

# CITY OF LOS ANGELES



**DEPARTMENT OF PUBLIC WORKS  
BUREAU OF ENGINEERING**

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

Approved by: *Gary Lee Moore*

Electronically signed by 21866 on 03/06/2018 at 2:33:42 PM  
**Name: Gary Lee Moore**

**Date: March 6, 2018**

Bureau of Engineering  
Injury and Illness Prevention Program

# INJURY AND ILLNESS PREVENTION PROGRAM

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## **SAFETY POLICY AND MANAGEMENT COMMITMENT**

It is the policy of the City of Los Angeles to maintain a safe and healthful workplace for all employees. This safety policy applies to all business operations and functions including those situations where employees are required to work off-site.

The City of Los Angeles and the Bureau of Engineering recognize the value of their employees and are committed to ensure compliance with Executive Directive No.18 (ED No.18), "A Safe and Healthy Workforce", as well as all applicable federal and state regulations, and City policies and programs; demonstrate visible and active leadership in all of our business activities by providing resources necessary to manage and communicate safety commitment, expectations, and accountability; provide the required safety trainings; implement proactive hazard identification and follow through with the elimination and control of identified hazards. Keeping safety and wellness as an integral part of all operations, we will be able to better identify, reduce or eliminate on-the-job hazards and unsafe work practices in our workplace.

In this endeavor, this Bureau of Engineering Injury and Illness Prevention Program (IIPP) has been developed for our employees so that safety is given primary consideration for all work conducted. The IIPP will pursue its objective through the effective implementation of the following eight (8) elements:

- Safety Responsibilities
- Employee Compliance
- Safety Communication
- Hazard Assessment and Inspection
- Hazard Correction
- Accident/Exposure/Near-Miss Investigation
- Training and Instruction
- Recordkeeping

Robert Kadomatsu, Administration Division Manager, has been named the Chief Safety and Wellness Officer and will serve as the departmental liaison to the Bureau of Engineering, the Personnel Department and other departments/offices with respect to all matters related to employee safety and health, and will have the overall authority and responsibility for implementing this IIPP. William Devereaux is the Department Safety Coordinator and is responsible for the day-to-day implementation of the department's IIPP. All employees are expected to adhere to this IIPP and work diligently to maintain safe and healthful working conditions.

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**SAFETY RESPONSIBILITIES**

Each person at the department plays an important role in maintaining a safe and hazard-free work environment. To ensure that the safety program remains effective, the following specific responsibilities are required:

**General Manager or Head of Department Responsibilities**

- Designate a senior manager as the Chief Safety and Wellness Officer
- Designate a senior manager as the Chief Risk Management Officer
- Incorporate supervisors' safety efforts and safety performance into performance evaluations
- Serve as or designate an individual to serve as the IIPP Implementation Plan Administrator
- Oversee and support the components outlined in this program
- Authorize the allocation of physical and financial resources necessary to maintain an effective IIPP
- Ensure the IIPP is reviewed and updated annually as appropriate and electronic copies are provided to the General Manager of the Personnel Department

**Chief Safety and Wellness Officer Responsibilities**

- Serve as liaison to the Mayor's Office, the Personnel Department and other Department offices with respect to matters related to workers' safety and wellness
- Provide assistance with safety compliance components of this IIPP and ED No. 18
- Ensure safety and wellness data entry and updates are maintained in regulatory compliance
- Enforce all applicable safety and health regulations as required to comply with this IIPP
- Serve as a contact for the Safety Coordinator(s)
- Consult with the General Manager of the Personnel Department to ensure the IIPP complies with Cal/OSHA and with ED No. 18
- Ensure that the IIPP is tailored to meet the specific needs of the Department/Office
- Oversee the tracking of safety incidents and that appropriate corrective actions have been taken
- Oversee that an accident investigation is conducted and that a corresponding accident investigation form is completed for all injuries
- Ensure that the Safety Committee has been established
- Ensure that safety and compliance data, OSHA correspondence and citations are provided to the General Manager of the Personnel Department in a timely manner upon request
- Distribute a memorandum to the City Attorney's Office, Workers' Compensation, and the Personnel Department's Occupational Safety Division, in the event of a fatality/serious injury or illness. Said memorandum briefly describes the incident and confirms that Cal/OSHA and the City Safety Administrator, Najma Bashar, were made aware within eight (8) hours of knowledge of the incident.

Najma Bashar, City Safety Administrator  
Personnel Department  
520 East Temple Street,  
Los Angeles, CA 90012  
Telephone: (213) 473-7097  
Email: najma.bashar@lacity.org

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**Department/Division/Office/Group Managers Responsibilities**

- Provide support, leadership and direction for the IIPP
- Adopt policies, standards, and procedures that include the written Code of Safe Practices to ensure that activities and operations within the department/division/office/group are conducted safely and comply with applicable local, state, federal regulations and City policies
- Ensure the development of a project-specific Code of Safe Practices when City employees are involved in construction work, and that the project-specific Code of Safe Practices is posted or is provided to each supervisory employee who shall have it readily available at the construction job site
- Provide financial support for completion of the provisions outlined in this program
- Assist managers in pursuing disciplinary action against employees who violate health and safety rules and guidelines
- Actively promulgate and support a system for communicating with employees on matters relating to employee health and safety through safety committees, or any other means that ensure effective communication and acknowledgement by employees
- Ensure that, in compliance with City policy, an accident investigation and corresponding Accident Investigation Form is completed when there is a safety incident or workers' compensation claim filed
- Ensure that the Department Safety Coordinator and /or Personnel Department's Occupational Safety Division are notified whenever Cal/OSHA, or any other health and safety regulatory agency, arrives on-site or the Department receives any written inquiry from them
- Through discussion with supervisors, evaluate the effectiveness of implementing the IIPP and provide recommendations for improvement to the department's Safety Coordinator and/or Personnel Department's Occupational Safety Division
- Ensure their offices maintain and post occupational injury statistics (Cal/OSHA Forms 300 and 300A)
- Designate a coordinator to track and prepare the occupational injury statistics (Cal/OSHA Forms 300 and 300A)
- Establish and support a Safety Committee
- Ensure that all required safety equipment is available for use

**Section Heads and Supervisors Responsibilities**

- Familiarize themselves with City and departmental safety policies, programs, and procedures
- Ensure effective implementation of this IIPP within their section or unit
- Ensure that employees who require training pursuant to City, department, and or regulatory requirements receive appropriate training in a timely manner
- Ensure that all safety and health policies and procedures, including this IIPP, are clearly communicated to and understood by employees
- Consistently and fairly follow and enforce all state, City and department safety rules
- Inspect work areas on a periodic basis to ensure compliance with applicable health and safety rules and regulations
- Investigate or facilitate the appropriate investigation of safety concerns or accidents that occur on the job within their section or unit
- Conduct prompt and thorough investigation of every safety incident, accident or near-miss to determine cause and prevent recurrence

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- Based on the results of an authorized investigation, work in conjunction with the Personnel Department to implement appropriate disciplinary measures in accordance with City practice and negotiated labor contract provisions
- Encourage employees to report workplace hazards and emphasize that such reporting may be done without fear of reprisal
- Report questionable incidents and/or injuries which may involve fraud to the Personnel Department, Workers' Compensation Division
- Ensure that corrective actions are taken to prevent recurrence
- Ensure that all health and safety hazards are documented and that appropriate personnel are notified for corrective action/abatement
- Maintain safety training records for their employees
- Maintain a current list of hazardous chemicals and the respective Safety Data Sheets (SDS) for ones to which their employees may be exposed

**Employees Responsibilities**

- Work safely and assist coworkers and other to work safely
- Follow department's, manager's and supervisor's safety directives
- Comply with the provisions of this written plan and department's Code of Safe Practices
- Obtain clarification on any provision in this Plan that they do not understand
- Report to work in the necessary mental and physical condition to perform the essential functions of their job
- Inform supervisors if there is a reason they are unable to perform the essential functions of their job
- Wear appropriate safety equipment as required when performing job duties
- Maintain equipment in proper working order and good condition
- Immediately report all injuries, accidents and near-misses, no matter how minor, to their supervisor
- Report unsafe acts, work practices and working conditions without fear of reprisal
- Complete the necessary health and safety training, as directed by their supervisors, managers and department for their job
- Maintain their work area in a safe and healthful condition
- Cooperate fully with all authorized investigations regarding accidents and safety practices

**Safety Coordinator Responsibilities**

- Advise managers and supervisors of their safety responsibilities and performance
- Communicate workplace safety and health issues to all employees
- Advise management on program policy and procedure issues
- Provide support to Safety Committees
- Assist offices to maintain and post occupational injury statistics (Cal/OSHA forms 300 and 300A)
- Maintain IIPP-related inspection, accident, and training records

**EMPLOYEE COMPLIANCE WITH SAFE WORK PRACTICES**

An effective safety program requires the cooperation and compliance of all employees. Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees, and enforced fairly and uniformly. To ensure that all

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employees comply with department rules and maintain a safe work environment, our compliance system includes one or more of the following checked practices:

- Informing employees of the provisions of our IIPP
- Evaluating the safety performance of all employees
- Recognizing employees who perform safe and healthful work practices
- Providing training to employees whose safety performance is deficient
- Disciplining employees for failure to comply with safe and healthful work practices

All employees will be provided with department's Code of Safe Practices as set forth in this document (Attachment A). Employees will be required to comply with the Code of Safe Work Practices.

**SAFETY COMMUNICATION**

Communication is an essential element of an effective safety program. Management, supervisors and employees are encouraged to clearly communicate and act upon safety and health questions or concerns without fear of reprisal. Communication of safety issues is to be in a form that is readily understandable by all affected employees.

In addition to the department/division Safety Committee, effective communications with employees have been established using one or more of the following checked methods:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Department/division Safety Committee | <input type="checkbox"/> Employee safety recognition              |
| <input checked="" type="checkbox"/> Staff meetings                       | <input checked="" type="checkbox"/> Safety Data Sheets            |
| <input checked="" type="checkbox"/> Tailgate/pre-job meetings            | <input checked="" type="checkbox"/> Posters and warning labels    |
| <input checked="" type="checkbox"/> Specific policies/procedures         | <input type="checkbox"/> Safety newsletter, handouts              |
| <input checked="" type="checkbox"/> Department hazard assessment         | <input checked="" type="checkbox"/> Anonymous hazard notification |
| <input checked="" type="checkbox"/> Employee safety training             | <input type="checkbox"/> Others:                                  |

All managers and supervisors are responsible for communicating with all employees about occupational safety and health in a form readily understandable by all employees.

The Safety Committee is established to assist with the open sharing of knowledge and to respond to questions from employees in a timely manner. Attachment L provides guidelines to develop an effective Safety Committee.

Our communication system encourages all employees to inform their managers and supervisors about workplace hazards without fear of reprisal. Employees can also contact the department/division Safety Coordinator, and/or City Safety Administrator to report any workplace hazards directly or anonymously. Copies of Safety Concern or Suggestion Form (Attachment B) will be provided to facilitate an employee's report. Under no circumstances will employees be disciplined or subjected to any form of reprisal for legitimately reporting a hazard.

Employee safety bulletin boards are located at various locations where employees routinely congregate. Employees are encouraged to become familiar with the location of, and the materials posted on, the bulletin boards such as:



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- “Safety and Health Protection on the Job” (Cal/OSHA)
- “Treatment and Reporting of On-duty Injuries to Civilian Employees” (Workers’ Compensation Division, City of L.A. Personnel Department)
- “Access to Medical and Exposure Records” (Cal/OSHA)
- “Emergency Phone Numbers” (Cal/OSHA Form S-500)
- Responses to corrected unsafe conditions (Attachment D - Hazard Abatement Form)
- “Whistleblowers Are Protected” (Labor Code Section 1102.8)
- Current safety meeting minutes
- Summary of Work-Related Injuries and Illnesses (Form 300A) (posted from February 1st to April 30th of each year)

**HAZARD ASSESSMENT AND INSPECTION**

The primary reason for conducting hazard assessments and facility safety inspections is to identify and control hazards, unsafe conditions, and unsafe work practices. Controlling hazards minimizes the risk to employees and helps to prevent accidents and injuries.

The department will conduct hazard assessments and facility safety inspections at least once annually and additionally when one or more of the following conditions occur:

- When the IIPP is established
- When new equipment creates an unsafe condition
- When a product, process or procedure creates a hazard or unsafe condition
- When new or previously unrecognized hazard or unsafe condition is identified
- When an occupational injury or illness occurs
- When a workplace condition warrants an inspection

Walkthrough safety inspections or assessments will be conducted by one or more of the following:

- Managers and Supervisors
- Safety Committee
- Safety Coordinator
- Others:

Employees are encouraged to use Hazard Assessment and Safety Inspection Checklist Form(s) (Attachment C) when conducting formalized walkthrough inspections.

The completed Hazard Assessment and Safety Inspection Checklist Form(s) - will be forwarded to the Safety Coordinator. The Safety Coordinator will track identified concerns or hazards from such inspection records until resolved.

### **HAZARD CORRECTION**

It is the department's intention to eliminate workplace hazards and unsafe work practices as soon as feasible. However, some corrective actions may require more time. Hazards that cannot be immediately corrected/abated will be prioritized based on the following considerations among others:

- Probability and severity of an injury or illness resulting from the hazard
- Availability of needed equipment, materials and/or personnel
- Time for delivery, installation, modification, or construction
- Training periods

While corrective action is in process, necessary precautions are to be taken by the department to protect or remove employees from exposure to hazards.

When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, all exposed employees are to be evacuated from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition are to be provided with the appropriate training and required personal protection equipment.

The department will use the Hazard Assessment and Safety Inspection Checklist Form and Hazard Abatement Form (Attachments C and D) as appropriate to describe the measures taken to abate hazards or unsafe work practices. The completed forms will be forwarded to the Safety Coordinator for tracking identified concerns or hazards until resolved.

### **ACCIDENT/INCIDENT/NEAR-MISS INVESTIGATION**

Accident, incident, and near-miss investigations are performed in order to gather information on the cause(s) that contributed to the occurrence. This information is useful in determining corrective actions that can be taken to prevent the same type of incident from recurring. Investigations are to be documented and the results communicated to all affected employees.

The department has the responsibility to investigate all work-related accidents, incidents, and near-misses and make any necessary hazard corrections to prevent recurrence.

Employees must immediately report all work-related accidents, incidents, or illnesses to their supervisor, using the Employee's Report of Injury/Illness Form (Attachment E), unless the employee is unable to do so. In this case, the notification must be made by a lead worker or co-worker, or the employee as soon as possible thereafter. Upon becoming aware of an employee injury or illness, the supervisor or designated staff shall:

- Assess the need for medical attention:
  - If injuries appear to be critical, dial (911) from any City phone for immediate emergency services
  - If urgent medical treatment is required or if the employee is in immediate danger, the employee should be taken to the nearest hospital emergency room

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- If the injury or illness is not a medical emergency, but requires further medical treatment, direct the employee to one of the City's First Care Panel Facilities:
  - KAISER ON THE JOB: (888) 565-9675
  - US HEALTH WORKS: (877) 679-4612

Note: If the employee states that they have a pre-designated personal physician, contact Workers' Compensation Division (WCD) at (213) 473-3400 to verify

- If the injury only requires First Aid, provide First Aid to the employee using the workplace First Aid kit
- Provide the injured employee with Workers' Compensation Claim Form (DWC 1) and Notice of Potential Eligibility within 24-hours of receiving notice or knowledge of injury. If the employee is off work, the form may be mailed or delivered in person
- Complete Form 5020, the "Employer's Report of Injury," – (Attachment H). This form may also be accessed through the following link: <http://cityforms.ci.la.ca.us>. An alternative entry method for Form 5020 is available in iVOS; under the File Menu - Access new WC Incident - ACCORD
- As soon as possible, but no later than 24 hours from knowledge, report the injury to City's WCD via phone at (213) 473-3400, or fax at (213) 473-3433, or email at [per.wcdiv@lacity.org](mailto:per.wcdiv@lacity.org)
- Ensure employees complete Employee's Report of Injury/Illness Form – (Attachment E)
- Visit the accident/incident scene and initiate investigation by interviewing the injured employee and witnesses; examine the accident/incident area (take pictures, measurements, etc.) as soon as possible in order to identify the "who, what, why, where and when"
- Complete Supervisor's Investigation Form (Attachment F) and have accident witness(es) complete Accident/Incident Witness Statement Form (Attachment G)
- Forward all completed original forms to WCD and copies to the Safety Coordinator for further review and recordkeeping as necessary

(Note: For all First-Aid-only injuries, the completed Form 5020 – Employer's Report of Injury and other accident-related investigation forms are not required to be forwarded to WCD)

**Serious Injury and Fatality**

For accidents that result in a fatality or a serious injury, the supervisor or designated staff must:

- Immediately notify the Bureau of Engineering Safety Engineer, WCD, and City Safety Administrator.
- Per the direction of Bureau of Engineering City Engineer, immediately and within eight (8) hours after knowledge of the incident, report the serious injury and fatality to the nearest Cal/OSHA District office.

Attachment I, Cal/OSHA Accident Reporting Worksheet, provides a list of information that will be needed before placing a call to the Cal/OSHA District Office to report serious injury and/or fatality.

The City Engineer or designee will distribute a memorandum addressing the City Attorney's Office, WCD, and City Safety Administrator that briefly describes the incident and confirms that a notification to Cal/OSHA was made within eight (8) hours of knowledge of the incident.

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**Vehicle Accidents**

Any employee involved in a vehicle traffic accident involving City or privately-owned mileage vehicles operated on City business shall report the accident immediately to his/her supervisor and the Police Department for investigation. The employee must remain at the accident location until the police arrive to investigate. The employee must complete the Vehicle Accident Form 88.

**Log of Work-Related Injuries and Illnesses**

The department maintains its own injury/illness log using the following Cal/OSHA forms as listed below:

- Cal/OSHA Form 300 (Log of Work-Related Injuries and Illnesses)
- Cal/OSHA Form 300A (Summary of Work-Related Injuries and Illnesses)

Said log is to document work-related injuries and illnesses caused by an event or exposure that results in employee death, loss of consciousness, one or more days away from work, restricted duty, job transfer, medical treatment beyond First Aid or a significant injury or illness diagnosed by a physician or other licensed health care provider.

The Safety Coordinator maintains and tracks such occupational injury statistics. At the end of each calendar year, the Safety Coordinator or designated staff prepares an annual summary of injuries and illnesses that occurred during that calendar year (Form 300A). This annual summary is posted in a conspicuous location from February 1 until April 30.

**Near-Miss Incident**

Employees must immediately report all work-related near-miss incidents to their supervisor. For all near-miss incidents reported (regardless of the outcome), the supervisor or designated staff shall document the incident and immediately conduct an investigation using the Near-Miss Reporting and Investigation Form (Attachment J). Any unsafe acts or conditions identified during the investigation must be corrected, and results effectively communicated to prevent future occurrence of similar incidents. The completed Near-Miss Form will be forwarded to the Safety Coordinator for further review and recordkeeping.

**TRAINING AND INSTRUCTION**

The department shall ensure compliance with Cal/OSHA and City of Los Angeles health and safety training requirements, and shall ensure employees receive regular and effective communication regarding safety training and safety programs, rules and regulations.

Employee training shall be offered under, but not limited to, the following circumstances:

- To all employees new to the City and/or to a particular work assignment, unless the employees provide documentation and/or proof of current valid training (e.g., a Certificate of Training from another employer or agency)
- To all employees with respect to hazards specific to their job assignment
- To supervisors and/or managers when necessary to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed

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- Whenever new equipment, substances, processes, and procedures are introduced to the workplace which may pose or represent a new hazard or non-routine hazard
- Whenever the department/division/office/group is made aware of a new or previously-unrecognized hazard
- As required by other agencies (e.g., Department of Motor Vehicles (DMV), Department of Transportation (DOT), etc. for continuing education and/or certification for employee to function on behalf of the City

In addition to the above, and at a minimum, workplace health and safety training and practices for all City employees shall include, but not be limited to, the following:

- Explanation of the City's IIPP, Emergency Action Plan and Fire Prevention Plan
- Instructions on how to report any unsafe conditions, work practices, and injuries
- Explanation of what to do when additional instruction is needed
- Job specific instructions regarding non-routine hazards unique to a job assignment, to the extent that such information was not already covered in other trainings
- Information about chemical hazards to which employees may be exposed
- Information regarding other hazard communication programs
- Information regarding the provision of medical services and First Aid, including emergency procedures
- Information regarding the name, telephone number, and location of the medical clinic and nearby hospital where employees should be taken for treatment

Safety and health training must be documented in writing for each employee. Health and Safety Training Form (Attachment K) will be utilized to document employee training. The completed training forms will be forwarded to Safety Coordinator for recordkeeping purposes.

**RECORDKEEPING**

The department shall ensure compliance with Cal/OSHA and City recordkeeping requirements.

Records that document implementation of the IIPP shall be maintained in the department's central safety files. These files are located at the Safety Engineer's central files, in the Public Works Building, Suite 710. The following records will be maintained for at least the period indicated:

The written IIPP	<b>Indefinitely</b>
Completed Inspection and Abatement Forms – Minimum 1 Year	<b>1 years</b>
Completed Investigation	<b>3 years</b>
Employee Training Records – Minimum 1 Year	<b>3 years</b>
Records relating to employee communication and enforcement:	
Safety Committee Meeting Minutes & Sign-up Sheets – Minimum 1 Year	<b>3 years</b>
Employee Suggestion/Question and Responses	<b>3 years</b>
Cal/OSHA 300 and 300A forms	<b>5 years</b>
Medical and employee exposure records	<b>duration of employment plus 30 years</b>

**DEFINITIONS**

**Near-Miss Incident** is an unplanned event that did not result in an injury and/or illness but had the potential to do so.

**Serious Injury/Illness** means any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement.

**PERFORMANCE MONITORING**

The Chief Safety and Wellness Officer shall conduct an annual review of the program and update as appropriate. This review includes assessing any new regulatory requirements or changes to existing regulatory requirements, and identifying any opportunities for improvements to the program.

**REVIEW/REVISION HISTORY**

<b>Rev.</b>	<b>Date</b>	<b>Description of Revision</b>	<b>Contact</b>
1	12/27/16	Compliant with Cal/OSHA Regulation	N. Bashar
2	05/22/17	Compliant with ED-18	N. Bashar
3	6/30/17	Editorial Changes	N. Bashar

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**ATTACHMENTS**

- Attachment A: Code of Safe Practices
- Attachment B: Safety Concern or Suggestion Form
- Attachment C: Hazard Assessment and Safety Inspection Checklist Forms
- Attachment D: Hazard Abatement Form
- Attachment E: Employee's Report of Injury/Illness Form
- Attachment F: Supervisor's Investigation Form
- Attachment G: Accident/Incident Witness Statement Form
- Attachment H: Form 5020 – Employer's Report of Injury Form
- Attachment I: Cal/OSHA Accident Reporting Worksheet
- Attachment J: Near-Miss Reporting and Investigation Form
- Attachment K: Health and Safety Training Form
- Attachment L: Guidelines to Developing a Safety Committee



## CODE OF SAFE PRACTICES FOR OFFICE AREA

1. Each staff member is to observe safe working methods and procedures and assist in acquainting new staff members with our concerns for safety.
2. Office equipment is to be arranged in such a manner as to provide safe working conditions.
3. Unskilled persons are not permitted to operate or tamper with office machines.
4. Un-jamming and servicing photocopy machines present electrical hazards and exposure to hot surfaces. Only specifically trained staff members are to open or service the copy machines.
5. Office machines and their cords are to be guarded as needed and required by law or regulation. Telephone cords and electrical cords to computers or other equipment are to be maintained in such a manner as will present no tripping hazard. Frayed or badly worn cords are to be replaced. Cords should not be allowed to come in contact with heat-producing equipment, such as portable heaters. When unplugging any appliance, pull by the plug, not the wire.
6. Overhead storage should be prevented or minimized when possible.
7. Machines are never to be cleaned or adjusted while in operation. If appropriate, the electrical power shall be disconnected.
8. Equipment or machines in need of repair are to be removed from service immediately and not returned to use until properly repaired.
9. Installation, repair, or maintenance of any office equipment is to be done only by qualified persons.
10. Hand paper cutters are to have the blade in the down position, at all times, when not in use. If the blade guard is missing, take the cutter out of service.
11. Filing cabinets and bookcases shall be sufficiently secured to the floor or wall to prevent tipping during earthquakes.
12. When not in actual physical use, all desk and file drawers are to be kept closed so as to avoid tripping hazards or limiting safe use of aisles. Not more than one file drawer in one file cabinet shall be opened at one time. Opening additional drawers could over-balance the file, causing all of the drawers to roll out on the staff member. Staff members are not to stand on or in an open file drawer as a means of reaching higher objects.
13. Ladders or step stools of adequate design to support the staff member's weight and the material to be obtained are provided and readily available as a means of reaching high files and upper locker and/or storeroom shelves. No staff member is to stand on a box, table, desk, swivel or folding chair for any such purpose. Reaching above shoulder height should be avoided.
14. All hazards, such as sharp file cabinet edges, splintered wood furniture or any other conditions likely to do bodily harm, damage clothing, or constitute a fire hazard shall be reported to your supervisor.



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15. Wastebaskets are provided as receptacles for waste paper only.
16. Aisles are to be kept clear of obstructions at all times.
17. Work areas to be kept clean and in orderly fashion.
18. Personal protective equipment such as goggles and hearing protection will be provided as necessary based on a Hazard Evaluation from the Safety Coordinator. It is to be worn when and where prescribed.
19. Machine guards or other safety devices on machinery shall not be removed or by-passed in any way.
20. Hazardous chemicals are to be used only for their intended purpose and in the manner prescribed on their labels. Protective equipment required by labels is to be worn. Employees are not permitted to bring hazardous chemicals or products from home to use at work (e.g., bug spray, nail polish remover, cleaning products).
21. Report all unsafe conditions, work-related accidents, near-misses, injuries or illnesses to your supervisor.
22. In the event of fire, immediately notify all co-workers according to the procedures outlined in the Building Emergency Plan.
23. Upon hearing the fire alarm, stop work immediately and proceed to the nearest clear exit. Gather in the safe refuge area so attendance may be taken to account for all employees.
24. Means of egress are to be kept clear, well lighted and unlocked during working hours.
25. Staff members are not to store excessive combustibles (paper) in work areas.
26. Aisles and hallways are to be kept clear at all times.
27. Workplaces are to be kept free of debris, floor storage and trip hazards (e.g., electrical cords in walkways).
28. Staff members must exercise caution when moving about the office. Do not read while walking from one place to another. When walking around corners, slow down and look around corner. Do not carry pencils/pens with sharp points protruding from your pockets.
29. Cups are to be covered if taken from one area to another. Spills create slip hazards and must be cleaned up immediately.
30. Do not lean excessively back in a chair. The chair can tip over.
31. Lift with your legs, not your back. For heavy objects use a handcart or get help.
32. Always turn off electricity to equipment before performing maintenance or replenishing supplies.
33. Pull paper cutter blade to closed position and latch when you are through using the paper cutter.
34. When not in use, retract carton cutter blades.
35. When clearing jams in copying machines, do not rest your arms inside the machine where a burn hazard may exist.
36. Adequate lighting to be provided throughout the work areas.



## SAFETY CONCERN OR SUGGESTION FORM

If the safety concern creates a hazard to employees and needs immediate attention, please notify your supervisor or contact the Department Safety Coordinator or City Safety Administrator at (213) 473-7097. All personal information contained on this form is confidential.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(OPTIONAL) (OPTIONAL)

Site or Facility Address: \_\_\_\_\_ Date: \_\_\_\_\_

Include a brief description of the safety concern or safety suggestion; include the location in which it can be investigated.

Has this safety concern been brought to the attention of your supervisor?

Yes  No  If yes, date notified: \_\_\_\_\_

Was Administrative Services Division notified regarding safety-related repairs?

Yes  No  If yes, date notified: \_\_\_\_\_

Do you want the Safety Staff to contact you?

Yes  No  If yes, please include your name and phone number above.

Please indicate your preference:  Do not reveal my name to my supervisor

My name may be revealed to my supervisor

**Sample Hazard Assessment and Safety Inspection Checklist Form**

The following pages contain examples of safety inspection checklists on various health and safety topics. These are designed to help you evaluate your work areas. They will give you some indication of where you should begin action to make your workplace safer and more healthful for your employees. The checklists are not meant to be all-inclusive or to replace other additional safety and precautionary measures to cover usual or unusual conditions.

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INSPECTION CHECKLIST

**GENERAL WORK ENVIRONMENT**

Location: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Address/Name of Building

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
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**EMPLOYER POSTING**

Is the Cal/OSHA notice "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 readily found in case of emergency?					
Where employees may be exposed to any toxic substances or harmful physical agents, has appropriate information concerning employee access to medical and exposure records, and "Safety Data Sheets," etc., been posted or otherwise made readily available to affected employees?					
Are other California posters properly displayed such as:					
Industrial Welfare Commission orders regulating wages, hours and working conditions?					
Discrimination in employment prohibited by law?					
Notice to employees of unemployment and disability insurance?					
Payday notice?					
Summary of occupational injuries and illnesses posted in the months of February to April?					
Operating rules for industrial trucks (if applicable)?					
Whistleblowers are protected?					

**RECORDKEEPING**

Are all occupational injuries or illnesses, except minor injuries requiring only First Aid, being recorded as required on Cal/OSHA Form 300?					
Are employee medical records and records of employee exposure to hazardous substances or harmful physical agents up-to-date?					
Have arrangements been made to maintain required records for the legal period of time for each specific type of record such as:					
<ul style="list-style-type: none"> <li>• Training Records</li> <li>• Annual Certifications</li> <li>• Equipment Inspections</li> </ul>					

**SAFETY AND HEALTH PROGRAM**

Do you have an active safety and health program in operation?					
Do you have an Injury Illness Prevention Plan?					
Is one person clearly responsible for the overall activities of the safety and health program?					
Do you have a Safety Committee or group that meets regularly and reports in writing on its activities?					

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Do you have a working procedure for handling in-house employee complaints regarding safety and health?					
Are you keeping your employees advised of the successful effort and accomplishments the Safety Committee has made in assuring they will have a workplace that is safe and healthful?					

**GENERAL WORK ENVIRONMENT**

Are all worksites clean and orderly?					
Are work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant?					
Are spilled materials or liquids cleaned up immediately?					
Is combustible trash removed from the worksite daily?					
Is accumulated combustible dust routinely removed from elevated surfaces, including the overhead structure of buildings?					
When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards?					
Are restrooms and washrooms kept clean and sanitary?					
Is potable water provided for drinking and washing?					
Are outlets for water not suitable for drinking clearly identified?					
Are work areas properly illuminated?					
Is the ventilation system appropriate for the work performed?					
Are pits and floor openings covered or guarded?					
Where heat stress is a problem, do all fixed work areas have air conditioning?					
Are floors free from protruding nails, splinters, holes, etc.?					
Are permanent aisles and passageways clearly marked?					
Are aisles and passageways kept clear?					
Is there safe clearance in aisles where motorized or mechanical handling equipment travel?					
Do you have eye wash facilities and a quick drench shower within the work area where employees are exposed to injurious corrosive materials?					
Do extension cords have a grounding conductor?					
Are ground-fault circuit interrupters used at locations where construction, demolition, modification, alteration or excavation operations are being performed?					

**FLOOR AND WALL OPENINGS, STAIRS AND STAIRWAYS**

Are floor openings guarded by covers or guardrails on all sides?					
Do skylights have screens or fixed railings that would prevent someone on the roof from falling through?					
Are open pits and trap doors guarded?					
Are grates or similar type covers over floor openings such as floor drains, designed so that foot traffic or rolling equipment are not affected by grate spacing?					
Are stairway handrails capable of withstanding a load of 200 pounds, applied in any direction?					

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Are steps on stairs and stairways designed or provided with a slip-resistant surface?					
Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads?					

**ELEVATED SURFACES**

Is the vertical distance between stairway landings limited to 12 feet or less?					
Are stairways adequately illuminated?					
Are signs posted showing the elevated surface load capacity?					
Do elevated work areas have a permanent means of access and egress?					
Are materials on elevated surfaces piled, stacked or racked in a manner to prevent tipping, falling, collapsing, rolling or spreading?					

**EXITS AND EXIT DOORS**

Are all exits marked with an exit sign and illuminated by a reliable light source?					
Are exit routes clearly marked?					
Are doors, passageways or stairways that are neither exits nor access to exits appropriately marked "NOT AN EXIT" or "STOREROOM" etc.?					
Are all exits kept free of obstructions?					
Are there sufficient exits to permit prompt escape in case of emergency?					
Do exit doors open in the direction of exit travel?					
Are doors that swing in both directions provided with viewing panels in each door?					
Are exits and exit routes equipped with emergency lighting?					

ADDITIONAL REMARKS:

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INSPECTION CHECKLIST

**HAZARD COMMUNICATION PROGRAM**

Location: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Address/Name of Building

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Do you have an inventory of all hazardous substances used in your workplace?					
Is there a written hazard communication program that covers Safety Data Sheets (SDS), labeling and employee training?					
Is there an SDS readily available for each hazardous substance used?					
Is there an employee training program for hazardous substances?					
Does the employee training program include:					
• An explanation of what an SDS is and how to obtain and use it?					
• The physical and health hazards of substances in the work area, and specific protective measures to be used?					
• Employee access to the employer's written hazard communication program and where hazardous substances are present in their work areas?					
• An explanation of the "Right to Know" standards?					
• Details of the hazard communication program, including how to use the labeling system and SDS?					

ADDITIONAL REMARKS:

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INSPECTION CHECKLIST

**PERSONAL PROTECTIVE EQUIPMENT**

Location: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Address/Name of Building

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Is personal protective equipment (PPE) provided, used and maintained when required?					
Is all protective equipment maintained in a sanitary condition and ready for use?					
Are employees trained in the selection, use and maintenance of PPE and protective clothing?					
Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions or burns?					
Are protective goggles, face shields or glasses used where there is a danger of flying particles or corrosive materials splash?					
Are protective gloves, aprons, shields or other means provided and used to prevent cuts and corrosive liquid or chemical splash injuries?					
Are hard hats provided and worn where there is a danger of falling objects?					
Is appropriate foot protection provided and used where there is a risk of foot injuries from hot, corrosive substances or falling objects or crushing or penetrating actions?					
Is protection against the effects of occupational noise exposure provided when sound levels exceed those of the Cal/OSHA noise standard?					

**RESPIRATORY PROTECTION**

Is respiratory protection provided and used when required?					
Do you have a written respiratory protection program?					
Do you have written procedures for the selection, use and maintenance of respirators?					
Are employees instructed and trained in the limitations, proper use and care of respirators used?					
Are respirators cleaned, disinfected and inspected after every use?					
Is the proper respirator used for the hazard present?					
Are respirators stored in a convenient, clean and sanitary location?					
Are emergency use respirators inspected monthly and are records of monthly inspections kept?					
Are users of negative pressure respirators fit tested?					
Are respirator users given periodic physical examinations?					



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ADDITIONAL REMARKS:

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INSPECTION CHECKLIST

**FIRE SAFETY**

Location: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Address/Name of Building

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
If you have an alarm system, is it tested annually?					
Are fire doors and shutter fusible links in place?					
Are fire doors operating properly and unobstructed?					
Are automatic sprinkler system water control valves and water pressure checked periodically?					
Is the maintenance of automatic sprinkler systems assigned to competent persons or to a sprinkler contractor?					
Is proper clearance maintained below sprinkler heads?					
Are fire extinguishers provided in adequate number and type?					
Are fire extinguishers serviceable and mounted in readily accessible locations?					
Are fire extinguishers inspected monthly and noted on the inspection tag?					
Are employees instructed in the use of fire extinguishers?					
Are required fire extinguishers mounted within 75 feet of any outside areas containing flammable liquids, and within 10 feet of any inside storage areas?					
Is access to fire extinguishers free of obstruction?					
Are all fire extinguishers serviced and maintained at intervals not exceeding one year?					
Are all fire extinguishers fully charged and in designated locations?					
Are fire extinguishers selected and provided for the appropriate class of fire expected based on materials stored in the area?					
o Class A: Ordinary combustible material fires.					
o Class B: Flammable liquid, gas or grease fires.					
o Class C: Energized – electrical equipment fires.					

ADDITIONAL REMARKS

:

**Bureau of Engineering**  
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INSPECTION CHECKLIST

**MEDICAL SERVICES AND FIRST AID**

Location: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Address/Name of Building

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Is there a hospital, clinic or infirmary nearby?					
Are emergency phone numbers conspicuously posted?					
Where required, are employees trained and certified in First Aid?					
Are City-approved First Aid kits accessible in each work area and are they periodically inspected for required components?					
Are First Aid kits replenished as supplies are used?					
Are employees trained in Cardiopulmonary Resuscitation (CPR) as necessary?					
Do employees know what to do in case of emergency?					
Are emergency showers and eyewashes available where corrosive liquids or materials are handled?					
Are employee medical records and records of employee exposure to hazardous substances up-to-date and maintained for the period of time required by law?					

ADDITIONAL REMARKS:

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INSPECTION CHECKLIST

**HAND AND POWER TOOLS AND EQUIPMENT**

Location: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Address/Name of Building

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
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**HAND TOOLS AND EQUIPMENT**

Are tools and equipment in good condition?					
Are chisels, punches or other mushroomed-head tools repaired or replaced?					
Are broken handles on hammers and axes replaced promptly?					
Are worn or bent wrenches repaired or replaced?					
Do files have handles?					
Is eye and face protection worn while using hand tools that might produce flying materials or breakage?					
Have employees been trained to use hand tools properly?					
Are jacks checked to assure that they are in good operating condition and marked with the jack capacity?					

**PORTABLE POWER TOOLS AND EQUIPMENT**

Are grinders, saws and similar equipment used with appropriate safety guards?					
Are portable circular saws equipped with guards above and below the base shoe?					
Are rotating or moving parts guarded to prevent physical contact?					
Are all cord-connected, electrically operated tools and equipment grounded or double insulated?					
Are guards in place over belts, pulleys, chains and sprockets on equipment such as concrete mixers, air compressors, etc.?					
Are portable fans provided with full guards having openings of ½ inch or less?					
Are Ground Fault Circuit Interrupters (GFCI) used with portable electrical power tools?					
Is compressed air used for cleaning reduced to a nozzle pressure of 30 psi or less?					
Are pneumatic and hydraulic hoses on power-operated tools inspected regularly for serviceability?					
Is portable hoisting equipment posted with capacity and latest load test information?					
Do chain saws have anti-kickback devices?					

**ABRASIVE WHEEL GRINDERS**

Is the work rest adjusted to within 1/8 inch on the wheel?					
--	--	--	--	--	--

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Is the tongue guard adjusted to within ¼ inch of the wheel?					
Do side guards cover the spindle, nut and flange and 75% of the wheel diameter?					
Are bench and pedestal grinders permanently mounted?					
Are goggles or face shields always worn while grinding?					
Is the maximum RPM rating of each abrasive wheel compatible with the RPM rating of the grinder motor?					
Does each grinder have an individual on and off control?					
Are dust collectors or powered exhausts provided?					

**POWER ACTUATED TOOLS**

Are employees who operate power-actuated tools trained in their use and do they carry a valid operator's card?					
Is each power-actuated tool stored in its own locked container when not being used?					
Is a sign at least 7" x 10" with bold type face reading " <b>POWER-ACTUATED TOOL IN USE</b> " conspicuously placed to warn others that the tool is being used?					
Are power-actuated tools left unloaded until they are ready to be used?					
Are power-actuated tools inspected for obstructions or defects each day before use?					
Do power actuated tool operators have and use appropriate personal protective equipment (head, eye, hearing, etc.)?					

ADDITIONAL REMARKS:

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INSPECTION CHECKLIST

**PORTABLE LADDER SAFETY**

Location: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Address/Name of Building

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are all ladders maintained in good condition?					
Is each ladder equipped with non-slip safety feet?					
Are ladder rungs and steps free of grease and oil?					
Are ladders prohibited from being placed on unstable bases (such as boxes, barrels, truck beds, etc.) to gain added height?					
Do employees face the ladder and use both hands when climbing and descending the ladder?					
Are unserviceable ladders discarded?					
Do ladders extend at least 3 feet above the landing?					
Are rungs of ladders uniformly spaced at 12 inches?					
Do employees stand on the top step of ladders?					
Are portable metal ladders marked with signs reading, "CAUTION – DO NOT USE AROUND ELECTRICAL EQUIPMENT?"					

ADDITIONAL REMARKS:

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INSPECTION CHECKLIST

**TRANSPORTING EMPLOYEES AND MATERIALS**

Location: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Address/Name of Building

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Do employees who operate City vehicles have valid driver licenses (Type 3, 4 or Commercial Driver's License)?					
When more than 15 employees are transported in a van, bus or truck, is the operator's license appropriate for the vehicle operated?					
Is each van, bus or truck used to transport employees equipped with an adequate number of seats?					
When employees are transported by truck, are provisions made to prevent their falling from the vehicle?					
Are vehicles used to transport employees equipped with handrails, steps or similar devices so that employees can enter and leave the vehicle safely?					
Are vehicles equipped with lamps, brakes, horns, mirrors, windshields and turn signals in good operating condition?					
Are transport vehicles equipped with at least two reflective type flares?					
Is a fully charged and serviceable fire extinguisher, at least 4 B:C rating maintained in each transport vehicle?					
When cutting tools or tools with sharp edges are carried in passenger compartments of employee transport vehicles, are they placed in closed boxes or containers secured in place?					
Are employees prohibited from riding on top of any load that can shift, topple or otherwise become unstable?					
Is there a driver improvement program for commercial drivers and are records kept of training received by each driver?					

ADDITIONAL REMARKS:

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INSPECTION CHECKLIST

**COMPRESSED GAS CYLINDERS**

Location: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Address/Name of Building

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are cylinders equipped with a valve protection device?					
Are cylinders clearly marked to identify the gas they contain?					
Are cylinders stored in an area protected from high heat sources?					
Are cylinders stored or transported in a manner to prevent them from tipping, falling or rolling?					
Are valve protectors always placed on cylinders when they are not in use or connected for use?					
Are valves closed before a cylinder is moved, when the cylinder is empty, and at the completion of each job?					
Are cylinders checked periodically for corrosion, general distortion, cracks, or any other defect that may render them unserviceable or hazardous?					

ADDITIONAL REMARKS:



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INSPECTION CHECKLIST

**WELDING AND HOTWORK OPERATIONS**

Location: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Address/Name of Building

Inspection Performed by: \_\_\_\_\_

PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are only authorized and trained personnel permitted to use welding, cutting or brazing equipment?					
Are compressed gas cylinders examined regularly for obvious defects such as rusting or leakage?					
Are only approved torches, regulators, pressure reducing valves, acetylene generators and manifolds used?					
Are empty cylinders marked and are the valves closed and protected by valve caps?					
Are employees who are exposed to the hazards of welding, cutting or brazing protected with personal protective equipment?					
Unless secured on special trucks, are regulators removed and valve caps installed before moving cylinders?					
Are firewatchers assigned when welding or cutting is done in locations where a serious fire may occur?					
When welding or cutting is done on walls, are precautions taken to protect combustibles on the other side?					

ADDITIONAL REMARKS:

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INSPECTION CHECKLIST

**FORKLIFTS AND INDUSTRIAL TRUCKS**

Location: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Address/Name of Building

Inspection Performed by: \_\_\_\_\_  
PRINT NAME

Criteria	Yes	No	Priority High/ Med/Low	Date Abated	N/A
Are only trained personnel allowed to operate industrial trucks?					
Is overhead protection provided on rider lift trucks?					
Does each industrial truck have a warning device that can be clearly heard above the normal noise in the operating area?					
Are lift truck operating rules posted and enforced?					
Are brakes on industrial trucks capable of bringing the vehicle to a complete and safe stop when fully loaded?					
Will the industrial truck's parking brake prevent the vehicle from moving when unattended?					
Are forklift loads lowered while the truck is traveling?					
Are industrial trucks operating in areas where flammable gases or vapors, or combustible dust or ignitable fibers may be present in the atmosphere, approved for such locations?					
Are motorized hand and hand/rider trucks designed so when the brakes are applied, power to the drive motor shuts off when the operator releases his grip on the device that controls the travel?					
Are industrial trucks with internal combustion engines, operating in buildings or enclosed areas, carefully checked to ensure such operations do not cause harmful concentrations of dangerous gases or fumes?					

ADDITIONAL REMARKS:



## HAZARD ABATEMENT FORM

You may identify hazardous conditions. The next step is to eliminate these hazards. Use this form to record actions taken to correct hazards.

Date:

Area inspected:

Identified hazard or concern:

The steps to be taken to remove hazard:

Priority:

High \_\_\_ Medium \_\_\_ Low \_\_\_

Deadline for removing hazard (date):

Hazard has been successfully removed/abated on (date):


Notes:

Supervisor's signature:

Date:

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Attachment E

	<h2 style="margin: 0;">EMPLOYEE'S REPORT OF INJURY/ILLNESS FORM</h2> <p style="margin: 0;">To be completed by the Employee Please print clearly and add additional sheet if necessary</p>	
Employee's name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of birth: ____/____/____		Contact telephone #:
Home address:		
City:	State:	Zip Code:
Present job classification:		Department/Division:
Date of accident/incident:		Time of accident/incident: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Date reported:	If date reported different from injury date, give reason:	
Location of accident/incident (address and specific area):		
Describe fully how accident/incident occurred (including events that occurred immediately before the accident/incident). Include relevant photos and diagram as necessary:		
Describe injury or illness sustained due to the accident/incident (e.g., strain, sprain, burn, fracture, etc.):		
Body part(s) affected/injured (e.g., head, back, hand, etc.)?		
Name of your supervisor:		Phone #:
Name(s) of witness(es):		Phone #:
Name(s) of witness(es):		Phone #:
When did you report the injury/illness to your supervisor?		
To whom did you report the injury/illness (if other than your supervisor)?		
Do you require medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe		Have you been treated by a physician for this injury/illness before? <input type="checkbox"/> Yes <input type="checkbox"/> No
What can the City of Los Angeles do to help prevent similar accidents/incidents?		
Signature of employee:		Date:

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**Attachment F**



## SUPERVISOR'S INVESTIGATION FORM

To be completed by the employee's Supervisor or other responsible administrative official after a work-related accident/incident other than a near-miss incident. Please print clearly and use additional sheet if necessary.

Name of injured employee:		Department/Office assigned:	
Job title or occupation:	Length of time in this job class?	Date of accident/incident:	
Location where accident/incident occurred: Address: Area:	Employer's premises: <input type="checkbox"/> Yes <input type="checkbox"/> No  External job site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time of accident/incident: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Describe fully how accident/incident occurred. Include events that occurred immediately before the accident/incident. List all objects and substances involved. Include relevant photos and diagram as necessary.			
Accident/incident resulted in: <input type="checkbox"/> Property Damage <input type="checkbox"/> First Aid <input type="checkbox"/> Injury/Illness Requiring Medical Treatment <input type="checkbox"/> Fatality			
Describe the nature and extent of injury/illness and property damage.			
Part(s) and side of body affected/injured?	Any prior physical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe condition:	
What equipment/machine was being used? (if none leave blank)	What task/activity was being performed?	The task/activity was part of <input type="checkbox"/> Regular Duty <input type="checkbox"/> Special Project	
<b>PLEASE SELECT ONE OR MORE OF THE CATEGORIES LISTED BELOW WHICH MAY HAVE LED TO THE ACCIDENT/INCIDENT. USE THE FACTORS LISTED ON THE FOLLOWING PAGE TO DETERMINE THE CAUSE(S).</b>			
<input type="checkbox"/> Lack of Knowledge/Skill/Training <input type="checkbox"/> Failure to Follow Policy/Procedures <input type="checkbox"/> Stress/Personal Factors <input type="checkbox"/> Unsafe Use of Tools/Equipment <input type="checkbox"/> Unsafe Act <input type="checkbox"/> Repetitive/Forceful/Awkward Work <input type="checkbox"/> Unsafe Condition/Exposure <input type="checkbox"/> Exercise/Fitness/Drill <input type="checkbox"/> Use of Force (For Sworn Only) <input type="checkbox"/> Traffic Accident (Fill out Form Gen. 88, Automobile Accident Report)			
What is the chance of this accident/incident happening again? <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low			
What action has or will be taken to prevent a recurrence of this accident/incident?			
Who has or will take action (Name/Title)?			When will the action be taken (date)?
Did employee promptly report the injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, date reported:			
Is modified duty available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Supervisor's name:	Supervisor's signature:	Phone #:	Date:

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**INSTRUCTION: USE THIS LISTING FOR IDENTIFYING CAUSE(S) THAT LED TO THE ACCIDENT/INCIDENT. CHECK ALL THAT APPLY.**

	<b>Lack of Knowledge/Skill/Training</b>	<input type="checkbox"/>	Employee had difficulty interacting with co-workers and/or supervisor.
<input type="checkbox"/>	Incident occurred due to inadequate knowledge/skill.		<b>Unsafe Act</b>
<input type="checkbox"/>	Training was not available/provided for the associated task.	<input type="checkbox"/>	Employee was operating equipment at an improper speed/capacity.
<input type="checkbox"/>	Employee reported inadequate understanding of training materials.	<input type="checkbox"/>	Employee was involved in horseplay.
<input type="checkbox"/>	Employee was not trained to perform the task.	<input type="checkbox"/>	Employee was not using proper personal protective equipment (PPE).
<input type="checkbox"/>	New work methods were introduced without training.	<input type="checkbox"/>	Employee was in a rush.
<input type="checkbox"/>	Employee did not attend the required refresher training.	<input type="checkbox"/>	Employee failed to use available equipment.
	<b>Unsafe Use of Tools/Equipment</b>	<input type="checkbox"/>	Employee took a short cut.
<input type="checkbox"/>	Wrong equipment/tool was used for the task at hand.	<input type="checkbox"/>	Employee failed to warn or signal the hazard.
<input type="checkbox"/>	The equipment/tool used was not inspected/maintained properly.	<input type="checkbox"/>	Employee failed to secure or tie down materials to prevent unexpected movement.
<input type="checkbox"/>	The equipment/tool was faulty or defective.	<input type="checkbox"/>	The unsafe act was conducted by someone other than the injured employee.
<input type="checkbox"/>	Required safety devices were inadequate/defective.		<b>Repetitive/Forceful/Awkward Work</b>
<input type="checkbox"/>	Required safety devices were disabled/removed.	<input type="checkbox"/>	The workstation design or layout was not proper.
	<b>Unsafe Condition/Exposure</b>	<input type="checkbox"/>	Employee was lifting awkward-shaped items.
<input type="checkbox"/>	There was an extreme temperature (hot or cold) or weather condition.	<input type="checkbox"/>	The task required excessive use of finger or hand.
<input type="checkbox"/>	There were hazardous environmental conditions, e.g., gas, smoke, dust, fumes, mold.	<input type="checkbox"/>	Employee was reaching too far.
<input type="checkbox"/>	There was a fire and explosion hazard.	<input type="checkbox"/>	Employee was using computer more than two to four hours a day at work.
<input type="checkbox"/>	The ventilation was not adequate.	<input type="checkbox"/>	Employee's task required awkward posture – bending, twisting, and/or stooping.
<input type="checkbox"/>	The environment was noisy.	<input type="checkbox"/>	Employee was improperly lifting, pushing and/or pulling.
<input type="checkbox"/>	There was poor housekeeping.	<input type="checkbox"/>	Employee was experiencing pain and discomfort.
<input type="checkbox"/>	There was presence of insect and/or animal.		<b>Exercise/Fitness/Drill</b>
<input type="checkbox"/>	There was exposure to pathogen, bacteria, infection, etc.	<input type="checkbox"/>	The fitness or exercise area was not designed appropriately.
<input type="checkbox"/>	There was a slip, trip, and fall hazard.	<input type="checkbox"/>	Employee was training too hard or too often without having sufficient rest between workouts/fitness activities.
<input type="checkbox"/>	There were no handrails, guardrails and/or fall protection available or used.	<input type="checkbox"/>	Employee did not take time to stretch/warm up appropriately.
<input type="checkbox"/>	There was poor visibility or insufficient lighting.	<input type="checkbox"/>	Employee did not know their body's physical condition and/or limitations.
<input type="checkbox"/>	There was inadequate warning system (labels, signs, alarm, etc.) to identify unsafe condition and/or hazard.	<input type="checkbox"/>	Employee did not hydrate properly.
<input type="checkbox"/>	There was improper storage of hazardous substances/chemicals.	<input type="checkbox"/>	Employee was not wearing proper attire or equipment for the Exercise/Fitness/Drill.
<input type="checkbox"/>	The area was congested or restricted.		<b>Failure to Follow Policy/Procedures</b>
<input type="checkbox"/>	There was water intrusion/ leak.	<input type="checkbox"/>	There was no policy or procedure for the task.
<input type="checkbox"/>	There was overhead or head bump hazard.	<input type="checkbox"/>	The policy or procedure related to the task was not followed properly.
	<b>Stress/Personal Factors</b>	<input type="checkbox"/>	The policy or procedure followed was not appropriate for the task.
<input type="checkbox"/>	Employee reported stress.	<input type="checkbox"/>	Disciplinary action/policy was not enforced for safety infraction.
<input type="checkbox"/>	Employee was disciplined or going through an investigation.	<input type="checkbox"/>	There was inadequate jobsite supervision.
<input type="checkbox"/>	Employee was having job performance issues.		



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Attachment H

Form 5020 - Employer's Report of Injury

STATE OF CALIFORNIA EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		Please complete in triplicate (type if possible) Mail two copies to: <b>CITY OF LOS ANGELES PERSONNEL DEPARTMENT</b> 700 EAST TEMPLE STREET, ROOM 210 LOS ANGELES, CA 90012		OSHA CASE NO.		
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or teletype to the nearest office of the California Division of Occupational Safety and Health.				
EMPLOYER	1. FIRM NAME		1a. Policy Number <b>Self Insured</b>		Please do not use this column	
	2. MAILING ADDRESS: (Number, Street, City, Zip)		2a. Phone Number			CASE NUMBER
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)		3a. Location Code <b>N/A</b>			OWNERSHIP
	4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel, etc.		3. State unemployment insurance acct.no <b>N/A</b>			INDUSTRY
INJURY	5. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____		6. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)		OCCUPATION	
	7. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM		9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM			
	8. DATE LAST WORKED (mm/dd/yy)		10. DATE RETURNED TO WORK (mm/dd/yy)		SEX	
	11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. IF STILL OFF WORK, CHECK THIS BOX: <input type="checkbox"/>			
	15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. DATE OF EMPLOYER'S KNOWLEDGE / NOTICE OF INJURY/ILLNESS (mm/dd/yy)		AGE	
	16. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)			
	19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, lacerations on left elbow, lead poisoning					
	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)		20a. COUNTY		DAILY HOURS	
	21. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.		21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No		DAYS PER WEEK	
	22. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold		23. Other Workers injured or ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck.		25. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker slipped back to inspect work and stepped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY		WEEKLY HOURS		
26. NAME AND ADDRESS OF PHYSICIAN (number, street, city, zip)		27a. Phone Number		NATURE OF INJURY		
28. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes then, name and address of hospital (number, street, city, zip)		28a. Phone Number		PART OF BODY		
29. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. SOURCE				
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(4)-(10) & 14300.35(b)(1)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.29(b)(2)(E)2.						
EMPLOYEE	30. EMPLOYEE NAME		31. SOCIAL SECURITY NUMBER		EVENT	
	32. DATE OF BIRTH (mm/dd/yy)		33. HOME ADDRESS (Number, Street, City, Zip)			
	34. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		SECONDARY SOURCE	
	36. DATE OF HIRE (mm/dd/yy)		37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours			
38. GROSS WAGES/SALARY \$ _____ per _____		37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal		EXTENT OF INJURY		
38. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED				
Completed By (type or print)		Signature & Title		Date (mm/dd/yy)		
* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.36). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.						
FORM 5020 (Rev7) June 2002		FILING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY				



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Attachment I



## CAL/OSHA ACCIDENT REPORTING WORKSHEET

Employers must immediately report to Cal/OSHA any work-related death or serious injury or illness.

Date of call placed to Cal/OSHA: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Cal/OSHA District Office name and phone no: \_\_\_\_\_

When reporting serious injury/fatality to Cal/OSHA, have the following information on hand:

Time and date of accident/event:

Employer's name, address and telephone number:

Name and job title of the person reporting the accident:

Address of accident/event site:

Name of person to contact at accident/event site:

Name and address of injured employee(s):

Nature of injuries:

Location where injured employee(s) was/were taken for medical treatment:

List and identity of other law enforcement agencies present at the accident/event site:

Description of accident/event and whether the accident scene or instrumentality has been altered:

You must request the following information from the Cal/OSHA operator or representative:

Name of Cal/OSHA operator or representative:

Cal/OSHA Case/Report #:



## NEAR-MISS REPORTING AND INVESTIGATION FORM

Note: A **Near-Miss** is an unplanned event that did not result in an injury and/or illness but had the potential to do so.

Name of the employee completing this form:

Supervisor  Safety Representative  Witness  
 Other

Contact Phone Number:

If other, please indicate job title:

Date of the Near-Miss event:

Time of the Near-Miss: \_\_\_\_\_  a.m.  p.m.

Location where the Near-Miss event occurred:

Address:

Area:

Supervision at time of accident:

Directly supervised  Indirectly supervised  
 Not supervised  Supervision not feasible

Employee was working:

Alone  With crew or fellow worker  Other  
If other, specify:

Description of the Near-Miss event. Please explain the following: 1) **Who** was involved in the Near-Miss 2) **What** exactly happened 3) **How** did the Near-Miss occur (include photos and diagram and use additional sheet if necessary)

Were there unsafe acts that contributed to this Near-Miss event?  Yes  No

If "Yes", check all that apply below.

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of training or skill                    | <input type="checkbox"/> Failure to lockout                          |
| <input type="checkbox"/> Lack of written procedure                    | <input type="checkbox"/> Horseplay                                   |
| <input type="checkbox"/> Inadequate procedure                         | <input type="checkbox"/> Unsafe lifting                              |
| <input type="checkbox"/> Failure to anticipate                        | <input type="checkbox"/> Improper attire                             |
| <input type="checkbox"/> Disabled safety devices                      | <input type="checkbox"/> Poor housekeeping                           |
| <input type="checkbox"/> Operating at unsafe speeds                   | <input type="checkbox"/> Distracted                                  |
| <input type="checkbox"/> Operating without proper authority           | <input type="checkbox"/> Rushed                                      |
| <input type="checkbox"/> Working on moving equipment                  | <input type="checkbox"/> Failure to use available equipment or tools |
| <input type="checkbox"/> Improper personal protective equipment (PPE) | <input type="checkbox"/> Other, specify _____                        |

Were there unsafe conditions that contributed to this Near-Miss event?  Yes  No

If "Yes", check all that apply below.

- Inadequate guarding
- Unsafe equipment
- Defective equipment or tools
- Improper lighting
- Improper ventilation
- Unsafe position/ergonomic issue
- Weather conditions - snow and ice
- Uneven walking surface
- Slippery walking surface
- Noise
- Other, specify \_\_\_\_\_

What actions have or will be taken to prevent similar incident/event?

Who is responsible for taking these actions and following up to see that they are complete (Name/Title)?

Expected completion date:

Actual completion date:

Signature:

Date:





## GUIDELINES TO DEVELOPING A SAFETY COMMITTEE

The primary objective of the Safety Committee is to provide support to enhance and administer the City's overall Safety Program. The Committee will also assist in maintaining a safe place of employment by ensuring that work is performed in a manner that provides the highest level of safety for employees.

Safety Committee allows Departments/Offices to take an overall look at safety requirements and to take proactive measures towards safety hazards and deficiencies. The Committee is also a visible and approachable body for safety complaints, suggestions, and the like. Safety committee members assist senior management and make recommendations for change.

### GENERAL ORGANIZATION

Safety Committees range in size and structure based on the organization's number of employees, worksites and hazards present. Safety Committees should have representation from all divisions/sections. The person who serves on a Safety Committee should have familiarity with the operations and functions affecting their divisions/office/groups.

### FUNCTION

Safety Committee's typical duties include: developing safe work practices, developing written safety programs, facilitating safety training, conducting and/or reviewing safety inspections, and accident investigations. The Committee can also help promote other activities that encourage employees to support the organization's safety program. The following is a more detailed description of a Safety Committee's various duties and responsibilities:

- Committee may review all accident/incident reports, hazard assessment, safety suggestions, and make recommendations or suggestions to prevent their recurrence. The Committee will also follow upon all safety recommendations/resolutions to ensure they have been acted upon and appropriately recorded.
- All recommendations, safety suggestions, complaints, unsafe condition reports and other hazard reports can be assigned to a member for action.
- Members may monitor safety inspections conducted in their respective division/section. They may also review investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances.
- Committee members should bring all safety-related matters to the attention of Department/Office management and supervision for correction prior to being brought up at a Committee meeting.

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- Upon request from Cal/OSHA, Committee will verify abatement action taken by the employer to abate citations issued by the Cal/OSHA.

**RECOMMENDED PROCEDURES**

- Committee should function with a Committee Chair and Vice-chair. Department/Office's Safety Coordinator may preside the meeting.
- Meetings should be held regularly, but not less than quarterly, and should follow a consistent schedule.
- Meeting agendas should be published in advance.
- Meetings can be conducted in accordance with Robert's Rules of Order.
- Meeting minutes should summarize the issues discussed, the proposed actions to be taken, and the person(s) responsible for follow-up on each item. Minutes should be published and provided to each Committee member, as well as be made available to all employees.
- Members are required to attend all meetings, except in case of emergency. If a member cannot attend a meeting, then an alternate should be sent. Attendance will be taken at each meeting and will be recorded in the minutes.
- Committee meeting minutes shall be maintained for at least one year.