a potential cave-in.

Protective systems shall have the capacity to resist without failure all loads that are intended or could reasonably be expected to be applied or transmitted to the system. Such loads could include overburden or spoil piles, excavation equipment, vehicles such as dump or delivery trucks, or normal vehicle traffic (if the excavation is near a street).

No employee shall be permitted underneath loads handled by lifting or digging equipment. Employees should stand away from any vehicle being loaded or unloaded to avoid being struck by any spillage or falling materials. Employees that need to be near the operation, such as spotters, must wear a hard hat at all times. Truck drivers may remain in the cabs of vehicles being loaded or unloaded when the vehicles are equipped, in accordance with Section 1591(e), to provide adequate protection for the operator during loading and unloading operations.

When mobile equipment is operated adjacent to or approaching the edge of an excavation, and the operator does not have a clear and direct view of the edge of the excavation, a warning system (such as barricades, stop logs, or hand or mechanical signals) shall be utilized. If possible, any grade should be downward, away from the excavation.

- Every vehicle with a haulage capacity of 2½ cubic yards or more used to haul dirt, rock, concrete, or other construction material shall be equipped with an audible warning device that operates automatically while the vehicle is backing. The audible warning should be loud enough to be normally heard from a distance of 200 feet and sound immediately upon backing. In congested areas or areas with high ambient noise that obscures the alarm, a signaler, in clear view of the operator, shall direct the backing operation.
- Those vehicles not subject to the above and operating in areas where their backward movement would constitute a hazard to employees working in the area on foot and where the operator's vision is obstructed to the rear of the vehicle shall be equipped with an effective device or method to safeguard employees such as:
    1. An automatic audible alarm that sounds immediately on backing
    2. An automatic braking device at the rear of the vehicle that will apply the service brake immediately on contact with any obstruction to the rear
    3. In lieu of 1 or 2 above, administrative controls such as:
        A. A spotter or flagger in clear view of the operator to direct the backing operation, or
        B. A procedure requiring the operator to dismount and circle the vehicle immediately prior to starting the backing, or
        C. Prohibiting all foot traffic in the work area.
    4. Other means which may furnish the safety equivalent to the foregoing include:
        A. All vehicles shall be equipped with a manually operated warning device that can clearly be heard from a distance of 200 feet
        B. The operator of vehicles shall not leave the controls of the vehicle while it is moving under its own engine power
        C. Hauling or earth-moving operations shall be controlled in such a manner as to ensure that equipment or vehicle operators know of the presence of rootpickers, spotters, lab technicians, surveyors or other workers on foot in the areas of their operations.

Access and Egress

A stairway, ladder, ramp, or other safe means of egress is to be located in trenches and excavations that are four feet or more in depth. Ladders or other safe means of egress should be easily reachable, spaced to require no more than 25 feet of lateral travel for employees to reach a safe means of egress.

Lifting equipment, such as backhoes, shall not be used to move employees into or out of excavations.

Employees may use a sloped end of an excavation to enter or exit if the employees can walk the ramp in an upright manner. A knotted rope line may not be used to assist employees using sloped areas for access to trenches.

Structural ramps

- A competent person shall design structural ramps used solely by employees for entering and exiting excavations.
- A competent person qualified in structural design shall design structural ramps used to move equipment into and out of excavations.
- Structural ramps used instead of steps should have cleats or other treatments to the top surface to prevent slipping.

Ladders

- Ladder side rails shall extend a minimum of 36 inches above the surface of the excavation.
- Metal ladders should not be used where there is the slightest chance that an employee or the ladder could come in contact with exposed or energized electrical equipment.
- The use of ladders with broken or missing rungs or steps, broken or split side rails, or other faulty or defective construction is prohibited. When ladders with such defects are discovered, they shall be immediately withdrawn from service. Inspection of metal ladders shall include checking for corrosion of interiors of open-end hollow rungs. Daily inspections of ladders should be conducted.
- Ladders shall be secured to prevent accidental displacement.
- Portable ladders shall be used at such a pitch that the horizontal distance from the top support to the foot of the ladder is about one-quarter of the working length of the ladder (the length along the ladder between the foot and the top support).
- When using a ladder, employees shall have their hands free and not carry any object or load that could cause lost balance or a fall.

Confined Space Entry

Before entry into an excavation for the first time, the provisions of the County of San Bernardino Confined Space Entry Program shall be administered.

APPENDIX TE-I: Glossary

OSHA definitions of relevant terms [from http://www.osha-slc.gov/OshStd_data/1926_0650.html]

Accepted engineering practices those requirements that are compatible with standards of practice required by a registered professional engineer.

Aluminum Hydraulic Shoring a pre-engineered shoring system comprised of aluminum hydraulic cylinders (crossbraces) used in conjunction with vertical rails (uprights) or horizontal rails (wales). Such system is designed specifically to support the sidewalls of an excavation and prevent cave-ins.

Bell-bottom pier hole a type of shaft or footing excavation, the bottom of which is made larger than the cross section above to form a belled shape.

Benching (Benching system) a method of protecting employees from cave-ins by excavating the sides of an excavation to form one or a series of horizontal levels or steps, usually with vertical or near-vertical surfaces between levels.

Cave-in the separation of a mass of soil or rock material from the side of an excavation, or the loss of soil from under a trench shield or support system, and its sudden movement into the excavation, either by falling or sliding, in sufficient quantity so that it could entrap, bury, or other wise injure and immobilize a person.

Competent person one who is capable of identifying existing and predictable hazards in the surroundings, or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

Cross braces the horizontal members of a shoring system installed perpendicular to the sides of the excavation, the ends of which bear against either uprights or wales.

Excavation any man-made cut, cavity, trench, or depression in an earth surface, formed by earth removal.

Faces or sides the vertical or inclined earth surfaces formed as a result of excavation work.

Failure the breakage, displacement, or permanent deformation of a structural member or connection so as to reduce its structural integrity and its supportive capabilities.

Hazardous atmosphere an atmosphere which by reason of being explosive, flammable, poisonous, corrosive, oxidizing, irritating, oxygen deficient, toxic, or otherwise harmful, may cause death, illness, or injury.

Kickout the accidental release or failure of a cross brace.

Protective system a method of protecting employees from cave-ins, from material that could fall or roll from an excavation face or into an excavation, or from the collapse of adjacent structures. Protective systems include support systems, sloping and benching systems, shield systems, and other systems that provide the necessary protection.

Ramp an inclined walking or working surface that is used to gain access to one point from another, and is constructed from earth or from structural materials such as steel or wood.

Registered Professional Engineer a person who is registered as a professional engineer in the state where the work is to be performed. However, a professional engineer, registered in any state, is deemed to be a

"registered professional engineer" within the meaning of this standard when approving designs for "manufactured protective systems" or "tabulated data" to be used in interstate commerce.

Sheeting the members of a shoring system that retain the earth in position and in turn are supported by other members of the shoring system.

Shield (Shield system) a structure that is able to withstand the forces imposed on it by a cave-in and thereby protect employees within the structure. Shields can be permanent structures or can be designed to be portable and moved along as work progresses. Additionally, shields can be either premanufactured or job-built in accordance with 1926.652(c)(3) or (c)(4). Shields used in trenches are usually referred to as "trench boxes" or "trench shields."

Shoring (Shoring system) a structure such as a metal hydraulic, mechanical or timber shoring system that supports the sides of an excavation and which is designed to prevent cave-ins.

Sides See Faces.

Sloping (Sloping system) a method of protecting employees from cave-ins by excavating to form sides of an excavation that are inclined away from the excavation so as to prevent cave-ins. The angle of incline required to prevent a cave-in varies with differences in such factors as the soil type, environmental conditions of exposure, and application of surcharge loads.

Stable rock natural solid mineral material that can be excavated with vertical sides and will remain intact while exposed. Unstable rock is considered to be stable when the rock material on the side or sides of the excavation is secured against caving-in or movement by rock bolts or by another protective system that has been designed by a registered professional engineer.

Structural ramp a ramp built of steel or wood, usually used for vehicle access. Ramps made of soil or rock are not considered structural ramps.

Support system a structure such as underpinning, bracing, or shoring, which provides support to an adjacent structure, underground installation, or the sides of an excavation.

Tabulated data tables and charts approved by a registered professional engineer and used to design and construct a protective system.

Trench (Trench excavation) a narrow excavation (in relation to its length) made below the surface of the ground. In general, the depth is greater than the width, but the width of a trench (measured at the bottom) is not greater than 15 feet (4.6 m). If forms or other structures are installed or constructed in an excavation so as to reduce the dimension measured from the forms or structure to the side of the excavation to 15 feet (4.6 m) or less (measured at the bottom of the excavation), the excavation is also considered to be a trench.

Trench box See Shield.

Trench shield See Shield.

Uprights the vertical members of a trench shoring system placed in contact with the earth and usually positioned so that individual members do not contact each other. Uprights placed so that individual members are closely spaced, in contact with or interconnected to each other, are often called "sheeting."

Wales horizontal members of a shoring system placed parallel to the excavation face whose sides bear against the vertical members of the shoring system or earth.

APPENDIX TE-II: Job Safety Analysis Form (Sample)

Job Phase/Task: Underground and trenching Company: County of San Bernardino
Date: _____ Site: _____

Exposure to public: ____ Yes ____ No
other employees: ____ Yes ____ No

Sequence of Job Steps	**Potential Hazards**	**Recommended Safe Job Procedures**
Excavation of trenches	Cave-in	Soil in area is probably no better than a class C to B. Any trench 5 feet or greater should be sloped on at least a 1 to 1 or 1 ½ to 1 if determined to be class C soil. Good judgement should always apply. Taking extra steps with trenching could mean the difference between life and death. **FENCING:** Excavations outside fenced areas should be taped and barricaded to restrict public from entering. Provide trench plates for open trenches outside of fenced areas.
Equipment for excavating	Utilities	Ensure that all dig alert markings are known to operators of excavating equipment. CALL 800-227-2600 at least two days before beginning work. EXCEPTION: Emergency repairs.
Equipment for excavating	Striking workers	Ensure backup alarms function.
Loading	Spoils on edge of trench	Spoils must be set back at least two feet from edge of trench.

Abbreviations that can be used in JSAs:

Struck by (SB)	Caught on (CO)	Fall from height (FH)
Struck against (SA)	Caught in (CI)	Overexertion (OE)
Contacted by (CB)	Caught between (CBT)	Exposure (E)
Contact with (CW)	Fall-same level (FS)	Falling objects (FO)
Eye injuries (EI)	Cave-in (CI)	

APPENDIX TE-III: Job Safety Analysis Form (Sample)

Job Phase/Task: Underground and trenching Company: County of San Bernardino
Date: _____ Site: _____

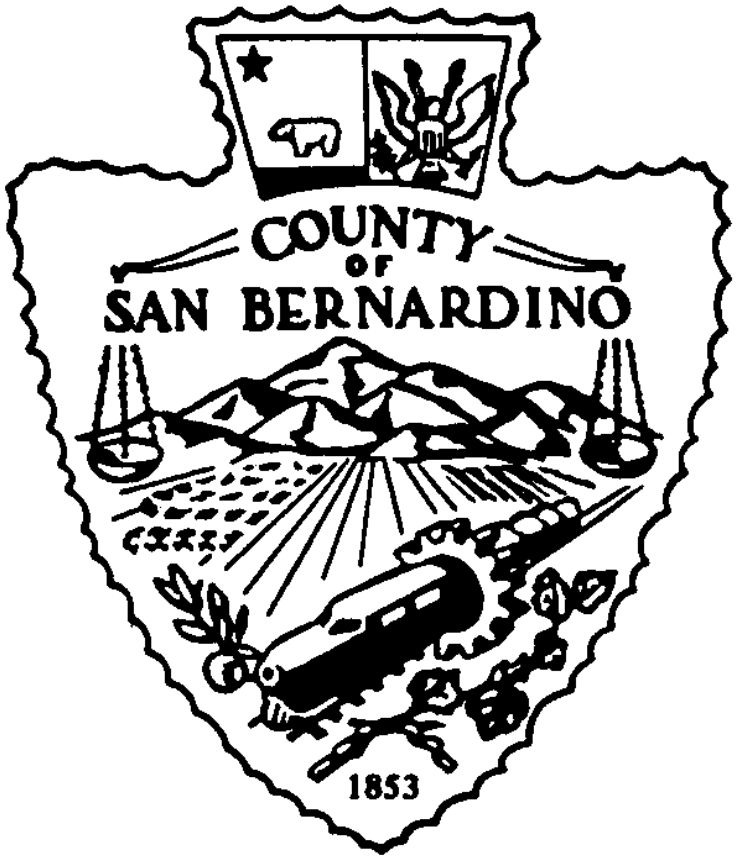
Exposure to public: ____ Yes ____ No
other employees: ____ Yes ____ No

Sequence of Job Steps	**Potential Hazards**	**Recommended Safe Job Procedures**

Struck by (SB)	Caught on (CO)	Fall from height (FH)
Struck against (SA)	Caught in (CI)	Overexertion (OE)
Contacted by (CB)	Caught between (CBT)	Exposure (E)
Contact with (CW)	Fall-same level (FS)	Falling objects (FO)
Eye injuries (EI)	Cave-in (CI)	

Appendix TE-IV: Slope Configurations

Appendix



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GENERAL INSTRUCTIONAL TALKS ADVANCE SCHEDULE OF TOPICS			DEPT. SUPERVISOR
Date	Topic/Subject	Speaker	Materials/Comments

County of San Bernardino

SAFETY INSPECTION CHECKLIST

LOCATION:	INSPECTION DATE:
DEPARTMENT:	INSPECTED BY:

DESCRIPTION	O.K.	CORRECTIVE ACTION NEEDED/INITIATED	DATE
WALKING SURFACES			
Aisles/halls correctly established and clear			
No tripping hazards in evidence			
Floors clean, dry, free of hazards			
Carpets and rugs secure, good repair			
Outside walkways, parking areas, in good repair			
STAIRWAYS, RAMPS, STORAGE AREAS			
Adequate lighting suitable for work to be done			
Ramps have non-slip surface			
Stairways clear - not cluttered - good repair			
Emergency lighting in place, functioning			
Handrails/guardrails installed and in good condition			
Hazardous storage appropriate - containers labeled			
Cabinets, shelves, racks - secured against tipping			
DOCUMENTS/RECORDS			
OSHA 300 logs available			
Hazardous Communication/MSDS available			
Training/Meeting documentation maintained			
Required procedures, notices, rules posted			
EQUIPMENT, MACHINES, TOOLS			
Equipment/machines secured, guards in place			
Drawers closed when not in use			
Equipment furniture in good mechanical condition			
Fans guarded, secure from falling or tipping			
Paper cutter equipped with guard; blade spring functioning			
Safe step stools/ladders used when needed (non-rolling			
Protective equipment available			
Supplies, materials, safely stacked			
Knives, scissors, other sharp tools used/stored correctly			
ELECTRIC HAZARDS			
Machines and equipment grounded			
Extension cords - isobar type only			
Condition of equipment cords (not patched or spliced)			
Condition of plugs and wall outlets			
Electric switch panels clear (at least 30" open area)			
Circuits not overloaded			
Coffee pots (commercial/industrial type only)			
Appliances include safety switches			
FIRE PREVENTION			
Fire extinguishers properly located, marked, inspected			
Emergency/evacuation plan posted			
Fire escapes clear - exits marked			
Fire doors not blocked open			
Sprinkler heads not blocked (24" ceiling clearance)			
Excess paper and trash removed			
SANITATION, WATER SUPPLY, PERSONAL PROTECTION			
Drinking water available			
Condition of toilet facilities			
Condition of approved eating areas			
Food scraps, peels, wrappings disposed of daily			
First-aid kit and supplies available			

USE REVERSE SIDE OF FORM FOR DEPARTMENT/SITE SPECIFIC INSPECTION ELEMENTS

County of San Bernardino

SAFETY INSPECTION CHECKLIST

LOCATION:	INSPECTION DATE:
DEPARTMENT:	INSPECTED BY:

DESCRIPTION	O.K.	CORRECTIVE ACTION NEEDED/INITIATED	DATE

GENERAL INSTRUCTIONAL TALKS	DEPT.	MONTH
	SUPERVISOR	

Date	Topic Covered	Attendees	Comments

Review Comments: _____

County of San Bernardino
OCCUPATIONAL ILLNESS/INJURY INVESTIGATION REPORT

Employee Name:	Department:
Reporting Supervisor:	Telephone Number:

Street Address Where Incident Occurred:

Where, at the above address, did the accident occur? (Use reverse side, if necessary or appropriate, to draw a diagram or give a detailed description of the accident scene below. Do not repeat street address.)

Explain exactly what occurred::

What has or will be done to prevent further like-accidents?

Explain what employee was doing when accident occurred:

If employee activity was inappropriate, why was task done in the manner?

Was employee performing task as trained?

What training has been documented for injured employee as to correct way to perform the particular task?

If applicable, why was employee not using protective clothing or equipment?

Is employee retraining necessary?

If no, why not?

If yes, when will it be completed?

Witnesses to the accident:

1.

2.

3.

Safety Committee recommendation:

Department Head Signature:

Safety Committee Review Date:

SAFETY/DOCS/SFTYMNL/SFTYMNLFORMS.doc

CONFINED SPACE ENTRY PERMIT

JOB DESCRIPTION: _____

LOCATION: _____

DATE: _____ TIME ISSUED: _____ TIME EXPIRES: _____

EMPLOYEES ASSIGNED: _____

_____

_____

HAVE THE FOLLOWING PRECAUTIONS BEEN TAKEN?	CHECK Yes	No
Hazards, testing and emergency procedures explained:	☐	☐
Gas lines isolated?	☐	☐
All valves locked and capped?	☐	☐
Electrical switches locked and tested before entry?	☐	☐
Agitator immobilized?	☐	☐
Purging or ventilation required?	☐	☐
Lifelines and safety belts for those entering?	☐	☐
Rescue equipment on site?	☐	☐

AIR SAMPLING EQUIPMENT USED:	Type	Serial No.	Date Calibrated	By Whom
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

TESTS CONDUCTED	Danger Level	Time	Results	Time	Results
02 Deficiency	(less than 20%)	_____	_____	_____	_____
Combustibility	(more than .1)	_____	_____	_____	_____
Toxicity	(more than 10 ppm)	_____	_____	_____	_____

LIST PROTECTIVE EQUIPMENT TO BE USED:

RESCUE TEAM MEMBERS:

_____ Supervisor

_____ Manager

*** Indicates that a Safety Meeting Outline is available from Risk Management Division/Safety Section for use in conjunction with videos.**

FILM NAME	DESCRIPTION	TIME
* ACCIDENT INVESTIGATION (Supv. Training)	Principles of Occupational Injury accident investigation	21:00
AFRICANIZED HONEY BEES: What Arizonians Need to Know	General awareness information about Africanized honey bees, including range, hive locations, disposal/control and what to do in case of an attack.	26:00
ARE YOU PREPARED FOR THE BIG QUAKE? (CDF Office of Emergency Services)	The predicted regional effects of a 7.0+ earthquake	13:00
ASBESTOS AWARENESS Are you at risk?	The five elements of OSHA required training for employees who may come in contact with asbestos	23:00
AVOIDING ELECTRICAL HAZARDS	How to keep your work environment safe. Housekeeping, atmosphere hazards, tool safety, testing, PPE, lockout/tagout, a qualified person, and safe work procedures	19:00
* A FOOT CLOSER TO SAFETY	Wearing proper foot protection.	5:00
* A WELCOME INTERRUPTION...GFCI	Power tools and the need for the operation of GFCI installation.	6:20
BACK AT HOME	Four principles for preventing low back pain and injury at home	15:00
* BAR-B-Q HAL	Do's and don't of home Bar-B-Q cooking.	5:00
* BASIC ERGONOMICS	An introduction to the concept of matching the machine to the man.	5:00
BASIC PRINCIPLES OF ELECTRICITY	Basic concepts about circuits, electrical materials, control devices, health effects and emergency response.	10:00
BATTLING FATIGUE	Easy steps to overcoming fatigue in the workplace.	5:00
* BEATING A BLOWOUT	How to handle your vehicle during a tire blowout.	5:00
* BLOODBORNE PATHOGENS	Understanding HBV/HIV virus, sources of exposure, prevention and protective measures	12:00
BLOODBORNE PATHOGENS Precautions for Industry	A mock training class covering definitions, PPE used in emergency response, cleanup and housekeeping.	16:00
* BODY MECHANICS: PREVENTING PAIN AND STRAIN	Proper steps to take to prevent lifting and carrying injuries.	12:00
CARBON MONOXIDE POISONING	Short training video dealing with source and effects of carbon monoxide hazards.	13:00

FILM NAME	DESCRIPTION	TIME
CHARGING UP ON BATTERY SAFETY	Safety procedures for batteries.	5:00
* CHEMICAL BURNS	Special handling and treatment of chemical burn victims.	5:00
* COMMITMENT TO SAFETY	General safety orientation at the workplace.	16:00
COMMUNICABLE DISEASES TELECOURSE	Health hazard risks and protection in law enforcement.	90:00
CONFINED SPACE Certification Series	I - Confined space hazards An interactive video program. II - Confined space entry An interactive video program.	27:00 30:00
* CONFINED SPACE ENTRY	Detailed review of confined space entry safety procedures.	18:00
* CONFINED SPACE ENTRY – OUT IN THE OPEN	Orientation/overview of confined space safety procedures.	21:00
* CONFINED SPACE HAZARDS	Detailed review of confined space safety hazards.	18:00
CONFLICT COMMUNICATION SKILLS	How to develop your communication skills and diffuse angry, hostile people.	14:00
* CPR	Demonstration of CPR techniques.	6:15
CUMULATIVE TRAUMA – IT ALL ADDS UP	Understanding the causes of cumulative trauma disorders.	15:00
CUMULATIVE TRAUMA Reducing the Risk	A safety program designed to aid supervisors in preventing cumulative trauma injuries: Module A - It all adds up Module B - Meeting the challenge Module C - Reducing the risks	 15:00 15:00 15:00
DISASTERS IN SB COUNTY	OES – Earthquake and Disaster Preparation for SB County	13:00
DISASTER PREPAREDNESS	Emergency Action Plans, fire drills and package bombs	20:00
DIFFUSING HOSTILITY	Techniques used to diffuse hostile or difficult people.	47:00
DON'T HORSE AROUND ON THE JOB	Why horseplay at work is dangerous.	9:00
DREAMS INTO NIGHTMARES	Safety planning and safety consciousness.	5:00
* DRIVE SAFELY	Safe driving techniques.	13:00
EARTHQUAKE By GTE	Getting prepared for this disaster at home.	30:00
* EARTHQUAKE THREAT TO HOSPITALS	Hospital disasters attributed to earthquakes.	12:00

FILM NAME	DESCRIPTION	TIME
* ELECTRICAL BURNS	Basic precautions and initial treatment of electrical burns.	5:00
ELECTRICAL GROUNDING: A Vital Precaution	Importance of grounding, creating a equipotential workzone, PPE, grounding cables, installation and removal procedures.	13:00
ELECTRICAL HIGH VOLTAGE Know the Hazards	OSHA requirements including training, PPE, ladders/platforms, safe power tool use, safe minimum working distances, job specific hazards and procedures and working in enclosed spaces. Special considerations while working on power stations, substations, and power generation facilities.	28:00
ELECTRICAL PRINCIPLES	Take personal responsibility to work safety by understanding basic electrical principles.	14:00
* ELECTRICAL SAFETY VIOLATIONS	Common electrical hazards and how to identify them.	9:00
* EYE INJURIES	Eye protection while on the job.	3:50
EYE PROTECTION – A NEW APPROACH	Short training video emphasizing importance of eye protection.	15:00
FACTS ABOUT OSHA INSPECTIONS	Supervisors training video highlighting steps and ramifications of an OSHA inspection.	16:00
* FIGHTING FIRE BEFORE IT STARTS	Fire prevention.	35:00
* FIGHTING THE STRAIN – ERGONOMICS	Common sense solutions to the physical strain of repetitious movements for extended periods of body positioning.	5:47
FORKLIFT SAFETY	An operator training program.	8:00
* GOOD DRIVING IS AN ATTITUDE	The attitude of the driver and important aspects of safe driving.	5:00
GOOD SAFETY IS GOOD BUSINESS	Safety economics for employers and employees.	5:00
* HANDLING GAS CYLINDERS	The proper handling and storage techniques of gas cylinders.	5:39
* HANDLING THE HEAT	Recommendations for individual safeguards to eliminate or reduce heat exhaustion.	5:21
* HARDHATS – HARD HEADS	First aid for head injuries and how to avoid them.	5:00
HAVE A CHAIR	How to avoid backaches by using proper chair adjustment.	5:00
HAZARD COMMUNICATION A Health Responsibility	The five areas of the HazCom standards: hazardous materials identification, MSDS, warning labels, training, written program.	17:30

FILM NAME	DESCRIPTION	TIME
* HAZ-COM – AN OVERVIEW	A quick reference guide to Hazardous Communications requirements, labeling and Material Safety Data Sheets.	5:28
HEADS UP FOR SAFETY: OVERHEAD DANGERS	Accident prevention from overhead.	5:00
* HEARING THE GOOD THINGS IN LIFE	Wearing hearing protection to prevent long term hearing loss.	4:12
* HEAT CAN KILL	Signs of heat strokes or exhaustion and how to handle it's victims.	5:00
* HEAT STRESS	Signs of heat stress and how to prevent heat injuries.	15:00
* HEIMLICH MANEUVER, THE	How to recognize the symptoms of choking and how to perform the heimlich maneuver on the victim.	3:30
HIGH IMPACT ELECTRICAL SAFETY	Graphic video depicting hazardous environments while working around electrical equipment for electricians, maintenance and repair personnel.	19:00
HIGH IMPACT SAFETY AWARENESS	Video designed to familiarize field personnel with the hazards on the job.	18:00
HOLIDAY SAFETY	Awareness of common holiday-created fire hazards, safe food preparation, parties, winter traveling and shopping considerations.	17:00
HOME HEALTHCARE VIOLENCE	Understand the assault cycle and safe work practices to prevent potentially violent encounters when providing home healthcare.	22:00
HOME OWNERS GUIDE TO SAFE HANDLING OF HONEY BEES	Procedures on how to safely kill and dispose of honey bee hives when professional assistance is not possible.	26:00
HORSEPLAY IS NO JOKE	Dangers of horseplay at the work place.	12:00
* HOSPITAL STAFF ACTION IN EARTHQUAKES	Proper actions hospital staff can take to reduce injuries.	12:00
* HOUSEKEEPING – GENERAL WORK SPACE	Proper housekeeping in maintaining efficient and safe working conditions.	5:00
* HOUSEKEEPING: IT'S EVERYONE'S JOB	Work zone housekeeping.	14:00
INDOOR AIR QUALITY	General factors which influence indoor air quality and guidelines to improve it.	13:00
"IT WON'T HAPPEN TO ME" Accidents in the Workplace	Personal accounts of accidents; accident causation factors, common reasons for unsafe acts and accident prevention.	15:00

FILM NAME	DESCRIPTION	TIME
JOB BRIEFINGS	How to conduct and participate in an effective tailgate meeting.	9:16
* JUDGE, JURY AND EXECUTIONER	General safety consciousness.	5:00
911 KILLER BEES	A real life attack incident recorded on the 911 television series.	12:00
* KNOW YOUR ABC's – FIRE EXTINGUISHERS	Explains which types of fire extinguisher to use on each different type of fire.	5:00
* LADDER SAFETY	Explains the dangers and demonstrates the safe use of various types of ladders and portable steps.	6:21
LEAD – TREAT IT WITH RESPECT	Reducing your exposure to lead at work, protecting you and your family.	17:00
* LIFT IT RIGHT	Correct lifting and carrying techniques.	12:00
* LOCKOUT/TAGOUT	Safe procedures to follow before working on or repairing machinery.	15:00
* LOCKOUT, TAGOUT: SIX STEPS TO SAFETY	Proper machine and tool cut-off procedures before cleaning and maintenance.	11:00
* MACHINE AND EQUIPMENT SAFETY	Prevention of injuries by power equipment and machinery.	13:00
MACHINE GUARDING	The benefits of a written plan and components of an effective guarding plan.	18:00
MANUAL HANDLING	Analytical approach to manually handling a variety of materials, including breaking down a load, equip. assistance. Not a lifting technique film.	10:00
MAINTENANCE PERSON SAFETY	General precautions to take when performing regular job tasks.	5:32
* MURDER ON YOUR HANDS	Preventative measures on hand injuries.	5:00
* MUST WE FALL	Shocking video on slips and falls told through the eyes of a stuntman.	17:00
* NEAR MISSES	How to evaluate near misses and fix problems before injury.	6:00
OFFICE ERGONOMICS	Position of body to provide comfort and prevent injuries.	10:00
OFFICE ERGONOMICS – WORKING IN COMFORT	Principles of adjusting workstations to be more comfortable and efficient.	17:00
OFFICE ERGO-SAFE	A systematic approach to office ergonomics, and job task analysis.	20:00

COUNTY OF SAN BERNARDINO – Risk Management Division/Safety Section

SAFETY VIDEO LIBRARY

222 W. Hospitality Lane, 3rd Floor, San Bernardino CA (909) 386-8625

FILM NAME	DESCRIPTION	TIME
* OFFICE SAFETY – IT'S A JUNGLE IN THERE	Office safety from electrical hazards to slip and fall hazards.	24:00
* OFF THE JOB SAFETY	Common injuries off the job and how to avoid them.	10:00
ON ANY GIVEN DAY (SAFETY STATISTICS)	Facts and figures to reduce the risk of becoming a safety statistic.	5:00
ON GUARD	Infection control for Safety and Health care professionals.	23:00
* PERSONAL WORK SPACE	Reviews good personal work space housekeeping habits.	4:23
* PREVENTING EYE INJURIES: HOW'S YOUR SAFETY EYE-Q?	Proper wearing of eye protection for different jobs.	10:00
* PREVENTING HAND INJURY: THREE LINES OF DEFENSE	Basic hand injury prevention in all lines of work.	15:00
PRO-ACTIVE SAFETY ATTITUDES (For supervisors)	How to make a difference in preventing accidents by becoming a pro-active leader.	16:00
* RECOGNITION, EVALUATION, AND CONTROL OF HAZARDS (Supv. Training)	Preventing accidents or injuries before they happen.	18:00
* REPETITIVE MOTION INJURY – PREVENTION IS IN YOUR HANDS	Proper use of office machinery.	13:00
* RESPIRATORY SAFETY: THE BREATH OF LIFE	When and what type of respirators to use.	14:00
* RISKY BUSINESS	General office safety.	12:00
* RULES FOR TOOL SAFETY	Proper use of tools.	13:00
* SAFE LIFTING AND CARRYING	Lifting and carrying techniques for home and office.	5:00
* SAFE MATERIALS HANDLING	Heavy material handling and safe movement of all types of material.	11:00
SAFE WINTER DRIVING	Emphasizes methods to avoid accidents during winter conditions.	17:00
SAFETY-BITE WELDING HAZARDS	Basic control of hazards for welding and cutting operations.	5:00
* SAFETY RELATED WORK PRACTICES	Lockout, tagout procedures in heavy machinery and construction sites.	10:00

COUNTY OF SAN BERNARDINO – Risk Management Division/Safety Section

SAFETY VIDEO LIBRARY

222 W. Hospitality Lane, 3rd Floor, San Bernardino CA (909) 386-8625

FILM NAME	DESCRIPTION	TIME
* SAFETY AND SUBSTANCE ABUSE	Drug and alcohol awareness.	10:00
SELF HELP FOR BACK PAIN	Understanding the causes of most back injuries and demonstration of back exercises.	6:25
* SEVEN STEPS TO LADDER SAFETY	Proper ladder usage for the maintenance crew.	13:00
* SHOCK HAZARDS – POWER TOOLS	Power tool safety.	5:00
* SLAG INJURIES TO THE EYE – IT CAN HAPPEN TO YOU	Prevention and treatment to prevent further damage to eyes.	5:00
* SLIPPIN' AND TRIPPIN'	Slips and falls – causes and preventions.	5:37
* SLIPS, TRIPS AND FALLS	Prevention of slips, trips, and falls on the job.	12:00
SOFTBALL & BASEBALL FIELD MAINTENANCE AND SAFETY	Maintenance/safety for fields	25:00
S.T.A.R.T. #1	Supv. Training in Accident Reduction Techniques.	15:00
S.T.A.R.T. #2	Recognize and investigate accidents.	15:00
S.T.A.R.T. #3	Educate and motivate in accident reduction techniques	15:00
S.T.A.R.T. #4	Applied concepts of S.T.A.R.T. #1, 2, & 3.	15:00
START II – THE WAY WE WORK (For supervisors)	Transferring the value of personal safety to the worker.	26:30
* STAR WITNESS – ACCIDENT REPORTING	Observing the details of an accident and reporting it.	5:00
* STEP RIGHT UP	Safe usage of large ladders in a maintenance environment.	18:00
SUN SAFETY FOR OUTDOOR WORKERS	Risks, causes and prevention of 3 forms of skin cancer	13:00
SURVIVING THE BIG ONE (KCET video)	How to prepare for a major earthquake.	58:00
SUSPENDED ACCESS EQUIPMENT	Safe work procedures on platform, hoist operations.	10:00
* THE BIG STRETCH	Demonstration and techniques for warming up in the work place.	4:42

FILM NAME	DESCRIPTION	TIME
* THE FIRST LINE OF DEFENSE – FIRE EXTINGUISHERS	Demonstrates the need for readily available and appropriate fire extinguishers in every work environment and stresses the need to know safe operating procedures for these extinguishers.	7:46
THE FIRST STEP TO DANGER	Reviews safety procedures for taking the first step down from a high place.	4:08
THE INVISIBLE KILLER – CARBON MONOXIDE	Basic signs to recognize carbon monoxide build-up within your body and basic treatment for exposure.	5:00
* THERMAL BURNS	Proper first aid procedures in treating burns prior to EMT's arriving on the scene.	5:00
THE SIGNAL	Understanding the standard hand signals for crane operation.	5:21
THINKING IT THROUGH – MARK OF PROFESSIONAL SUPERVISOR	Responsibility of front line supervisors in regards to health and safety to their employees.	20:00
THREE POINT CONTACT	Climbing controls.	----
* TO HEAR THE BIRDS SING	Classifications of respirators for hazard protection are discussed and proper usage and maintenance.	6:26
TUBERCULOSIS AWARENESS	Excellent generic video explaining the nature of TB, risk of infection, symptoms of infection and protective measures.	16:00
TUBERCULOSIS: A PREVENTABLE EPIDEMIC	Exposure and control procedures for the medical profession.	23:00
* UP IN SMOKE	Proper precautions for usage and storage of flammable liquids.	4:49
* USE THE RIGHT TOOL	Using the right tool for the job.	5:00
* VIDEO DISPLAY TERMINAL AND YOU	Proper placement of VDT and prevention of carpal tunnel syndrome.	15:00
VIOLENCE IN THE WORKPLACE	Statistics, causes, warning signs, employee relations and reporting procedures.	10:00
* WATCH YOUR LOAD	Demonstrates proper loading and load securing techniques of cargo in every sort of vehicle.	5:10
WELDING/CUTTING SAFETY	Extensive overview of regulations for welding and cutting.	26:00
* WHERE ARE YOUR HANDS	Reminds workers to ask themselves, "Where are my hands?"	4:02
WINTER SAFETY	Features measures to protect employees from the effects of cold weather while working out of doors.	4:00
* WORKER'S ENEMY NUMBER ONE	Back injuries, lifting aids and common sense solutions.	5:29

FILM NAME	DESCRIPTION	TIME
* WORKING IN CONFINED SPACES	Safe techniques to follow when working in confined spaces.	17:00
WORKPLACE PRECAUTIONS AGAINST BLOODBORNE PATHOGENS: AS IT SHOULD BE DONE	NIOSH – Illustrates bloodborne pathogen exposure prevention in all aspects of healthcare environment	25:00
WORKPLACE VIOLENCE – FIRST LINE OF DEFENSE	Managing employee violence as an organization.	30:00
WORK ZONE SAFETY	How to keep your work zones safe for others.	15:00

SAFETY TRAINING PROGRAMS

In-depth training programs including a video, a detailed trainer's outline and handout masters.

Subject's List:

Effective Safety Committees
Accident Investigation
Emergency Preparedness
Lockout/Tagout
Hazardous Communication
Electrical Safety

* Indicates that a Safety Meeting Outline is available from Risk Management Division, Safety Section for use in conjunction with videos.

COUNTY OF SAN BERNARDINO - SAFETY SECTION (909) 386-8625
SAFETY BROCHURES

Name	Brief Description
➢Asbestos Awareness	Potential asbestos hazards and how to avoid them.
➢Avoiding Electrical Hazards	How to avoid electrical hazards by maintaining safe conditions in your work environment.
➢Back Safety	How your back works, how to life and handle materials and how a health lifestyle can protect your back.
Back Tips For People Who Sit	General back safety and health tips.
➢Beware of the Bite: Electrical Safety	Working safety around electricity through engineering controls, safe work practices and PPE.
Bloodborne Pathogens	What bloodborne infections are, how people contract and transmit them, and how to protect yourself against them.
Blue Print for CTD Prevention	Description of cumulative trauma disorder and prevention/management of this illness.
➢Confined Space Entry	Assist in identifying hazards and provide appropriate controls to make confined space entry safe and routine.
➢Contractor Safety	Help you become a safer employee under the challenging conditions contract workers often face.
➢Electrical Principles	Covers key points about basic principles of electricity.
Emergency Preparedness	Strategic preparation for any type of emergency.
➢Fight Fire with Prevention	The best way to prevent fires, and personal fire protection.
➢Hazard Communication - A Healthy Responsibility	Knowing the hazards of chemicals and recognize the dangers and importance of handling them safely.
➢Holiday Safety	Ways to minimize common dangers while ensuring a safe and happy holiday season.
➢Indoor Air Quality	Indoor air quality program elements, how office and personal activities affect indoor air quality.
➢Lead: Treat it with respect	Lead exposure hazards, limits, PPE and other standard requirements.
➢Lockout for Life	Learn how lockout/tagout accidents happen and how they could have been avoided.

Lock Out, Tag Out	Basic information on lockout/tagout procedures for cleaning, repair, servicing, or inspecting equipment.
Office Ergonomics	To help identify risk factors of cumulative trauma disorder and simple adjustments to make you more comfortable and productive.
Preventing Pain and Strain	Suggests many ways to protect against pains and strains that come with being careless about the way you move at work or play.
Preventing Slips, Trips, and Falls	Learn about the dangers of slips, trips, or falls and how to address them.
Respirator Protection	A guide to an effective program to keep you breathing safely on the job.
➢Safe Winter Driving	A review of safe winter driving techniques that could save your life.
➢Tuberculosis Awareness	Understanding tuberculosis and recognizing symptoms. Proper treatment plan to help put tuberculosis back in the past where it belongs.
➢Video Display Terminal	Realizing the effects of working on video display terminals and suggestions to counteract the demands and stresses.
➢Violence in Home Healthcare	How to spot potential violent situations, diffuse hostile situations and how to deal with an attack.
➢Winter Safety	To help you avert losing fingers and toes to frostbite, or risking your life to hypothermia, and help any victims of this condition.
➢Workplace Violence	How to identify types of violence, causes, how to protect yourself and co-workers and why reporting violence is important.

➢ This booklet contains a Post Test

County of San Bernardino
TRAINING CLASS DOCUMENTATION

Subject:_____ **Instructor:**_____

Department:_____ **Date:**_____

ATTENDEES

Please Print Name	Signature
1.	
2.	
3.	
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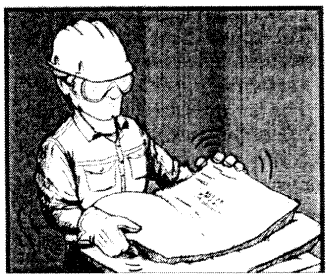
LIFTING SAFELY

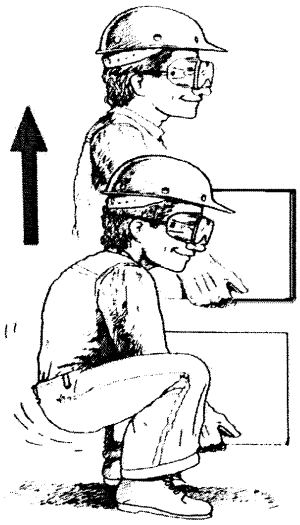


PREPARING FOR THE LIFT

ε Before starting to lift or carry anything, check your entire walkway to make sure your footing will be solid. Your shoes should give you good balance, support and traction.

ε Clear any movable obstacles out of your way, and make sure you know where the unmovable ones are.

ε Cautiously heft the object you'll be moving, to check its weight and center of gravity.



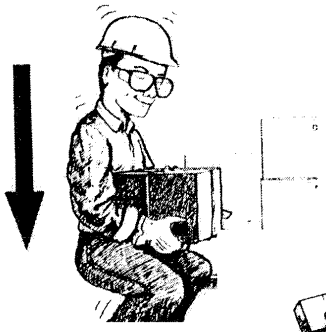
PERFORMING THE LIFT

This is the part that causes most on-the-job injuries. Follow these keys to safe and easy lifting:

ε Face the object squarely and get as close to it as you can.
ε Balance yourself solidly, with your feet slightly apart.
ε Squat down, bending your knees. Keep your back arched.
ε Grip the object firmly.
ε Take a breath and hold it.
ε Tighten your abdomen.
ε Use your legs to bring you to a standing position, keeping your back arched.
ε Make the lift smoothly and under control.

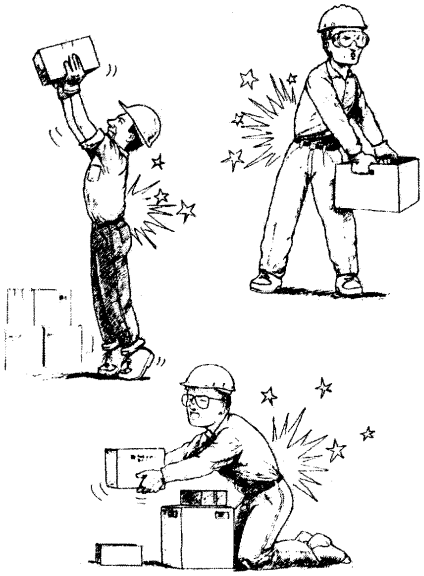
CARRYING AND LOWERING

When carrying an object, grip it firmly and hold it as close to your body as possible.



ε Arch your back.
ε Tighten your abdomen.
ε Bend at the knees.
ε Whenever possible, store heavy loads off the floor.

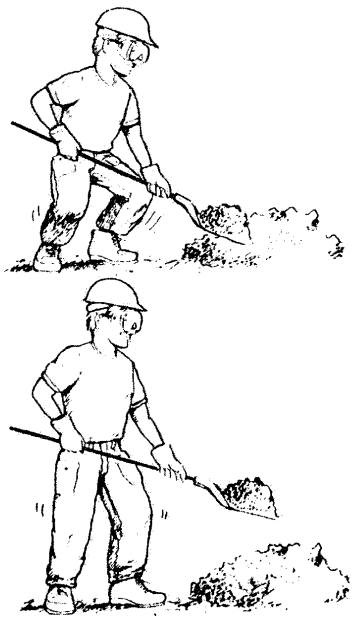
SAFETY TIPS FOR LIFTING



ε Don't lift objects over your head.
ε Don't twist your body when lifting or settling an object down.
ε Don't reach over an obstacle to lift a load. Move whatever is in your way or go around it.
ε Pace yourself to avoid fatigue when doing heavy work for a long period of time.
ε Follow the safety guidelines of your workplace.

SHOVELING

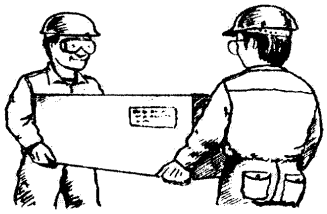
The same guidelines apply to other lifting jobs, such a shoveling.



ε Make sure your grip and balance are solid.
ε Tighten your abdomen as you lift.
ε Keep the shovel close to your body.
ε Bend your knees, not your back.
ε Use the strength of you thigh muscles to bring you to an upright position.
ε Increase your leverage by keeping your bottom hand low and toward the shovel blade. This allows you to use the strength of your arms and shoulders to take the load, instead of your back.

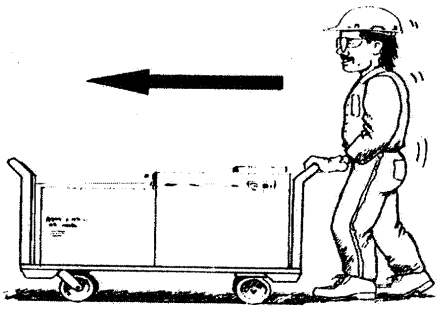
ALTERNATIVES TO LIFTING

For difficult lifting tasks, keep these options in mind.



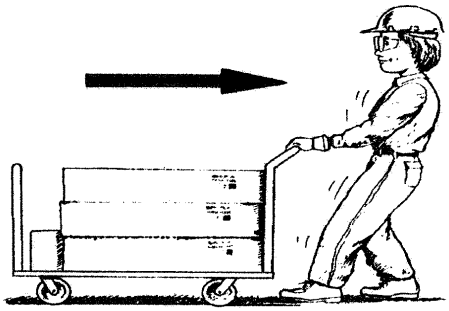
ε Ask a co-worker for help.
ε Use a pushcart or other material-handling device.

Pushing a load is easier on the back than pulling is. When pushing a load:



ε Stay close to the load.
ε Don't lean forward.
ε Use both arms.
ε Keep your stomach muscles tight.

If you must pull something:



ε Face the object squarely, with one foot at least 12 inches in front of the other.
ε Keep your back straight.
ε Bend your knees slightly.
ε Pull with one smooth motion.

FIRST AID MATERIALS

CATALOG #	DESCRIPTION	LIST #1 UPGRADE	LIST #2 SHERIFF/ EMERGENCY	LIST #3 FIELD OPERATIONS	LIST #4 INSIDE OPERA-TIONS	LIST #5 OFFICE
	CONTAINERS EMPTY:					
22-20-522	Plastic Kit (Empty) 10/unit					X
22-20-524	Metal Kit (Empty) 24/unit		X	X		
22-20-	Plastic (Pre-Packed) 34/unit	New order	New order	New order	New order	New order
	ANTISEPTICS:					
22-20-580	Iodine Wipes, 10/unit	2	1	1	•	•
22-20-088	Burn Spray, 3 oz. aerosol; or	1	1	1	1	1
22-20-087	Burn Ointment, First Aid Cream	2	•	•	•	•
22-20-620	Antibacterial Ointment, Neomycin	1	1	1	1	1
22-20-005	Alcohol Wipes, 70% Isopropyl, 10/unit	5	1	1	•	•
	BANDAGES, ADHESIVE:					
22-20-085	Bandage, 1" X 3", 100/box; or	1	1	1	1	1
22-20-002	Adhesive Bandage, ¾" X 3", 16/unit	1	•	•	•	•
22-20-007	Adhesive Bandage, Butterfly, 16/unit	1	•	•	•	•
22-20-003	Adhesive Tape, ½" X 5 yds, 2/unit; or	1	1	1	1	1
22-20-008	Adhesive Tape, 1" X 5 yds, 2/unit	1	•	•	•	•
	BANDAGES AND DRESSINGS:					
22-20-080	Bandage Compress, 2", 4/unit	1	1	1	1	1
22-20-081	Bandage Compress, 4", 1/unit	1	1	1	•	•
22-20-360	Gauze Bandage, 2" X 6 yds, 2/unit	1	1	1	1	1
22-20-261	Eye Dressing Packet, 4/unit	1	•	•	•	•
22-20-361	Gauze Compress, 24" X 72", 1/unit	1	1	•	•	•
22-20-089	Burn Dressing Pads, 4" X 4", 1/unit	1	1	•	1	•
22-20-362	Gauze Pads, 3" X 3", 4/unit	1	1	1	•	•
22-20-083	Triangular Bandage, 40", 1/unit	2	1	1	•	•
	MISCELLANEOUS TREATMENTS:					
22-20-004	Ammonia Inhalant, 10/unit	1	1	1	•	•
22-20-140	Cold Pack (Instant Cold), 1/unit	1	•	•	•	•
22-20-260	Eye Wash Solution, 1 oz. Saline	1	1	1	1	1
22-20-363	Green Soap Towelettes, 10/unit	1	1	1	•	•
	MISCELLANEOUS EQUIPMENT:					
22-20-320	Scissors & Tweezers	1	1	1	1	1
22-20-680	Pocket Guide to First Aid	1	1	1	1	1
22-20-660	First Aid Instruction Chart	•	•	•	•	•
22-20-420	Vinyl Gloves, Large 1/unit	1	1	1	1	1
22-20-821	Splint, Bendable, 4¼" X 36", 1/unit	•	•	•	•	•
	BITE AND STING TREATMENT:					
22-20-820	Snake Bite Kit	•	•	•	•	•
22-20-822	Sting Kill, 10/unit	1	1	1	•	•
	POISON OAK TREATMENT:					
22-20-681	Poison Oak Wash, 4 oz., Liquid; or	1	•	•	•	•
22-20-682	Poison Plant Cream, 5/unit	1	•	•	•	•
	RESCUE BREATHING EQUIPMENT:					
22-20-141	CPR-Clear Mouth Barrier	1	1	•	•	•
71-30-820	Scratch Pad, 3" X 5"	•	•	•	•	•
71-40-693	Pencil, #2, Black	•	•	•	•	•

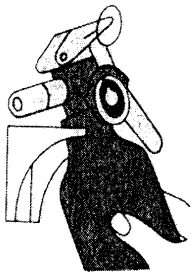
• OPTION ITEM -Storage may require larger kit

R. 3-2001

Where should fire extinguishers be located?

It's best to keep extinguishers in high-traffic areas, always in plain sight. Don't hide them behind drapes, under tables, or in closets. At least one extinguisher should be kept on each floor of your home, including one for the basement and attic.

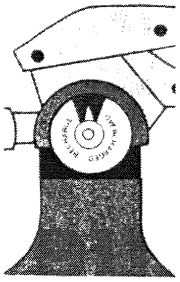
] Place extinguishers o wall brackets no higher than five feet from the floor and near exit and hazard areas.



] Know the hazard areas in your home an office.

How can you keep time on your side?

When fighting fires, time is previous. Keep time on your side by knowing what's what and where to find it!



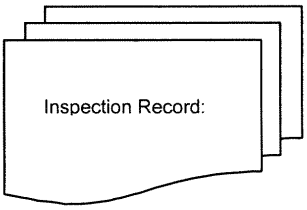
] Call your fire department first.

] Always keep your fire extinguishers serviced and ready for use. Pressure gauges and carbon dioxide containers should be checked monthly. All containers should be checked on a regular basis.

] Acting fast can make the difference between a small fire and one that consumes your whole building.

Keep inspection records.

Keeping inspection records for your fire extinguishers will help you keep track of usage and service. Records can also come in handy after a fire when your insurance company may ask questions about extinguishers. It is especially helpful for businesses to be able to prove that their extinguishers were all serviced and in working order.

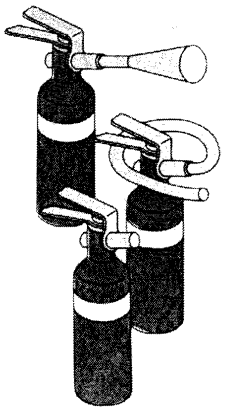


Know your fire extinguishers.

A fire extinguisher is your best defense against fires that have just begun to burn. Fire extinguishers can:

] buy you enough time to get out of a burning structure, or
] extinguish fires completely if used properly.

Using the wrong type of fire extinguisher can worsen a fire out of all proportion. It is important to know the type of fire you are fighting before you attempt to use an extinguisher. If you have any doubt about the kind of fire facing you, don't fight it alone!



What kind of extinguishers are available?

Unless you know something about the many types of extinguishers on the market, buying one can be confusing. Extinguishers contain substances that fight different classes of fires. Some are multi-purpose extinguishers than can be used for more than one kind of fire:

Type A Fire Extinguisher - for fires that need a substance like water to cool burning materials down below ignition level. (Burning paper, cloth, wood, rubber, and plastics).

Type BC Extinguisher - contains chemicals that fight: (1) Class B fires (flammable liquids, gases and greases), and (2) Class C fires (energized electrical equipment, electrical fire and burning wires).

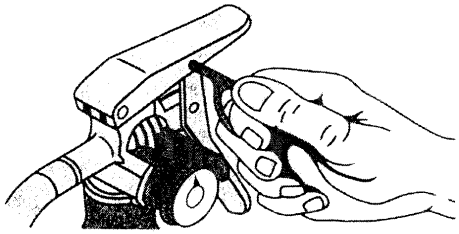
Type ABC Extinguishers - Multi-purpose extinguishers that fight all three types of fire.

REMEMBER the basics of using extinguishers.

If you are called on to use your extinguisher to fight a fire, just think of the word, **PASS**:

Pull

The safety pin at the top of the extinguisher.

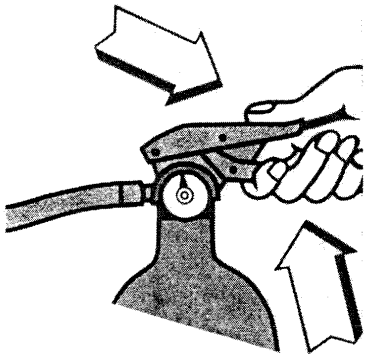


Aim

the nozzle, horn, or hose at the base of the flames.

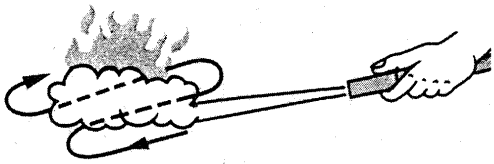
Squeeze

or press the handle.



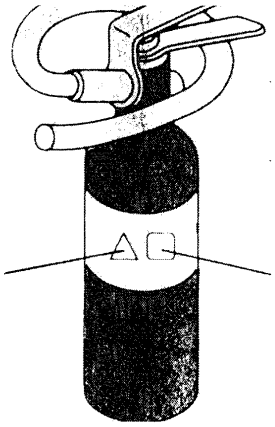
Sweep

From side to side at the base of the fire until it goes out.



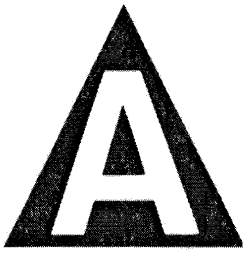
Look for universal symbols on extinguishers.

Select the best kinds of fire extinguishers you might need for your home or office. Then learn to choose the correct type quickly if fire breaks out.



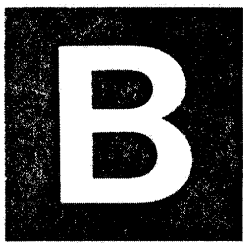
Universal symbols and/or pictograph systems are found on most fire extinguishers to indicate the particular class of fire that the extinguisher fights.

SYMBOLS **PICTOGRAPH**



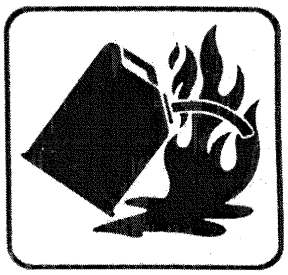
TRASH ⌂WOOD ⌂ PAPER

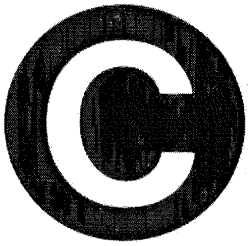
An **A** in a green triangle represents Type A extinguishers that fight ordinary combustibles such as burning trash, wood, rubber, cloth and plastics



LIQUIDS φ GREASE

A **B** in a red square represents Type B extinguishers that fight flammable liquids, gases and greases such as oils, paints and gasoline.





ELECTRICAL EQUIPMENT

A **C** in a blue circle represents Type C extinguishers that fight energized electrical fires such as burning wires, switches, machinery and home appliances.

EMPLOYEE TRAINING CHECKLIST
County of San Bernardino

(This report is to be completed by the Supervisor and New Employee within ten working days of employment or new job assignment. Additional forms are to be prepared as the employee receives safety training during the course of employment, at least annually).

NAME _____ BIRTHDATE _____

Date Employed: _____ SSN: _____ Dept. Assigned: _____

Job Title _____ Employee Past Work Experience: _____

a. Has Employee taken pre-employment physical? ☐ yes ☐ no
b. Are there any physical limitations? ☐ yes ☐ no

If answer to B is yes, please explain:

I HAVE BEEN INSTRUCTED IN THE FOLLOWING SUBJECTS THAT ARE CHECKED:

1. Safety policies and programs ☐ yes ☐no
2. Safety rules, both general and specific to the job assignment ☐ yes ☐no
3. Safety rule enforcement procedures ☐ yes ☐no
4. Use of tools and equipment ☐ yes ☐no
5. Proper work shoes and other personal protective equipment ☐ yes ☐no
6. Handling of material ☐ yes ☐no
7. Lifting and use of lifting equipment such as hoists and cranes ☐ yes ☐no
8. How, when and where to report injuries ☐ yes ☐no
9. Importance of housekeeping ☐ yes ☐no
10. Special hazards of job ☐ yes ☐no
11. When and where to report unsafe conditions ☐ yes ☐no
12. Safe operation of vehicle ☐ yes ☐no
13. Personal protective equipment: List Items _____ _____ _____ _____
14. Hazardous materials: List Items _____ _____ _____ _____
15. Tools/Equipment: List Items _____ _____ _____ _____
16. List all training not indicated above (use back of form if necessary):

_____

_____

Employee Signature _____ Date _____

Follow up on employee will be observed by _____

Employee has performed operation to the satisfaction of the undersigned. An observation was completed on the date indicated.

Supervisor Signature _____ Date _____

IMPORTANT: If employee is transferred to another job, an additional safety instruction report must be completed.