

**COUNTY OF MARIN  
OFFICE OF THE COUNTY ADMINISTRATOR**

**ADMINISTRATIVE REGULATION NO. 20**

**COUNTY OF MARIN**

**INJURY AND ILLNESS**

**PREVENTION**

**PROGRAM**

**ADMINISTRATIVE REGULATION NO. 20**

**SUBJECT: MARIN COUNTY INJURY AND ILLNESS  
PREVENTION PROGRAM [Revised]**

**EFFECTIVE DATE: April 25, 2000**

This regulation is issued pursuant to Chapters 2.08 and 2.84 of the Marin County Code and has been approved by the Board of Supervisors.

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**COUNTY OF MARIN**

# **INJURY AND ILLNESS PREVENTION PROGRAM**

## **I. STATEMENT OF POLICY**

The County is firmly committed to maintaining a workplace free from occupational injuries and illnesses. It is also committed to complying with all applicable laws and regulations that are applicable to the operations conducted by County employees. As the most effective means of achieving this goal, the County has developed and implemented this comprehensive Injury and Illness Prevention Program (herein: IIPP) within the County.

This program is established in accordance with the requirements of the Cal/OSHA General Duty Clause [Labor Code § 6401.7] and the Injury and Illness Prevention Standard [8 CCR § 3203]. (A breakdown of the standard's mandates is displayed as Appendix I of this IIPP along with the corresponding section of the program which ensures compliance with each requirement.) This program is designed to ensure the safety, health and security of all County employees regardless of position and job tasks. A copy of this Program will be maintained within each Department and within each County facility offsite from the Civic Center.

## **II. RESPONSIBILITY**

The County Administrator is designated as the Program Administrator of this program and has overall responsibility and authority for the implementation and maintenance of the IIPP within all County Departments. The County Safety Analyst serves as the designee of the Program Administrator through the Director of Human Resources as deemed appropriate.

### **A. Program Administrator's Responsibilities**

The Marin County Administrator will serve as Program Administrator for ensuring implementation and ongoing maintenance of the County IIPP.

The Program Administrator's duties, designated as appropriate to the County Safety Analyst through the Director of Human Resources, include but are not limited to:

- √ Advising Department Heads, managers and supervisors on safety and health policy issues.
- √ Maintaining current information on applicable local, state, and federal safety and health regulations and ensuring departmental compliance with them.
- √ Preparing and distributing County policies and procedures on safety and health issues, and ensuring compliance with these policies.
- √ Assisting departments in recognizing, identifying, and evaluating workplace hazards, including hazards related to workplace security.
- √ Assisting departments in developing methods for abating workplace hazards and ensuring that the identified hazards are abated in a timely manner.
- √ Assisting departments in developing the Codes of Safe Practice<sup>1</sup> for addressing such hazards.
- √ Arranging for safety and health inspections and follow-up to ensure necessary corrective action is completed.
- √ Investigating accidents to determine cause(s) and identifying corrective action to prevent future occurrences.
- √ Planning, organizing, and coordinating safety training.
- √ Assisting Department heads, managers and supervisors in providing requisite training in workplace safety to employees.
- √ Reviewing injury and illness trends and developing incidence rates for injuries and illnesses for each department.
- √ Establishing a system for maintaining the records of inspection, hazard identification and abatement, and training.

The Program Administrator may assign some or all of these tasks to other individuals within the County. Nevertheless, the County

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<sup>1</sup>*Codes of Safe Practice* are lists of safety rules addressing the mitigation of hazards identified within a given work area or a given job class. The *Codes* are to be enforced as requirements and appropriate disciplinary actions undertaken for infractions.

Administrator through the Director of Human Resources and the County Safety Analyst, as appropriate, remains responsible for the overall implementation and maintenance of the County's Injury and Illness Prevention Program.

## **B. Department Heads' Responsibilities**

Although the Program Administrator has County-wide responsibility for the IIPP, each Department shall have a person responsible for the IIPP implementation within its areas of operation. Departments with multiple Divisions and/or with facilities "offsite" from the Civic Center also shall designate a responsible person at each facility.

In order to document the responsibilities of the Departmental and/or Division responsible persons, each Department (and Division as applicable) must complete the Specific Department/Division Information form found as Appendix II of the IIPP. The original completed form is kept in the IIPP and updated whenever the responsible person changes. A copy of the form shall be sent to the Safety Analyst in the Human Resources Department.

Department Head responsibilities also include, but are not necessarily limited to:

- √ Keeping abreast of safety and health regulations affecting operations in the department. (Direct assistance in this area is provided by the County Safety Analyst.)
- √ Ensuring that Managers and Supervisors comply with all regulatory requirements applicable to their respective areas of operation.
- √ Ensuring that safety hazards within their department are identified at the implementation of the IIPP and that a system is in place to assure any new hazards which arise are identified.
- √ Assuring that any identified hazards are corrected appropriately and in a timely manner. (See Section V of this program)
- √ Ensuring that a periodic inspection system is in place to inspect departmental work areas for hazard mitigation and to identify any new hazards.

- √ Assuring that accidents within their departments are investigated to discern causes and identify corrective actions to prevent future occurrences.
- √ Advising Program Administrator through the Safety Analyst of the training needs of persons within their department. Assistance is provided by the Safety Analyst.
- √ Ensuring that Division Managers and Supervisors conduct on-the-job safety training of those persons each one supervises.
- √ Ensuring that the employee communication system within the department is effective and operating appropriately. This includes assuring employees that they may report safety hazards anonymously if they choose and without fear of reprisal.

### **C. Division Managers' and Supervisors' Responsibilities**

Division Managers and Supervisors are responsible to ensure that all persons within their respective Divisions or other areas of responsibility know and comply with the elements of the County IIPP.

Managers' and Supervisors' responsibilities include, but are not limited to:

- √ Complying with all regulatory requirements applicable to their areas of operations, especially as they pertain to specific safety programs (e.g., Hazard Communication Standard, etc.).
- √ Ensuring employees comply with all applicable regulations.
- √ Identifying safety hazards within their areas of responsibility at the implementation of the IIPP and putting in place a system to assure any new hazards are identified.
- √ Assuring that any identified hazards are corrected appropriately and in a timely manner. (See Section V of this program)
- √ Assuring that employees abide by the Codes of Safe Practice specific to their job operations.
- √ Establishing a periodic inspection system to ensure identified hazards are mitigated and to identify new hazards.

- √ Ensuring accident and injury investigation reports are thoroughly completed and are forwarded to the Administrative Analyst in the County Administrator's Office within 24 hours of the occurrence.
- √ Ensuring that the causes of the accident are discerned, that the investigation forms are completely filled out and corrective actions are identified to prevent future occurrences.
- √ Conducting on-the-job safety training of those persons each one supervises and documenting all training. Documentation shall be kept in a separate safety training file established in each Department.
- √ Ensuring that all equipment and machines in their areas of responsibility are in safe operating condition. (If any safety defects are found, the equipment is to be taken out of service and tagged out to prohibit use.)
- √ Ensuring that employees under their direction wear appropriate required protective equipment and that the equipment is in proper condition.
- √ Ensuring that the employee communication system to report hazards is effective and operating appropriately within their respective areas of responsibility. (This includes assuring employees that they may report safety hazards anonymously and without fear of reprisal.)
- √ Promptly reporting to the Safety Analyst whenever a new substance, work procedure, and or equipment is introduced into the work area. (As described in Section V, D of this Program].

## **D. Employees' Responsibilities**

It is essential that employees follow all safety policies and procedures implemented in the County. This includes following all the requirements of the County IIPP as well as adhering to all elements of any safety rules instituted for an employee's specific job tasks and operations. In addition, employees' responsibilities include:

- √ Complying with all regulatory requirements applicable to their areas of operation, especially as they pertain to specific safety programs (e.g., Hazard Communication Program, etc.).

- √ Reporting any unsafe condition, hazard, or employee act they observe to their immediate supervisor, their Department Head, or to the Safety Analyst. Note: No employees will be retaliated against, disciplined, or discharged for reporting any workplace hazard or unsafe condition.
- √ Always working in a safe manner utilizing safety equipment as required in an appropriate way and remaining alert to unsafe or unhealthful conditions.

### **III. COMPLIANCE ASSURANCE**

#### **A. General Policy**

Compliance with all applicable rules and regulations will be assured by a combination of the following:

- √ A program of reinforcement and acknowledgment for employees displaying a positive and highly active safety awareness.
- √ A system of progressive discipline for all employees who violate safety rules and regulations. Any disciplinary actions are conducted in accordance with the policies and procedures contained in the Personnel Commission Rules & Regulations and applicable MOU's.

Managers and supervisors are expected to provide both positive acknowledgment and rule enforcement fairly and uniformly.

Employees who fail to follow safe work practices and/or procedures or who violate any County safety rules or directives will be subject to disciplinary action up to and including termination. Disciplinary measures may be progressive depending upon the severity and/or frequency of the infraction(s).

### **IV. COMMUNICATION**

#### **A. Procedures**

The County of Marin is fully aware that open, two-way communication between management and staff on health and/or safety issues is essential to an injury free, productive workplace. The following system of communication is established in order to facilitate such communication:

- √ A discussion of the County IIPP and safety policies and procedures at new employee orientation. (See Section IX below for a discussion of employee training.)
- √ Scheduled time at general Departmental or Divisional employee meetings when safety issues are openly discussed by all present.
- √ Periodic posting and/or distribution of safety notifications or safety announcements.
- √ As appropriate, scheduled, regular meeting of a Management/Employee Safety Committee, where established. This may be either at a County-wide and/or Departmental level.

In addition to the above, employees are encouraged by their Division Heads and Supervisors to make safety suggestions and to report any safety hazards. (See Section V, C below).

## **V. IDENTIFICATION OF WORKPLACE HAZARDS**

### **A. Job Hazard Analyses: Initial Hazard Identification**

The identification of workplace hazards is the first step in implementing job-specific safety procedures. The most effective initial action is to conduct a job hazard analysis inspection of each job class utilizing a Job Hazards and Codes of Safe Practice form. A copy of this form may be obtained from the County Safety Analyst.

The form is structured such that each class is analyzed first according to job class specifications and job tasks performed which are then listed in Column 1 of the form. Potential safety or health hazards are then identified in Column 2 of the form for each task. Once this is accomplished a Code of Safe Practice for each hazard is developed and listed accordingly in Column 3. It is the responsibility of each Department Head or designee to ensure that these analyses are conducted appropriately, and where feasible.

## **B. Periodic Follow-up Inspections**

As follow-up to the initial hazard identification, each Department or Division will conduct periodic scheduled inspections of their respective areas and operations. Periodic scheduled inspections must be conducted at appropriate intervals.

Inspections can be conducted using a prepared checklists which may be obtained from the County Safety Analyst. These checklists are compiled from Cal/OSHA documents and cover all areas applicable to County work operations. Not all lists apply to all operations, however, and each Department or Division is to utilize only those elements which directly relate to their respective work areas. Departments should review these checklists and add any items which apply to their operations but which are not on the checklists.

## **C. Employee Report of Hazard or Unsafe Condition**

County employees are required and encouraged to report any unsafe practice or hazard as such conditions are identified. As an effective means of making these notifications, employees may use the Report of Hazard or Unsafe Condition form obtainable from the County Safety Analyst or they may submit such reports through any other written form of communication. This report may be submitted without fear of retaliation or harassment and may be made anonymously if the employee so desires.

The forms should be submitted first to the employee's Supervisor with a copy to the appropriate Division Head. Either of these persons, or a designee, will then investigate the report or complaint within fifteen (15) working days of the report's submittal. This investigation is conducted according to the criteria delineated in Section VI below.

If desired, the employee may submit the report directly to the Safety Analyst who will then contact the appropriate Department and initiate an investigation of the complaint (within 15 working days of receiving the report).

Once a hazard is identified the employee's Department or Division is to abate the hazard as described in Section VII, B below.

## **D. On-Going Assessment of Hazards**

In addition to the initial job hazard analyses and the periodic scheduled inspections, evaluations of workplace hazards are conducted whenever any of the following occur:

- √ The identification of new hazards in a work area.
- √ The introduction of any new substance, equipment, procedure, or operation to a work area.
- √ Occurrence of an occupational injury, occupational illness, or near miss accident.
- √ Whenever the Program Administrator or the Safety Analyst become aware of a new hazard, either independently or by receipt of information from an employee.
- √ An unscheduled inspection is requested by the Program Administrator or a designee.

Each supervisor is responsible for promptly reporting to the Department and to the Safety Analyst whenever a new substance, new work procedure or operation, and/or new equipment is introduced into a work area. Each report must include an evaluation of the potential hazard(s) of any of the above, as well as the training or other steps which will be taken to abate the identified hazard(s).

## **VI. HAZARD, ACCIDENT & INJURY INVESTIGATIONS**

### **A. Employee Report of Hazard or Unsafe Condition**

After receiving a Report of Hazard or Unsafe Condition form or some other mode of report supervisors are to investigate the reported hazard within fifteen (15) days of receiving the report. Investigations are to be documented using the Department's investigation forms. If a Department does not have its own form for such actions, they may use the County Accident Investigation Form obtainable from the County Safety Analyst. Investigations are to be conducted even if no accident or injury occurred. Completion of this form, or a similar form, will ensure appropriate documentation of the investigation and hazard mitigation in accordance with Cal/OSHA requirements.

A copy of the completed form is to be forwarded to the appropriate Departmental Division Head or a designee. The original form is to be sent to the County Safety Analyst who will verify the appropriate mitigation of the reported hazard according to Cal/OSHA criteria.

Once a hazard is identified the employee's Department or Division is to abate the hazard as described in Section VII, B below.

## **B. Accident and Injury Investigations**

Even after potential safety hazards are mitigated, there is still the possibility that accidents and/or injuries may occur in the workplace.

The purpose of an accident and/or injury investigation is to find the cause of the accident and prevent further occurrences. All accidents and injuries will be reported, investigated and a cause (or causes) determined.

Upon the occurrence of any occupational injury and/or illness, the employee will report the occurrence immediately to their Supervisor. The Supervisor will ensure the completion of the Employer's Report of Occupational Injury or Illness obtainable from the respective Department's workers' compensation coordinator.

In addition to this form, the Supervisor of the injured employee will complete the Accident Investigation Form as a supplement to the State form. Finally, a State Workers' Compensation Claim Form will be given to every employee who sustains a work related injury. Copies of all these forms are obtainable from the County Safety Analyst.

Supervisors are to ensure that all of these forms are thoroughly completed within 24 hours of the occurrence of the injury. Originals of these forms are to be copied to facilitate any Departmental injury tracking procedures.

The originals of all forms are to be submitted within 24 hours of the occurrence to the Administrative Analyst in the County Administrator's Office. It is essential that both forms are completed within the allotted time. The Administrative Analyst will make a copy of the forms and forward the copies to the Safety Analyst. The Administrative Analyst will then immediately send the originals to the County's Worker's Compensation Claims Administrator.

Upon receipt of the above forms, the Safety Analyst will:

- √ Report any fatality and/or serious injury or illness<sup>2</sup> to Cal/OSHA via telephone.

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<sup>2</sup>A *serious injury or illness* is defined as any injury or illness which results in: (1) hospitalization longer than 24 hours for anything other than observation; (2) loss of a body part; (3) permanent disfigurement. [8 CCR § 330(h)]

- √ Analyze the accident report forms submitted by the injured employee's Department and contact the Department to ensure an investigation has, or will be conducted within the requisite time frame.
- √ Conduct a supplemental investigation if requested by the Department or as deemed necessary by the Safety Analyst.
- √ Assist the Department to ensure that the problem(s) that caused the injury or illness have been mitigated and that the hazard abatement has been documented on the Accident Investigation Form.

Departments will maintain documentation of all investigations for a period of three years from the time of occurrence (longer if advised to do so by the Program Administrators or their designee). A copy will be maintained in the office of the Safety Analyst.

## **VII. EVALUATION AND ABATEMENT OF HAZARDS.**

### **A. Evaluation of Identified Hazards**

The County Safety Analyst reviews with the Department all hazard assessment documents received from Departments and reports evaluation results to the County Administrator and the Director of Human Resources. These individuals, in conference with the Safety Analyst, will then evaluate and decide upon the appropriate resolution of any identified hazards.

If the hazardous or problem condition cannot be resolved at the Departmental level, the Safety Analyst, as designee of the County Administrator and the Director of Human Resources, will investigate the incident (or employee report of hazard) and recommend preventive or mitigating actions as appropriate. The report of this investigation will also be forwarded to the County Administrator and the Director of Human Resources for consideration and evaluation of hazard resolution.

### **B. Abatement of Hazards**

Departments are to correct identified safety hazards in a timely manner. Departments are to base the timing of the hazard mitigation on the severity

of the hazard(s). According to Cal/OSHA requirements a serious hazard<sup>3</sup> must be abated immediately or employees are to be kept clear of the hazard. A non-serious hazard may be abated over a period of time. This shall be determined in consultation among the County Administrator, the Director of Human Resources, and the County Safety Analyst.

When any corrective action for a non-serious hazard will involve multiple steps, or cannot be completed promptly, an action plan must be developed and submitted to the Program Administrator. This plan will outline the actions which will be taken, the order in which each step will be taken, and when each step will be carried out.

The Plan will also describe the methods that will be used to protect employees from the hazard until the proper corrective actions are completed. Employees are not to enter an imminent hazard area without specific approval of the Program Administrator or a designee. Employees expected to correct the imminent hazard will be properly trained and provided necessary safeguards.

## **VIII. TRAINING REQUIREMENTS**

### **A. Safety and Health Training**

Awareness of potential health and safety hazards, as well as knowledge of how to control such hazards, is essential to maintaining a safe and healthful work environment. In order to achieve this goal, the County will provide training to each employee with regard to general safety practices and to any hazards or safety procedures specific to the respective employee's work tasks. The County will provide training according to the following schedule:

- √ When the IIPP is first implemented.
- √ To all new employees upon hiring and prior to first job assignment.
- √ Whenever new substances, processes, procedures or equipment are introduced into the workplace.

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<sup>3</sup> A serious hazard is a working condition where there is a probability "that death or a serious physical injury or illness could result from exposure to the hazard. [8 CCR § 334(c)].

- √ Whenever the County, its Departments and its Divisions are made aware of new or previously unrecognized hazards.
- √ Whenever the Program Administrator, Department Heads, the Safety Analyst, or their designees believe that additional training is necessary.

Training will include the following

- √ A brief overview of the County IIPP.
- √ The job-specific hazards employees may be exposed to. (This task specific training can be accomplished using the Codes of Safe Practice developed for the employee’s respective job class or job task.) Job-specific training is handled by each Department.
- √ Documentation of all training at the time of the session.

Individual general training can be documented using the Individual Employee Training Documentation form. Group training may be documented using the Group Training Documentation form. Both of these forms may be obtained from the County Safety Analyst. Department’s may use other forms of training documentation as long as the date and location of the session, the name of the instructor, the course content and the names of the participants are included.

## **IX. EMERGENCY ACTION PLANS**

### **A. Requirements**

In compliance with the Cal/OSHA Emergency Action Standard [8 CCR § 3220] each Department is to have in place an Emergency Action Plan implemented as a means of ensuring employee safety during an emergency incident.

Departments within the Civic Center must follow the procedures delineated in the Civic Center Emergency Plan. Each Civic Center Department, in accordance with this Emergency Plan, must designate a person in each office as being responsible for that respective office in an emergency.

County offices in outlying facilities must develop their own emergency plans appropriate to the complexity of the work location. This may be easily accomplished by using the Emergency Action Plan form obtainable from the County Safety Analyst.

All employees with special responsibilities under any County emergency plan must receive training in their respective responsibilities.

## **X. RECORDKEEPING**

### **A. Procedures**

The maintenance of certain records relating to the County IIPP are kept on file in each Department as they pertain to that Department's operations.

These records include the following:

- √ Records of inspections and investigations including date(s), person(s) who conducted the inspection(s) or investigation(s), unsafe work practice or condition identified, and the corrective action(s) taken and date(s) of correction.
- √ Documentation of training provided employees, including new hire instruction and follow-up training required by changes in operations or the identification of a previously unknown hazard.

These records will be maintained on-site for a period of one year from the time of generation, as required. [8 CCR § 3203(b)]

# APPENDIX I

## APPENDIX I

### INJURY & ILLNESS PREVENTION PROGRAM

#### Program Elements Check List: 8 CCR § 3203 Requirements

**Covered in IIPP**  
**Section/Page**

**3203(a)** Written Injury & Illness Prevention Program  
established and implemented..... Entire Program

**3203(a)(1)** Person(s) identified with responsibility and

	authority to implement Program.....	Sect. II/pg. 3
	Specific responsibilities spelled out.....	Sect. II/pp. 3-8
<b>3203(a)(2)</b>	System for ensuring employees comply with safe and healthy work practices.....	Sect. III/pg. 8
	Specific written safety procedures – work practices.....	Sect. IV/pg. 9
	Describe disciplinary procedures or source of disciplinary actions.....	Sect. III/pg. 8
14	Specify training and retraining system.....	Sect. VIII/pg.
<b>3203(a)(3)</b>	Communicating with employees on matters concerning safety and health.....	Sect. IV/pg. 9
10	Describe method(s) for employees to inform management of hazards at work locations without fear of reprisal.....	Sect. V,C/pg.
	Describe method(s) used to ensure communication between management and employees regarding safety.....	Sect. IV/pg. 10
<b>3203(a)(4)</b>	Identifying and evaluating work place hazards through scheduled periodic inspections.....	Sect. V/pg. 10
	(A) Specify process to identify and evaluate hazards when program first established.....	Sect. V,A/pg. 9
	(B) Specify process to identify new substances, processes, procedures, or equipment and incorporate these into the safety program.....	Sect. V,D/pg. 11
	(C) Specify process to identify new hazards, or previously unrecognized hazards, and incorporate them into the safety program.....	Sect. V,C/pg. 10
<b>3203(a)(5)</b>	Specify process to investigate injuries, illness, and near misses and to incorporate any	

	hazard mitigations into the safety program.....	Sect. VI/pg. 11-13
<b>3203(a)(6)</b>	Specify system and/or procedures for correcting unsafe or unhealthy conditions, work practices, and work procedures in a <u>timely</u> manner based on severity of hazard (prioritization).....	Sect. VII/pg. 13
	Specify system to protect employees from imminent and serious hazards.....	Sect VII,B/pg. 14
<b>3203(a)(7)</b>	Specify health and safety training program.....	Sect. VIII/pg. 14
	System for training all when program first established.....	Sect. VIII/pg. 15
	For all new employees.....	Sect. VIII/pg. 15
	Employees given new job assignments.....	Sect. VIII/pg. 15
	To cover new substances, processes, procedures, or equipment which represent new hazards.....	Sect. VIII/pg. 15
	In response to new or previously unrecognized hazards.....	Sect. VIII/pg.
15		
	For supervisors to ensure that they are familiar with the requirements of the standard, and with hazards to which the employees under their direction and control may be exposed.....	Sect. VIII/pg.
15		
<b>3203(b)</b>	Records of steps taken to implement and maintain the program.....	Sect. X/pg. 16
<b>3203(b)(1)</b>	Records of inspections including: name of inspector, identification of unsafe condition or work practice, and specification of corrective action.....	Sect. X/pg. 16
	Specify that records will be kept for at least one year.....	Sect. X/pg. 16

**3203(b)(2)** Documentation of training for each employee including: employee name, instructor's name, dates, training content.....Sect. VIII/Pg. 15

# **APPENDIX II**

## **APPENDIX II**

### **COUNTY OF MARIN**

#### **INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)**

##### **SPECIFIC DEPARTMENT/DIVISION INFORMATION**

*DEPARTMENT/DIVISION:* \_\_\_\_\_

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

**PHONE NUMBER:** \_\_\_\_\_

**LOCATION OF IIPP:** \_\_\_\_\_

**RESPONSIBILITIES:**

- ◆ Person(s) with responsibility and authority for the IIPP at this location:

\_\_\_\_\_

- ◆ Division Head (If different than above person)

\_\_\_\_\_

**DEPARTMENT HEAD:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# FORMS

**MARIN COUNTY**  
**JOB HAZARDS AND CODES OF SAFE PRACTICE**

Department: \_\_\_\_\_ Division: \_\_\_\_\_ New: \_\_\_\_\_ Revised: \_\_\_\_\_

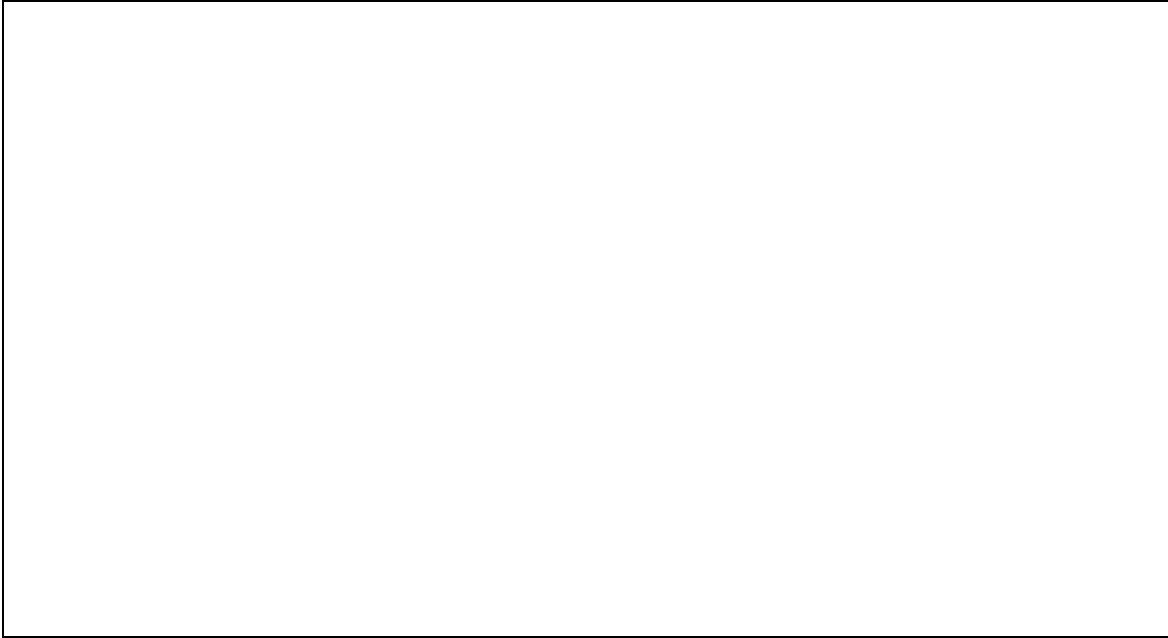
Job Title \_\_\_\_\_

*I understand this training and agree to comply with the Codes of Safe Practice for my work area/job.*

Instructor Name: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
(Please Print) (Please Print)

Instructor Signature \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Basic Job/Tasks</u>	<u>Hazards: Unsafe Conditions/Acts Practices</u>	<u>Codes of Safe</u>



Page \_\_\_\_ of \_\_\_\_

**COUNTY OF MARIN**

**Report of Hazard or Unsafe Condition**

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice. This form may be submitted anonymously. Submit a copy to your supervisor or division head with another copy to the County Safety Analyst, Civic Center, Room 403.

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Location of Hazard: \_\_\_\_\_

Description of Unsafe Condition or Practice: \_\_\_\_\_

\_\_\_\_\_

Cause(s) or Other Contributing Factors: \_\_\_\_\_

\_\_\_\_\_

Suggestion For Correcting Hazard: \_\_\_\_\_

\_\_\_\_\_

Corrective Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Hazard Corrected: \_\_\_\_\_ Division Head Signature: \_\_\_\_\_

The County will investigate any report or question as required by the Injury and Illness Prevention Standard [8 CCR § 3203].

Employees are advised that use of this form or other reports of unsafe conditions or practices is protected by law. Employees may make such suggestions without fear of reprisal.

**COUNTY OF MARIN**

**ACCIDENT, INJURY & ILLNESS INVESTIGATION**

**REPORT FORM**

Name of Injured: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Date \_\_\_\_\_

Person(s) conducting investigation (include title): \_\_\_\_\_  
\_\_\_\_\_

Witnesses (If none, so state): \_\_\_\_\_  
\_\_\_\_\_ (Attach witnesses' statements).

Describe the accident/incident in detail. Include location, time, and exactly what occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Describe workplace condition, work practice or equipment which caused the accident/injury/illness, if applicable:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Describe recommended actions to prevent reoccurrence, if applicable:* \_\_\_\_\_  
\_\_\_\_\_

*Person responsible for corrective action, if applicable:* \_\_\_\_\_

*Title:* \_\_\_\_\_ *Date correction completed:* \_\_\_\_\_

*Until corrected, describe actions taken to protect individuals in the interim:* \_\_\_\_\_  
\_\_\_\_\_

*Signature of person responsible for corrective action:* \_\_\_\_\_

*Signature of Department Head :* \_\_\_\_\_

## INDIVIDUAL EMPLOYEE TRAINING DOCUMENTATION

Date: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

Training Subject(s):

\_\_\_\_\_

*I, \_\_\_\_\_ (printed name) hereby certify that I received training as described in the following areas:*

- The potential occupational hazards in general in my work area and associated with my job assignment.
- The Codes of Safe Practice for my specific job position which indicate the safe work conditions, safe work practices, and personal protective equipment required for my job assignment.
- The hazards of any chemicals to which I may be exposed and my right to information contained on the material safety data sheet for each chemical and how to use the chemicals safely.
- My right to ask questions and provide any information to the employer on matters of safety, either directly or anonymously, without any fear of reprisal.

Disciplinary procedures the employer will use to enforce compliance with the Codes of Safe Practice.

Other:

\_\_\_\_\_

***I understand the training and agree to comply with the Codes of Safe Practice for my work area/job:***

\_\_\_\_\_  
***Employee Signature***

\_\_\_\_\_  
***Date***

### **GROUP TRAINING DOCUMENTATION**

**Name of Trainer:** \_\_\_\_\_

**Work Location/Job Titles Included:** \_\_\_\_\_

\_\_\_\_\_

***The undersigned persons acknowledge that they have received training in the following areas, that they understand the training, and they agree to comply with all applicable safety rules and Codes of Safe Practice:***

- Potential general work area hazards
- Codes of Safe Practice for their specific job assignment
- Hazards of any chemicals to which they may be exposed and information on the material safety data sheet for each chemical.
- The right to ask questions and provide safety information to the employer, directly or anonymously, without fear of reprisal.
- Disciplinary procedures the employer will use to enforce compliance with all safety rules and the applicable Codes of Safe Practice.

**PRINT**

**SIGNATURE**

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***FACILITY/DEPARTMENT EMERGENCY PLAN***

**County Department/Facility:** \_\_\_\_\_

**EMERGENCY ACTIONS:**

*Means of Reporting Emergency to Emergency Personnel:* \_\_\_\_\_

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*Emergency Signal:* \_\_\_\_\_

*Signaled by Whom and in What Circumstances:* \_\_\_\_\_

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*Employee Actions Upon Hearing Signal:* \_\_\_\_\_

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*Method(s) to Advise Employees of Escape Routes:* \_\_\_\_\_

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*Evacuation Procedures & Gathering Point:* \_\_\_\_\_

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*Headcount Procedure:* \_\_\_\_\_

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*Employees Assigned to Rescue and First Aid:* \_\_\_\_\_

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*Procedures for Employees Assigned to Rescue and First Aid:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names of Persons To Be Contacted in an Emergency**

<i>NAME</i>	<i>WORK PHONE</i>	<i>24-HOUR PHONE</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____