



# **City of Carpinteria**

## **Injury and Illness Prevention Program**

**CITY OF CARPINTERIA**  
**INJURY AND ILLNESS PREVENTION PROGRAM**  
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## **1.0 Employer Information**

City of Carpinteria  
5775 Carpinteria Avenue  
Carpinteria, California 93013

## **2.0 Scope**

In 1991, California Senate Bill 198 mandated that employers create and maintain an Injury and Illness Prevention Program (IIPP) to ensure workplace safety. Detailed requirements for establishing, implementing, and sustaining an effective written IIPP are outlined in Title 8 of the California Code of Regulations, Section 3203 (T8 CCR 3203). Under these regulations, Cal-OSHA guidelines specifically address workplace violence and mandate that employers include workplace security and safety measures in their programs. Both managers and staff are expected to adhere to applicable federal, state, and local safety regulations, with each department operating in a way that minimizes injury risks for employees and the public. No employee is required to perform any task considered unsafe.

## **3.0 Safety Program Implementation and Responsibilities**

### **3.1 Safety Program Administrator**

The Assistant City Manager is delegated as the City's Injury and Illness Prevention Program Administrator and has the authority and responsibility for implementing the provisions of the program. Under the City program all levels in the organization have a responsibility for safety.

Oversight of the IIPP includes:

- Management oversight of the safety program in collaboration with the Human Resources Department
- Performance goals and accountability for program implementation in collaboration with Department Heads
- Program evaluations and resources to support program implementation

### **3.2 Employer/Employee Occupational Health and Safety Committee**

Staff delegated to assist the City Manager in accident prevention activities, implement the Injury and Illness Prevention Program, help coordinate and oversee the enforcement of all safety rules and policies and represent the City Manager on an Employer/Employee Occupational Health and Safety Committee will include the one (1) Management employee, one (1) Miscellaneous employee, and one (1) SEIU employee, as designated by the City Manager.

### **3.3 Employee Safety Responsibilities**

The immediate responsibility for preventing accidents belongs to each supervisor, as well as each employee. Managers, supervisors and employees are expected to report potential safety hazards without fear of retaliation, and with confidence that safe and healthy conditions and practices will prevail in the workplace. It is the policy of each City department to identify and minimize potential risks inherent in the operation of various programs, services, facilities, and equipment.

### **3.4 Supervisory Safety Responsibilities**

Supervisors are responsible for implementing and enforcing workplace safety policies at the operational level. Their primary role is to ensure employees comply with safety regulations and procedures through direct oversight and training. Specific responsibilities include:

- **Compliance & Awareness:** Understanding and adhering to safety and health regulations, as well as city-specific safety rules applicable to employees under their direct supervision.
- **Training & Communication:** Attending required training sessions and ensuring employees receive proper safety training, including orientation for new and contract employees.
- **Policy Enforcement:** Enforcing safety rules fairly and consistently, including disciplinary action when violations occur, in accordance with city policies.
- **Incident Investigation:** Promptly investigating accidents and near-miss incidents, documenting findings, identifying root causes, and implementing corrective actions.
- **Workplace Inspections & Hazard Mitigation:** Conducting site safety inspections, identifying unsafe conditions, and ensuring corrective actions are implemented in a timely manner.
- **Safe Work Practices & Procedures:** Ensuring employees and subcontractors comply with established safe work practices and specific safety procedures.
- **New Hazard Evaluations:** Conducting inspections when new substances, processes, procedures, or equipment introduce potential hazards.
- **Job Hazard Analysis (JHA):** Preparing job safety analyses for specific tasks, completing Job Hazard Assessment (JHA) forms, and reviewing them with management and employees. This process includes completing the Job Hazard Assessment form (Attachment A), and the Job Hazard Analyses (Attachment B).
- **Audit & Documentation:** Maintaining audit schedules and retaining reports until corrective actions are implemented.
- **New Equipment & Chemical Evaluations:** Leading reviews of new equipment, chemicals, or activities to assess hazards before implementation. If a committee is used, supervisors must retain documentation of evaluations, meeting minutes, and corrective actions.
- **Employee Safety Training:** Providing job-specific training on workplace hazards and control measures before employees are exposed to risks, with training records submitted to the Risk Manager.

### **3.5 Managerial Safety Responsibilities**

Managers provide oversight and strategic direction to ensure the effectiveness of the city's safety program. They support and enforce safety policies, oversee supervisors, and ensure compliance with broader regulations. Key responsibilities include:

- **Compliance & Leadership:** Ensuring workplace safety policies and procedures are clearly communicated, understood, and enforced across departments.
- **Supervisor Training & Oversight:** Attending required training sessions and ensuring supervisors are adequately trained to recognize, evaluate, and mitigate workplace hazards.
- **Enforcement of Policies:** Holding supervisors accountable for enforcing safety procedures and ensuring consistent application of disciplinary measures for safety violations.
- **Incident Review & Corrective Actions:** Reviewing accident investigations conducted by supervisors, ensuring thorough documentation, and verifying corrective actions are implemented to prevent recurrence.

- Workplace Hazard Mitigation: Ensuring identified workplace hazards are corrected in a timely and effective manner, overseeing follow-up inspections.
- Job Hazard Analysis (JHA) Oversight: Ensuring department supervisors conduct and complete JHAs for all applicable job tasks, maintaining records to ensure compliance.
- Audit Program Supervision: Ensuring department supervisors maintain audit schedules, reviewing reports, and ensuring corrective actions are completed before closing audit findings.
- Monitoring Safety Compliance: Tracking progress on corrective actions and conducting follow-up reviews to verify completion.
- Escalating Critical Safety Issues: Reporting serious safety risks or incomplete corrective actions that may pose hazards to employees, the public, or the environment to city management.
- New Hazard Evaluations Oversight: Ensuring department supervisors conduct necessary inspections and hazard assessments when new equipment, substances, or procedures introduce potential risks.

### **3.6 Risk Manager Responsibilities**

Ensuring written safety policies and procedures are developed, distributed and updated as they apply to each area of authority.

Ensuring safety training as required by policies and procedures has been conducted.

Disciplining employees for failure to comply with safe and healthful work practices. The following outlines our disciplinary process.

- Employees initially receive documented verbal warnings for unsafe behavior or work practices.
- Written warnings are issued for repeated or severe violations.
- Suspension with or without pay and/or probation may be imposed if verbal or written warnings do not stop the behavior.
- In cases where multiple warnings have not achieved satisfactory results or in cases of extreme violations of safe practices, termination of employment may be imposed

Conduct audits of city safety programs to evaluate compliance with Cal-OSHA requirements.

Report to City Manager regarding safety compliance status, new or upcoming regulations and other safety issues that require their attention.

Conduct periodic site safety inspections and review reports of any other scheduled work site inspections conducted by or on behalf of the City of Carpinteria.

Assist in review of new chemicals and/or equipment used.

Conducting Safety Committee meetings on a regularly scheduled basis and maintaining a record of safety and health issues discussed.

Scheduling, coordinating and conducting Site Safety Inspections with Safety Committee members.

Coordinating, conducting and documenting safety meetings and training with employees.

Developing and implementing safety incentive programs.

## **4.0 Safety Program Communication**

The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable.

### **4.1 Initial Training**

Upon implementation, all employees will receive a copy of this program for review.

The program will be included as an element of new employee orientation as well for contract employees working under the city's direction and control.

New employee orientation, including a discussion of site-specific safety and health policies and procedures

Workplace-specific safety and health training provided at the time of hire or as new job duties are assigned.

### **4.2 Safety Meetings**

- Each Department Director or designee will conduct safety meetings. All meetings will include information on the following subjects as applicable.
- Review of Department Emergency and Evacuation Procedures.
- On the job or off the job safety information.
- Review of safe practices, policies or procedures as they pertain to their area of authority, including on the Job or off the Job safety information.
- Feedback from employees on hazards, safety suggestions or concerns.
- Review of corrective actions of previous accidents and causes.
- Recognition for compliance, good safety performance or attitude.

Attendance at Department safety meetings is considered a part of every employee's job duty. All meetings will be documented in writing, with the date, discussion items and employee attendance signature included. The Risk Manager will retain completed Department Emergency and Evacuation Procedure documentation.

### **4.3 Training Meetings and Scheduling**

Safety training is provided to all employees on an annual basis to ensure awareness and adherence to safety protocols.

In addition, Department-Specific Safety Training is conducted on a monthly basis or as deemed necessary by the respective Department Directors to address unique hazards, and evolving safety needs. This approach ensures that employees receive timely and relevant information tailored to their roles and responsibilities, promoting a safe and healthy work environment.

### **4.4 Employee Suggestions**

Employees will be afforded an opportunity to make safety suggestions and/or express their concerns. Employee suggestions may be made anonymously but in any case no

employee shall be disciplined, demoted or otherwise discriminated against for making a suggestion. Response to suggestions by the Employer/Employee Occupational Health and Safety Committee will be documented and the employee notified as to the outcome.

Anonymous suggestions will be considered as seriously as non-anonymous suggestions; responses shall also be documented and posted for all employees to review. Suggestions may be made to a supervisor or a member of the Health and Safety Committee.

#### **4.5 Written Communications**

Safety information will be posted and/or distributed. Bulletin boards are established in City Hall and in the Public Works building where written safety communications will be posted. Postings will contain information on off-the-job or on-the-job safety topics, changes in safety procedures, accident causes, employee safety suggestions or other information as appropriate.

### **5.0 Safety Program Compliance**

All employees are expected to comply with all of the City's rules, policies and procedures concerning safety.

#### **5.1 Disciplinary Action**

Failure to comply and/or willful violation of the safe work practices and/or specific work procedures or rules will result in disciplinary action up to and including termination of their employment. Disciplinary action will be administered and documented per the city's policy and procedures and/or contracts. Failure on the part of responsible managers and/or supervisors to properly train and supervise employees in this area will result in their discipline, up to and including termination of their employment. (Personnel System Rules and Regulations, Resolution 5012, Disciplinary Action Section XI).

#### **5.2 Accountability**

Our system of ensuring that all employees comply with the rules and maintain a safe work environment, to include, informing workers of the provisions of our IIP Program performance evaluations, providing training and disciplining workers for failure to comply with safe and healthful work practices.

Central to maintaining safety program compliance is, establishing accountability for safety. The City of Carpinteria has identified specific safety activities that managers and supervisors are responsible for. These activities include conducting safety meetings and observation audits, accident investigations, attendance at training sessions and accident rate performance. Performance in these, and additional safety activities will be maintained and included for discussion and appropriate action including the annual performance appraisal review.

### **6.0 Identification, Evaluation and Prevention of Occupational Safety and Health Hazards**

Periodic inspections will be performed to identify and evaluate workplace hazards.

#### **6.1 Site Safety Inspections**

The Employer/Employee Occupational Health and Safety Committee members will conduct formal, documented site safety inspections annually, or on an as-needed basis. Indicate findings utilizing the General Inspection form (Attachment C).

The correction of unsafe conditions will be documented on the inspection form and the form shall be maintained on file by the Committee.

## **6.2 Hazard Information**

Information as to job or site hazards will be extracted from accident investigations and site safety inspections and used to improve training programs, safety meetings, etc. Indicate findings utilizing the Hazard Assessment and Correction Record form. (Attachment D) Signature on this form is optional and may be submitted anonymously.

## **6.3 Hazard Assessment and Control**

Formal safety audits are scheduled inspections in which the findings are documented and reviewed. Informal safety audits are unscheduled inspections in which findings may or may not be documented. However, documentation (such as work orders or disciplinary actions) for hazardous conditions or behaviors observed during informal audits is recommended.

## **6.4 Equipment Inspections**

Equipment such as forklifts, hoists or other equipment will be inspected and maintained, per the legal requirements. It will be the responsibility of the employee, using the equipment to ensure these inspections are conducted and documented.

Chemicals, equipment and procedures not currently in use or operation must be reviewed and approved by the Department Head and/or City Manager prior to being purchased or implemented. Replacement is not considered as a "new" chemical/equipment/procedure.

## **6.5 Insurance Company Inspections and Surveys**

The City participates in the California Joint Powers Insurance Authority (CJPIA). The self-insuring and loss pooling programs include property insurance, workers' compensation, public official and employee bonds and general automobile liability.

The CJPIA may conduct surveys and inspection of city sites. The findings of these inspections are submitted in writing, along with recommendations for corrective action. Findings and recommendations will be tracked until fully implemented.

# **7.0 Accident Investigation**

## **7.1 Reporting**

Employees will report all accidents, industrial injuries or illnesses or incidents that could have resulted in an injury, illness or property damage (near-miss incidents) to their supervisor immediately. In the event that the supervisor is unavailable, accidents or injuries shall be reported without delay to the Risk Manager or Safety Program Administrator.

## **7.2 Investigation**

After ensuring the injured employee has received appropriate medical treatment, the supervisor and/or Risk Manager shall conduct an accident investigation.

The investigation shall include the factual details surrounding the event (who, what, when, where, witnesses, etc.), the probable cause of the event and corrective action to prevent a recurrence of the incident. All aspects of the investigation shall be documented and filed with the Risk Manager.

Within 24 hours of the incident the Supervisor or his designee will provide the injured employee with a DWC-1 Workers' Compensation Notice of Claim form and the Employee's Report of Injury or Illness.



The Risk Manager or appointed designee shall complete the "Supervisors Report of Injury or Illness" (Attachment E) and send it to the workers compensation administrator along with a copy of the DWC-1 form (not attached) and the Employees Report of Injury or Illness (Attachment F).

## **8.0 Correcting Unsafe or Unhealthy Conditions**

Where it is determined that an unsafe or unhealthy condition, work practice or work procedure exists, the City will take steps deemed appropriate under the circumstances to correct the condition, practice or procedure in a timely manner.

The severity of a hazard will be considered along with other relevant factors when evaluating the most appropriate method of correcting any hazardous situation and the time frame within which the correction will be made.

If an imminent hazard exists that cannot be abated immediately without endangering one or more employees or property, the City may find it appropriate to remove all exposed personnel from the area in which the hazard exists, unless they are necessary to correct the existing condition. Where employees are found necessary to correct the hazardous condition, they will be provided with necessary safeguards.

## **9.0 Safety Training and Instructions**

The city will also provide training and instruction to employees under the IIPP from time to time. Such training and instruction will be provided when:

- a. When the program is first established
- b. As part of the orientation provided to new employees
- c. To employees provided new job assignments for which training has not previously been received
- d. When new substances, processes, procedures, or equipment are introduced to the workplace and represent new hazard
- e. When the City becomes aware of a new hazard or one that was previously unrecognized
- f. To supervisors who must be familiar with the safety and health hazards to which employees under their immediate direction and control may be exposed.

### **9.1 New Hire Orientation**

Prior to reporting for work, Job Orientation for each employee will include

- Review of the Illness and Injury Prevention Program
- Safe work practices and specific work procedures
- Injury / Incident Reporting
- Employee Access to Medical / Exposure Information.
- Emergency Response / Evacuation Duties.
- Hazard Communication and Chemical Safety
- Specific Chemicals and Handling Procedures used as part of the job
- Training and Use of Equipment
- Guidelines for Heat Stress Prevention

Additional specialized training will be conducted, as necessary. This may include:

- New job assignments for which training has not previously been provided.
- Forklift / Man lift Operator Certification
- Confined Space Entry
- Respiratory Refresher and Fit Test
- Hearing Conservation
- Ergonomics

## **9.2 Contract Employees**

Contract employees who are under the direction and control of a city employee will attend the job safety orientation and safety meetings. They will receive any specialized training as required by their job assignment, as would an employee.

## **9.3 Supervisor Training**

Supervisors will attend scheduled training sessions designed to familiarize them with the safety and health hazards to which their employees are exposed and to assist them in implementing the Safety Program.

## **10.0 Safety Program Record Keeping**

The Risk Manager shall maintain, required records and program documentation. Safety program documentation will include copies of Accident Reports, Cal-OSHA Log of Work-Related Injuries and Illnesses and Cal-OSHA Annual Summary of Work-Related Injuries and Illnesses.

The Parks and Recreation Department and the Public Works Department shall maintain records required for their area of authority including:

- Compliance
- Communication on Health and Safety Issues
- Hazard Assessment and Exposures
- Equipment and Site Inspections
- Chemical Equipment and Procedures
- Safety Meetings and Employee Training Records

## **11.0 Documentation**

Documentation on training shall include the employee's name, training date, type of training, instructor's name and an outline of what was presented. This documentation will be maintained for at least 3 years.

Records of inspections and surveys will include the date of the survey, area surveyed, survey findings and who conducted the survey. These records will be maintained for 3 years.

Copies of insurance company surveys and all other records will be maintained for three years.

Medical and exposure records will be maintained per legal requirements.

## **ATTACHMENTS**

Attachment A:	Job Hazard Assessment Form
Attachment B:	Job Hazard Analysis:
Attachment C:	General Inspection Form
Attachment D:	Hazard Assessment and Correction Record form
Attachment E:	Supervisors Report of Injury or Illness
Attachment F:	Employees Report of Injury or Illness

## **JOB HAZARD ASSESSMENT**

*Prior to beginning a job hazard analysis, the following questions may be used to conduct and evaluate the general conditions under which the job is performed. Add additional questions as required. **This list is not intended to be all inclusive.** If answers to the questions are YES, then list the hazards on the JHA Form and address the hazards with appropriate control measures.*

<b>WORKPLACE CONDITIONS:</b>		
Are there tripping hazards in the job vicinity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is additional lighting needed for work conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there electrical hazards associated with the job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the noise level excessive?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there fire hazards associated with the job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have industrial hygiene (health-related) complaints been received?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do environmental conditions, (heat/cold) need adjusting?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can the worker fall from one level to another?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the worker in an off-balance position at any time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the standing surface uneven, or unstable?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>TOOLS, EQUIPMENT and MATERIALS HAZARDS:</b>		
Are additional or altered tools required for the tasks?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is protective equipment required for the job (gloves, glasses, clothing, respirators, etc.)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do employees use forklifts or other material handling equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can anything fall on the worker from above or from the work surfaces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>PROCEDURES and PROCESSES:</b>		
Are additional emergency procedures required for the job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are employees required to work alone for extended periods of time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the job involve confined spaces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the job involve lock-out tag-out?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>MACHINERY and EQUIPMENT HAZARDS:</b>		
Will jewelry or clothing get caught in machinery?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can the worker get caught between moving parts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Could flying particles or parts injure an employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the vibration level excessive, leading to numbness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>JOB HAZARD ANALYSIS</b>		Page _____ of, _____
<b>Job or task being evaluated:</b>		<b>Date of Analysis:</b>
<b>Job Hazard Analysis Participants:</b>		
<b>Step(s)</b>	<b>Potential Hazard(s)</b>	<b>Corrective Action, Recommendations &amp; Required Personal Protective Equipment</b>

# General Inspection

Date:	Location:	Inspector:
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GENERAL CONDITIONS			
<b>Walkways/Floors</b>	<i>Free of SLIP, TRIP Hazards/ Floors &amp; Aisles Clean/ Good Condition</i>		OK NO
Notes/Location:			Date fixed:
Notes/Location:			Date fixed:
Notes/Location:			Date fixed:
<b>Exits</b>	<i>Entrance &amp; Exits Marked and Unobstructed, Doors Open/ Emergency Exit Signs Visible</i>		OK NO
Notes/Location:			Date fixed:
<b>Stairs/Doors/Transitions</b>	<i>Free of Damage/ Trip Hazards/ Have Handrails/ Not Used for Storage</i>		OK NO
Notes/Location:			Date fixed:
<b>Lighting</b>	<i>Well Lit, Adequate for the purpose of the room and Free of Hazards</i>		OK NO
Notes/Location:			Date fixed:
<b>Storage</b>	<i>Closets are organized and free of hazards, no flammable storage/no stacking issues</i>		OK NO
Notes/Location:			Date fixed:
<b>Shelves/Bookcases</b>	<i>Anchored to Wall, Not Blocking Exit, Free of Storage Concerns</i>		OK NO
Notes/Location:			Date fixed:
<b>Chemicals</b>	<i>Flammable Materials Labelled &amp; Properly Stored/ All Containers Labelled/ Compressed Gas Chained</i>		OK NO
Notes/Location:			Date fixed:
<b>Fire Safety</b>	<i>FIRE Extinguishers Visible, Accessible, Mounted, Charged/ SPRINKLERS Not Obstructed, 18" Clearance/ ALARM Pull Not Obstructed, COMBUSTIBLE Trash Emptied</i>		OK NO
Notes/Location:			Date fixed:
<b>Electrical</b>	<i>Lights, Switches, Outlets in Good Condition, Panels in Good Condition and Unobstructed</i>		OK NO
Notes/Location:			Date fixed:
<b>Wires</b>	<i>Extension Cords Used Correctly, Not Overloaded, Do Not Pose a Trip Hazard, Surge Protectors Not Overloaded</i>		OK NO
Notes/Location:			Date fixed:
<b>Emergency</b>	<i>First Aid Kits and Emergency Supplies Available and Stocked</i>		OK NO
Notes/Location:			Date fixed:
<b>Security</b>	<i>Windows &amp; Doors Secured/Fencing &amp; Gates Secured/Cameras</i>		OK NO
Notes/Location:			Date fixed:
<b>Other</b>			
Notes/Location:			Date fixed:
Notes/Location:			Date fixed:
Notes/Location:			Date fixed:

## HAZARD ASSESSMENT AND CORRECTION RECORD

Inspection Date:

Person Conducting Inspection:

### HAZARD INFORMATION

Hazard Description (include specific hazard location)

Recommended Corrective Actions:

Signature:

Date:

### MANAGEMENT RESPONSE:

Results of Hazard Assessment:

Recommended Corrective Actions:

Management Signature:

Date:

### FOLLOW-UP INSPECTION BY A SAFETY COMMITTEE MEMBER:

Name

Signature:




Date:

Signature on this form is optional and may be submitted anonymously.



## Supervisor's Report of Injury or Illness

To be completed by the immediate supervisor  
Submit to Human Resources or Risk Management.

1. <b>Name of Employer:</b> City of Carpinteria	2. <b>Name of Supervisor:</b>	3. <b>Division/Department</b>
4. <b>Injured Employee Name:</b>	5. <b>Employee Title:</b>	6. <b>Date of Event:</b>
7. <b>Injury Type: :</b> <b>Body Part:</b>		8. <b>Location of Injury:</b>
9. <b>What work activity was the employee doing at the time of the injury or illness?</b>		
10. <b>Injuries are often the result of multiple causes. This system is designed to identify as many of those causes as possible by separating the event into different causal factors.</b>		
Describe What Happened in Your Own Words: (i.e. slipped and fell while walking)		
		
<b>Causal Factor 1</b>	<b>Why Did This Happen?</b>	
(ex. slipped because they were not paying attention)		
		
<b>Causal Factor 2</b>	<b>Why Did the 1<sup>st</sup> Factor Happen?</b>	
(ex. slipped because they did not see the fluids on the floor)		
		
<b>Causal Factor 3</b>	<b>Why Did the 2<sup>nd</sup> Factor Happen?</b>	
(ex. Fluids on the floor due to lack of proper housekeeping practices)		
11.		
<b>Describe all steps recommended or taken to prevent a recurrence:</b>		





## Supervisor's Report of Injury or Illness

To be completed by the immediate supervisor  
Submit to Human Resources or Risk Management.

### Root Cause Worksheet - Circle All Potential Root Causes for This Event

Identify the closest root cause (s), which if eliminated would have prevented the event from occurring (*see definitions below*)

#### EQUIPMENT

- ☐ Malfunction
- ☐ Incorrect/Inadequate Equipment
- ☐ Safety guard(s) missing
- ☐ Improper use of tool or material
- ☐ Improper protective equipment, clothing
- ☐ Inadequate protective equipment, clothing

#### WORK ENVIRONMENT

- ☐ Arrangement of equipment, work flow, tools
- ☐ Poor housekeeping – cleanliness and organization
- ☐ Third party causation
- ☐ Third party causation - suspect
- ☐ Weather related

#### OTHER

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#### POLICY/PROCEDURE

- ☐ Unsafe procedures or work practice
- ☐ Policy and/or procedures missing
- ☐ Policy and/or procedures inadequate

#### TRAINING

- ☐ Employee was not trained for this task or assignment
- ☐ Police/Fire Department conditioning & physical training

#### SUPERVISION

- ☐ Policy and/or procedures not enforced

#### WORKER

- ☐ Continuous Trauma/Repetitive Strain
- ☐ Horseplay, unsafe behavior
- ☐ Short cuts, carelessness
- ☐ Distracted, inattentive
- ☐ Presumption

### Definitions

#### Equipment

Malfunction	Includes any power and non-power equipment that failed to operate properly, broke during use, or malfunctioned.
Incorrect/Inadequate Equipment	Inadequate or incorrect tool/equipment for the job
Safety guard(s) missing	Employee utilized a tool without the proper safety features.
Improper use/modify of equipment/material	Employee failed to use the equipment or material properly or modified it/removed safety guards, etc.
Improper protective equipment or clothing	Employee utilized protective clothing or equipment not specific to the operation.
Inadequate protective equipment or clothing	Employee lacked the proper protective clothing or equipment for the operation.

#### Work Environment

Arrangement of equipment, work flow, tools	Area in which employee was operating was not orderly and contained noticeable hazards.
Poor housekeeping – cleanliness and organization	Walking surface, water on floor, loose electrical cords, rugs not tacked down, improper or poor lighting, improper or poor ventilation, and signage.
Third party causation	Injury caused by a third party. Employee followed all policies and procedures.
Third party causation – suspect	Injury caused by suspect. Employee followed all policies and procedures.
Weather related	Injury was a direct result of weather related conditions. Employee followed all policies and procedures.

#### Policy/Procedure

Unsafe procedures or work practice	Employee failed to follow procedures or training.
Policy and/or procedures missing	Agency does not have policy or training in place to address action/mechanism performed when injury occurred.
Policy and/or procedures inadequate	Agency has inadequate policy or training to address action/mechanism performed when injury occurred.

#### Training

Employee was not trained for this task or assignment	Employee has not or did not receive training for the use, operation, or safe work practices.
Police/Fire department conditioning & training	Police Officer or Firefighter injured during physical conditioning or department training.

#### Supervision

Policy and/or procedures not enforced	Employee failed to follow policy/procedure.
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#### Worker

Continuous Trauma/Repetitive Strain	Injury caused over period of time, no acute traumatic incident occurred.
Horseplay, unsafe behavior	Injury caused while engaging in horseplay or inappropriate behavior.
Short cuts, carelessness	Employee showed lack of concern about the consequences of the action.
Distracted, inattentive	Includes injuries caused by lack of attention to detail, surroundings, etc.
Presumption	Injuries or Illness specific to certain classes of employees presumed to be compensable under state law. Example – skin cancer for lifeguards.

California JPIA Use Only

Reviewed by (print name): \_\_\_\_\_

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

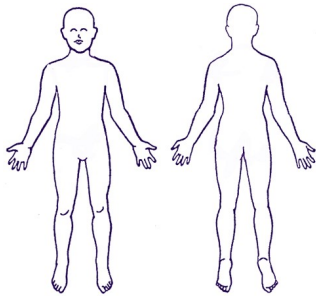


## **Supervisor's Report of Injury or Illness**

To be completed by the immediate supervisor  
Submit to Human Resources or Risk Management.



## Employee's Report of Injury or Illness

1. Employee's name (please print)	2. Birth date	3. Social Security #
4. Employer's name	5. Job title, duties or position	6. Department
7. Date and time of injury or illness	8. Location of injury or illness	On employer property? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. What you were doing when the injury or illness occurred?		
10. How did the injury or illness occur?		
11. Describe the injury or illness (body parts, condition)		Mark affected area(s) on this diagram  
12. Supervisor's name	13. Who did you report the injury or illness to?	14. Did you get a claim form (DWC-1)? <input type="checkbox"/> Yes <input type="checkbox"/> No 15. Did you return the claim form? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. List all witnesses		
17. Have you ever had any injury or illness to this part of your body before now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "no", skip to 19)		
18. Please explain any previous condition that may have been aggravated by this incident		
18a. List the name and addresses of all medical providers you have seen for these previous conditions		
19. Do you feel something could have been done to prevent this accident? If "yes", explain.		
20. Describe any safety hazards you observed		

I currently refuse medical treatment.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the foregoing is true and correct:

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's representative's name \_\_\_\_\_ Date \_\_\_\_\_

Employer's representative's signature \_\_\_\_\_