



# CITY OF REDLANDS Injury and Illness Prevention Program (IIPP)

Revised March 2025

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## I. PURPOSE

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### A. BACKGROUND

This City-wide Injury and Illness Prevention Program (IIPP) establishes written procedures for implementing the Redlands Safety Program. The IIPP assigns responsibility for preventing, controlling, and eliminating hazardous or potentially hazardous conditions in the workplace and serves as the foundation for all City Safety Programs.

The Cal/OSHA IIPP requirements are in Title 8, California Code of Regulations, §3203, *Injury and Illness Prevention Program*. This regulation requires that every IIPP addresses eight areas:

- Responsibility
- Compliance
- Communicating
- Inspections
- Correcting Hazards
- Employee Safety Training
- Accident Investigation
- Recordkeeping

### B. SCOPE

This IIPP shall apply to all city departments and offices responsible for the city manager. In the interest of safety and administrative uniformity, elective offices and other independent offices and departments are requested to comply with the IIPP.

This IIPP shall cover all City employees, and all other workers controlled, directed, or directly supervised by the City on the job to the extent that the workers are exposed to work-related hazards associated with their job assignments.

### C. POLICY

It is the policy of the City of Redlands that all aspects of Cal/OSHA's requirements for an injury illness prevention program under Title 8 of California General Industry Safety Orders subchapter 7. General Industry Safety Orders, §3203 shall be implemented and maintained.

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## II. DEFINITIONS

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- Accident: An unplanned event that results in personal injury or property damage.
- Incident: An unplanned event that does not result in a personal injury but may result in property damage or is worthy of recording.
- Employer: Any person in a business who has employees, either paid or unpaid, where the employer benefits from the employee's work.
- Employee: Any person who works on behalf of an employer, whether paid or unpaid.
- Employer-Employee Relationship: An employee's employer is determined more by who supervises the work than by who pays the employee.

*\*Note:* Under the employer-employee relationship, temporary employees and contractors may become the responsibility of the employer rather than the agency or contracting company. Also included are volunteers and workers in charity and disaster relief.

- Hazard: Any unsafe practice, procedure, or condition that, if left uncontrolled, may contribute to an accident/incident.
- Near-Miss: An event where harm to employees or the public or where property damage was narrowly avoided and might not be avoided in the future. Examples of such cases include but are not limited to, a slip on a wet surface with no injury, a chemical spill with no exposure, or a mechanical failure such as dropping a load from a crane or forklift with no injuries.
- Qualified Instructor: Unless otherwise specified, a qualified instructor is any person who can effectively communicate, instruct, and train employees in the hazards and safe work practices associated with a work-related task or job assignment through specific training, certification, and/or job experience.

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## III. RESPONSIBILITY (8 CCR 3203(a)(1))

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- A. **Human Resources/Risk Management** shall be responsible for the City's overall health and safety program and require that all departments and offices comply with the requirements of the City's IIPP.
- B. **Department Directors** shall be responsible for implementing the IIPP and ensuring the health and safety of employees under their control. This is accomplished by communicating the City's emphasis on safety, analyzing work activities for hazard identification and correction, ensuring regular workplace inspections, providing safety training, and encouraging prompt employee reporting of safety concerns without fear of reprisal.

C. **Managers and Supervisors** shall be responsible for implementing the IIPP and safety programs in their work areas. These duties are to include:

- Review safety policies and procedures to improve departmental health and safety performance.
- Coordinate and audit essential department safety inspections monthly.
- Review the reports from Safety Committee meetings and ensure material discussed at them is posted on bulletin boards and disseminated to employees in their department.
- If designated, attend Safety Committee meetings.
- Assist with department safety training.
- Work with department supervisors to ensure appropriate personal protective gear is available to employees.
- Maintain department safety records and documents.
- Assist with department safety inspections and investigations; and
- Actively promotes safety in the workplace.

Managers and supervisors shall also ensure that a current printed copy of the IIPP is maintained at each establishment and available for employees to review and answer employee questions about the program.

D. **Employees** shall be responsible for following general safe work practices and any Code of Safe Work Practices and comply with OSHA and California Labor Codes applicable to their own actions and conduct. All employees are responsible for promptly reporting health and safety hazards and injuries in the workplace, refraining from engaging in work tasks that require specialized training, protecting themselves from recognized and uncontrolled hazards, and not removing, displacing, damaging, or destroying any safety device, safeguard, notice or warning used in any work area.

E. **The HR Coordinator** shall verify that the City of Redlands IIPP remains current. Tasks include but are not limited to providing safety-related support to departments, collecting OSHA 300 and 300A logs from the City's Workers Compensation Third Party Administrator to track, analyze, measure, and report accident prevention performance, implementing safety training programs for all employees, assessing training needs to ensure OSHA compliance, coordinating safety training sessions, identifying personal protective equipment and training of appropriate use, and maintaining safety training files and records.

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#### IV. COMPLIANCE (8 CCR 3203(a)(2))

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##### A. DISCIPLINARY ACTION

- Failure to comply with safety rules and procedures may result in disciplinary action up to and including termination.
- An employee discovered to have or be under the influence of alcohol or any controlled substance may result in disciplinary action up to and including termination.

- An employee's improper handling or misuse of City of Redlands equipment (vehicles, tools, property, personal protective equipment, safety devices, industrial hygiene devices, etc.) shall be cause for disciplinary action up to and including termination.
- Failure to report accidents, incidents, near-misses, and/or injuries by safety rules and procedures may result in disciplinary action up to and including termination.

## **B. EMPLOYEE EVALUATIONS**

Managers and supervisors are responsible for evaluating their employees' safety performance as part of the employee appraisal process. A specific safety factor on the performance appraisal form has been provided to allow managers and supervisors to rate their employees' work habits as they relate to safety.

Managers/Supervisors must accurately reflect the employees' approach toward safety by appropriately completing the rating section on the evaluation. Accurate completion of the performance evaluation assists the city in providing recognition to those employees who safely perform their work assignments and informing employees that they need to improve their work habits as they relate to safety.

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## **V. COMMUNICATION (IIPP 8 CCR 3203(a)(3))**

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### **A. BULLETIN BOARD POSTINGS**

Bulletin boards are located at worksites throughout the city. Reviewing the materials on these bulletin boards can answer many questions regarding worker rights and responsibilities.

- Managers/Supervisors are responsible for maintaining and updating work area bulletin boards.
- *Safety and Health Protection on the Job* shall be posted on the bulletin boards.
- The OSHA 300A Summary of Work-Related Injuries and Illnesses shall be posted on this bulletin board from February 1 through April 30 each year.
- Employees are to be directed to read and familiarize themselves with the location and materials posted on the bulletin boards monthly.

### **B. DEPARTMENT SAFETY/ TAILGATE MEETINGS**

All Departments must have a monthly safety meeting to discuss any safety concerns brought to their attention by Human Resources/Risk Management, recent accidents that may have occurred, safe work procedures, and new/current Cal/OSHA safety policies & regulations.

- Managers/ Supervisors will keep a record of subjects discussed and the employees present at the meeting within their department.

- Records may be audited periodically by Human Resources/Risk Management to ensure compliance and accurate record keeping.
- Departments with field personnel shall conduct these meetings as part of their bi-weekly Tailgate Meetings.

### C. HAZARD NOTIFICATION BY EMPLOYEES

Open communication between employees and managers/supervisors is encouraged. A method of notification has been implemented to provide all employees with an opportunity to inform the city of environmental, health, and safety concerns without fear of reprisal.

The method is:

- Report on safety concerns to the HR Coordinator.

The Risk Management Specialist will notify the site supervisor of any concerns received. The site supervisor is to submit all notices (corrected and uncorrected) to the City Safety Committee for review and propose corrective action.

### D. HAZARD COMMUNICATION

Specialized training may be required before performing specific jobs within the city. Some of these jobs may include sewer work where entry into confined space is needed, equipment repair where energy sources must be locked out, industrial truck operation, etc. Employees uncertain of their job training requirements or qualifications must discuss their concern(s) with their direct supervisor or City Safety Officer before proceeding with the assignment.

Directors, Managers, and Supervisors shall ensure that new or transferred employees are trained in the IIPP and the general hazards of their jobs. Training must also be given whenever new chemicals, processes, procedures, or equipment are introduced to the workplace and represent a new hazard. The training documents must be submitted to Human Resources/Risk Management for filing.

Safety Data Sheets (SDS) provide information on the potential hazards of products or chemicals. Hard copies of SDSs for the chemicals used at a site shall be readily available to employees. If an SDS is found to be missing, a new one must be obtained through a written request to the manufacturer. A copy of this request should be kept until the SDS arrives. Online sources of SDSs are acceptable if information is readily accessible to employees. Copies of all SDSs shall be provided to the City Safety Officer.

All equipment shall be operated by the manufacturer's instructions as specified in the equipment's operating manual. Copies of operating manuals must be kept with each piece of equipment at each site. Employees unfamiliar with the operation of a piece of equipment or its potential hazards must read the operating manual, receive training before using the equipment, and verify their understanding to be correct through an experienced operator, supervisor, or designated competent person. All training about equipment operation must be documented using the appropriate safety training forms.

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## VI. INSPECTIONS (8 CCR 3203(a)(4) & (6))

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### A. FORMAL INSPECTIONS

Two types of formal inspections shall be conducted:

- Monthly inspections, and
- Annual site environmental, health, and safety inspections.

In addition to identifying and correcting safety concerns through the monthly or annual inspection process, all employees must understand that the informal identification of hazards must also be addressed.

Supervisors conduct daily inspections of their areas that are considered high hazards.

### B. MONTHLY CHECKLIST INSPECTION PROCEDURE

Certain types of safety equipment (e.g., fire extinguishers, safety showers, eyewashes, etc.) must be inspected monthly. Each department shall complete the *“Inspection Checklist (Office)”* – Appendix 2 or *“Inspection Checklist”* – Appendix 3. Any findings shall be documented using the *“Hazard Correction Report”* – Appendix 4 and submitted to the City Safety Officer with a copy of the inspection checklist.

Department Directors shall identify safety committee members whose primary responsibility is completing the checklist monthly. A copy of the inspection checklist shall be submitted to the City Safety Officer.

Upon inspection completion, the City Safety Officer ensures that all deficiencies identified are corrected and any uncorrected safety deficiencies are appropriately addressed promptly. The City Safety Officer will notify the Department Director.

The City Safety Officer shall keep statistics on each division. After two years, monthly safety inspection checklists may be disposed of.

### C. ANNUAL SITE ENVIRONMENTAL, HEALTH, AND SAFETY INSPECTIONS

Annual inspections will be completed to ensure that:

- All necessary safety records are appropriately maintained.
- This document has completed health and safety inspections; and
- Employee training is current and consistent with the appropriate training matrix.

Site supervisors will complete the annual inspection with the following individuals assisting:

- City Safety Officer

### D. ANNUAL INSPECTION PROCEDURE

The City Safety Officer shall complete the following:

- Review the previous year’s accidents, accident trends, and accident statistics for the division and the inspected facility.
- Review safety records (e.g., facility inspections, training records).
- Determine if corrective actions for safety deficiencies identified on the monthly Inspection Checklist have been addressed.
- Conduct a physical inspection of the area/facility and list deficiencies, with corrective actions on the Annual Inspection Report. If deficiencies are identified, notification will be made to the department head.

#### E. IMMEDIATE HAZARDS

- If a condition poses an immediate danger of serious harm or bodily injury and cannot be corrected immediately, the operation must be stopped until the necessary corrections/repairs can be made. In all cases, the supervisor controlling the work area must be notified immediately. All affected work in the area should cease, and affected personnel should be informed. All affected equipment must be adequately locked out/blocked out and tagged.
- If the hazard cannot be immediately corrected without endangering employees or property, all personnel must be evacuated except those qualified personnel required to abate the hazard. Before addressing the situation, such individuals shall be equipped with necessary safeguards and personal protective equipment. The City Safety Officer shall be notified as soon as possible.

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### VII. ACCIDENTS/INCIDENTS/NEAR-MISSES REPORTING & INVESTIGATIONS (8 CCR 3203 (a)(5))

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#### A. REPORTING

Employees injured at work must report the injury immediately to their supervisor/manager and Human Resources/Risk Management. Employees must seek treatment at the City’s designated medical treatment facility if non-emergency medical treatment for work-related injuries or illnesses is needed. If emergency medical treatment is required, call 911. The injured party will be taken to the appropriate hospital or medical center.

Upon becoming aware of an employee’s injury or illness, the supervisor will:

- Seek the assistance of emergency services if the injury or illness is of a serious or life-threatening nature or
- Assess the need for medical attention if the injury or illness does not appear to be serious. If the supervisor determines that the employee should seek medical attention, the employee will be directed to the City’s designated medical treatment facility.

The supervisor/manager must complete *“Report of Incident, Accident and Injury”* – Appendix 5 and *“Supervisors Accident Investigation Report”* – Appendix 6 forward to Human Resources/Risk Management **within 24 hours** of the incident.

#### B. ACCIDENTS INVOLVING NON-EMPLOYEES ON CITY PREMISES

Any City employee who witnesses an incident involving a member of the public or any non-employee's interaction with City employees or property will complete an *"Incident/Loss Report"* – Appendix 7.

### C. INVESTIGATIONS

An accident/incident/near-misses investigation aims to find the cause and prevent further occurrences.

A thorough and properly completed investigation is required to obtain facts. The investigation should focus on causes and hazards. Analyzing what happened and why it happened aims to determine how it can be prevented in the future.

Department Directors, Supervisors, and the Safety Office will be responsible for investigating all accidents, incidents, and near-misses to facilitate the identification and abatement of hazards and unsafe acts. It is important that the investigation begins as soon as possible after the event.

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## VIII. TRAINING (CCR 3203 (a)(7))

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### A. CORE TRAINING

All employees will be trained regarding the purpose of the IIPP, proper communication procedures, and safe practices for their corresponding jobs. The training will be provided as follows:

- When the IIPP is revised.
- Whenever the employee is given a new assignment.
- Whenever new procedures and equipment are introduced; and
- New employee orientation.

### B. SAFETY TRAINING

Supervisors are responsible for ensuring that employees complete appropriate safety training when any of the following conditions are met:

- Employees are given new job assignments for which training has not been previously received.
- New substances, processes, procedures, or equipment are introduced to the workplace and present a new hazard.
- Whenever there is awareness of a new or previously unrecognized hazard.
- In response to safety concerns, accidents, incidents, near-miss, or injuries where refresher training is recommended as part of the investigation process.

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## IX. RECORD KEEPING (8 CCR 3203 (b)(1) & (2))

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### A. TRAINING RECORDS

The IIPP regulation requires records of the steps taken to establish and maintain the City of Redlands' Injury and Illness Prevention Program. Human Resources will maintain documentation and records. These records may include:

- Employee training documentation

## **B. INJURY AND ILLNESS REPORTS**

Copies of the “*Report of Incident, Accident and Injury*” and “*Supervisors Accident Investigation Report*” shall be forwarded to the City Safety Officer for review and retention.

## **C. MEDICAL EXAMINATIONS & RECORDS**

Employee medical information and exposure records must be maintained for the duration of employment, plus 30 years. These records shall be kept in Human Resources in a secured medical file, separate from other personnel records.

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# **X. SAFETY COMMITTEE (8 CCR 3203(c))**

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## **A. CITY SAFETY COMMITTEE**

A City Safety Committee shall be established and maintained in accordance with this section and shall meet no less than quarterly.

## **B. COMMITTEE MEMBERSHIP**

A representative from each department shall serve as a member of the City Safety Committee.

10.2.1 The City Safety Officer serves as the Committee Chair and reports and discusses committee issues with management.

10.2.2 Safety Committees shall consist of:

- Committee Chair.
- A Secretary.
- Human Resources/Risk Management; and
- A representative from each department.

## **C. COMMITTEE PURPOSE**

10.3.1 The purpose of the City Safety Committee is to:

- Promote safety in the workplace.
- Review the periodic scheduled work site inspection results, and address corrective actions as needed.
- Review incident and accident reports to follow corrective actions needed to reduce the likelihood of future incidents.
- Develop and submit suggestions to management to prevent future incidents.
- Review of City and Department Codes of Safety and Health Protection on the Job.
- Review alleged hazardous conditions brought to the attention of any committee member and propose methods for corrective actions.
- Assist with the development and implementation of the annual safety training calendar.
- Conduct and audit safety training sessions.
- Perform monthly safety work site inspections; and
- Make recommendations regarding the City’s safety incentive program.

## D. PROCEDURE FOR CONDUCTING SAFETY COMMITTEE MEETINGS

10.4.1 The Chair of the City Safety Committee:

- Ensure that the Committee meets no less than quarterly.
- Maintains meeting summaries and “Action Items.”

10.4.2 The Secretary shall prepare and distribute the agenda and meeting minutes. The Secretary shall take attendance to note absences.

10.4.3 The City Safety Officer shall gather inspection reports, accident reports, and employee suggestions for corrective action before the meeting and track committee action items as appropriate.

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## X. EMPLOYEE ACCESS TO PROGRAM (8 CCR 3203(b))

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- A. Employees will have access to the IIPP program policy by accessing the City of Redlands Safety program online portal: <https://www.cityofredlands.org/post/safety-programs>
- B. Employees also can request a copy of the IIPP program policy in writing. The request will be processed within five business days of receiving the request.

## EMPLOYEE HAZARD NOTIFICATION REPORT

This form shall be used by all City employees to report safety hazards and/or concerns. Once completed submit this form to Risk Management; retain a copy for the department files.

### TO BE COMPLETED EMPLOYEE:

NAME:		DATE:	
DEPARTMENT:		DIVISION:	
JOB TITLE:			

### DESCRIPTION OF HAZARD:

(Include area and task involved, any equipment, tools, people involved. Use sketches if necessary):

### POSSIBLE REMEDIES:

(List any suggestions you may have for reducing or eliminating the problem. e.g. re-design mechanical devices, procedures, training, maintenance work, etc.):

### CORRECTIVE ACTION TAKEN AND TIMELINE (ATTACH ADDITIONAL SHEET IF NEEDED):

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

**SAFETY INSPECTION CHECKLIST - OFFICE**

<b>FACILITY:</b>		<b>LOCATION:</b>		
<b>DATE:</b>	<b>STATUS</b>			<b>COMMENTS</b>
<b>INSPECTED BY:</b>	<b>A</b>	<b>B</b>	<b>C</b>	
<b>I. OFFICES:</b>				
1. Waste Materials Deposited in Containers				
2. Furniture & Fixtures Free of Sharp Edges				
3. Electrical Machinery in Good Condition, Properly Grounded				
4. Storage Areas Clean & Orderly				
5. AED Device (if applicable) - Check Battery Status				
<b>II. FIRE PROTECTION:</b>				
1. Fire Extinguisher				
2. Hose Racks				
3. Exits, Stairs, & Dead-ends Properly Marked				
<b>III. HOUSEKEEPING:</b>				
1. Aisles, Stairs, & Floors				
2. Storage of Materials				
3. Wash & Locker Room				
4. Tool Storage				
5. Areas Around Building				
6. Stair Maintenance: Treads, Handrails, Illumination				
7. Sanitation & Food Storage				
<b>IV. BULLETIN BOARDS:</b>				
1. Required Poster Display				

**STATUS:**

**A = SATISFACTORY**

**B = NEEDS SOME ATTENTION**

**C = NEEDS IMMEDIATE ATTENTION**

<b>RECOMMENDATIONS (Complete for all items which need attention.)</b>			
<b>ITEM NO.</b>	<b>DESCRIPTION OF ITEM</b>	<b>ACTION TAKEN</b>	<b>DATE OF CORRECTION</b>

**SAFETY INSPECTION CHECKLIST**

FACILITY:		LOCATION:			COMMENTS
DATE:	STATUS				
INSPECTED BY:	A	B	C		
<b>I. FIRE PROTECTION:</b>					
1. Fire Extinguisher					
2. Hose Racks					
3. Exits, Stairs, & Dead-ends Properly Marked					
<b>II. HOUSE KEEPING:</b>					
1. Aisles, Stairs, & Floors					
2. Storage of Materials					
3. Wash & Locker Room					
4. Lights & Ventilation					
5. Areas Around Building					
6. Stair Maintenance: Treads, Handrails, Illumination					
7. Sanitation & Food Storage					
<b>III. TOOLS:</b>					
1. Power Tools: Frayed Wires, Properly Grounded Guards					
2. Hand Tools: Worn Wrenches, Cracked Hammer Heads					
3. Bench Grinder: Alignment of Tool Rest, Wheels Dressed					
4. Tool Storage					
5. Ladders					
<b>IV. PERSONAL PROTECTIVE EQUIPMENT:</b>					
1. Eye Wash & Showers; Clean, Operational, Protective Covers					
2. Self-Contained Breathing Units, Location					
3. Respirators, Location, Storage					
4. Protective Clothing & Equipment					
5. Eye Protection					
<b>V. HAZARDOUS SUBSTANCES &amp; PROCESSES:</b>					
1. Spill Control & Overflow					
2. Storage of Industrial Chemicals					
3. Dispensing Devices					
4. SDS, Warning Signs					
5. Changing & Charging Storage Batteries					
6. Chemical Mixing & Use Areas					
<b>VI. FLAMMABLE LIQUIDS AND GASES:</b>					
1. Flammable Liquid Storage					
2. Dip & Wash Tanks					
3. Labels & Warnings					
4. Storage, Handling, Markings & Use of Cylinders					
5. Spray Coating Operations					

**STATUS:**

A = SATISFACTORY

B = NEEDS SOME ATTENTION

C = NEEDS IMMEDIATE ATTENTION

APPENDIX 3

**SAFETY INSPECTION CHECKLIST**

STATUS

	A	B	C	COMMENTS
<b>VII. WELDING &amp; CUTTING OPERATIONS:</b>				
1. Flammable & Combustible Materials				
2. Local or Natural Ventilation				
3. Welding or Cutting Shields				
4. Cylinder Protection				
5. Electrical Welding, Grounding & Cable Inspection				
6. MSDS & Labels, Welding Gases, Rods & Fluxes				
7. Personal Protective Equipment				
<b>VIII. MATERIAL HANDLING EQUIPMENT:</b>				
1. Hand Trucks & Pallet Jacks				
2. Fork Lifts				
3. Shop Hoist & Units				
4. Slings, Cables, Ropes, Chains, Webbing				
5. Maintenance & Inspection Records				
<b>IX. BULLETIN BOARDS:</b>				
1. Required Poster Display				
<b>X. MACHINERY:</b>				
1. Guards in Place				
2. Hazard Areas Marked				
3. Switches & Controls Properly Labeled				
4. Maintenance & Function Controls Records				
<b>XI. OFFICES:</b>				
1. Waste Materials Deposited in Containers				
2. Furniture & Fixtures Free of Sharp Edges				
3. Electrical Machinery in Good Condition, Properly Grounded				
4. Storage Areas Clean & Orderly				

**STATUS:**

**A = SATISFACTORY**

**B = NEEDS SOME ATTENTION**

**C = NEEDS IMMEDIATE ATTENTION**

<b>RECOMMENDATIONS (Complete for all items which need attention.)</b>			
ITEM NO.	DESCRIPTION OF ITEM	ACTION TAKEN	DATE OF CORRECTION

## HAZARD CORRECTION REPORT

This form shall be used by all City employees assigned to investigate safety hazards and/or concerns. Once completed submit this form to Risk Management; retain a copy for the department files.

**TO BE COMPLETED BY INVESTIGATING SUPERVISOR:**

NAME:		DATE:	
DEPARTMENT:		DIVISION:	
JOB TITLE:			

**HAZARD/CONCERN REPORTED:**

**RESULTS OF INVESTIGATION *(ATTACH ADDITIONAL SHEET IF NEEDED):***

**CORRECTIVE ACTION TAKEN AND TIMELINE *(ATTACH ADDITIONAL SHEET IF NEEDED):***

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

***For Risk Management use only***

Date Report Received:				
Corrective action taken:	Yes	No	Date Corrective action completed:	
Comments				

## REPORT OF INCIDENT, ACCIDENT, AND INJURY

Complete information and forward to Human Resources/Risk Management within **24 hours** of incident via fax, e-mail, or hard copy.

### SECTION 1: Type of Incident:

Injury	Accident - Vehicle	Near - Miss	Private Property Damage
Injury & Property	Accident Equipment	City/Public Property Damage	

### SECTION 2: Employee Information (all field required):

Employee Name		Employee Contact Number	
Employee Position		Department	
Supervisor		Supervisor Contact Number	
Time Employee Began Work		Employment Status (FT, PT)	
Unable to Return to Work		Date Last Worked	

Date of Incident		Time of Incident	
Address/Location			
Person Notified			

### SECTION 3: Incident Information

*Detailed description of employee's actions at time of incident (how, what, why):*

*Direct cause(s) of incident:*

*Were other employees involved? If so, provide name(s) and contact number(s):*

*Witness Name/Telephone Number:*

Did the employee receive basic first aid?	Yes	No
Was the employee sent to FOX Occupational Clinic?	Yes	No
Was the employee sent to emergency room?	Yes	No
Name and address of hospital?		
Was employee sent to another occupational clinic?	Yes	No
Name and address of clinic?		
Was treatment refuse?	Yes	No
Comments:		

**SECTION 4: Indicate injured body part**

Ankle	R	L	Fingers	R	L	Torso	Teeth	
Foot	R	L	Thumb	R	L	Neck	Throat	
Toes	R	L	Hand	R	L	Back - Lower	Mouth	
Knee	R	L	Wrist	R	L	Back - Middle	Nose	
Leg	R	L	Arm	R	L	Face	Internal	
Calf	R	L	Forearm	R	L	Head	Nose	
Thigh	R	L	Elbow	R	L	Heart	Internal	
Hip	R	L	Shoulder	R	L	Teeth		
Buttocks			Ear	R	L	Throat		
Groin	R	L	Eye	R	L	Mouth		
			Other:					

**SECTION 5: Indicate type of injury**

Abrasion	Compound Fracture	Numbness
Amputation	Crushed	Pain
Bite/Sting	Cut/Laceration	Puncture
Blister	Crushed	Repetitive Motion
Break/Fracture	Dermatitis	Swelling
Bruise/Contusion	Hearing	Splinter
Burn – Chemical	Illness	Sprain/Strain
Chemical Exposure	Loss of Consciousness	
Exposure to		
Other		

**SECTION 6: Damage Information (Vehicle/Equipment)**

Redlands Police Report Number			
Other Agency		Report or Reference Number	
City Vehicle Identification Number		City License Number	
Make & Model of Vehicle/Equipment			
Extent of damage to equipment/vehicle			
Is the vehicle/equipment out of service?			
If yes, is it:	Temporarily out of service		Permanently out of service
Where will the repairs be made?	City Garage		Other
Additional information/comments			

**SECTION 7: Corrective Action(s)**

<p><i>What corrective actions have been taken to prevent recurrence?</i></p>
--

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

### SUPERVISORS ACCIDENT INVESTIGATION REPORT

This form shall be used by all supervisors assigned to investigate accidents or injuries. Once completed submit this form to Risk Management; retain a copy for the department files.

#### TO BE COMPLETED BY INVESTIGATING SUPERVISOR

EMPLOYEE NAME:		CONTACT NUMBER:	
JOB TITLE:		DEPARTMENT:	
SUPERVISOR:		CONTACT NUMBER:	

DATE OF INCIDENT:		TIME OF INCIDENT:	
LOCATION OF INCIDENT:			
PERSON NOTIFIED:			

#### DESCRIBE ACCIDENT:

(What task was the employee assigned? What tools or equipment was being used?)

#### NAMES(S) OF ANY WITNESSES:

#### SAFETY GUIDELINES/PROCEDURES:

(Were safety guidelines/procedures in place and used, please describe?)

**RECOMMENDATION:**

(Recommended preventative action to take in the future to prevent a reoccurrence?)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date



**INCIDENT/LOSS REPORT**

Complete form and return to City of Redlands - Risk Management Dept.

**Employee Name:**

**Date of Incident:**

**Time:**

**Location:**

**Description of City Property Damage:**

**Police Report# (if available):**

**Incident Details:**

**Risk Management Use Only: Date Form Received:**

**Photos:**

APPENDIX 7