

**Sacramento County Airport System**

**INJURY AND ILLNESS  
PREVENTION PROGRAM**

**AIRPORTS COVERED:**

- **International**
- **Executive**
- **Mather**
- **Franklin Field**

Approved By: \_\_\_\_\_  
(Director of Airport Systems)

Date: September 12, 2005

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Check for updated versions of forms when establishing or updating this policy. Remove all old versions and replace with the latest version of the form.

# Injury and Illness Prevention Program

The Sacramento County Airport System, hereafter referred to as SCAS, is committed to preventing occupational injuries and illnesses and providing a safe and healthy workplace. To achieve this goal, SCAS has adopted an Injury and Illness Prevention Program.

## **ASSIGNMENT OF RESPONSIBILITIES**

### **Safety Program Administrator**

The Safety Program Administrator, G. Hardy Acree, is responsible for ensuring implementation of the provisions of this program.

### **SCAS Safety Officer**

The Safety Officer, Matt Doyle, is responsible for overall coordination of the Injury and Illness Prevention Program. He is also responsible for advising the Safety Program Administrator regarding any safety and health issues that are raised, which may impact the Department.

Additionally, the SCAS Safety Officer will be custodian of the following records:

- Department inspection records
- Department exposure records
- Major accident investigation records
- Overall Department OSHA 300 Log
- Safety & health training records
- Safety suggestion/hazard observation form

### **On-site Safety Representatives**

The On-site Safety Representatives are:

- |                   |                          |
|-------------------|--------------------------|
| • Andrew Robinson | Operations               |
| • Mark Gustavson  | Maintenance              |
| • Mike Pinkham    | ARFF                     |
| • David Rosado    | Custodial                |
| • Page Nottingham | Executive                |
| • Matt Doyle      | Administration           |
| • Lee Bost        | Park Maintenance         |
| • Frank Ayers     | Design and Development   |
| • Janae Scruggs   | Planning and Environment |

Each On-site Safety Representative is responsible for coordinating the daily administration of the program and maintaining all site-specific required records, (i.e. safety suggestion/hazard observation forms, accident investigation reports, training records, OSHA 300 Log), when applicable.

### **Department Supervisors**

**Department supervisors are responsible for providing a safe work environment and for ensuring that the employees they supervise perform their work tasks in a safe manner.**

Any occupational safety and health matters that affect employees in the workplace are appropriately addressed/reported to the Safety Officer. Failure to perform these functions and responsibilities could result in disciplinary action. Both employee safety recognition programs and disciplinary action shall be considered to ensure compliance.

The written program will be kept and available for view at the Safety Officer's work site located in Human Resources. The program is also available on-line through the SCAS HR intranet site. Questions regarding the program should be appropriately directed to the employee's immediate supervisor or the Safety Officer.

### **Employee**

In any working environment, each individual employee must assume responsibility for his or her actions and the manner in which they conduct themselves. All employees are required to conduct their work activities in a safe and appropriate manner, set a good example for others, and aid in the positive orientation of new employees. This shall be achieved by:

- Following the directions of supervisors
- Using the safety equipment provided
- Observing internal policies, procedures, and rules
- Obtaining and implementing training, skills, and knowledge
- Complying with applicable federal, state, and local laws and regulations at all times
- Reporting any unsafe conditions or work practices to the supervisor and/or SCAS Safety Officer.

# Accident Prevention Policy

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It is the policy of the Sacramento County Airport System to protect our employees from occupational injuries and illnesses while on the job.

To carry out this policy, employees are expected to follow the Code of Safe Practices adopted by the Sacramento County Airport System. A copy of the Code of Safe Practices is to be posted on the Safety Bulletin Board at each worksite.

Safety is a cooperative undertaking requiring an ever-present safety and health awareness on the part of every employee.

Prevention of workplace injuries and illnesses is our goal. Therefore, all operations must be carried out in a safe and healthy manner.

If an employee sustains an occupational injury or illness, positive and prompt action must be taken to see that the employee receives adequate treatment and any unsafe condition is reported through the chain of command.

# SCAS Code of Safe Practices

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1. Report all accidents, injuries, illnesses, or unsafe conditions, immediately to your supervisor. The supervisor is responsible for reporting this information through the chain of command and to the Safety Officer.
2. Aisles, hallways and stairways, shall be kept clear of obstructions at all times.
3. Fire extinguishers shall be inspected regularly and access shall be kept clear of obstructions at all times.
4. Exits shall be kept clear and well lighted.
5. Employees shall not store excessive combustibles (paper products, flammable oils, paint etc.) near heat generating equipment.
6. Work areas shall be maintained in a neat, orderly manner. Trash and refuse are to be disposed of in proper waste containers.
7. Files and supplies shall be stored in such a manner as to preclude damage to the supplies or injury to personnel when they are moved. Heaviest items shall be stored closest to the floor and lightweight items stored above.
8. Material shall not be stacked precariously on top of file cabinets or other high places.
9. Lower desk or cabinet drawers shall not be left open so as to present a tripping hazard. Use care when opening and closing drawers to avoid pinching fingers.
10. Do not open more than one upper drawer at a time; particularly the top two drawers on tall file cabinets.
11. Always use the proper lifting technique. Never attempt to lift or push an object which is too heavy. Use appropriate material handling equipment and/or ask for help.
12. When carrying material, caution shall be exercised in watching for and avoiding obstructions, loose material, etc.
13. Equipment such as scissors, staples, etc. shall be used for their intended purposes only and shall not be misused as hammers, pry bars, screwdrivers etc. Misuse can cause damage to the equipment and possible injury to the user.
14. Liquid spills shall be wiped up promptly. Chemical spills shall be addressed using appropriate hazardous material handling procedures.
15. Appliances such as coffee pots and microwaves shall be kept in good working order and inspected for signs of wearing, heating or fraying of cords.

# SCAS Code of Safe Practices

16. Cleaning solvents and flammable liquids shall be stored in appropriate containers.
17. Extension cords and multiplugs are never permitted. Plugging several power strips together is not permitted.
18. Food waste shall not be disposed of in office waste receptacles. Food waste shall be disposed of in waste receptacles in the kitchen.
19. Smoking is not permitted inside or within 20 feet of any County leased or owned facility.
20. Employees must consider the effects on others in the work area before using or displaying items such as: personal fans, pollinating plants or plants that emanate an offensive odor, strong colognes or perfumes, air fresheners, radios, etc.
21. Employees must not use a chair or table in place of a ladder or step stool to reach high objects.
22. All coffee pots, coffee cups heaters, radios or other personal electronic devices must be turned off or unplugged after office hours and must meet minimum safety requirements.
23. Computers, typewriters, calculators and copy machines shall be turned off after normal hours. Overheating of electrical equipment create a fire hazard.
24. Safety precautions regarding hand tools, machines and mechanical devices shall be adhered to and training on proper utilization shall be provided.

# Employee Compliance

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All employees are required to comply with the provisions of this policy and perform their job responsibilities in a safe and healthy manner, in accordance with the health and safety training they are provided. Employee safety and health depends upon doing so. Non-compliance to safe and healthful work practices could cause potential harm and injury to co-workers or the public. SCAS staff may conduct unannounced inspections to determine the degree of compliance with the policy, or any safety-related rule or practice. **Any employee who knowingly violates any provision of this policy may be subject to disciplinary action.**

# Safety Communication System

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It is SCAS policy to maintain open communication between management and line staff on matters pertaining to safety and health. SCAS will provide safety and health information through safety meetings, memorandums, information posted on the safety bulletin board and the Human Resource intranet site.

**Suggestions regarding safety and health are considered important, and employees' active participation in the Department's safety and health program is encouraged.** The Department desires to have communication relating to safety matters channeled through the following methods:

- **Employees** can offer safety suggestions/hazard observations, either verbally or in writing (via *Safety Suggestion/Hazard Observation* forms), to their supervisor, On-site Safety Representative or the Safety Officer. If offered verbally, the initial response may be verbal. If offered in writing, the response will be in writing. All safety suggestions and hazard observations will be evaluated and each will receive a response which will be posted on the safety bulletin board.
- **Supervisors** who receive safety suggestions or hazard observations shall perform an initial evaluation to determine if corrective action(s) are necessary. A copy of the submitted *Safety Suggestion/Hazard Observation* form, with the supervisor's written recommended corrective action(s), shall be forwarded to the On-site Safety Representative who will address it with the SCAS safety committee. If additional expertise or information is needed, they shall consult appropriate parties.
- The **Safety Officer** and the **On-site Safety Representatives** will ensure that all *Safety Suggestions/Hazard Observation* forms are considered and any appropriate corrective action, if necessary, will be taken. A copy of the completed *Safety Suggestion/Hazard Observation* Form will then be posted on the applicable safety bulletin board.
- SCAS encourages employees to report, without fear of reprisal, any workplace hazard they identify. Employees shall report workplace hazards immediately to their direct supervisor or the On-site Safety Representative. Supervisors, in turn, are required to either correct the problem in a timely manner, or if they are not able to do so, immediately report the workplace hazard to the Safety Officer. All safety suggestions and hazard observations will receive a response, which will be posted on the safety bulletin board.
- Employees are encouraged to utilize the chain of command to address safety issues, but may choose to remain anonymous. Anyone may mail safety suggestions directly to the Department Safety Officer, Matt Doyle at 95-001 or email at [doylema@saccounty.net](mailto:doylema@saccounty.net). Anonymous suggestions may also be mailed to your Supervisor or the Director of Airport Systems.

**Sacramento County Airport System**

**SAFETY SUGGESTION/HAZARD OBSERVATION FORM**

**To:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**From:** \_\_\_\_\_ Write "Anonymous" if you wish to remain anonymous.  
(Optional)

**Phone:** \_\_\_\_\_

**Please describe your SAFETY SUGGESTION or the HAZARDOUS CONDITION/ACT that was observed. Be specific:**

**Location:** \_\_\_\_\_

**Description:** \_\_\_\_\_

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

**RECOMMENDED CORRECTIVE ACTION(S):** *(To be completed by Employee and/or Supervisor.)*

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

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Supervisors shall retain the original of this form and forward copies, with recommended corrective action(s) taken, to the On-site Safety Representative for confirmation of corrective action(s).*

**CONFIRMATION OF CORRECTIVE ACTION(S):** *(To be completed by SCAS Safety Officer. List other corrective action(s) required, if necessary, on the reverse side of this form.)*

**SCAS Safety Officer:** \_\_\_\_\_

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

*A response to each safety suggestion or observation of a hazardous condition/act shall be posted on the Safety Bulletin Board.*

# Safety Inspection Procedure

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An effective hazard control system is essential for providing a safe and healthful work environment and developing safe work practices. Safety inspections provide a method of identifying, evaluating, and eliminating or controlling existing or potential hazards in the workplace.

Employees and Supervisors shall continually survey their work areas for unsafe conditions and/or acts. Any hazards will be reported via the chain of command and corrective measures for eliminating or controlling identified hazards shall be taken, if necessary.

Safety inspections shall be conducted as follows: Annually and whenever new substances, processes, procedures or equipment introduce potential new hazards into our workplace; when new, previously unidentified hazards are recognized; when occupational injuries and illnesses occur; when we assign and/or reassign permanent or intermittent workers to duties involving processes, operations, or tasks for which a hazard evaluation has not been previously conducted; and whenever changing workplace conditions warrant an inspection.

The SCAS Safety Officer shall conduct scheduled inspections of SCAS facilities. These periodic inspections will be scheduled at least annually or more frequently as necessary, and will be documented on the *Workplace Safety Inspection Guide or Safety Management By Walking Around (SMBWA) Form*. Unsatisfactory conditions shall be noted on the form and shall be prioritized and corrected based on the severity of the hazard.

**Hazard Correction-** Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected when observed or discovered except when an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, in which case all exposed workers will be removed from the immediate area.

# WORKPLACE SAFETY INSPECTION GUIDE

**Instructions:** Check each item as satisfactory (Yes), unsatisfactory (No), or non-applicable (N/A). Describe any hazardous conditions and unsafe practices and include recommendations for correcting them. **Safety Officer:** Initiate corrective action immediately.

Inspector \_\_\_\_\_ Date \_\_\_\_\_

Division/Section \_\_\_\_\_ Location \_\_\_\_\_

		Satisfactory?			Corrective Action
		Yes	No	N/A	
<b>Work Areas</b>					
1.	Lighting around desk/table adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	File/desk drawers kept closed when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Step stool/ladder (not chairs/boxes) used to reach objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Heavy materials/glass objects removed from cabinet tops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Offices, cubicles, stockrooms, and copier rooms are orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Lunchroom clean and food disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Ventilation adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Computer Equipment</b>					
1.	Computer monitor set at correct and comfortable height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Keyboard (and mouse) set at correct and comfortable position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Chair has good support and is set at proper height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Glare screen and footrest are available if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Other:				
<b>Floor Conditions</b>					
1.	Floor covering in good condition (ie., vinyl tiles, carpet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Spills immediately cleaned up/wet floor signs used in area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Floors free from objects and clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Electrical/telephone cords not across walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Other:				
<b>First-Aid Kits/Emergency Information/Cal-OSHA</b>					
1.	First-aid kits are visible and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	First-aid supplies are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Floor wardens' names and phone numbers current and posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Emergency Action Plan updated and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Emergency evacuation route maps posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Cal-OSHA "Safety & Health Protection on the Job" posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Cal-OSHA 300 Injury List posted ( February only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Safety/Hazard Observation forms available to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Other:				
<b>Egress &amp; Fire Extinguishers</b>					
1.	Exit doors marked "Exit" and unlocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Doors that are not exits are clearly marked "Not An Exit"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Exit signs illuminated and easily visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Aisleways and hallways clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Fire extinguishers/equipment easily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Other:				
<b>Stairs &amp; Stairwells</b>					
1.	Lighting above steps is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Handrails secure and slip resistant material used on steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Materials not stored on steps or landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Other:				

<b>Earthquake</b>				
1.	Bookcases, cabinets, shelves, racks, cages and similar items over four feet tall are anchored to the wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Shelves have lip or other seismic restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Top-heavy equipment or apparatus bolted down or secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Large or heavy objects stored on lower shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Storage area's uncluttered-providing clear evacuation routes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Cabinets and lockers containing hazardous materials equipped with positive latching or sliding door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Other:			
<b>Equipment and Machinery</b>				
1.	Clean and working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Electrical cords in good condition with proper grounding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Only extension cords with circuit breakers are used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Sufficient clearances from combustibles (paper, combustible liquids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Emergency stop mechanisms and dead-man switches identified and in proper working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Mechanical safeguards in place and in proper working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Appropriate Personal Protective Equipment (PPE) available to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Other			
<b>Hazardous Materials</b>				
1.	Original product names or chemical names clearly identified on container, including secondary containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	No hazardous materials stored next to or above sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Incompatible chemicals segregated by class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	All chemical containers capped and sealed, except when actively adding or removing materials from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	MSDS's and chemical inventory lists are readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Eye wash locations identified, clean and in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other			
<b>Work Benches</b>				
1.	Clear of rubbish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Tools put away when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	No sharp edges on work benches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Correct height for worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ergonomics and Manual Handling</b>				
1.	Controls are well designed and properly positioned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Tools and equipment within easy reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Chairs well designed and adjustable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Sufficient leg room available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Adequate work space available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Working in a fixed position is avoided when possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Mechanical lifting aids available and used where necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Other:			

# Basic Rules for Accident/Incident Investigation

The purpose of accident/incident investigation is to find the root cause of an injury/illness and prevent further occurrences. The purpose is not to assign blame. An unbiased approach is necessary to obtain objective findings.

The Supervisor, On-site Safety Representative and the SCAS Safety Officer, when appropriate, will conduct an investigation into SCAS accidents or critical "near misses" utilizing the procedures listed below:

- Visit the accident scene as soon as possible (when it is safe to do so) -- while facts are fresh and before witnesses forget important details.
- If possible, interview the injured workers at the scene of the accident and "walk" him or her through a re-enactment.
- All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident even if they did not actually witness it.
- Consider taking signed statements in cases where facts are unclear or there is an element of controversy.
- Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.
- Focus on causes and hazards. Develop an analysis of what happened, how it happened and how it could have been prevented. Determine what caused the accident itself, not just the injury.
- Every investigation should include an action plan. How will you prevent such accidents in the future?
- If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claims costs.
- The law requires that all accidents must be investigated and reported within 48 hours. Supervisors must give an injured employee a claim form within 24 hours of knowledge of injury.
- Prepare an accident report, including the recommended actions to prevent a recurrence. Send the report and if necessary, a Workers Compensation Packet or Drivers Report of Accident (DRA), to the SCAS Safety Officer at mail code 95-001.

FORM WC-9

**COUNTY OF SACRAMENTO  
WORKERS' COMPENSATION OFFICE  
SUPERVISOR'S REPORT OF ILLNESS/INJURY**

Phone Number: 876-5251

Fax Number: 876-5157

**PERSONAL INFORMATION: (Please print or type)**

Case number from OSHA Log: \_\_\_\_\_ If Fatality, Date of Death: \_\_\_\_\_  
 Employee Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Department/Section: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
 Number of hours worked per week: \_\_\_\_\_ Time shift begins: \_\_\_\_\_ Ends: \_\_\_\_\_  
 Normal days off: Su M Tu W Th F Sa Su M Tu W Th F Sa Regular employee? Yes / No  
 If No, Explain: \_\_\_\_\_  
 Was any informal or formal personnel action considered or taken against the employee within the previous twelve months? Yes / No

**INJURY/ILLNESS INFORMATION:**

Type of Injury / Illness (Check One)  Incident Report / First Aid Only  
 Medical Treatment Expected

Date of illness / injury \_\_\_\_\_ Time: \_\_\_\_\_ Date Reported: \_\_\_\_\_

How was illness / injury reported?  In person  Phone  Other

If other, explain: \_\_\_\_\_

Where did illness/injury occur? (Address and city): \_\_\_\_\_  
 \_\_\_\_\_

Was employee performing usual job duties when injured? Yes / No

Did employee lose time from work after date of injury? Yes / No

If yes, date of anticipated return to work: \_\_\_\_\_

Is there any reason to believe this may NOT be a valid claim? Yes / No

If incident was witnessed, provide the name(s), address, and phone number of the witness(es):

Name(s): \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s): \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s): \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If equipment or property was involved, provide the following:

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**If Motor Vehicle Accident, attach a copy of County accident report or police report.**

**TREATMENT INFORMATION:**

Provided by:  U.S. Healthworks  Kaiser  Emergency Room  Self administered

Med Clinics  Other, please explain: \_\_\_\_\_

Was employee hospitalized overnight as an in-patient?  Yes  No

Was employee treated in an emergency room?  Yes  No

Name of person providing treatment: \_\_\_\_\_

Place/Address of treatment: \_\_\_\_\_

**DESCRIBE HOW THE INJURY OCCURRED:** (Example: employee walking down the stairs, tripped & fell injuring right knee on the cement; employee lifting a box, felt sharp pain in lower back. Include what the employee was doing just before the incident occurred)

\_\_\_\_\_

\_\_\_\_\_

**BODY PART:** Check appropriate box(s) and on the line provided specify the location by indicating LE for Left, RT for Right, BO for Both, FR for Front, and BA for Back.)

<input type="checkbox"/> Head/Skull_____	<input type="checkbox"/> Arm_____	<input type="checkbox"/> Leg_____	<input type="checkbox"/> Heart_____	<input type="checkbox"/> Back, Upper_____
<input type="checkbox"/> Nose_____	<input type="checkbox"/> Elbow_____	<input type="checkbox"/> Hip_____	<input type="checkbox"/> Chest_____	<input type="checkbox"/> Back, Mid_____
<input type="checkbox"/> Ear_____	<input type="checkbox"/> Ankle_____	<input type="checkbox"/> Foot_____	<input type="checkbox"/> Lung_____	<input type="checkbox"/> Back, Lower_____
<input type="checkbox"/> Tooth_____	<input type="checkbox"/> Finger_____	<input type="checkbox"/> Knee_____	<input type="checkbox"/> Abdomen_____	<input type="checkbox"/> Neck_____
<input type="checkbox"/> Mouth_____	<input type="checkbox"/> Wrist_____	<input type="checkbox"/> Toe_____	<input type="checkbox"/> Psyche_____	<input type="checkbox"/> Eye_____
<input type="checkbox"/> Shoulder_____	<input type="checkbox"/> Hand_____	<input type="checkbox"/> Other_____		

**NATURE OF INJURY:** (Check appropriate box.)

<input type="checkbox"/> Irritation/inflammation	<input type="checkbox"/> Emotional Stress	<input type="checkbox"/> Trauma/Contusion
<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Heart	<input type="checkbox"/> Puncture/Laceration
<input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Bite	<input type="checkbox"/> Abrasion
<input type="checkbox"/> Fracture	<input type="checkbox"/> Exposure (To what) _____	
<input type="checkbox"/> Other_____		

**CAUSE OF INJURY/ILLNESS:** (Check appropriate box.)

<input type="checkbox"/> Design of workstation /building	<input type="checkbox"/> Uneven or slippery surface
<input type="checkbox"/> Rules/procedures not followed or inadequate	<input type="checkbox"/> Horseplay
<input type="checkbox"/> Incorrect body position in relation to work	<input type="checkbox"/> Exposure (chemical, noise, etc.)
<input type="checkbox"/> Incorrect tools or mechanical aids used	<input type="checkbox"/> Vehicle operation
<input type="checkbox"/> Equipment operated incorrectly	<input type="checkbox"/> Congested area (storage)
<input type="checkbox"/> Environmental factors (weather, lighting)	<input type="checkbox"/> Animal or insect
<input type="checkbox"/> Action of fellow employee/member of public	<input type="checkbox"/> Conflict with supervisor
<input type="checkbox"/> Protective devices or guards	<input type="checkbox"/> Inattention or distraction
<input type="checkbox"/> Other (Please Explain)	

**SOURCE OF INJURY:** (Check appropriate box.)

<input type="checkbox"/> Structure	<input type="checkbox"/> Equipment/ Tools	<input type="checkbox"/> Material	
<input type="checkbox"/> Objects	<input type="checkbox"/> Environment	<input type="checkbox"/> Person	<input type="checkbox"/> Other

**PREVENTATIVE MEASURES:** (Check one or more actions)

<input type="checkbox"/> Provide more complete job instruction	<input type="checkbox"/> Update or revise procedures
<input type="checkbox"/> Enforce work rule	<input type="checkbox"/> Provide safe equipment
<input type="checkbox"/> Provide proper tools, equipment	<input type="checkbox"/> Reinforce employee training
<input type="checkbox"/> Provide personal protective equipment	<input type="checkbox"/> Modify workstation or building
<input type="checkbox"/> Contract third party to effect correction	<input type="checkbox"/> Other (please explain)

Prepared by \_\_\_\_\_  
 (Supervisor's Signature) (Please Print Name)

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

**Please forward this completed form along with your department's 5020 form, within 24 hours after incident to**  
**Workers' Compensation Office**  
**PO BOX 276130**  
 Sacramento, CA 95827  
 Mail Code 58-600

# Safety and Health Training

In order to reduce the risk of employee injury, each employee must understand general safe and healthy work practices, any work hazards specific to the employee's job assignment, and any precautions necessitated by these hazards. All training will be documented in writing and include: training date(s), subject(s) covered, instructor's name, and list of attendees.

Training and instruction shall be provided as follows:

- When the IIPP Program is first established;
- To all new workers, except for construction workers who are provided training through a Cal/OSHA approved construction industry occupational safety and health training program;
- To all workers given new job assignments for which training has not previously provided;
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
- Whenever the employer is made aware of a new or previously unrecognized hazard;
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed;
- To all workers with respect to hazards specific to each employee's job assignment.

## **Employee Training**

Employees shall be trained in the information contained on the *Employee Safety Check List* (page 17). Each employee needs to know and understand that:

- No employee is expected to undertake a job until he or she has received instructions on how to do it properly and has been authorized to perform that job.
- No employee shall undertake a job that appears to be unsafe, or use chemicals without understanding their toxic properties.
- Mechanical safeguards must be in place and remain operational.
- Each employee is expected to report all unsafe conditions encountered during work to their supervisor and or safety representative.
- Any injury or illness suffered by an employee, regardless of severity, must be reported to a supervisor at once.

## **Supervisor Training**

Supervisors shall be trained in the information contained in the *Supervisor's Safety Checklist* (page 18), in order to:

- Familiarize themselves with the safety & health hazards to which employees under their immediate supervision may be exposed.
- Understand the importance of establishing and maintaining safe and healthful working conditions.

## **Other Programs Requiring Training**

In addition to the training required above, the County also has specific training as part of other Cal/OSHA safety programs requiring training. Examples of these programs are as follows:

1. Emergency Procedures Plan, Title 8, CCR, Section 3220
2. Fire Prevention Plan, Title 8, CCR, Section 3221
3. Hazard Communication Program, Title 8, CCR, Section 5194 (Employee Health)
4. Bloodborne Pathogens, Title 8, CCR, Section 5193 (Employee Health)

# Employee Safety Checklist

*This form is to be completed by the Supervisor and the new employee.*

Employee Name (FIRST, LAST) \_\_\_\_\_

Employee ID Number \_\_\_\_\_ Date Employed/Assigned \_\_\_\_\_

Date Check List Completed \_\_\_\_\_ Section Assigned \_\_\_\_\_

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

The following items have been discussed and are understood. Check where appropriate:

	1. Department safety policies and programs
	2. Code of safe practices
	3. Employee compliance with safe and healthful work practices
	4. Employee responsibility for accident prevention
	5. When and how to report work-related injuries/illnesses
	6. Review workers' compensation law as they apply to work-related injuries/illnesses
	7. County policy on medical treatment for work-related injuries/illnesses
	8. When and how to report unsafe conditions/work practices
	9. Review of emergency evacuation and fire procedures
	10. Importance of housekeeping
	11. Location of hazardous materials and training on Hazmat clean up and Material Safety Data Sheets
	12. Special hazards of the job (VDT, Ergonomics, etc.)
	13. Personal Protective Equipment (where applicable)
	14. Proper lifting procedures (including demonstration and use of specific lifting equipment)
	15. Workplace Violence
	16. Safe use of County or personal vehicle for County business
	17. Employee agrees to fully cooperate with safety efforts of the employer, follow all safety rules and use good judgment concerning safe work behavior.

**Additional comments and notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 SUPERVISOR Date EMPLOYEE Date

Distribution: Original – SCAS Safety Officer Copy - Supervisor Copy - Employee

# Supervisor Safety Checklist

Supervisor Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Hire Date \_\_\_\_\_ Department Assigned \_\_\_\_\_

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

The following items have been discussed and are understood: \_\_\_\_\_  
(Date Check List Completed)

Here

	<p><b>1. Review components of Injury &amp; Illness Prevention Program, including review of:</b></p> <ul style="list-style-type: none"> <li>• Assignment of Responsibilities, page 1</li> <li>• Accident Prevention Policy, page 3</li> <li>• Code of Safe Practices, page 4</li> <li>• Employee Compliance, page 6</li> <li>• Safety Communication System, page 7</li> <li>• Safety Inspection Procedure and use of Workplace Safety Inspection Guide, page 9</li> <li>• Basic Rules for Accident Investigation, page 12</li> <li>• Safety and Health Training Requirements, page 15</li> </ul> <p><b>Review of records to be maintained/submitted to the On-site Safety Representative, page 19:</b></p> <ul style="list-style-type: none"> <li>• Inspection Records (1 year retention)</li> <li>• Accident Investigation Records (open-ended retention/based on severity)</li> <li>• Training Records (retain 1 year or length of employment)</li> <li>• OSHA 300 &amp; 300A Summary Log (5 year retention)/Post summary of previous year totals (Feb. 1 through May. 1)</li> <li>• OSHA Form No. 301, W/C Form 5020 (5 year retention)</li> </ul> <p><b>Review of other documentation to be maintained, page 20:</b></p> <ul style="list-style-type: none"> <li>• Safety suggestion(s) submitted</li> <li>• Purchase orders of safety related equipment</li> <li>• Memos/policies issued regarding safety</li> <li>• Safety related information distributed to employees</li> </ul>
	<p><b>2. Review of other required safety programs:</b></p> <ul style="list-style-type: none"> <li>• <u>Emergency Action Plan</u>           • _____</li> <li>• <u>Fire Prevention Plan</u>           • _____</li> </ul>
	<p><b>3. Responsibility of the supervisor to respond to safety &amp; health concerns that arise in the workplace, promptly &amp; appropriately.</b></p>
	<p><b>4. Responsibility of the supervisor to communicate safety &amp; health concerns where appropriate to the On-site Safety Representative and/or Safety Officer.</b></p>

Additional comments/notes

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Signed \_\_\_\_\_  
SUPERVISOR                      Date

\_\_\_\_\_  
EMPLOYEE                      Date

Distribution:     *Original - SCAS Safety Officer, at mail code 95-001*     *Copy - Employee*

# Safety and Health Record Keeping

The injury and illness record keeping requirements under Cal-OSHA require a minimum amount of paperwork. These records will provide one measure for evaluating the success of safety and health activities; success would generally mean a lack of, or a reduced number of, employee injuries or illnesses during a calendar year. The SCAS Safety Officer shall ensure these records are kept at a central location with all other records. The records must remain accessible to review by applicable inspectors and other interested parties.

There are four important steps required by the Cal-OSHA record keeping system:

1. Obtain a record of every injury or illness requiring medical treatment. The employee's supervisor is to prepare a *Report of Occupational Injury and Illness* (Form 5020).
2. An injured employee must be given the *Employee's Claim for Workers' Compensation Benefits*, (DWC-1).
3. Maintain the *OSHA Log (Form No. 300)* (provided by Workers' Compensation).
4. Every year obtain the summary *OSHA Form No. 300A* from Workers' Compensation and post it from February 1 until May 1 on the Safety Bulletin Board.

During the year, the On-site Representatives and SCAS Safety Officer will periodically review these records to review the frequency of injuries and illnesses and where they have occurred. These records can help identify hazardous areas in the workplace and pinpoint where immediate corrective action/training is needed.

## **Records to be Maintained**

- Inspection Records (3 year retention)
- Accident Investigation Records (open-ended retention/based on severity)
- Training Records (length of employment)
- OSHA 300 & 300A Summary Log (5 year retention)
- OSHA Form No. 301, W/C Form 5020 (5 year retention)/(maintained by Workers' Compensation)

Essential records, including those legally required for workers' compensation, insurance audits and government inspections, must be maintained for as long as the law requires.

## **Exposure Records**

The injury and illness records may not be the only records the Department will need to maintain. Certain Cal-OSHA standards that deal with toxic substances and hazardous exposures require records of employee exposure to these substances and sources, physical examination reports, employment records, etc. Exposure records shall be maintained for a minimum of 30 years past the last day of employment.

# Safety and Health Record Keeping

## Documentation of Activities

In addition to records required by Cal/OSHA, the Safety Officer may also maintain records on other written safety related activities such as:

- Safety suggestions/hazard observations (submitted and responded to)
- Purchase orders of safety related equipment
- Memos/policies issued regarding safety
- Safety related information distributed to employees

# County of Sacramento

## Code of Safe Practices General Safety Rules and Work Practices

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Thousands of employees work for the County of Sacramento in hundreds of different jobs in many different areas under various conditions. Although some safety rules may apply only to specific jobs, each employee is expected to comply with general safety rules and work practices. Therefore, each employee must know and understand the following:

- No employee shall undertake a job task that appears to be unsafe. If you don't know the safe way to perform a job task, or if you have any questions, ask your supervisor first.
- Report all unsafe conditions to your supervisor.
- Immediately report any injury or illness, even a slight one, which you sustain while at work to your supervisor.
- Read and obey all signs, labels, danger notices, and other warning devices/indicators.
- Learn and remember where the emergency exits are located. Know alternative evacuation routes.
- Never handle any hazardous material without specific safety instructions and authorization from your supervisor. Know and understand the safe use of any product containing hazardous materials. If you have any doubts, ask your supervisor.
- Mechanical safeguards, interlocks, or other safety devices must be in place and remain operational. If they are missing, bypassed or not functioning properly, do **not** operate the equipment. Notify your supervisor.

*Continued on next page*

# County of Sacramento

## Code of Safe Practices

### General Safety Rules and Work Practices (cont.)

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- Use lifting equipment or request assistance to lift loads heavier than what is comfortable for you. Never attempt to lift or move an object which is too heavy. Always use proper lifting techniques.
- Drive County or personal vehicles used for County business defensively and courteously. Be certain to follow all traffic regulations. Your seat belt must be worn at all times while driving on County business.
- Always make sure that all operating components of County vehicles (i.e. brakes, lights, horn, tires, steering, windshield wipers, engine) function properly. Report any defects to General Services -- Automotive Division at 875-5408.
- Keep aisles, floors, hallways, stairs and exits clean and free from obstructions and hazards at all times.
- Do **not** operate or use any equipment, machine, tool, furniture, or material that is broken or damaged or that you have not been trained to operate. Report any defects to your supervisor immediately.
- Do **not** operate any material handling equipment, such as cranes or lift trucks, unless you are a trained and certified operator.
- Never indulge in horseplay, practical jokes, arguments or other behaviors that take attention away from the primary task. These actions may result in serious injury.
- Never tempt, assist or fail to report another employee's violation of a safety rule or procedure.

# EMERGENCY EVACUATION PROCEDURES COUNTY OF SACRAMENTO

## Sacramento County Airport System

6900 Airport Blvd  
Sacramento, CA 95837

### WHEN AN EMERGENCY SOUNDS:

- Remain Calm.
- Listen to and follow instructions from emergency personnel.
- Walk to the nearest stairway exit. *Do not use the elevators during an emergency evacuation.*
- Once outside, walk to the pre-designated assembly area:  
(Nearest corner of Administration employee parking lot.)
- Check in with your Floor Warden at the pre-designated assembly area.
- Stay there until released.

### IF YOU DISCOVER A FIRE:

- Warn other people and activate fire alarm. There is a fire alarm located immediately outside of our two exit doors. (See Evacuation Route Plan.)
- Call **9 - 911** to report the fire (use any phone).
- If you have been properly trained, use the fire extinguisher.
- Never turn your back on an extinguished fire.
- Feel a closed door before opening it. If it feels warm anywhere on its surface, go to another exit.
- Report any missing staff to emergency response personnel. **NEVER** re-enter a building during evacuation.

### EMERGENCY TELEPHONE NUMBERS:

<u>TO CALL...</u>	<u>DIAL...</u>
Emergency	9-911
Communications Center	00
County Operator	5-6900
1 <sup>st</sup> Floor Warden (Matt Doyle)	4-0708
2 <sup>nd</sup> Floor Warden (Tim Patterson)	4-0653
Alternate Floor Warden (Randy Lee)	4-0680

### PRE-DESIGNATED ASSEMBLY AREA:

Nearest corner of the Administration employee parking lot.

APPENDIX C  
INSERT LOCAL EMERGENCY EVACUATION OFFICE FLOOR PLAN