

**Injury and Illness**

**Prevention Program**

**(Sample Safety Program Template)**

Provided for:

**Emergency Service Organization**

**Safety Group**

Introduction

An injury and illness prevention program or safety program should not be left to chance, but should be carefully planned and implemented to achieve the maximum possible effect. The success or failure of any safety program is dependent on how well the program’s guidelines are applied, not on the degree of complexity of the program’s design. This document is designed to provide you with a sample to implement an effective safety program. Your company operations may require additional supplemental safety programs based on exposures. Several supplemental safety programs can be found in our safety resource catalog or in “My safety group safety programs.”

Please remember, this document is a sample Injury and Illness Prevention Program (IIPP) and is intended to be used as a template for developing your company’s safety program. The information and suggestions presented here may not address all factors related to your needs. These suggestions are based on generally accepted safe practices among industry and state requirements.

Please modify this sample document as needed to fit your company. You will need to modify certain text as it relates to you. Text that needs modifying will be in italics; i.e., ***Company name, person responsible, etc****.* This document also has text that is informational. The first 2 pages of your downloaded copy should be deleted when editing is complete so that your IIPP starts with the company title page.

If you have specific questions regarding how to develop a safety program, your Safety Services Consultant will be able to provide you with additional information. You can also obtain help by emailing safety@texasmutual.com or calling 844-WORKSAFE (967-5723).

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**Please Read:**

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*(INSERT COMPANY NAME HERE)*

|  |
| --- |
| **Injury and Illness Prevention Program**  |

Date of Preparation: *Date*

Informational: Make edits on following pages and then update this table to change the Table of Contents.

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# Management Policy Statement

***Insert Company Name*** believes that everyone benefits from a safe and healthful work environment. We are committed to maintaining an injury-free and illness-free workplace, and complying with applicable laws and regulations governing workplace safety.

To achieve this goal, the company has adopted an Injury and Illness Prevention Program (IIPP). Ensuring a successful program is everyone's responsibility as we work together to identify and eliminate conditions and practices that reduce the benefits of a safe and healthful work environment.

The success of our program will depend not only on our production and service, but also on how safely each job is performed. There is no job so important, nor any service so urgent, that we cannot take time to work safely. I consider the safety of our personnel to be of prime importance, and I anticipate your full cooperation in making our program effective.

Sincerely,

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name, IIPP Program Administrator |  | Date |
|  |  |  |
| Print Name, President |  | Date |

# Injury and Illness Prevention Program Responsibilities

All employees are expected to work conscientiously to implement and maintain elements of the IIPP. ***Insert Administrator's Name***, the program administrator, has the authority and responsibility for implementing the provisions of this program. Any questions regarding the program should be directed to the program administrator.

**Management**

Management must set policies and provide leadership by participation, example and a demonstrated interest in the program.

Responsibilities include:

1. Developing policies
2. Allocating adequate resources
3. Ensuring responsibility
4. Reviewing and evaluating results

**IIPP Program Administrator**

The program administrator is responsible for ensuring that all provisions of the IIPP are implemented. Responsibilities include:

1. Advising senior management on safety and health policy issues.
2. Maintaining current information on local, state and federal safety and health regulations.
3. Acting as liaison with government agencies.
4. Planning, organizing and coordinating safety training.
5. Preparing and distributing company policies and procedures on workplace safety and health issues.
6. Developing a code of safe practices and inspection guidelines.
7. Arranging safety and health inspections and follow-up to ensure that necessary corrective action is completed.
8. Making sure that an adequate supply of personal protective equipment is available.
9. Establishing accident report and investigation procedures, and maintaining injury and illness records (OSHA Log 300).
10. Reviewing injury and illness trends.
11. Establishing a system for maintaining records of inspection, hazard abatement, and training.

**Supervisors**

Supervisors are responsible for ensuring that employees know and abide by our company policies and procedures on safety. They are expected to observe, model, and enforce safe workplace behavior.

Responsibilities include:

1. Keeping abreast of safety and health regulations affecting operations they supervise.
2. Ensuring that each subordinate is able to and understands how to complete each assigned task safely.
3. Conducting on-the-job safety training of those they supervise.
4. Advising the program administrator of training needs of subordinates.
5. Making sure equipment and machines are in safe operating condition.
6. Ascertaining that subordinates follow safe work practices and health regulations.
7. Ensuring that employees under their direction wear required protective equipment.
8. Correcting unsafe and unhealthful conditions within their power.
9. Investigating accidents to discover cause(s) and identifying corrective action to prevent future occurrences.
10. Conducting periodic inspections of their work areas according to the appropriate inspection checklist(s).

**Employees**

Employees are responsible for participating in the company safety program, and for following all safety rules and procedures.

Responsibilities include:

* All employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe work environment.
* As part of an employee's regular performance review, the employee will be evaluated on his/her compliance with safe work practices.
* Employees, who make a significant contribution to the maintenance of a safe workplace as determined by the program administrator, will receive written acknowledgment that is maintained in the employee's personnel file.
* Employees who are unaware of correct safety and health procedures will be trained or retrained (see Training section).
* Employees who deliberately fail to follow safe work practices and/or procedures, or who violate the company's safety rules or directives, will be subject to disciplinary action, up to and including termination (see Disciplinary System).

# Labor/Management Safety and Health Committee

To communicate safety and health policies of *(Company Name)*, a Labor/Management Safety and Health Committee has been established. Membership on the Safety and Health Committee shall be determined in accordance with company policy.

The Committee shall meet *(cite frequency of the meetings)*. From time to time, meetings may be cancelled or postponed. Should this occur the Committee shall meet at least quarterly. In addition to its other duties, the Committee shall have the following responsibilities:

* Review worksite inspection records;
* Review investigation reports as to causes of incidents resulting in injury, illness, or exposure to hazardous substances;
* Review investigation reports of alleged hazardous conditions brought to the attention of a Committee member;
* Conduct inspections and investigations when necessary; also submit recommendations for remedial action if needed;
* Submit recommendations to assist in the evaluation of employee safety suggestions;
* Prepare minutes of its meetings and make them available to all affected employees; the minutes shall include issues discussed; and,
* Maintain minutes of Committee meetings for three years.

# Training

Training is essential to maximizing the skills and knowledge of employees. It is the key to productivity.

Safety is an integral part of employee training. Employees need to work safely as well as productively and efficiently. The supervisor is the essential link to ensuring that safe work practices are followed.

Supervisors must know how to perform a designated job, and be aware of safety and health hazards facing employees under their immediate supervision. Supervisors are responsible for ensuring that they themselves and those under their direction receive training on general workplace safety, as well as on safety and health issues specific to each job.

With this in mind, training will be conducted with the following considerations:

**Supervisors**

The program administrator or designee will consult with department administrators or supervisors to determine training topics and needs of supervisors. These include human relations skills, trainer skills, production/process skills, and familiarization with hazards and risks faced by employees.

Supervisors who recognize their own needs for training are encouraged to submit direct requests for training in any areas in which they feel deficient.

**Employees**

Supervisors are expected to assess training needs of all employees under their direction. They are to train those they supervise in general workplace safety and give them specific instructions regarding hazards unique to any job assignment to the extent that such information was not already covered in other training.

The company recognizes that continuing safety and health training is needed:

1. For employees given a job assignment for which they have not previously received training. If the position is supervisory, such training shall include familiarization with hazards and risks faced by the employees under the supervisor's direction.
2. Whenever new substances, processes, procedures or equipment pose new hazards.
3. Whenever the supervisor, program administrator or designee becomes aware of a previously unrecognized hazard.
4. For all employees in periodic refresher safety training courses involving general workplace safety, job-specific hazards, and/or hazardous materials as applicable.

All training shall be documented on a training record form and filed as directed in Recordkeeping.

# Communication

***Insert Company Name*** recognizes that open, two-way communication between management and staff on health and safety issues is essential to a safe and productive workplace. The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable.

1. The new-employee orientation will include review of the companyIIPP and a discussion of policies and procedures that the employee is expected to follow (see Communication & Compliance section).
2. The companywill schedule a time at general employee meetings when safety is freely and openly discussed by all present. Such meetings will be regularly scheduled and announced to all employees, so that maximum participation can occur.
3. From time to time, the companywill post and/or distribute written safety notifications. Employees should check company bulletin boards regularly for such posting(s). Safety-related memos and documents are to be read promptly. Questions about the meaning or implementation of this information should be directed to your supervisor.
4. Other methods of communicating pertinent health and safety information include electronic mail or a safety committee.
5. All employees are encouraged to inform their supervisor, the program administrator or designee of any matter that they perceive to be a workplace hazard and/or a potential workplace hazard. Employees are also encouraged to make safety suggestions and safety training suggestions. If an employee so wishes, he/she may make such notification anonymously by depositing it in the program administrator's mailbox. A *Report of Safety Hazard* form is available for use by employees.
6. *No employee shall be retaliated against for reporting hazards or potential hazards, or for making suggestions related to safety.*
7. All suggestions will be reviewed by the program administrator or designee, who will initiate an investigation of each report of a hazard, potential hazard or safety suggestion in accordance with company procedures for hazard control.
8. Any directives issued as a result of the investigation shall be distributed to all employees affected by the hazard, or shall be posted on appropriate bulletin boards.

# Workplace Hazard Control and Abatement

Hazard control is the heart of an effective IIPP. The company's hazard control procedures are to identify hazards that exist or develop in the workplace, describe how to correct those hazards, and initiate steps to prevent their recurrence.

**Assessment of Hazards**

Inspection of the workplace is our primary tool used to identify unsafe conditions and practices. While we encourage all employees to continuously identify and correct hazards and poor safety practices, certain situations require formal evaluation and documentation.

Along with each inspection/investigation, the program administrator or designee shall evaluate the severity of the hazard identified, and if the hazard cannot be abated immediately, suggest priority for corrective action. The Safety Inspection Checklist is to be used to document inspections/investigations.

The program administrator or designee will conduct an inspection or investigation in each work area, **daily, monthly, weekly**. The time and frequency of inspections will be set by the program administrator or designee according to the type of work being performed in each worksite.

Prior to the periodic inspection, the inspector should review workplace injury reports and inspections reports that have been filed since the last investigation or inspection. The Safety Inspection Checklistfor the appropriate work area is to be used by the inspector(s).

The program administrator or designee will conduct an inspection or investigation whenever any of the following occur:

1. The introduction of new substances, processes, procedures or equipment presents a new safety/health hazard.
2. Each supervisor is responsible for promptly reporting to the program administrator or designee whenever a new substance (such as a chemical or solvent), new work procedure or technique, and/or new equipment are introduced which may pose a safety risk. A Report of Safety Hazard form shall be used by the supervisor.
3. Each supervisor's report should include an evaluation of the potential hazards(s), training and/or other steps to be taken to provide abatement solutions for any potential hazards(s).
4. Based upon the information, the program administrator or designee will conduct an inspection and issue any directive that may be necessary.
5. The program administrator becomes aware of a new or previously unrecognized hazard, either independently or by receipt of information from an employee, including receipt of a Report of Safety Hazard form.
6. An occupational injury, occupational illness, or near-miss accident occurs (see Accident Investigation section).
7. From time to time, the program administrator or designee may conduct unannounced inspections.

All investigations and findings shall be fully documented on the *appropriate forms* and filed as directed in the Recordkeeping section.

**Abatement of Hazards**

It is the company’s intention to eliminate all hazards and unsafe work practices as soon as possible. Some corrective actions require more time. Priority will be given to severe and imminent hazards.

The Safety Inspection Checklist forms completed during the inspection/investigation will be used by the program administrator or designee to describe measures taken to abate the hazard or correct the unsafe work practice. Actions to be taken may include, but are not limited to:

1. Repairing or replacing defective equipment
2. Implementing safer procedures
3. Installing guards or modifying equipment
4. Employee training
5. Posting warning notices

All such actions taken and the dates they are completed shall be documented on the appropriate forms.

When corrective action involves multiple steps or cannot be completed promptly, an action plan needs to be developed. The Hazard Abatement Record is to be used for this purpose and filed as directed in the Recordkeeping section.

While corrective action is in progress, necessary precautions are to be taken to protect or remove employees from exposure to the hazard.

Employees shall not enter an imminent hazard area without prior specific approval of the program administrator or designee. Employees expected to correct the imminent hazard should be properly trained and provided with necessary safeguards.

# Employee Compliance/Disciplinary Policy

Under *company* policy, all employees are required to follow safety policies and operating procedures. When needed, employees will be provided with additional training and information, or re‑training to maintain their knowledge.

The discipline policy of ***Insert Company Name*** is intended to encourage employee compliance with the company’s IIPP. Failure to comply with the company IIPP may be grounds for disciplinary action up to and including termination of employment.

***(Identify by name or job title)*** will determine the course of action best suited to the circumstances. The steps to be taken at a minimum shall include the following:

* *Verbal Warning* - As the first step in correcting unacceptable behavior, the supervisor/manager shall review the pertinent facts with the employee. The supervisor will consider the severity of the problem, and the employee's past performance. A verbal warning will be issued to the employee, which will be documented by the supervisor in the employee's personnel file. If necessary, the employee will be placed on probation.
* *Written Warning* - If the unacceptable performance continues, the next step will be a written warning. The written warning will clearly state the safety policy that was violated and steps the employee must take if it is to be corrected.
	+ Probation will be a part of the written warning. It may also include time off without pay. At the completion of the probationary period, the supervisor will meet with the employee to determine if the employee has achieved the required level of performance.
* *Termination* - The employee may be terminated if he/she does not improve his/her performance while on probation, or has violated another company safety policy within twelve months.

# Safety Rules – Code of Safe Practices

# General Rules − All Areas

1. No employee shall knowingly be permitted or required to work while the employee’s ability or alertness is so impaired by fatigue, illness or other causes that it might unnecessarily expose the employee or others to injury.
2. All employees shall be given accident prevention instructions initially and whenever there is a change in the operation, supplemented with additional training if needed.
3. Supervisors shall insist that employees observe and obey every rule, regulation and order as is necessary to the safe conduct of the work, and shall take such action as is necessary to obtain observance.
4. Horseplay, scuffling and other acts that tend to have an adverse influence on the safety or wellbeing of the employees are prohibited.
5. Employees shall not handle or tamper with any electrical equipment, machinery, pressurized air supply or water lines in a manner not within scope of their duties, unless they have received instructions and training from their supervisor.
6. Employees shall not expose themselves to a known hazard without obtaining the necessary safety equipment and instruction needed to perform the job safely.
7. Only trained and designated workers may attempt to respond to a fire or other emergency.
8. In the event of a fire, sound alarm.
9. All injuries shall be reported promptly to your supervisor so that arrangements can be made for medical or first aid treatment.

**Extension Cords**

* All extension cords must be grounded.
1. Extension cords must not have breaks or frayed ends.
* All extension cords should be secured in such a way to eliminate tripping hazard.
1. Cords with heavy duty, #16 wires or better, should be used.
* Cords will not be routed over or through machinery, walls or window openings.

**Use of Power Equipment**

* No employee will operate unfamiliar equipment until properly trained by the supervisor.
1. All power equipment must be grounded.
2. All protective devices must be operational and used where needed.
3. All equipment must have guards.
4. Defective equipment will not be used.

**Use of Hand Tools**

1. Hand tools must be used for intended purpose only.
2. Eye protection is required when using hammers, chisels, drifts, punches, and other striking tools.
3. Equipment will be inspected frequently for defects (cracked/split handles, mushroomed striking surfaces, etc.).
4. Appropriate tools must be used, for example, no “cheater” devices or wrenches.

##### Fire Safety

##### Fire safety is a high priority.

1. Report possible fire causing conditions.
2. Properly dispose of oily rags, trash, and all combustibles/flammables.
3. Do not use gasoline for cleaning parts.
4. Be sure that appropriately rated fire extinguishers are available in your work area.
5. In case of fire, notify all workers, evacuate to designated area (per evacuation plan), and dial 911 (Fire Department).
6. Be certain aisle ways and exits are kept clear at all times.

##### Lifting Procedures

1. Plan the move before lifting; remove obstructions from your chosen pathway.
2. Test the weight of the load before lifting by pushing the load along its resting surface.
3. If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, pallet jacks or carts, or get assistance from a coworker.
4. If assistance is required to perform a lift, coordinate and communicate your movements with those of your coworker.
5. Position your feet 6 to 12 inches apart with one foot slightly in front of the other.
6. Face the load.
7. Bend at the knees, not at the back.
8. Keep your back straight.
9. Get a firm grip on the object with your hands and fingers. Use handles when present.
10. Never lift anything if your hands are greasy or wet.
11. Wear protective gloves when lifting objects with sharp corners or jagged edges.
12. Hold objects as close to your body as possible.
13. Perform lifting movements smoothly and gradually; do not jerk the load.
14. If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
15. Set down objects in the same manner as you picked them up, except in reverse.
16. Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.

**Chemical Handling**

1. Always wash hands with soap and water after handling any chemicals.
2. Do not use any chemical unless the container is clearly and correctly labeled. Assure that all containers are labeled with the identity of the contents and general hazards.
3. All chemical containers must be tightly closed and returned to the proper storage cabinet.
4. Use proper procedures and labeled waste containers for disposal of all chemicals.
5. Eating, drinking or smoking is not permitted in any chemical use/storage area.
6. Wear goggles, gloves and a rubber apron when handling any potentially hazardous chemicals.
7. Clean up spills immediately.

**Housekeeping**

1. Clean up spills immediately.
2. Do not leave tools, clothes or other materials in work areas or in the aisles.
3. Keep your work area clean and free of paper and rags. Do not leave waste paper on the floor.
4. Place soiled rags in the sealed metal rag container.

###### General Warehouse Safety

1. Stand clear of motorized carts, forklifts and other moving vehicles in and around the warehouse area.
2. Do not attempt to catch falling materials.
3. Do not try to kick objects out of your pathway; push or carry them out of the way.
4. Move slowly when approaching blind corners.
5. Do not jump from elevated places such as truck beds, platforms or ladders.
* Obey all safety and danger signs posted in the workplace.

# Accident Investigation

The purpose of an accident investigation is to find the cause of an accident and prevent further occurrences. The purpose is not to assign blame.

A thorough and properly completed accident investigation is necessary to obtain facts. The investigation should focus on causes and hazards. Analysis of what happened and why it happened is aimed at determining how it can be prevented in the future.

**Injury and Illness**

The occurrence of an occupational injury and/or illness precipitates completion of a document called Accident Investigation Form. This document is completed by the injured employee's supervisor, and a copy of the report is to be sent to the program administrator or designee within 24 hours of the occurrence. Upon receipt, the program administrator investigates the incident by visiting the site and interviewing the injured worker if possible and witnesses

Important: Fatalities, certain serious injuries/illness and incidents that cause multiple injured worker hospitalization must be reported to management **immediately** by the supervisor. This is so proper timely notification (within 8 hours for a fatality and 24 hours for other injuries) can be made by telephone to the nearest OSHA office.

**Accidents**

Some accidents do not cause injury or illness, yet result in property damage or near miss injury. Such mishaps usually indicate an unsafe act, faulty procedure or hidden hazard. Investigations of these occurrences are conducted at the discretion of the supervisor, program administrator or designee.

All investigation facts, findings and recommendations shall be fully documented on the Accident Investigation Form. This report is filed in accordance with the instructions in the Recordkeeping section.

# Recordkeeping

No operation can be successful without recordkeeping that enables the company to learn from past experience and make corrections for future operations.

# Injury and Illness Prevention Program Records

Each supervisor will maintain an updated copy of the company's IIPP. The program administrator will retain the following records on file for at least three (3) years:

* Master copy of IIPP, changes/updates
* Documents verifying that the company has maintained ongoing two-way communication with employees such as:
* Memos, letters to employees on safety and health issues
* New employee safety orientation session acknowledgment form
* Employee suggestions and company response
* All records of inspections/investigations - including date, name of person who performed the inspection/investigation, unsafe conditions and work practices identified, corrective action taken and date of correction. Forms covered in this category include:
* Hazard Abatement Record
* Report of Safety Hazard
* Safety Inspection Checklist
* Accident Investigation Form (5 years)
* Records of safety and health training received by employees – containing the employee’s name, training date, type of training and identification of trainer. Examples are:
* Employee Safety Training Verification
* Individual Safety Orientation Record
* Report of Safety Meeting

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| **Appendix: Forms**  |

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| Employee Safety Training Verification | **Company/Entity Name & Location** |
| **Employee’s Name & ID Number** | **Hire Date** | **Job Description** |
| **Department/Location** |  | **Supervisor** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Program** | **Date Completed** | **Instructor** | **Comments** |
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**Make additional copies of this form as needed.**

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| --- | --- |
| Hazard Abatement Record | **Company/Entity Name & Location** |
| **Inspected By** | **Date** |  |

Safety/Health items identified during ***Insert Date*** inspection/investigation will be submitted to ***Insert Name*** for review, and an action plan will be developed to resolve each specific safety/health item (such as hazards, needed policies, etc.) by a fixed completion date, and by those assigned responsibility. This form will be used to document identified problems, steps to be taken, and completion deadline.

Overall Action Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Major action steps to be taken** | **Priority Assign each step a number** | **Projected Completion Date** | **Date Completed** |
| **1.** |  |  |  |
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| **2.** |  |  |  |
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**Make additional copies of this form as needed.**

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| Individual Safety Orientation Record | Company/Entity Name & Location |
| Employee’s Name & ID Number | Hire Date | Job Description |
| Department/Location | Supervisor’s Name |

I, ***Insert Name*** hereby certify that I have read the safety information: ***Insert Company Name*** INJURY AND ILLNESS PREVENTION PROGRAM. This IIPP manual included the following information:

Please initial below:

|  |
| --- |
| \_\_\_\_\_Overview of the organizational safety program, the leadership’s commitment to the program, and the requirements expected of me with regard to the “Code of Safe Practices.” |
|  |
| \_\_\_\_\_Leadership’s commitment to uphold my right to ask questions or make comments and observations about safety concerns without any concern of unwarranted reprisal. |
|  |
| \_\_\_\_\_Potential occupational hazards in the general work setting and the hazards specific to my job assignment. |
|  |
| \_\_\_\_\_Leadership’s commitment to the on-going safety training schedule, along with regularly scheduled inspections for safety hazards and practices. |
|  |
| \_\_\_\_\_The Hazard Communication System that declares my right to know of any and all potentially hazardous substances I might be exposed to on my job and the information contained in the MSDS (Material Safety Data Sheets) or SDS (Safety Data Sheets) about those substances. |
|  |
| \_\_\_\_\_Non-compliance to the Safety Program endangers both my co-workers and me, and for this reason the employer may use disciplinary measures to ensure compliance. |

I understand the information included in the Manual and I commit myself to support the safety efforts in my department and in this organization.

|  |  |  |
| --- | --- | --- |
| Employee Signature |  | Date |
| Supervisor Signature |  | Date |

|  |  |  |
| --- | --- | --- |
| Report of Safety Hazard | Year | Number |
| Name (optional**)** | Date | Supervisor's Name |

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe substance, equipment, process, practice or workplace condition** | **Health and/or safety hazard** | **Suggestions for minimizing or abating hazard or for training** | **Action** |
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**Make additional copies of this form as needed.**

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| Report of Safety Meeting | Company/Entity Name & Location  |
| Department/Location | Date of Meeting | Called to Ord**er** |
| Number of Employees Present | Number Absent | Number Excused |
| Time Meeting Adjourned | Date of Next Meeting |
| Supervisor/Manager *(Name & Title*) | Signature |
|  |
| **Incidents/accidents reviewed:** |
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| **Subject presented and/or discussed:** |
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| **Comments/suggestions/recommendations:** |
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| **Action(s) taken:** |
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| --- | --- |
| Safety Inspection Checklist | Company/Entity Name & Location |
| Inspected By | Date |

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| --- | --- | --- | --- |
| **Rating Evaluations:** | S = Satisfactory | U = Unsatisfactory | NA = Not applicable |

**If Unsatisfactory, prioritize by severity:**

|  |  |  |  |
| --- | --- | --- | --- |
| U1=Immediate | U2=Within 48 hours | U3=Within 2 weeks | U4=Abatement plan needed |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Checklist Item** | **S** | **U** | **NA** | **Corrective Action Taken and Date** |
| **Employer Posting**Is the OSHA poster "Safety and Health Protection on the job "displayed in a prominent location where all employees are likely to see it? | ❑ | ❑ | ❑ |  |
| Are emergency telephone numbers posted where they can be easily found in case of emergency? | ❑ | ❑ | ❑ |  |
| Where employees may be exposed to any toxic substances or harmful physical agents, has appropriate information on employee access to medical and exposure records and Material Safety Data Sheets / Safety Data Sheets been posted or otherwise made easily available? | ❑ | ❑ | ❑ |  |
| Are signs posted where appropriate to inform of building exits, room capacities, floor loading, and exposure to x-ray, microwave, or other harmful radiation or substances? | ❑ | ❑ | ❑ |  |
| Are other posters properly displayed:1. Industrial Welfare Commission orders regulating wages, hours, and working conditions? | ❑ | ❑ | ❑ |  |
| 2. Discrimination in employment prohibited by law? | ❑ | ❑ | ❑ |  |
| 3. Notice to employees of unemployment and disability insurance? | ❑ | ❑ | ❑ |  |
| 4. Payday notice? | ❑ | ❑ | ❑ |  |
| **Emergency Action Plan**Are alarm systems properly maintained and tested regularly? | ❑ | ❑ | ❑ |  |
| Is the emergency action plan reviewed and revised periodically? | ❑ | ❑ | ❑ |  |
| Do employees know their responsibilities:1. For reporting emergencies?
 | ❑ | ❑ | ❑ |  |
| 2. During an emergency? | ❑ | ❑ | ❑ |  |
| 3. For conduction rescue and medical duties? | ❑ | ❑ | ❑ |  |
|  |  |  |  |  |
| **Checklist Item** | **S** | **U** | **NA** | **Corrective Action Taken and Date** |
| Fire ProtectionDo you have a fire prevention plan? | ❑ | ❑ | ❑ |  |
| Does your plan describe the type of fire protection equipment and/or system? | ❑ | ❑ | ❑ |  |
| Have you established practices and procedures to control potential fire hazards and ignition sources? | ❑ | ❑ | ❑ |  |
| Is your local fire department well acquainted with your facilities, location and specific hazards? | ❑ | ❑ | ❑ |  |
| If you have a fire alarm system, is it certified as required? | ❑ | ❑ | ❑ |  |
| If you have a fire alarm system, is it tested at least annually? | ❑ | ❑ | ❑ |  |
| Are fire doors and shutters in good operation conditions? | ❑ | ❑ | ❑ |  |
| Are automatic sprinkler system water control valves, air and water pressures checked weekly/periodically as required? | ❑ | ❑ | ❑ |  |
| Is maintenance of automatic sprinkler systems assigned to responsible person, or to a sprinkler contractor? | ❑ | ❑ | ❑ |  |
| Exiting or EgressAre all exits marked with an exit sign and illuminated by a reliable light source? | ❑ | ❑ | ❑ |  |
| Are the directions to exits, when not immediately apparent, marked with visible signs? | ❑ | ❑ | ❑ |  |
| Are doors, passageways or stairways, which are neither exits nor access to exits, and which could be mistaken for exits, appropriately marked "NOT AN EXIT", "TO BASEMENT", "STOREROOM", or in such a way that they will not be mistaken for exits? | ❑ | ❑ | ❑ |  |
| Are all exits kept free of obstructions? | ❑ | ❑ | ❑ |  |
| Are there sufficient exits to permit prompt escape in case of emergency? | ❑ | ❑ | ❑ |  |
| Are special precautions taken to protect employees during construction and repair operations? | ❑ | ❑ | ❑ |  |
| Where exiting will be through frameless glass doors or glass exit doors, are the doors of fully tempered glass and do they meet the safety requirements for human impact? | ❑ | ❑ | ❑ |  |
| General Work EnvironmentAre all worksites clean and orderly? | ❑ | ❑ | ❑ |  |
| Are work surfaces kept dry, or appropriate means taken to assure the surfaces are slip-resistant? | ❑ | ❑ | ❑ |  |
| Are all spilled materials or liquids cleaned up immediately? | ❑ | ❑ | ❑ |  |
| Are the minimum number of toilets and washing facilities provided? | ❑ | ❑ | ❑ |  |
| Are all toilets and washing facilities clean and sanitary? | ❑ | ❑ | ❑ |  |
| Is all work areas adequately illuminated? | ❑ | ❑ | ❑ |  |
|  |  |  |  |  |
| **Checklist Item** | **S** | **U** | **NA** | **Corrective Action Taken and Date** |
| **Walkways**Are aisles and passageways kept clear? | ❑ | ❑ | ❑ |  |
| Are aisles and walkways marked as appropriate? | ❑ | ❑ | ❑ |  |
| Are wet surfaces covered with non-slip materials? | ❑ | ❑ | ❑ |  |
| Are holes in the floor, sidewalk or other walking surface repaired properly, covered or otherwise made safe? | ❑ | ❑ | ❑ |  |
| Medical Services and First AidIf medical and first aid facilities are not in proximity of your workplace, is at least one employee on each shift currently qualified to render first aid? | ❑ | ❑ | ❑ |  |
| Are medical personnel readily available for advice and consultation on matters of employee health? | ❑ | ❑ | ❑ |  |
| Have first aid kit supplies been approved by a physician, indicating they are adequate for a particular area or operation | ❑ | ❑ | ❑ |  |
| Miscellaneous(Note to Employer/Inspector: Please add applicable questions below.) |  |  |  |  |
|  | ❑ | ❑ | ❑ |  |
|  | ❑ | ❑ | ❑ |  |
|  | ❑ | ❑ | ❑ |  |
|  | ❑ | ❑ | ❑ |  |
|  | ❑ | ❑ | ❑ |  |
|  | ❑ | ❑ | ❑ |  |
|  | ❑ | ❑ | ❑ |  |
|  | ❑ | ❑ | ❑ |  |
|  | ❑ | ❑ | ❑ |  |
|  | ❑ | ❑ | ❑ |  |
|  | ❑ | ❑ | ❑ |  |

**Make additional copies of this form as needed.**

# Accident Investigation Form

1. Accident investigation or analysis helps you in reducing or preventing future occupational injuries and illnesses.
2. This form requests all the information that the DWC says you must record for each on-the-job injury, fatality, and occupational disease. Employers must keep injury records for five years after the last day of the year in which the injury occurred.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **This is an** | **◼ Injury** | **◼ Disease** | **◼ Fatality** | **◼ Near-miss** |

**TODAY'S DATE**

**DATE REPORTED**

**COMPANY**

**DEPARTMENT**

**SUPERVISOR**

**PHONE NO.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Name of Person Involved**  | **2. Sex** | **3. Social Security Number** | **4. DOB** | **5. Date of Incident** |
| **6. Home Address****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **7. Time and Day of Incident****\_\_\_\_\_\_\_ a.m; \_\_\_\_\_\_\_ p.m; day of week \_\_\_\_** | **8. Specific Location of Incident****Was it on employer’s premises? 🞏 yes 🞏 no** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone ( )** | **9. Employee’s Occupation** | **10. Job Task at Time of Incident** |
| **13. Name and Address of Treating Physician****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **11. Length of Service****\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years; \_\_\_\_\_\_\_\_\_\_\_ Months** | 1. **Employee was Working**

**🞏 Alone 🞏 With Fellow Workers****🞏 Other** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone ( )** | **14. Employment Category****🞏 Regular, full-time 🞏 Temporary****🞏 Regular, part-time 🞏 Non-employee****🞏 Seasonal** | **15. Experience in Occupation at Time of Incident****🞏 Less than 1 month 🞏1 to 5 month****🞏 6 months to 1 year 🞏 1 to less than 5 years****🞏 5 or more years** |
| 1. **Name and Address of Hospital**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1. **Phase of Employee’s Workday at Time of Injury**

**🞏 During break period 🞏 During meal period 🞏 Working overtime****🞏 Entering or leaving the building 🞏 Performing work duties 🞏 Other (explain below)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1. **Name of employee’s immediate Supervisor at time of incident Witnessed Incident?**

**🞏 Yes 🞏 No** |
| **19. Employee’s Wage (pay per Hour)** | **20. Other Witnesses** |
| **21. Voluntary benefits paid by the employer, if any** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **22. PART of BODY INFURIED or AFFECTED** |

**🞏 Skull, Scalp 🞏 Jaw 🞏 Abdomen 🞏 Shoulder 🞏 Wrist 🞏 Knee 🞏 Foot**

**🞏 Eye 🞏 Neck 🞏 Back 🞏 Upper Arm 🞏 Hand 🞏 Thigh 🞏 Toe**

**🞏 Nose 🞏 Spine 🞏 Pelvis 🞏 Elbow 🞏 Finger 🞏 Lower Leg 🞏 Ankle**

**🞏 Mouth 🞏 Chest 🞏 Other Body Part 🞏 Forearm 🞏 Hip 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **23. NATURE of INJURY or ILLINESS** |

**🞏 Puncture 🞏 Bruise, Contusion 🞏 Skin Disorder 🞏 Amputation 🞏 Muscle Sprain 🞏 Cumulative Trauma Disorder**

**🞏 Laceration 🞏 Dislocation 🞏 Burn 🞏 Insect/Animal Bite🞏 Muscle Strain 🞏 Irritation**

**🞏 Fracture 🞏 Abrasion 🞏 Respiratory 🞏 Foreign Body 🞏 Hernia 🞏 Infection**

**🞏 Heat/Cold Stress 🞏 Hearing Loss 🞏 Chemical Exp. 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **24. DISPOSITION** | **25. DIAGNOSIS** | **26. SEVERITY** |
| **🞏 Days away from work # \_\_\_\_\_\_\_\_\_\_.****🞏 Restricted work days # \_\_\_\_\_\_\_\_\_\_\_.** **🞏 Date returned to work # \_\_\_\_\_\_\_\_\_\_.****Sent to: 🞏 Doctor 🞏 Hospital** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **🞏 First Aid 🞏 Medical Treatment****🞏 Lost Work Days 🞏 Fatality****🞏 Other: Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **27. WHAT CONDITION of TOOLS, EQUIPMENT, or WORK AREA CONTRIBUTED TO INCIDENT?◼Not Applicable** |

**🞏 Close Clearance/Congestion 🞏 Floors/Work Surfaces 🞏 Inadequate Housekeeping 🞏 Hazardous Placement**

**🞏 Deflective Tools/Equipment/Vehicle 🞏 Inadequate Ventilation 🞏 Equipment Failure 🞏 Illumination**

**🞏 Inadequate Warning System 🞏 Equipment/Workstation Design 🞏 Inadequate Guards/Barrier 🞏 Inadequate/Improper P.P.E.**

|  |
| --- |
| **28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS? ◼No Substandard Conditions** |

**🞏 Abuse or Misuse 🞏 Inadequate Supervision 🞏 Inadequate Purchasing 🞏 Inadequate Engineering**

**🞏 Inadequate Maintenance 🞏 Inadequate Tools/Equip. Mat. 🞏 Improper Work Surfaces 🞏 Wear and Tear**

**🞏 Lack of Knowledge/Training 🞏 Improper Motivation 🞏 Inadequate Capacity 🞏 Lack of Skill**

|  |
| --- |
| **29. WHAT ACTION or INACTION CONTRIBUTED to the INCIDENT? ◼Not Applicable** |

**🞏 Failure to Make Secure 🞏 Under Influence Drugs/Alcohol 🞏 Failure to Warn/Signal 🞏 Inadequate/Improper P. P. E. Use**

**🞏 Nullified Safety/Control Devices 🞏 Used Defective Equipment 🞏 Horseplay/Distractive Active 🞏 Operating at Improper Speed**

**🞏 Used Equipment Improperly 🞏 Improper Lifting 🞏 Operating Procedure Deviation**

**🞏 Running/Rushing/Acting in Haste 🞏 Improper Loading 🞏 Unauthorized Actions 🞏 Used Wrong Tool/Equipment**

**🞏 Improper Technique 🞏 Improper Position 🞏 Servicing/Operating Equipment 🞏 Other**

|  |  |
| --- | --- |
| **30. PROBABLE RECURRENCE** | **31. LOSS SEVERITY POTENTIAL** |
| **🞏 Frequent 🞏 Occasional 🞏 Rare** | **🞏 Major 🞏 Serious 🞏 Minor** |
| **32. PREVENTIVE MEASURES: (What corrective actions have been taken or are planned to prevent a recurrence?)** |

**🞏 Improve Enforcement 🞏 Improve Clean-up Procedures 🞏 Repair/Replace Equipment 🞏 Corrective Counseling**

**🞏 Improve Storage/Arrangement 🞏 Rotation of Employee 🞏 Eliminate Congestion 🞏 Improve/Change Work Method**

**🞏 Identify/Improve P. P. E 🞏 Install/Revise Guards/Devices 🞏 Task Analysis to Be Completed**

**🞏 Task Analysis/Procedure Revision 🞏 Improve Design/Construction 🞏 Job Reassignment of Employees**

**🞏 Use Other Materials/Supplies 🞏 Improve Illumination 🞏 Mandatory Pre-Job Instructions**

**🞏 Improve Ventilation 🞏 Reinstruction of Employees 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **33. EMPLOYEE’S DESCRIPTION of INCIDENT (Attach sheet for additional comments) ◼ Comments sheet** |

|  |
| --- |
| **34. SUPEVISOR’S DESCRIPTION of INCIDENT (Attach sheet for additional comments) ◼ Comments sheet** |

|  |
| --- |
| **35. SPECIFIC CORRECTIVE ACTIONS or PREVENTIVE MEASURES TAKEN** |
| **Corrective Action Taken** | **Person Responsible** | **Target Date** | **Date Completed** |
|  |  |  |  |
|  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature Date