

**Sample - Injury and Illness Prevention Program (IIPP)
for Restaurants**

Key points:

- Cal/OSHA Title 8 §3203. Injury and Illness Prevention Program requirement
<http://www.dir.ca.gov/Title8/3203.html>
- Required for all State of California employers
- Effective July 1, 1991
- Employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program). The program shall be in writing and include a system for ensuring that employees comply with safe and healthy work practices

For more information, visit the Loss Control section at RepublicIndemnity.com or contact the Loss Control Department at RICALC@ri-net.com.

Injury and Illness Prevention Program (IIPP) for

COMPANY NAME

EFFECTIVE DATE

RESPONSIBILITY

The Injury and Illness Prevention Program (IIPP) administrator, (NAME/TITLE OF ADMINISTRATOR) has the authority and the responsibility for implementing and maintaining this IIPP for COMPANY NAME. Managers and supervisors are responsible for implementing and maintaining the IIPP in their work areas and for answering worker questions about the IIPP. A copy of this IIPP is available from each manager and supervisor.

COMPLIANCE

All workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. Our systems of ensuring that all workers comply with these practices include the following requirements:

- Inform workers of the provisions of our Injury and Illness Prevention Program (IIPP);
- Provide training to workers whose safety performance is deficient; and
- Discipline workers for failure to comply with safe and healthful work practices (based on our organization's disciplinary procedures).

Optional Best Practices:

- Evaluating the safety performance of all workers.
- Recognizing employees who perform safe and healthful work practices.

COMMUNICATION

All managers and supervisors are responsible for communicating with all workers about occupational safety and health in a form readily understandable by all workers. Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal.

Our communication system includes (*select two or more of the following items*):

- New worker orientation including a discussion of safety and health policies and procedures.
- Review of our IIPP.
- Training programs.
- Regularly scheduled safety meetings.
- Management/Employee Safety Committee.
- Posted or distributed safety information.
- A system for workers to anonymously inform management about workplace hazards.

Communication requirement for employers with less than 10 employees:

- Our establishment has less than 10 employees and communicates with, and instructs, employees orally about general safe work practices and hazards unique to each employee's job assignment.

HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer in the following areas of our workplace (*list your workplace areas and/or locations that will be regularly inspected*):

1. _____
2. _____
3. _____
4. _____
5. _____

Periodic inspections are performed according to the following schedule:

- When we initially established our Injury and Illness Prevention Program (IIPP);
- When new substances, processes, procedures, or equipment, which present potential new hazards are introduced into our workplace;
- When new, previously unidentified hazards are recognized;
- When occupational injuries and illnesses occur;
- Whenever workplace conditions warrant an inspection; and,
- On a (LIST FREQUENCY OF INSPECTIONS IF APPLICABLE) basis.

ACCIDENT/EXPOSURE INVESTIGATIONS

Accidents will be investigated by (PERSON OR DEPARTMENT) as soon as feasibly possible. Procedures for investigating workplace accidents and hazardous substance exposures will include:

- Interviewing injured workers and witnesses;
- Examining the workplace for factors associated with the accident/exposure;
- Determining the cause of the accident/exposure;
- Taking corrective action to prevent the accident/exposure from reoccurring; and
- Recording the findings and actions taken.

HAZARD CORRECTION

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

- When observed or discovered;
- When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition; and
- Workers who are required to correct hazardous conditions shall be provided with the necessary protection.

TRAINING AND INSTRUCTION

All workers, including managers and supervisors, shall have training and instructions on general and job-specific safety and health practices. Training and instruction are provided:

- When the Injury and Illness Prevention Program (IIPP) is first established;
- To all new workers;
- To all workers given new job assignments for which training has not previously provided;
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard;
- Whenever the company is made aware of a new or previously unrecognized hazard;
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed;
- To all workers with respect to hazards specific to each employee's job assignment; and,
- On a [\(LIST FREQUENCY OF PERIODIC TRAINING IF APPLICABLE\)](#) basis.

General workplace safety and health practices include, but are not limited to, the following:

- Implementation and maintenance of the IIPP.
- Prevention of musculoskeletal disorders, including proper lifting techniques.
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
- Prohibiting horseplay, scuffling, or other acts that can adversely influence safety.
- Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment, and electrical panels.
- Proper reporting of hazards and accidents to supervisors.

RECORDKEEPING

Keep workplace safety records:

- Records of hazard assessment inspections, including the person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form; and maintained at for at least for one year.
- Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers. Records will be maintained for one year except for training records of employees who have worked for at least one year, which are provided to the employee upon termination of employment.

Documentation requirement for employers with less than 10 employees:

- Since we have less than 10 workers, including managers and supervisors, we only maintain inspection records until the hazard is corrected and only maintain a log of instructions to workers with respect to worker job assignments when they are first hired or assigned new duties.

EMPLOYEE ACCESS TO THE IIPP

Our employees – or their designated representatives – have the right to examine and receive a copy of our IIPP. This will be accomplished by [\(Choose one of the two.\)](#)

1. Provide access in a reasonable time, place, and manner, but in no event later than five (5) business days after the request for access is received from an employee or designated representative.

- Whenever an employee or designated representative requests a copy of the Program, we will provide the requester a printed copy of the Program, unless the employee or designated representative agrees to receive an electronic copy of the Program.
- One printed copy of the Program will be provided free of charge. If the employee or designated representative requests additional copies of the Program within one (1) year of the previous request and the Program has not been updated with new information since the prior copy was provided, we may charge reasonable, non-discriminatory reproduction costs for the additional copies.

2. Provide unobstructed access through a company server or website, which allows an employee to review, print, and email the current version of the Program. Unobstructed access means that the employee, as part of their regular work duties, predictably and routinely uses the electronic means to communicate with management or coworkers.

[Also describe how we will communicate the right and procedure to access the Program to all employees.](#)

Any copy provided to an employee or their designated representative need not include any of the records of the steps taken to implement and maintain the written IIP Program.

Where we have distinctly different and separate operations with distinctly separate and different IIPPs, we may limit access to the IIPP applicable to the employee requesting it.

An employee must provide written authorization in order to make someone their “designated representative.” A recognized or certified collective bargaining agent will be treated automatically as a designated representative for the purpose of access to the company IIPP. The written authorization must include the following information:

- The name and signature of the employee authorizing the designated representative.
- The date of the request.
- The name of the designated representative.
- The date upon which the written authorization will expire (if less than 1 year).

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RESTAURANT WORKPLACE SAFETY INSPECTION CHECKLIST

Building location: _____ **Date:** _____

Inspected by: _____

Clearly comment on the details of the corrective measures.

Description	Yes	No	N/A or Comments	Corrected Date/Info
OFFICE/WORK AREA				
Required labor posters				
What to do in case of emergency				
Local clinic within Medical Provider Network (MPN)				
Safety Manual and Safety Data Sheets – available and employees trained				
Report of Unsafe Condition form				
First aid kit stocked – no medications – no aspirin/Tylenol				
EXITS/STAIRS/PASSAGEWAYS				
Top step of stairs highlighted?				
Proper exit signs visible from all areas and lights working				
Exits not obstructed and kept unlocked or panic hardware				
“Not An Exit” signs posted or doors clearly labeled				
Handrails if 4 or more risers on stairs or elevated areas more than 30” high?				
At least two exits from areas where 50+ people may be located in any one room or in basement or upper levels?				
Is the emergency lighting system in place and working?				
FIRE PROTECTION				
Fire extinguishers mounted properly, recharged annually, inspected monthly in house, fully charged?				
Has at least one employee from each shift been trained on the use of portable fire extinguishers?				
Ansul type system over stove serviced w/in 6 mo?				
ELECTRICAL/GAS				
All switches and outlets covered and in good repair				
Ground Fault Circuit Interrupters (GFCIs) in wet locations?				
Electrical cords and wiring in good condition				
Extension cords temporary use only; not thru doors/walls				
Electrical panel boxes closed				
All circuit breakers labeled, inserts over openings				
3 feet clearance in front of electrical panels				
At least one employee on each shift can shut off gas and electricity to restaurant, or can call bldg engineer				
Gas shut off tool mounted and labeled				
FOOD PREPARATION AREAS				
Hot oil and pots cooled before carrying or cleaning over				
Floor clean and free of spillage				
Exhaust hood functioning/clean				
Knives sharpened and properly stored				
Pickle bucket opener available and used				
Equipment in good repair				
Clear walkways (no protruding handles)				
OTHER/COMMENTS				

LOCATION: _____

DATE: _____

Description	Yes	No	N/A or Comments	Corrected Date/Info
WORK PROCEDURES				
Proper lifting: no twisting or overreaching				
Proper use of ladders				
Safe use of knives				
Use caution words (e.g. behind you, hot plate)				
Carry 3 plates maximum				
Only slip-resistant shoes worn				
ELECTRIC FOOD PREP EQUIPMENT				
Guards installed/used correctly – mixers, meat slicers, etc.				
Slicer width adjustment set to “0” when not in use				
Unplugged during maintenance and cleaning				
Safe operation procedures posted				
Cut-resistant gloves worn - clean meat slicer/use mandolin				
STORAGE AREAS				
Racks/Shelving in good repair, secured from falling				
Heavy items on lower shelves and not overloaded				
Stepladders provided, in good condition				
Gas cylinders secured, cap on when not in use				
All containers clearly labeled/dated				
COLD STORAGE				
Floors dry and clean (not slippery)				
Adequate lighting, light bulbs protected				
Doors fully operable and emergency release inside to allow escape even when locked?				
Proper temperature – below 41 degrees				
HOUSEKEEPING				
Floor mats clean and properly positioned (not stacked)				
Aisles and walkways clear				
Floors free of grease and water and in good repair				
Floor openings covered and guarded				
Walls and vents clean (no grease)				
Facilities free of rodents and insects? Licensed pest co?				
DISHWASHING AREA				
Area clean and organized; no excess water				
Broken glass container – broom used on glass, not hands				
Knives washed separately				
Gloves/eye protection provided when working w/chemicals				
Spray bottles and sanitation buckets clearly labeled				
Eyewash station				
TRASH DISPOSAL AREA				
Trash emptied regularly/cans not heavy when loaded				
Dumpster area and trash cans clean and good condition				
Separate broken glass container				
PARKING LOT				
Well lit				
Utilities marked and protected				
Free of slip, trip, fall hazards; highlighted steps				

Are there any facilities or equipment issues in need of repair or attention not noted above?

Additional Comments:

INCIDENT/ACCIDENT INVESTIGATION REPORT

ACCIDENT INVESTIGATION REPORT

Name of Injured: _____ Age: _____

BEHAVIORAL FACTORS TO CONSIDER
Disabled safety device
Distracted/inattentive EE
Exceeded employee's physical limit
Failure to use proper tools
Guard removed or disabled
Inadequate communications
Influence of drugs, alcohol or medication
Lacking skill or training
Operating at Excessive speed
PPE not used
Servicing moving machinery
Unauthorized use
Unnecessary haste
Unsafe act of others
Worker was fatigued
UNSAFE CONDITIONS TO CONSIDER
Congested work area
Defective tools/equipment
Excessive noise
Hazardous atmosphere
Inadequate guarding
Poor lighting
Poor ventilation
Poor housekeeping
Unsafe storage
Unsafe walking surfaces
MANAGEMENT CONTROLS TO REVIEW
Adequacy of environmental controls
Adequacy of security
Adequacy of staffing
Adequacy of warning system
Design/construction
Enforcement of safety rules
Improper job placement
Level of supervision
Preventive maintenance records and schedule
Procedures
Task instructions

Job Title/Position: _____

Length of Employment: _____ Length of Time in Position: _____

Regular: _____ Temporary: _____ Part-Time: _____

Date of Accident: _____ Time _____ AM/PM Shift Completion: _____%

Address/Location of Accident: _____

Witnesses: _____

Describe activity at time of accident: _____

Describe any unsafe behavior: _____

Describe any unsafe conditions: _____

Were other employees injured or involved in the accident? _____

If employee was injured doing normal work activities, why did injury occur in this case? _____

What corrective action is needed to prevent similar injuries? _____

Has this corrective action been taken? _____

If not, when will it be taken? _____

Supervisor/Investigator signature: _____ Date: _____

Reviewed and approved by: _____

INSTRUCTIONS FOR COMPLETING ACCIDENT INVESTIGATIONS

Conducting a thorough accident investigation promptly after an injury occurs can be the first step toward preventing future worker injuries. The benefits that can be derived from this process are frequently overlooked by employers. Investigations can lead to safer working conditions, restore the sense of security of employees, increase productivity, and save money for the company.

The primary goal of an accident investigation is to identify the underlying cause of the injury. This underlying cause, often referred to the “root cause of injury,” is not always easily identified. An investigator may need to look at a series of causes and effects reaching back to the first event on the chain of events leading up to the injury.

The following guidelines are provided for conducting an accident investigation.

- The immediate supervisor of the injured employee should perform the investigation.
- The investigation should begin immediately after the injured employee has received onsite medical assistance or has been transported to medical facilities.
- Evidence (including tools and equipment) should be preserved so their condition can be determined.
- Witnesses should be identified and detailed documented interviews conducted.
- Photographs of equipment and conditions around the accident area should be taken.
- Training records of the injured and anyone else involved in the accident should be reviewed
- A written report should be prepared when all of the facts have been reviewed.

The investigation should ask the questions: **Who**, **What**, **Where**, and **When**, but the most important question is **Why** the injury occurred. Oftentimes the injured employee may have performed the same task repeatedly without getting injured. It is important to know why the injury occurred this time. The answer to the **Why** question may indicate something was done differently, and this can often be the “root cause” of the injury.

SAFETY TRAINING RECORD (Matricula de Entrenamiento)

Name of Company/Organization <i>Nombre de la Empresa:</i>			
Name of Trainer/Affiliation* <i>Nombre del Entrenador</i>	Location of Training <i>Ubicacion de la Formacion</i>	Date of Training Fecha	
Topic/Title of Program <i>Titulo del Tema / Programa</i>			

Training Media Used – (Circle which media apply/used)

Lecture/Demonstration	Online	Video	Webinar
Print Employee's Name / Nombre de Participante		Signature/ Firma	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

SAFETY SUGGESTION – REPORT OF HAZARD

This form is to be used by employees who wish to report a safety suggestion or report an unsafe work condition or practice.

DEPARTMENT OR OPERATION: _____ DATE: _____

SUBMITTED BY: _____ or Anonymous Submission

DESCRIPTION OF UNSAFE CONDITION (in detail): _____

LOCATION: _____

If necessary, draw a diagram in the following box

Recommendations to correct this condition: _____

Employee Signature: _____ Supervisor Signature: _____
(Optional)

No employee will be retaliated against for reporting conditions or making suggestions. No employees are required to work at a job that is unsafe or unhealthful. Your cooperation in detecting hazards is greatly appreciated and will help us provide a safe and healthy work environment for all employees.

(MAINTENANCE DEPARTMENT USE ONLY)

Recommended Corrective Action: _____

Estimated Cost: _____ Approved by: _____
Estimated Completion Date: _____

OPTIONAL: MANAGEMENT SAFETY AND HEALTH POLICY STATEMENT

A policy statement is optional, but is a good way to communicate the importance of the program. You may select any or none of the sample wording options:

It is the policy of <u>COMPANY NAME</u> that every employee is entitled to a safe and healthful place in which to work. To this end, every reasonable effort will be made in the interest of Accident Prevention, Fire Protection, Health Preservation, and Employee Security.	
Safety and health in our business must be part of every operation. Without questions, it is every employee's responsibility at all levels.	
We will constantly be aware of conditions in all work areas that can produce injuries. No employee is required to work at a job he/she knows is not safe or healthful. Your cooperation in detecting hazards and, in turn, controlling them, is a condition of your employment. Inform your supervisor immediately of any situation beyond your ability or authority to correct.	
The personal safety and health of each employee of this company is of primary importance. Prevention of occupationally induced injuries and illnesses is of such consequence that it will be given precedence over operating productivity, whenever necessary. To the greatest degree possible, management will provide all mechanical and physical activities required for personal safety and health, in keeping with the highest standards.	
We will maintain a safety and health program conforming to the best practices of organizations of this type. To be successful, such a program must embody proper attitudes toward injury and illness prevention on the part of supervisors and employees. It also requires cooperation in all safety and health matters, not only between supervisor and employee, but also between each employee and his/her co-workers. Only through such a cooperative effort, can a safety program in the best interest of all be established and preserved.	
Our objective is a safety and health program that will reduce the number of injuries and illnesses to an absolute minimum, not merely in keeping with, but surpassing, the best experience of operations similar to ours. Our goal is zero accidents and injuries.	
We accept the responsibilities for leadership of the safety and health program, for its effectiveness and improvement, and for providing the safeguards required to ensure safe conditions.	
Supervisors are responsible for developing proper attitude toward safety and health for themselves and in those they supervise, and for ensuring that all operations are performed with the utmost regard for the safety and health of all personnel involved.	
Employees are responsible for wholehearted, genuine operation of all aspects of the safety and health program--including compliance with all rules and regulations and for continuously practicing safety while performing their duties.	
Sincerely,	
_____	_____ <i>(Signature and Date Line)</i>
President/Owner	Date

OPTIONAL: EMPLOYEE SAFETY ORIENTATION

It is vitally important for an employer to promptly provide comprehensive safety orientation for all new employees. When a new employee reports to work, the individual immediately begins gathering information and forms impressions about the company, the job assignment, management, and co-workers.

Normally orientation begins with the Human Resources department or a representative from top management. Every new employee should receive a copy of the company safety program that includes a policy statement. This will help communicate management's commitment and leadership to job safety and health. To establish a positive safety attitude, management must discuss and reinforce the following with every employee:

- The company is committed to providing a safe and healthy working environment for all the employees;
- Management is sincerely interested in the prevention of accidents;
- Although accidents can occur, they are usually preventable;
- All employees are required to report unsafe conditions or unsafe practices to their immediate supervisor;
- Management does not expect an employee to perform a job assignment that is not safe;
- All injuries, no matter how minor, and any near misses, must be reported to the immediate supervisor;
- Supervisors will be responsible for providing detailed job instructions and no employee is expected to perform an assignment until proper instructions have been given, and the assignment has been authorized by the supervisor; and
- Explain supervisors' responsibilities with respect to safety. This includes making certain that a new employee fully understands that supervisors are responsible and accountable for job instructions along with assuring safe working procedures and conditions.

When a new employee reports for the first time to his/her immediate supervisor, the supervisor must provide complete job instructions, a review and reinforcement of the general company safety policies, and include the following:

- Safety record of the company;
- Safety activities performed both by the company and department;
- Introduction to safety committee representative; and
- Safety rules and procedures, including disciplinary measures.

A very important step for a supervisor to take is to review the individual employee's skills, knowledge, and experience prior to giving job instructions. Do not take anything for granted and mistakenly assume the employee has received proper training from previous employers and is therefore capable of performing a job assignment safely.

Once the supervisor has verified to his/her satisfaction the level of training, knowledge, and skills that the employee has, he/she can begin providing the employee specific job instructions with emphasis on hazardous exposures and conditions.

The supervisor then should have the employee explain and execute those instructions until the supervisor is completely satisfied that instructions have been understood.

The Sample Safety Orientation Checklist provided on the following page is intended as a guide to creating a custom checklist that reflects the equipment and operations of your particular operations.

Sample Safety Orientation Checklist

<p>1. Clothing and Attire</p> <ul style="list-style-type: none"> <input type="checkbox"/> Footwear: Discuss type required/permitted. <input type="checkbox"/> Personal Clothing: Discuss requirements and hazards of loose fitting clothes and jewelry. <input type="checkbox"/> Discuss hazard of hair length around equipment. <input type="checkbox"/> Safety Equipment: Discuss and issue required personal protective equipment. Instruct on proper use. <p>2. Material Handling</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lifting in general: Discuss common sense lifting tips. <input type="checkbox"/> Assessing the weight before lifting. <input type="checkbox"/> Check for labels giving weight information. <input type="checkbox"/> Performing a test tug or lift before trying to fully lift and/or carry it. <input type="checkbox"/> Use material handling equipment or ask for help. <input type="checkbox"/> Demonstrate the correct way to lift, push, pull, or move every type of item that the employee will be expected to handle. <input type="checkbox"/> Storage handling: Review items that are sharp, fragile, caustic, slippery, etc., or that may provide special lifting, moving, or handling problems. <input type="checkbox"/> Identify items requiring gloves or other protective devices. <input type="checkbox"/> Material storage: Show where materials, pallets, etc., may and may not be stored. <p>3. Facility Orientation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take employee on a tour of the facility to familiarize employee with the locations of: <ul style="list-style-type: none"> <input type="checkbox"/> Emergency exits <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Alarms <input type="checkbox"/> Fire hoses <input type="checkbox"/> First aid kits <input type="checkbox"/> Emergency supplies <input type="checkbox"/> Demonstrate how to use firefighting equipment <p>4. Hazardous Substances/Materials</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review with the employee all hazardous substances or materials used or stored throughout the facilities. 	<ul style="list-style-type: none"> <input type="checkbox"/> Review personal protection equipment required to handle hazardous materials. <input type="checkbox"/> Review proper handling and storage of chemicals. <input type="checkbox"/> Review proper handling and storage of flammable liquids. <input type="checkbox"/> Review proper handling and storage of hazardous waste materials. <p>5. Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review the proper use and operation of all equipment to be used by the employee. <ul style="list-style-type: none"> <input type="checkbox"/> Forklift <input type="checkbox"/> Other material moving equipment <input type="checkbox"/> Ladders <input type="checkbox"/> Knives <input type="checkbox"/> Power tools <input type="checkbox"/> Hand tools <p>List other equipment discussed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>6. Accidents and Unsafe Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discuss the importance of accident prevention and reporting. <input type="checkbox"/> Review company policies and procedures on reporting and investigating injuries. <input type="checkbox"/> Review how to report unsafe conditions. <input type="checkbox"/> Review responsibilities for correcting unsafe housekeeping conditions. <p>7. Review Safety Rules</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review safety rules and enforcement policy. <input type="checkbox"/> Review disciplinary procedures.
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Trainer _____ Trainee _____ Training Date _____

OPTIONAL: SAFETY COMMITTEE MEETING MINUTES

COMPANY NAME SAFETY COMMITTEE MEETING MINUTES

Date of Committee Meeting:	Time:
Safety Committee Chair:	Location:
Minutes Prepared By:	

Members in Attendance		
Name	Name	Name

Review Previous Action Items:

Review of Accidents Since Previous Meeting:

Recommendations from Accident Investigation Reports:

Review of Self-Inspection:

Action Items from Self-Inspection:

Safety Recommendations (Employees and Anonymous)

Safety Training Provided and Recommendations:

Recommended Updates to Safety Program:

Open Discussion and Comments:

Next Scheduled Meeting:

OPTIONAL: *Company Name* Employee Access to the Injury and Illness Prevention Program (IIPP)

Employee Access to IIPPs

Cal/OSHA requires that all employees have access to a copy of their employer’s written IIPP.

All our employees have access to the written IIPP through: *(choose one or both of the following methods)*

- We provide access through our company server or website, which allows employees to review, print, or email a copy of the IIPP.

Additional information:

- Upon request, our business will provide employees with access to the IIPP by: *(select one option below)*
Providing a printed copy of the IIPP
Providing an electronic copy of the IIPP

Our employees can request access to a copy of the written IIPP by: *(select one option below)*

- Requesting a copy from their supervisor
- Requesting a copy from Human Resources
- Other: (describe below)

A copy of the IIPP will be provided within five (5) business days after receiving the request.

Print Name:

Signature:

Date: