

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

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. 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](http://RepublicIndemnity.com) or contact the Loss Control Department at [RICALC@ri-net.com](mailto: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 fewer than 10 employees:

- Our establishment has fewer 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 fewer than 10 employees:

- Since we have fewer 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).

The information presented in this publication is intended to provide guidance and is not intended as a legal interpretation of any federal, state or local laws, rules or regulations applicable to your business. The loss prevention information provided is intended only to assist policyholders in the management of potential loss producing conditions involving their premises and/or operations based on generally accepted safe practices. In providing such information, Republic Indemnity Company of American does not warrant that all potential hazards or conditions have been evaluated or can be controlled. It is not intended as an offer to write insurance for such conditions or exposures. The liability of Republic Indemnity Company of America and its affiliated insurers is limited to the terms, limits and conditions of the insurance policies underwritten by any of them. © 2019 Republic Indemnity Company of American. All rights reserved. 5517-RI (11/19)

**WINERY WORKPLACE SAFETY INSPECTION CHECKLIST**

**Building Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Inspected by:** \_\_\_\_\_

| Description  | Yes | No | Comments | Correction Date |
|--|-----|----|----------|-----------------|
| <b>Programs and Posters</b>  |     |    |          |                 |
| Injury and Illness Prevention Program (IIPP) or safety program?  |     |    |          |                 |
| Hazard Communication Program (HazCom)?   |     |    |          |                 |
| Lock Out Tag Out Program (LOTO)?   |     |    |          |                 |
| Emergency Action Program (EAP)?  |     |    |          |                 |
| Permit-Required Confined Space Entry Program?  |     |    |          |                 |
| Heat Illness Program?  |     |    |          |                 |
| Respiratory Protection Program?  |     |    |          |                 |
| Hearing Conservation Program?  |     |    |          |                 |
| Exit routes and key response people and phone numbers posted?  |     |    |          |                 |
| Report of unsafe conditions form available to employees?   |     |    |          |                 |
| Local clinic with Medical Provider Network (MPN) posted?   |     |    |          |                 |
| Federal and State All-in-One poster for the current year?  |     |    |          |                 |
| Cal/OSHA Log 300A summary for previous year (post from February 1 until April 30)?                     |     |    |          |                 |
| Are Certificates of Insurance current and on file for contractors, service companies, and tenants?     |     |    |          |                 |
| <b>Office Areas</b>  |     |    |          |                 |
| Are desk chairs adjustable, i.e., seat, seatback, and armrest height?                                  |     |    |          |                 |
| Are frequent phone users provided with headsets?   |     |    |          |                 |
| Is office furniture set up ergonomically for the user – wrists in a neutral position?                  |     |    |          |                 |
| Are power strips not daisy-chained (connected)?  |     |    |          |                 |
| <b>General Emergency Preparedness/Response</b>   |     |    |          |                 |
| Are first aid kits in place and adequately stocked with bandages (no meds such as aspirin or Tylenol)? |     |    |          |                 |
| Has a fire, earthquake, or other emergency response drill been conducted in the past 12 months?        |     |    |          |                 |
| Are earthquake response supplies available?  |     |    |          |                 |
| <b>Life Safety</b>   |     |    |          |                 |
| Are exit corridors, doorways, and stairs unobstructed?   |     |    |          |                 |
| Is panic hardware in place for exit doors and in working condition?                                    |     |    |          |                 |
| Are exits marked and illuminated?  |     |    |          |                 |
| Is the emergency lighting system in place and working?   |     |    |          |                 |
| “Not An Exit” signs posted or doors clearly labeled?   |     |    |          |                 |
| <b>Housekeeping</b>  |     |    |          |                 |
| Are walking surfaces free of tripping and slipping hazards? No excess water?                           |     |    |          |                 |

| Description   | Yes | No | Comments | Correction Date |
|---|-----|----|----------|-----------------|
| Mats and signage available and used for wet floor situations? Are wet floors addressed immediately?   |     |    |          |                 |
| <b>Electrical</b>   |     |    |          |                 |
| Are electrical cords in good condition and only for temporary use (fewer than 90 days)?   |     |    |          |                 |
| Where work with portable tools and/or electrical cords in wet areas, are ground fault circuit interrupters (GFCI) used?                         |     |    |          |                 |
| Do electrical junction, switch, and receptacle boxes have covers that are tightly closed?   |     |    |          |                 |
| Are outlets in good condition and with no missing covers?   |     |    |          |                 |
| Are switches clearly marked with their purpose if not obvious?  |     |    |          |                 |
| Are circuit breakers labeled with their functions and all covers complete (no blanks) and in place?   |     |    |          |                 |
| Is there a clear 36 inches access around all electrical panels?   |     |    |          |                 |
| <b>Fire Safety</b>  |     |    |          |                 |
| Is there at least an 18 inch clearance between the fire sprinkler heads, storage, and shelving?   |     |    |          |                 |
| Portable fire extinguishers provided throughout and clearly marked?   |     |    |          |                 |
| Portable fire extinguishers recharged at least annually, tagged, signed off monthly? Gauges show them as fully charged?                         |     |    |          |                 |
| Have employees been trained on the use of portable fire extinguishers within the past year?   |     |    |          |                 |
| At least one employee on each shift can shut off gas and electricity, or can call building engineer?  |     |    |          |                 |
| Gas shut off tool mounted and labeled?  |     |    |          |                 |
| <b>Production</b>   |     |    |          |                 |
| Is machinery secured and guarded?   |     |    |          |                 |
| Is machinery locked out when cleaning, unjamming, or servicing?   |     |    |          |                 |
| Are proper tools and equipment provided?  |     |    |          |                 |
| Is proper personal protective equipment (PPE) provided and used - gloves, safety glasses, goggles, face shields, slip-resistant footwear, etc.? |     |    |          |                 |
| Floor clean and free of spillage? Clear walkways?   |     |    |          |                 |
| <b>Conveyor Systems</b>   |     |    |          |                 |
| Emergency controls and warning alarm operable?  |     |    |          |                 |
| Employees obey rules for start and stop?  |     |    |          |                 |
| Conveyor drive mechanisms fully enclosed?   |     |    |          |                 |
| Is overhead protection from conveyors in place?   |     |    |          |                 |

| Description  | Yes | No | Comments | Correction Date |
|--|-----|----|----------|-----------------|
| <b>Fall Prevention</b>   |     |    |          |                 |
| Ladders inspected regularly and employees trained in their use?  |     |    |          |                 |
| Employees follow 3 points of contact rule on ladders?  |     |    |          |                 |
| Stepladders available to retrieve items from shelves above shoulder height?  |     |    |          |                 |
| Employees wear proper footwear?  |     |    |          |                 |
| Guardrails and toe boards (mezzanine floor) adequate, in place and/or secure?  |     |    |          |                 |
| Floor openings covered and guarded?  |     |    |          |                 |
| <b>Chemical/Noise</b>  |     |    |          |                 |
| Safety Data Sheets (SDS) available and accessible to employees for all hazardous chemicals?  |     |    |          |                 |
| All chemical containers properly labeled and stored?   |     |    |          |                 |
| Proper personal protective equipment worn when handling chemicals?   |     |    |          |                 |
| Sulfur Dioxide (SO <sub>2</sub> ) air monitoring performed while in use?   |     |    |          |                 |
| Eyewash stations provide 15 minutes running water, properly maintained, and kept free of obstructions?   |     |    |          |                 |
| Is communication between two persons able to be maintained in a normal tone within 3 feet from one another? If not, sound level test results available?              |     |    |          |                 |
| Are ear plugs and/or muffs available for use?  |     |    |          |                 |
| Are the areas where noise may be loud or elevated marked with "Hearing Protection Required" signs?   |     |    |          |                 |
| <b>Back Safety</b>   |     |    |          |                 |
| Lifting aides such as carts, hand trucks, dollies, etc. available to transport heavy materials?  |     |    |          |                 |
| Employees get help if they have to lift heavy items?   |     |    |          |                 |
| Repetitive bending/reaching below knuckle height and above shoulder height not required?   |     |    |          |                 |
| Repetitive twisting of trunk is not required?  |     |    |          |                 |
| <b>Lift Trucks</b>   |     |    |          |                 |
| Lift truck inspection completed by the assigned operator prior to starting shift?  |     |    |          |                 |
| Operated by qualified, competent, authorized person?   |     |    |          |                 |
| Operated in a safe manner?   |     |    |          |                 |
| Parked with hand brake set, forks lowered, mast forward, controls neutralized, engine off?   |     |    |          |                 |
| Overhead protection?   |     |    |          |                 |
| Marked for load capacity?  |     |    |          |                 |
| Excess fumes, oil leaks, etc.?   |     |    |          |                 |
| Batteries or compressed gas cylinders safely stored?   |     |    |          |                 |
| Drivers obey speed limits, signs, and traffic patterns?  |     |    |          |                 |
| Is propane container for industrial tractor and/or lift truck exchanged outdoors or in areas well ventilated to the outdoors and remote from any source of ignition? |     |    |          |                 |



| Description   | Yes | No | Comments | Correction Date |
|---|-----|----|----------|-----------------|
| Lift people only in proper cage with handrails and attached to forklift with chains?  |     |    |          |                 |
| Order pickers wear body belts and lanyards while on platforms of elevating order pickers?                                     |     |    |          |                 |
| <b>Loading Dock</b>   |     |    |          |                 |
| Overhead doors appear to be in good condition?  |     |    |          |                 |
| Freight stacked neatly in and/or on vehicle?  |     |    |          |                 |
| Vehicles secured against accidental movement, e.g., wheel chocks, restraining devices, etc?                                   |     |    |          |                 |
| Dock plates in good repair and anchored when in use?  |     |    |          |                 |
| Dock bumpers secure and in good condition?  |     |    |          |                 |
| Condition of vehicles and/or trailers (interiors free of hazards or damage, doors in good repair)?                            |     |    |          |                 |
| <b>Storage Areas</b>  |     |    |          |                 |
| Racks and/or shelving in good repair and secured from falling?  |     |    |          |                 |
| Heavy items on lower shelves and not overloaded?  |     |    |          |                 |
| Materials stacked properly?   |     |    |          |                 |
| <b>Cold Storage</b>   |     |    |          |                 |
| 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?  |     |    |          |                 |
| <b>Confined Space</b>   |     |    |          |                 |
| Silos, tanks, or other confined spaces clearly labeled – “Danger Permit-Required Confined Space, Do Not Enter”                |     |    |          |                 |
| Confined spaces secured from unauthorized entry?  |     |    |          |                 |
| Employees trained to identify and not enter if not authorized?  |     |    |          |                 |
| Are permit spaces flushed, ventilated, purged, and rendered inert to eliminate or control atmospheric hazards prior to entry? |     |    |          |                 |
| Is air monitoring performed during entry?   |     |    |          |                 |
| Is there an outside attendant for duration of entry?  |     |    |          |                 |
| Attendant trained and equipped to handle an emergency?  |     |    |          |                 |
| Adequate ingress and egress equipment – ladders, etc.?  |     |    |          |                 |
| Portable equipment grounded and insulated or equipped with ground fault circuit interrupter (GFCI) protection?                |     |    |          |                 |
| All impellers, agitators, or other moving equipment inside locked out during entry?   |     |    |          |                 |
| Permits available at time of entry to authorized entrants?  |     |    |          |                 |
| Respirators stored so that they are protected from damage and contamination?  |     |    |          |                 |

| Description  | Yes | No | Comments | Correction Date |
|--|-----|----|----------|-----------------|
| <b>Heat Illness</b>  |     |    |          |                 |
| Water provided – 1 quart per hour per person?  |     |    |          |                 |
| Shade provided?  |     |    |          |                 |
| Power tools or machinery, cooling devices or protective clothing provided?   |     |    |          |                 |
| <b>Parking Areas</b>   |     |    |          |                 |
| Adequate lighting?   |     |    |          |                 |
| Wheel stops and/or speed bumps secured and/or painted a contrasting color?   |     |    |          |                 |
| Gas meters and electrical panels protected to prevent damage from vehicles, i.e., concrete posts?                    |     |    |          |                 |
| Surfaces free of potholes and uneven surfaces?   |     |    |          |                 |
| Garbage area clean – no broken glass or slippery liquids?  |     |    |          |                 |
| Dumpster lids kept closed and wheels locked?   |     |    |          |                 |
| Employees get help with full trash cans?   |     |    |          |                 |
| <b>Security</b>  |     |    |          |                 |
| Are all exterior doors closed and locked at night from the inside?   |     |    |          |                 |
| Are the outside and inside well lit at night?  |     |    |          |                 |
| If there is a security alarm or key card system, has it been tested and/or reviewed in the past month for integrity? |     |    |          |                 |
| Are guest sign-in, badge, and escort systems in place and being used?  |     |    |          |                 |
| Are certain people, such as the receptionist, prepared to handle bomb, assault, or other physical threat situations? |     |    |          |                 |
| Are timed devices (lighting, alarm systems, etc.) up to date with standard and daylight savings time?                |     |    |          |                 |

**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: \_\_\_\_\_

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: \_\_\_\_\_

|   |
|---|
| <b>BEHAVIORAL FACTORS TO CONSIDER</b>       |
| 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                         |
|   |
| <b>UNSAFE CONDITIONS TO CONSIDER</b>        |
| Congested work area                         |
| Defective tools/equipment                   |
| Excessive noise                             |
| Hazardous atmosphere                        |
| Inadequate guarding                         |
| Poor lighting                               |
| Poor ventilation                            |
| Poor housekeeping                           |
| Unsafe storage                              |
| Unsafe walking surfaces                     |
|   |
| <b>MANAGEMENT CONTROLS TO REVIEW</b>        |
| 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                           |

## 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 going back to the first instance 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)**

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

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

| <b>Lecture/Demonstration</b>                          | <b>Online</b> | <b>Video</b>            | <b>Webinar</b> |
|---|---------------|-------------------------|----------------|
| <b>Print Employee's Name / Nombre de Participante</b> |               | <b>Signature/ Firma</b> |                |
| 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. Suggested rewrite: Employees will not experience retaliation for reporting unsafe conditions or making suggestions for improvements. No employee is required to work at a job that is unsafe or unhealthful.*

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(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:

|   |  |
|---|--|
| <p>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.</p>   |  |
| <p>Safety and health in our business must be part of every operation. Without question, it is every employee's responsibility at all levels.</p>  |  |
| <p>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.</p>   |  |
| <p>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.</p>   |  |
| <p>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.</p> |  |
| <p>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.</p>   |  |
| <p>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.</p>  |  |
| <p>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.</p>   |  |
| <p>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.</p>  |  |
| <p>Sincerely,</p>   |  |
| _____   | _____ <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 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 ensuring 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 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 his/her satisfaction with the level of training, knowledge, and skills that the employee possesses, 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><b>1. Clothing and Attire</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Footwear: Discuss type required/permitted.</li> <li><input type="checkbox"/> Personal Clothing: Discuss requirements and hazards of loose fitting clothes and jewelry.</li> <li><input type="checkbox"/> Discuss hazard of hair length around equipment.</li> <li><input type="checkbox"/> Safety Equipment: Discuss and issue required personal protective equipment. Instruct on proper use.</li> </ul> <p><b>2. Material Handling</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lifting in general: Discuss common sense lifting tips.</li> <li><input type="checkbox"/> Assessing the weight before lifting.</li> <li><input type="checkbox"/> Check for labels giving weight information.</li> <li><input type="checkbox"/> Performing a test tug or lift before trying to fully lift and/or carry it.</li> <li><input type="checkbox"/> Use material handling equipment or ask for help.</li> <li><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.</li> <li><input type="checkbox"/> Storage handling: Review items that are sharp, fragile, caustic, slippery, etc., or that may provide special lifting, moving, or handling problems.</li> <li><input type="checkbox"/> Identify items requiring gloves or other protective devices.</li> <li><input type="checkbox"/> Material storage: Show where materials, pallets, etc., may and may not be stored.</li> </ul> <p><b>3. Facility Orientation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Take employee on a tour of the facility to familiarize employee with the locations of:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency exits</li> <li><input type="checkbox"/> Fire extinguishers</li> <li><input type="checkbox"/> Alarms</li> <li><input type="checkbox"/> Fire hoses</li> <li><input type="checkbox"/> First aid kits</li> <li><input type="checkbox"/> Emergency supplies</li> <li><input type="checkbox"/> Demonstrate how to use firefighting equipment</li> </ul> </li> </ul> <p><b>4. Hazardous Substances/Materials</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review with the employee all hazardous substances or materials used or stored throughout the facilities.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Review personal protection equipment required to handle hazardous materials.</li> <li><input type="checkbox"/> Review proper handling and storage of chemicals.</li> <li><input type="checkbox"/> Review proper handling and storage of flammable liquids.</li> <li><input type="checkbox"/> Review proper handling and storage of hazardous waste materials.</li> </ul> <p><b>5. Equipment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the proper use and operation of all equipment to be used by the employee.             <ul style="list-style-type: none"> <li><input type="checkbox"/> Forklift</li> <li><input type="checkbox"/> Other material moving equipment</li> <li><input type="checkbox"/> Ladders</li> <li><input type="checkbox"/> Knives</li> <li><input type="checkbox"/> Power tools</li> <li><input type="checkbox"/> Hand tools</li> </ul> </li> </ul> <p>List other equipment discussed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>6. Accidents and Unsafe Conditions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss the importance of accident prevention and reporting.</li> <li><input type="checkbox"/> Review company policies and procedures on reporting and investigating injuries.</li> <li><input type="checkbox"/> Review how to report unsafe conditions.</li> <li><input type="checkbox"/> Review responsibilities for correcting unsafe housekeeping conditions.</li> </ul> <p><b>7. Review Safety Rules</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review safety rules and enforcement policy.</li> <li><input type="checkbox"/> Review disciplinary procedures.</li> </ul> |
|--|--|

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: