



**CITY OF
STOCKTON**

[Department Name]

Injury and Illness Prevention Program (IIPP)

Introduction

Note to the Departments

This Injury and Illness Prevention Program (IIPP) template is provided so that all City departments can be in compliance with the requirement of the California Code of Regulations, Title 8, section 3203, to establish a written and effective IIPP. This template was set up based on the required elements of this standard and encompasses City policies and procedures as it relates to the safety and health of employees.

Departments are encouraged to adopt the content of this template to develop their own IIPP and add any department specific policies and procedures as it relates to safety and health in the work environment.

[Enter Date]

POLICY:

It is the policy of the City of Stockton and the [department name] Department to provide a safe, healthy, and secure workplace for all employees by implementing an effective safety program. We are determined to meet this objective through regulatory compliance, assignment of program responsibility, hazard assessment and control, accident investigation and reporting, safety training, work-site inspections, security training and communication of safety and security issues to all of our employees.

REFERENCES:

California Code of Regulations, Title 8, Section 3203, Section 5194; Health and Safety Code 1257.7; California Labor Code 6300; Code of Federal Regulation, Title 29; City of Stockton-Management Directives. City of Stockton: City Council Administrative Policies.

1. PROGRAM RESPONSIBILITY:

1. Department Head

[Department Head's name] of [department name], has oversight responsibility for the IIPP. [Department Safety Coordinator's name], is the Department Safety Coordinator and is responsible for the day to day implementation of the department IIPP.

List and include the responsibility of respective department managers.

2. Department Safety Coordinator

It is the responsibility of the Department Safety Coordinator to coordinate the safety activities of the divisions and maintain liaison with the City Safety Officer. Duties include the following:

- a) Manage- Manage, administer and coordinate the day-to-day activities of the department's IIPP.
- b) Review- Assure safety committee review of department safety/security rules and employee accidents/injuries/incidents.
- c) Secretary of Department Safety Committee- As secretary, the coordinator shall schedule committee meetings, prepare agendas, and maintain written records of each meeting.

Department Name
Injury and Illness Prevention Program

- d) Safety Advisor- Act as safety program advisor to division managers.
 - a. Schedule, provide and or make available training to managers and supervisors to familiarize them with health, safety, and security hazards present in their division.
 - b. Assist managers and supervisory personnel in scheduling, performing and/or making available safety and security training for employees in their division.
- e) Follow-Up- Meet with supervisors to follow up on actions necessary to correct causes of employee accidents/injuries/incidents.
- f) Coordinate Department Activities with the City's IIPP- Provide the City Safety Officer with the department's IIPP, Emergency Action Plans, and other required written safety programs. Accident/injuries/incident reporting, self-inspection, training information and other safety matters shall also be submitted.
- g) Safety Bulletin Boards- Maintain the department's safety bulletin board(s).

3. Division/Site Safety Representatives

Division and or Site Safety Representatives assist the Department Safety Coordinator with his/her day-to-day implementation of the safety program. Duties are as follows:

- a) Safety Inspections- The Representative will conduct periodic facility inspections of the area under their control. These procedures are outlined in section III.
- b) Hazard Communication- Maintain a current inventory list of the hazardous substances being used at the site, and maintain current Material Safety Data Sheets (MSDS's) for those substances.
- c) Accident Investigations- Assist supervisors, managers, and the Department Safety Coordinator when necessary to conduct accident investigations.
- d) Hazard Reporting- Assist supervisors, managers, and the Department Safety Coordinator when necessary to follow-up and correct hazards reported by employees via the Employee Hazard Reporting program.

2. DEPARTMENT SAFETY COMMITTEE:

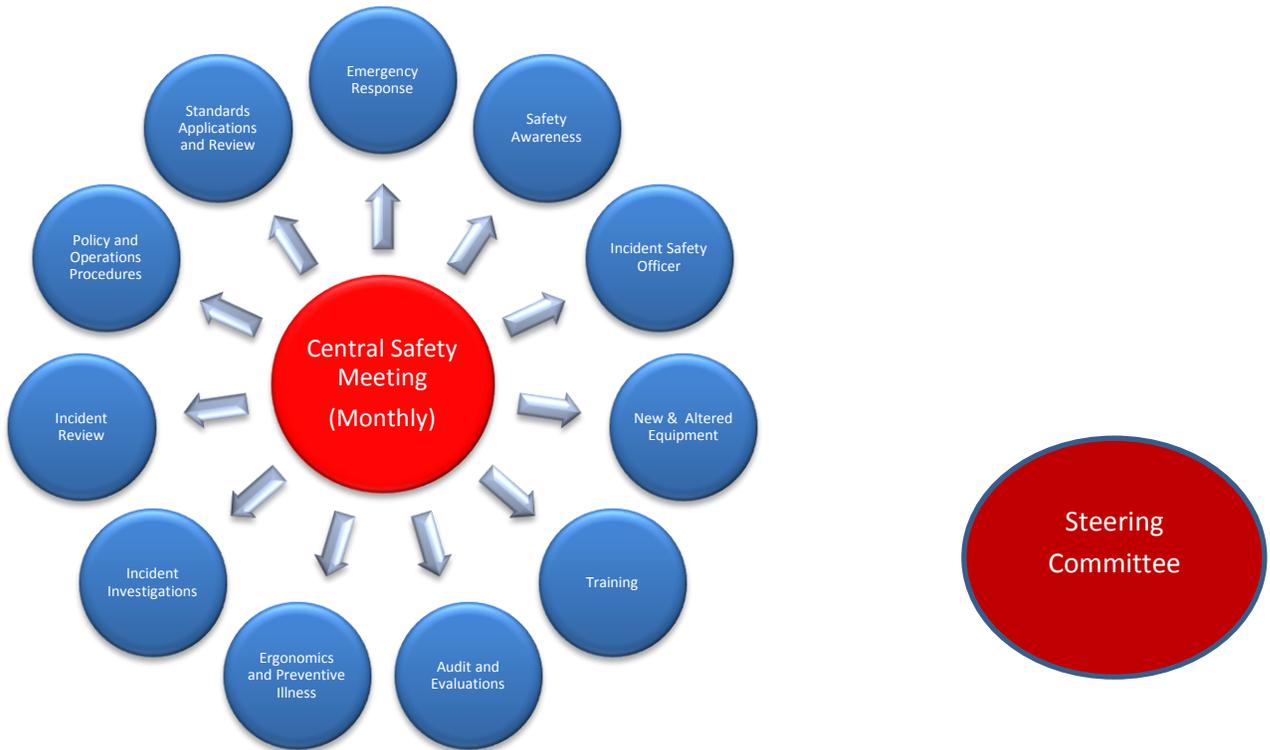
1. Organization & Structure

Effective Safety Systems, (commonly referred to as Safety Programs), are comprised of the following:

1. Data compilation, retrieval, analysis and application assessment.
2. Operational leadership and line management commitment.
3. Defined structured process with responsibility and accountability.
4. Established methods for the identification of behaviors and conditions which cause injury and illness.
5. Communicated expectations pertaining to employee compliance and system ownership
6. "360", communication
7. Methods of hazard identification and correction
8. Active initiatives for Leading Indicator prevention methods.
9. Comprehensive "Operational and Compliance", training.
10. Comprehensive Event / Incident Investigations
11. Root Cause/s Analysis
12. Procedural / Operational Evaluations
13. Correction and Compliance Audits
14. "360", Feedback

Department Name
Injury and Illness Prevention Program

2. The [department name] (Central Safety Committee) shall meet monthly and is organized as follows:



- a) Central Safety Committee meets monthly and reports on subcommittee activities associated with the specific safety disciplines. Each safety discipline subcommittee is to be headed by a representative supervisor of the department. The Central Safety Committee shall be headed and directed by the department head.
- b) Steering Committee: Representation on this committee shall be the department head, human resources representative, city safety officer, labor representative, designated city occupational medical provider and city attorney representative. The purpose of the committee is to conduct oversight, review policy. The chairperson shall be responsible for conducting the meeting and presenting the safety committee's recommendations regarding safety policies and procedures. [enter chairpersons name] is the chairperson of the committee.

Department Name
Injury and Illness Prevention Program

- c) Subcommittees: The subcommittees represent various safety disciplines within the overall city structure, to include;
- a) **Emergency Response**: Responsible for the operational emergency response within the respective department. The committee conducts and oversees evacuation drills and procedures, etcetera.
 - b) **Safety Awareness**: Responsible for campaigns, messaging, alerts, and strategies associated with safety awareness and injury. This committee also establishes employee outreach and methods for employees to report unsafe or hazardous concerns anonymously.
 - c) **Incident Safety**: Responsible for evaluation and analysis operational incidents related to close calls or application of root cause findings and follow up.
 - d) **New and Altered Equipment**: Responsible for the evaluation of existing and new equipment. This committee works closely with the Audit, Incident Safety, and Incident Investigation committees
 - e) **Training**: Responsible for stewardship of general and operational safety training and compliance
 - f) **Audits and Evaluations**: Conducts facility and behavioral audits and works closely with all other subcommittees
 - g) **Ergonomics and Preventative Illness**: Responsible for work impact hazards associated with ergonomic interface; and wellness and illness prevention
 - h) **Incident Investigations**: Provides incident summaries and statistical analysis associated with events, injuries, illnesses, near miss, and leading indicator findings.
 - i) **Incident Review**: Reports and review panel activities and follow up. Responsible for evaluating root cause process and corrective action tacking.
 - j) **Policies and Procedures**: Works with the Steering Committee to address needs and development of safe work practices policies and procedures
 - k) **Regulatory Standards and Review**: In conjunction with the City Safety Officer, stewards contemporaneous updates and regulatory compliance.
- d) Subcommittee members are selected by means and methods agreed upon and set forth by the department head. These members represent all facets of the department's operations; e.g., key supervisors from various divisions and selected employees. Union stewards are invited to attend and participate. In addition to the designated chair, the committee shall appoint a secretary to ensure documentation and follow up.

3. Employee Responsibility

It is the responsibility of all [enter department name] department employees':

- a) To work in a safe manner and follow established safe work practices.
- b) To follow established security procedures outlined in Management Directive 1750 and [enter department/division/site specific security procedures here if applicable].
- c) To assess the safety of equipment, materials and procedures in their respective work areas on a daily basis.
- d) To report safety hazards to supervisors using the Employee Hazard Reporting program (attachment A).
- e) To report security hazards to supervisors immediately.
- f) To report on the job injuries to their supervisor as soon as possible after an injury.
- g) To report threat from co-workers and clients to their immediate supervisors immediately.
- h) To expect a safe and healthy work environment and to work toward increasing the safety and security of their workplace.
- i) To attend safety training that is scheduled, provided and/or made available to them.

3. Program Elements:

1. Safety/Security Inspections: (Emergency Response Committee)

Periodic inspections are conducted by the Safety Representative under the direction of the person responsible for implementing the IIPP. The frequency of inspections is as follows:

*Facility Inspections	Quarterly
Fire/Earthquake Drill (Emergency Action plan)	Annually
Fire Extinguishers (Annual inspection and servicing)	Monthly

Department Name
Injury and Illness Prevention Program

This inspection will be documented to contain the following items:

- a. The name(s) of the person(s) conducting the inspection.
- b. The unsafe conditions, work practices and security hazards that were identified.
- c. The actions taken to correct the identified unsafe conditions, work practices and security hazards.

2. Hazard Evaluations: (Audit Committee)

A hazard evaluation that identifies safety and security hazards associated with the specific operations of each division will be performed:

- a. Annually
- b. Whenever new substances, processes, procedures or equipment are introduced to the workplace that represents a new occupational safety, security or health hazard.
- c. When an occupational injury, illness, or security related incident occurs.
- d. When new or previously unidentified security hazards are recognized.
- e. By General Services' Security division upon request from the division.

4. Emergency Procedures: (Emergency Response Committee)

Each [enter department name] Division will adhere to the City of Stockton Emergency Procedures. These procedures can be found in the City of Stockton Emergency Procedures Handbook (**Attachment B**) and the Emergency Procedures section of the City of Stockton Telephone Directory and in the Division Safety Manual. **In addition, to these procedures, specific emergency action steps are outlined for each facility within the department through a written Emergency Action Plan (Attachment C).**

These procedures address the steps to be taken when an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, which includes removing all exposed personnel from the area except those

Department Name
Injury and Illness Prevention Program

necessary to correct the existing condition and providing the necessary safeguards to employees who are necessary to correct the hazardous condition.

5. Accident Investigation and Reporting: (Incident Safety, Incident Review & Investigations Committees)

1. All occupational injuries, illnesses, or accidents shall be reported directly to the supervisor in charge at the time of the accident.
2. In the event of injury or illness, medical attention shall be made immediately provided to the employee.
3. The supervisor shall be responsible for investigating the incident and ensuring all pertinent information required in determining the cause of the incident is documented on the Supervisor's Investigation Report (attachment D).

As much information about the incident shall be recorded on this report within 24 hours and forwarded to the Department Head. A copy of this report shall be made immediately upon completion and forwarded to the department's Workers' Compensation Coordinator in order to process the appropriate paper work if medical treatment is needed.

- a) Corrective actions taken to prevent reoccurrence should also be identified.
 - a. When an accident results from an unsafe condition, action will be taken to correct and prevent a reoccurrence.
 - b. If the accident resulted from an unsafe act, action will be taken to retrain and/or discipline the employee, as appropriate.
 - c. Documentation will be kept for future reference to ensure a safety performance review is included in the annual employee evaluation.
 - d. A copy of the completed Supervisors Investigation Report shall also be forwarded to the Department Safety Coordinator.
4. Key elements of the investigation include:
 - a) Visiting the accident scene as soon as possible.
 - b) Interviewing the injured worker(s) and witnesses.

Department Name
Injury and Illness Prevention Program

- c) Examining the workplace for factors associated with the accident/exposure.
 - d) Determining the cause of the accident/exposure.
 - e) Taking corrective action to prevent the accident/exposure from recurring.
 - f) Recording the findings and corrective actions taken.
5. Elements of the Investigative Procedure are as follows:
- a) **Initial Incident Investigation**: Supervisor and Employee: Gather information - Take care of employee- Initiate investigation upon notification of Incident. Absent unusual circumstances, the initial investigation is to be completed before the supervisor leaves shift.
 - b) **SWOT Review**: Within 3 working days of the incident the supervisor, human resources, employee, and safety officer will meet to conduct a S.W.O.T (Strengths, Weaknesses, Opportunities, Threats,) review of the event. If behavior discipline is applicable it will be done in accordance with established procedures and agreements. Recommendations and findings will be submitted to the SMART (Supervisor, Manager Accident Review Team) **SWOT Review**:
 - c) Within 7 working days of the event, a **SWOT** meeting with the direct department manager and supervisor of the employee/s shall be conducted. This is a review of the SWOT findings and Incident Investigation. A review of the employee welfare, prior incidents, and corrective actions taken or addressed shall be evaluated. Findings and follow up on any additional information shall be completed before submission to the Incident Review Panel.
 - d) **Incident Review Panel**: Weekly or as required an Incident Review Panel comprised of the department head, associated manager/s, human resources, and the city safety officer shall be convened. The initiating investigative supervisor shall present the investigative content, findings, and corrective actions and identified additional resources needed in conjunction with the specific incident they investigated. In addition, information pertaining to previous incidents involving the employee/s will be discussed. The presenting the incidents occurring on their shift, will address the history of those incidents, why they occurred, what was done, what is needed to prevent such incidents in the future.
6. All appropriate accident/injury/workers' compensation reporting forms shall be filed with the Risk Management division within ~~(no more than)~~ 24 hours of notification of an employee injury/illness.

Department Name
Injury and Illness Prevention Program

7. The documentation of occupational incidents which require medical attention beyond first aid is required by Cal-OSHA. Each incident which is considered recordable will be documented on the OSHA Form 300 for the [enter department name] department. The 300A summary form shall be posted on each safety bulletin board during the period of February 1 through April 30 of each year for employee review. These records shall be maintained for five years.
8. Further procedures for investigating and reporting accidents are outlined in Management Directives
9. If an injury or illness results in death, disfigurement, amputation, or the employee is taken to the hospital, Risk Management shall be notified of the incident immediately so that proper reporting to Cal/OSHA is made.

VI. Communication of Safety and Security Hazards: (Safety Awareness Committee)

The [enter department name] department has a communication system designed to encourage a continuous flow of safety, health and security information between management and employees without fear of reprisal and in a format that is readily understandable. This communication system consists of the following:

1. New employee orientation which includes a presentation of our department/division specific workplace safety and security policies and procedures. The [enter title of responsible person] shall be responsible for doing this shortly upon the employee starting work.
2. Periodically reviewing and explaining our IIPP with employees.
3. Training programs designed to address specific aspects of workplace safety and security issues unique to each division's setting.
4. Safety and security training are included in periodic staff meetings. This training is documented and includes an open question and answer period.
 - a. Training documentation shall include the topic(s) covered, the name(s) and title(s) of the training provider(s); the date of the training; and the employee(s) name and signature (Attachment E).
 - b. The question and answer period allows employees to request clarification on safety and security issues addressed in the meetings.

Department Name
Injury and Illness Prevention Program

5. Posted or distributed workplace security information.
6. A system for employees to inform management about workplace safety hazards directly and anonymously. The Employee Hazard Report is the mechanism used to accomplish this.
7. A direct system for employees to inform management of security hazards or threats of violence.
8. Procedures for protecting employees who report threats, from retaliation by person making the threats.
9. The use of the department and division safety meetings as a forum to voice and address employee's safety and security concerns.
10. Up to date safety bulletin boards which contains current literature and relevant information that is readily available to employees. All work locations are required to have one board and employees shall be made aware of its location.
 - All department employees will be scheduled to participate in the City safety training classes as applicable. In addition, employees will be provided the following safety training:
11. All employees will be given a copy of the City Safety Rules (attachment F) for their use and information.
12. New and transferred employees will be given a safety orientation within their first week of employment.
13. All employees will be trained and/or informed of new substances, procedures, or equipment when introduced to the workplace which represents a new hazard.
14. All employees will be notified whenever we learn of a new or previously unrecognized hazard.

Edit the list below to reflect the appropriate training topics based on tasks performed in the various areas of the department. An appendix may be added to break down the topics by groups of workers or by job title.

Department Name
Injury and Illness Prevention Program

Training may include but not limited to the following safety topics: Examples
(Training Committee)

- a. Safe lifting/material handling procedures
- b. Chemicals in the workplace
- c. Slips, trips, and falls
- d. Electrical hazards/shock prevention
- e. Use of office machines
- f. File cabinet hazards/safe procedures
- g. Video Display Terminal(VDT)
Ergonomics
- h. Drugs and Alcohol on the job
- i. Controlling job stress
- j. Violence in the workplace
- k. Defensive Driving
- l. Fire Extinguisher use

VII. Hazard Communication:

Each division will comply with the requirements of the California Code of Regulations, Title 8, Section 5194, Hazard Communication as recorded in Management Directive 1640 (attachment G).

VIII. Recognition and Disciplinary Action:

- Employees who follow safe and healthful work practices will be recognized in staff meetings.
- Employees who fail to follow safe and healthful work practices will be subject to, retraining and progressive disciplinary action as appropriate.

IX. Administrative Policies and Management Directives:

All safety and security related administrative policies and management directives are considered a part of the [department name here] Injury and Illness Prevention Program.

X. Record Keeping:

Records that document implementation of the IIPP shall be maintained in the departments central safety files. These files are located [enter location of files]. Copies of the records shall be forwarded to Risk Management as records are generated. The following records will be maintained for at least the period indicated:

Department Name
Injury and Illness Prevention Program

- The written IIPP.....Indefinitely
- Inspection Forms..... 3 years
- Investigation Forms.....3 years
- Employee Training Sign-in Sheets.....3 years
- Records relating to employee communication and enforcement:
 - Safety Meeting Sign-up Sheets.....3 years
 - Employee Suggestion/Question and Responses.....3 years
- All other safety records other than those subject to the access standard years:
 - Medical and employee exposure records subject to access standard.....Duration of employment plus 30 years
 - Cal/OSHA 300 and 300A forms.....5 years

Department Name
Injury and Illness Prevention Program

Attachments

- Attachment A- Employee Hazard Reporting Procedures and Report
- Attachment B- Emergency Procedures Guide
- Attachment C- Site Specific Emergency Action and Fire Prevention Plans
- Attachment D- Supervisor Investigation Report
- Attachment E- Safety Meeting Report
- Attachment F- City of Stockton Safety Rules
- Attachment G- Management Directive 1640- Hazard Communication

Attachment A- Employee Hazard Report and Reporting Procedures

EMPLOYEE HAZARD REPORT PROCEDURES

PURPOSE

The Employee Hazard Report form was established to provide a means for employees to report previously unrecognized hazards that could cause employee injury illness/death, damage to City property or injury/accident to a public patron on City property. This program also satisfies a requirement of the IIPP to have a system designed to encourage employees to inform their employer of hazards at the worksite without fear of reprisal and anonymously, if desired.

RESPONSIBILITY

A. DEPARTMENT SAFETY COORDINATOR

1. Department Safety Coordinators shall keep an adequate supply of Employee Hazard Report forms for use at
all times even though the report is available electronically.
2. Blank Employee Hazard Report forms shall be posted on department safety bulletin boards and made
accessible to all employees within the department.
3. Once completed, a copy of the Employee Hazard Report shall be forwarded to the Department Safety
Coordinator by the supervisor for discussion at the next safety committee meeting.

B. EMPLOYEE REPORTING HAZARD

The employee reporting a hazard should do so without fear of reprisal, ensuring the following actions are taken:

1. The employee should complete the Employee Hazard Report form. The hazard should be described in detail and the employee's recommended corrective action should be stated.
2. The employee should forward the original form to his/her supervisor for further action.

C. SUPERVISOR

Supervisors shall process Employee Hazard Reports submitted to them in a timely manner, and ensure their accuracy and proper completion. In addition, supervisors should ensure the following actions are taken:

1. The supervisor should review the Employee Hazard Report and record his/her analysis and/or corrective action taken within five days.
2. When necessary, the supervisor should involve upper level supervisors and the Department Safety Coordinator in hazard analysis and corrective action. The supervisor should inform the employee if there are any delays in the five-day requirement.
3. After corrective action is completed, the supervisor should make three copies of the completed form. One copy should go the employee, one copy to the Department Safety Coordinator, and one copy should be retained by the department. This copy should be discussed at the next safety meeting.
4. The original copy should be sent to the Risk Management Division, ATTN: City Safety Officer, Stop 188.

Department Name
Injury and Illness Prevention Program

D. CITY SAFETY OFFICER

1. The City Safety Officer shall review the Employee Hazard Report and corrective action taken to ensure effective correction of the hazard. In cases where the action taken is incomplete, the City Safety Officer will initiate further action in coordination with the Department Safety Coordinator.

Hazard Report:

To Be Established by department

Department Name
Injury and Illness Prevention Program

Attachment B- Emergency Procedures Handbook

To Be Established By department

Department Name
Injury and Illness Prevention Program

Attachment C- Site Specific Emergency Action and Fire Prevention Plans

Attach Department Emergency Action and Fire Prevention Plans here.

Department Name
Injury and Illness Prevention Program

Attachment D- Supervisor's Investigation Report



**SUPERVISOR'S INVESTIGATION
 REPORT
 CITY OF STOCKTON**

For Instructions
 See **INSTRUCTIONS**
FOR FORM
COMPLETION

Injured Employee:		DOB		SS#		Male <input type="checkbox"/>	
						Female <input type="checkbox"/>	
Home Address:				()			
Street		City		Phone Number		Date of Hire	
Work Schedule:							
Hours Per Day		Days Per Week		Total Weekly Hours			
Employment Status:		Regular Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		Temporary <input type="checkbox"/>	
						Seasonal <input type="checkbox"/>	
Gross Wages:		\$		Other Payments Not Reported as Wages/Salary:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
						\$ per week	
Date Injured	Time	:	AM <input type="checkbox"/> PM <input type="checkbox"/>	Dept.		Job Class	
Time employee started work	Time	:	AM <input type="checkbox"/> PM <input type="checkbox"/>	(Indicate Main Department, e.g., Police, CDD)			

Paid Full Day's Wages For Date of Injury or Last Day Worked? Yes No Salary being continued? Yes No

Date of Employer's Knowledge/Notice of Injury/Illness: _____ Date Employee was provided DWC-1 Form? _____

Nature/Extent of injury: _____

Engaged in what work when _____

Was medical treatment offered? YES NO Was employee seen by a hospital/doctor? YES NO

Was employee treated in an Emergency YES NO Was employee hospitalized overnight as an in- YES NO

Name/Address of Doctor or hospital where employee was _____

 Name of Doctor/Hospital Street City Number of lost workdays

If Employee Died, Date of Death: _____

Other Workers Injured/Ill in this event? _____

A NATURE OF INJURY	PART OF BODY	ACCIDENT TYPE	UNSAFE CONDITION	UNSAFE ACT	CONTRIBUTING CAUSE (Indirect)
101 <input type="checkbox"/> Cut/puncture	201 <input type="checkbox"/> Head	301 <input type="checkbox"/> Slip/fall same level	401 <input type="checkbox"/> Inadequate or no safety guards	501 <input type="checkbox"/> Operating without auth.	601 <input type="checkbox"/> Minimum training
102 <input type="checkbox"/> Strain/Sprain	202 <input type="checkbox"/> Face	302 <input type="checkbox"/> Slip/fall different level	402 <input type="checkbox"/> Poor Housekeeping	502 <input type="checkbox"/> Using defective equip.	602 <input type="checkbox"/> Fatigue
103 <input type="checkbox"/> Contusion (bruise)	203 <input type="checkbox"/> Eye <input type="checkbox"/> Left <input type="checkbox"/> Right	303 <input type="checkbox"/> Struck against	403 <input type="checkbox"/> Unsafe/defective equipment	503 <input type="checkbox"/> Failure to use safety device or protective equipment	603 <input type="checkbox"/> Pre-existing physical weakness
104 <input type="checkbox"/> Burn (heat or chemical)	204 <input type="checkbox"/> Neck	304 <input type="checkbox"/> Struck by		504 <input type="checkbox"/> Failure to make secure	604 <input type="checkbox"/> Intoxicated
105 <input type="checkbox"/> Fracture	205 <input type="checkbox"/> Shoulder <input type="checkbox"/> Left <input type="checkbox"/> Right	305 <input type="checkbox"/> Caught in between	404 <input type="checkbox"/> Inadequate illumination or noise control	505 <input type="checkbox"/> Improper use of equipment	605 <input type="checkbox"/> Inattentive
106 <input type="checkbox"/> Crush Injury	206 <input type="checkbox"/> Arm <input type="checkbox"/> Left <input type="checkbox"/> Right	306 <input type="checkbox"/> Strain/overexertion	405 <input type="checkbox"/> Hazardous personal attire	506 <input type="checkbox"/> Safety rule was violated	606 <input type="checkbox"/> Nervous, excitable, impatient
107 <input type="checkbox"/> Dislocation	207 <input type="checkbox"/> Elbow <input type="checkbox"/> Left <input type="checkbox"/> Right	307 <input type="checkbox"/> Inhale, Absorb, Ingest	406 <input type="checkbox"/> Improper ventilation	507 <input type="checkbox"/> Unsafe loading, placing, carrying, lifting	607 <input type="checkbox"/> Lost temper
108 <input type="checkbox"/> Skin Irritation	208 <input type="checkbox"/> Hand <input type="checkbox"/> Left <input type="checkbox"/> Right	308 <input type="checkbox"/> Electrical	407 <input type="checkbox"/> Hazardous established procedure	508 <input type="checkbox"/> Took unsafe position/posture	608 <input type="checkbox"/> Willful disregard of instructions
109 <input type="checkbox"/> Infection	209 <input type="checkbox"/> Finger	309 <input type="checkbox"/> Temperature extreme		509 <input type="checkbox"/> Operating at unsafe speed	609 <input type="checkbox"/> Other person
110 <input type="checkbox"/> Effects of environment	210 <input type="checkbox"/> Back & spine	310 <input type="checkbox"/> Attack/assault			
	211 <input type="checkbox"/> Trunk (including hips)	311 <input type="checkbox"/> Bite or sting			
	212 <input type="checkbox"/> Leg <input type="checkbox"/> Left <input type="checkbox"/> Right	312 <input type="checkbox"/> Horseplay			

Department Name
Injury and Illness Prevention Program

111 <input type="checkbox"/> Foreign object	213 <input type="checkbox"/> Knee	<input type="checkbox"/> Left <input type="checkbox"/> Right	313 <input type="checkbox"/> Vehicular	408 <input type="checkbox"/> Slippery Surface	510 <input type="checkbox"/> Unsafe procedure	610 <input type="checkbox"/> No significant personal factor
112 <input type="checkbox"/> Splash	214 <input type="checkbox"/> Ankle	<input type="checkbox"/> Left <input type="checkbox"/> Right	314 <input type="checkbox"/> Cut/Puncture	409 <input type="checkbox"/> Congestion, close clearance	511 <input type="checkbox"/> Horseplay	
113 <input type="checkbox"/> Other	215 <input type="checkbox"/> Foot	<input type="checkbox"/> Left <input type="checkbox"/> Right	315 <input type="checkbox"/> _____	410 <input type="checkbox"/> No unsafe condition	512 <input type="checkbox"/> No unsafe act	
	216 <input type="checkbox"/> _____			411 <input type="checkbox"/> _____	512 <input type="checkbox"/> _____	<input type="checkbox"/> _____

B. WHAT HAPPENED AND WHERE DID IT HAPPEN? Include missing details uncovered by your investigation. Furnish the following:
 WHAT happened and the physical location WHERE it happened

If more space needed --press the TAB key, and answer YES either before or when no more typing is permitted (400 characters)

Witnesses: _____

C. CAUSE OF ACCIDENT What acts, failures to act and/or conditions contributed most directly to accident – the WHY & HOW

If more space needed --press the TAB key, and answer YES either before or when no more typing is permitted (400 characters)

D. CORRECTIVE ACTION What action has been taken, will be taken, or is recommended, to prevent recurrence?
 (Mark "X" by those items completed.)

If more space needed --press the TAB key, and answer YES either before or when no more typing is permitted (400 characters)

Supervisor's Name (Print): _____ **Date form completed:** _____

Supervisor's Signature: _____ **Telephone #** _____

E. DEPARTMENT HEAD'S CONCURRENCE/COMMENTS Review for concurrence or return for additional action.

Department Head's Name (Print): _____ **Date** _____

Department Head's Signature: _____

Department Name
Injury and Illness Prevention Program

Attachment E- Central Safety Committee Meeting Summary

Department Name
Injury and Illness Prevention Program

Attachment F- Department Name City of Stockton Safety Rules

The Department Name *City of Stockton Rules Handbook*
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Department Name
Injury and Illness Prevention Program

Attachment G- HAZARDOUS MATERIALS

[RETURN TO TABLE OF CONTENTS](#)

To Be Developed by department