PERSONNEL DEPARTMENT

INJURY AND ILLNESS PREVENTION PROGRAM

Prepared by
OCCUPATIONAL SAFETY AND HEALTH DIVISION

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1.0 INTRODUCTION

The Injury and Illness Prevention Program (IIPP) is mandated by the California Code of Regulations, Title 8, Chapter 4, Section 3203, of the General Industry Safety Orders, and Section 1509 of the Construction Safety Orders. Each City department/bureau is required to have its own written IIPP. Many Department/Bureaus are so large and diverse that departmental IIPPs require modifications to address the unique conditions individual divisions. The program shall cover all employees in all job classifications. The regulation covers all workers who the employer controls, directs or indirectly supervises on the job, to the extent these workers are exposed to the employer’s work site and specific job hazards. In addition, volunteer workers and outside contractors are covered under the IIPP.

2.0 DEPARTMENT POLICY STATEMENT

It is the policy of the City of Los Angeles Personnel Department to maintain a safe and healthy work environment as is reasonably feasible for all employees. Managers and employees shall comply with all applicable Federal, State and local safety laws and regulations. The Department shall conduct its operations and activities in a safe manner to minimize the risk of injury to employees and the public. No employee will be required to conduct any task which is determined to be unsafe. The immediate responsibility for preventing accidents belongs to each supervisor, as well as each employee. Supervisors and employees are expected to report potential safety hazards without fear of retaliation, and with confidence that safe and healthful conditions and practices will prevail in the workplace. It is the policy of the Department to identify and minimize potential risks inherent in the operation of various programs, services, facilities, and equipment. The Department recognizes that unaddressed risk may result in injury or illness to employees. Injury to the public or damage to Department property may result in financial loss and litigation against the Department.

3.0 SCOPE AND PURPOSE

The Department’s IIPP involves an ongoing process that includes training supervisors and employees to identify potential risks and eliminate unsafe work practices. The Department communicates its workplace safety procedures through the IIPP. Each division of the Department is responsible for communicating with employees on matters concerning safety and health, including identifying, evaluating and mitigating workplace hazards; investigating injury and illness; and conducting employee training. Successful implementation of the policies and procedures contained in the IIPP involves an ongoing commitment by managers, supervisors, and employees.

4.0 RESPONSIBILITIES

4.1 General Manager
General policies which govern activities and responsibilities under the IIPP are established under the final authority of the General Manager.

4.2 Safety Administrator
A Safety Administrator under authority of the General Manager of the Personnel Department, plans, organizes, directs, and supervises, the development and implementation of a comprehensive occupational safety and industrial hygiene program for the Personnel Department. The Safety Administrator shall have the authority to enforce all applicable safety and health regulations as required to comply with the IIPP and serve as a contact for the Safety Coordinator(s).

4.3 Safety Coordinator
The designated Safety Coordinator for each division is responsible, through the Safety Administrator, for implementing the Department’s IIPP.

4.4 Division Chiefs and Supervisors
All Chiefs and supervisors shall be familiar with the Department’s IIPP. A copy of the IIPP shall remain at each Department facility and be readily available for review by any employee. Chiefs and supervisors are responsible for implementing and maintaining the IIPP in the workplace and for informing their employees of all provisions within the Department’s IIPP, as well as any safety and health rules or regulations that apply to the job task.

4.5 Supervisors
Supervisors shall take an active, visible role in the implementation of the Department’s IIPP. Supervisors shall evaluate the safety performance of employees as part of the employee’s annual evaluation (Personnel Department Working Rules 5.5). Supervisors will insure that:

1. All employees are trained from the first day of hire to safely complete their job assignments, and are retrained whenever any new process, procedure, or equipment has been introduced into the workplace.

2. All employees are provided any required personal protective equipment, as well as instructions on the proper use of such equipment necessary to safely carry out their job assignments.

3. Work-sites are inspected regularly, and corrective action is taken whenever hazards are recognized or unsafe acts are observed.

4. Safety meetings are conducted which include in-service training covering various topics relating to safety and health.

5. Written documentation is maintained by supervisors regarding all instruction and training for each employee.

6. Employee Evaluation Reports document any failure to follow safe work procedures or adhere to established Department policies regarding safety and health during the rating period.

7. All accidents are thoroughly investigated and corrective action taken. All accident investigation (including findings and recommendations) are promptly reported to the
designated Safety Coordinator for records retention. In addition, any serious accident must be reported to the Occupational Safety and Health Division at (213) 473-7097.

4.6 Employees
All employees are responsible for complying with all applicable safety and health regulations, policies, and established work procedures. Employees have an obligation to work in a safe manner and in accordance with all training and instruction received by supervision. Employees are required to:

1. Adhere to all Department safety and health policies and procedures.
2. Familiarize themselves with the Department's written IIPP.
3. Report any unsafe conditions or equipment immediately to their supervisor.
4. Report any job related injuries or accidents to their supervisor immediately.
5. Wear all personal protective safety equipment when instructed to do so by supervision.
6. Only operate equipment or machinery that they have been trained and authorized to operate.
7. Keep work area clean and orderly at all times.

5.0 COMPLIANCE
The Department has a comprehensive IIPP. Each Division within Personnel shall be responsible for implementing the IIPP as outlined. Employees shall adhere to safe and healthy work practices as defined in the Department's IIPP. Employees are required to follow all safety and health laws and regulations that have been established by the California Code of Regulations, Title 8. Violation of safety rules and regulations may result in disciplinary action.

5.1 Manager and Supervisor Compliance
Each manager and supervisor shall set a positive example for subordinate employees by working safely and following all safety rules and regulations. Managers and supervisors shall use appropriate discipline such as written or oral warnings, Notices to Correct Deficiencies, suspensions, etc., as defined in the Personnel Policy, to ensure that employees follow established safety policies and procedures. Managers and supervisors should also recognize those employees who exemplify good safety practices. Attention to both satisfactory and unsatisfactory safety practices should be recorded when completing an employee’s annual Employee Evaluation Report (Personnel Department Policy 33.2).

5.2 Identification of Resources
Each division manager and supervisor shall identify the resources necessary for providing a safe and healthy workplace for employees. These assessments shall be considered when preparing annual budget requests.
5.3 Informing Employees About Compliance
Each manager and supervisor shall ensure that safety regulations are enforced, and all relevant safety and health information has been communicated to their employees, verbally and in writing (e.g., memos, directives, and bulletins).

5.4 Employee Compliance
Each employee shall follow all established laws and regulations including all Department policies, memos, and safety bulletins that apply to safety and health. Employee safety depends to a great extent on the behavior of each individual employee both on and off the job. Employees have an obligation to report all unsafe conditions and practices, and encourage other employees to work safely.

6.0 COMMUNICATION

The Department ensures that employees have the right to be advised of any occupational safety and health hazards in the workplace, as well as any change in work procedures or practices. Employees are encouraged to report safety hazards, request information on unsafe conditions, or make safety suggestions without fear of retaliation. Several methods of communicating safety and health information to employees have been established, and include:

6.1 Department Safety Committees
Safety Committee meetings are held on a quarterly basis. These meetings are attended by supervisors and chaired by the Department Safety and Health Administrator, and cover a variety of safety and health topics, such as accident investigations, assessment of unsafe conditions, training needs, and changes in work practices or procedures. The minutes of Management Safety Committee meetings shall be circulated to employees.

6.2 Safety Concern Form
Safety Concern Forms shall be made available at all Department facilities. Employees should be encouraged by supervisors to use the Safety Concern Form if workplace hazards are discovered. The completed Safety Concern Form shall be sent to the Occupational Safety and Health Division at Mail Stop 620, attn: Dru Ross.

6.3 Safety Web-Site
The safety web-site is available to all employees as a reference for established safety and health policies and procedures. Employees can contact the Department Safety and Health Administrator through the internet at dru.ross@lacity.org to request safety information or notify the Occupational Safety and Health Division of potential hazards.

6.4 Safety Bulletins
Safety Bulletins are used to draw attention to and inform employees about safety and health policies and procedures. Safety Bulletins shall be posted on official bulletin boards where employees report to work.
7.0 HAZARD ASSESSMENT

A safety and health inspection program is essential to reducing unsafe conditions that may expose employees and the public to injuries or property damage. Each supervisor shall ensure that appropriate, systematic safety inspections are conducted periodically, not less than annually.

7.1 Informal Inspections
Managers and supervisors shall complete informal safety inspections daily, weekly, and/or monthly, depending on Cal/OSHA requirements. These informal inspections shall address daily change in the work environment that may cause unsafe conditions.

7.2 Scheduled Inspections
All formal facility safety inspections which are conducted on a schedule shall be completed on the Department’s Facility Safety Inspection Form (See Appendix). Formal inspections shall be conducted and signed by management. Formal reports shall be kept in the division or facility inspected, with copies forwarded to the Department’s Occupational Safety and Health Division at Mail Stop 620 attn: Dru Ross. Formal inspections will be conducted according to the following schedule:

1. Formal facility safety inspections shall be conducted once a year in all division office spaces, and facilities.

7.3 Unscheduled Inspections
Unannounced inspections are conducted by the Department’s Occupational Safety and Health Division. These will focus on general facility maintenance, storage and handling of hazardous materials, use of personal protective equipment, and proper operation of machinery. If during the course of these inspections the Department’s Occupational Safety and Health Division discovers that equipment being used or a particular job procedure creates an imminent hazard to the health or safety of employees or the public, the Safety Administrator shall stop all work being performed or equipment being operated. A “Do Not Operate” tag shall be affixed to the affected equipment or a written order shall be issued to stop work being performed. Any attempt to continue working, using equipment, or willfully removing any “Do Not Operate” tag without the approval or knowledge of the Safety Administrator can be grounds for disciplinary action against the employee involved.

7.4 Inspections by Outside Agencies
Periodic inspections are conducted by the Division of Occupational Safety and Health (Cal/OSHA) regarding health and safety issues that effect employees. If inspectors from the Division of Occupational Safety and Health arrive at any Department facility, employees are required to immediately contact the Occupational Safety and Health Division at (213)473-7097. Please refer to the safety bulletin “When a Cal/OSHA Inspector Arrives” for more information (http://www.lacity.org/per/safety/Bulletin_2.pdf).

7.5 Job Safety Analysis
A Job Safety Analysis (JSA) is a supervisor’s tool to ensure that a job is being performed
safely. The JSA will help identify hazardous work situations and procedures. During a job safety analysis, the supervisor needs to consider the purpose of the work, current duties and tasks, and methods and procedures. Analysis of this information may require that a supervisor contact the Department’s Occupational Safety and Health Division to determine a proper solution to a particular safety or health problem.

8.0 HAZARD CORRECTION

Hazards that are discovered as a result of periodic inspections or during normal operations shall be corrected promptly. Reports of unsafe conditions by employees or the public shall be investigated promptly by supervisors. The Department recognizes that hazards range from imminent dangers to relatively low risks. A supervisor’s corrective actions must include evaluation of the potential hazard and suitable timetables for correction. Procedures for correcting hazards include the following:

8.1 Imminent Hazards
For serious hazards that present an imminent danger to life or limb, immediate action shall be taken to mitigate the hazard. The Department’s Occupational Safety and Health Division shall immediately be notified at (213) 473-7097. If the hazard cannot be immediately abated, all personnel shall be removed from the affected area. Access to the area shall be limited until the Occupational Safety and Health Division has arrived and completed an assessment of the hazard.

8.2 General Hazard Control
Hazards involving the physical conditions of structures, surrounding grounds, or associated equipment shall be reported to the Administrative Services Division. Notification of Building Service Division regarding unsafe conditions is accomplished by calling Tina Johnson at (213) 473-9388 or through the use of e-mail (tina.johnson@lacity.org); please copy Susan Nakafuji (susan.nakafuji@lacity.org).

8.3 Supervisors’ Responsibilities
Supervisors are responsible for informing and protecting employees and the public regarding any safety hazards that have been discovered. Unsafe work practices by employees shall be stopped immediately by supervisors. Supervisors are required to instruct employees on proper procedures before work resumes.

8.4 Exposure to Hazardous Materials
Exposure to asbestos, lead, mold, or chemicals in the workplace shall be reported immediately to the Department’s Occupational Safety and Health Division at (213) 473-7097. Investigations of asbestos, lead, mold, or chemical exposure shall be conducted by the Department’s Industrial Hygiene Section.

9.0 ACCIDENT/EXPOSURE INVESTIGATION
All injuries or accidents that are job-related shall be reported. Supervisors shall investigate all reported accidents, injuries, occupational illnesses, and near-miss incidents. Supervisors investigating accidents or injuries shall document all information that is gathered during the investigation process. Employees are required to report all injuries or accidents to their supervisor immediately no matter how slight the occurrence. Procedures for reporting and investigating injuries or accidents are as follows:

9.1 Supervisor Documentation
The supervisor must document all interviews with the injured employee(s) and witness(es), examine the workplace for factors associated with the accident, review work procedures and training, determine cause, and take corrective action (See Appendix for Accident Investigation Forms). Supervisors must ensure that the Employer’s Report of Occupational Injury or Illness Form 5020 (http://cityweb.ci.la.ca.us/Repository/Forms/up/ACF4B26.pdf) has been completed (Attach accident investigation forms to form 5020). Supervisors must ensure that the employee’s Claim for Workers Compensation Benefits Form DWC-1 (http://per.ci.la.ca.us/WorkCmp/DWC1andNOPE.pdf) has been completed and given to the injured employee within 24 hours of the incident.

9.2 Serious Accidents or Injuries
Serious accidents, injuries, illness or exposure to hazardous materials that require hospitalization other than observation must be reported to the Department’s Occupational Safety and Health Division immediately at (213) 473-7097. Accidents, injuries, or exposures of this severity may require the Department Safety and Health Administrator to convene a special accident or incident investigation panel. The panel may consist of the Department’s Assistant General Managers, Division Managers or other appropriate levels of management. A report of the accident investigation including the panel’s finding and recommendations will be forwarded to the Department General Manager. Ensure that the accident location including equipment and materials involved in the accident remain undisturbed until a member of the Department’s Occupational Safety and Health Division arrives and investigates.

9.3 Reporting Injuries to Cal/OSHA
For accidents that cause death, dismemberment, permanent disfigurement, or that require in-patient hospitalization of an employee, the supervisor must notify the nearest Cal/OSHA District Office within eight (8) hours.

9.4 Accidents Involving Exposures
Any suspected employee exposure to hazardous chemicals, asbestos, or lead must be reported to the Department’s Occupational Safety and Health Division immediately at (213) 473-7097.

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

9.6 Supervisor Investigation of Vehicle Accidents
Supervisors are required to investigate all vehicle accidents involving their employees operating City or privately owned mileage vehicles operated on City business. After an investigation has been completed, the supervisor shall review all investigative materials, determine cause, and make recommendations for any corrective action.

10.0 TRAINING
Effective dissemination of safety information is essential for the success of the Department's IIPP. Training includes general safe work practices as well as specific instruction on control of hazards unique to each employee's job assignment. Supervisors are responsible for much of the safety training related to their subordinate employees.

10.1 Types of Training Methods
The Department uses many types of training methods to communicate safety-related information to employees. Training may vary widely with respect to instructional method, setting, and subject matter. Types of training applicable to all employees include:

1. Classroom instruction, which involves the presentation of general or specific safety information. These classes are taught by Department employees or outside contractors.

2. On-the-job training, in which a small number of employees receive instruction from the supervisor. On-the-job training can also include instruction on how to operate and maintain new equipment by manufacturer representatives.

3. Written instructions or training materials, which include memos, safety bulletins, and policy letters.

10.2 General Safety Training
General safety training refers to instruction which is applicable to all Department employees and not related to specialized trades or procedures. The Department ensures that all new employees shall attend a new hire orientation provided by the Department. New hire orientation shall include the following safety and health subjects:

1. Basic safety training and introduction to the Department's IIPP, including an overall review of employees' rights and employer's responsibilities under the California Code of Regulations, Title 8.

2. Instruction on reporting injuries and unsafe conditions, and employees' rights under Workers' Compensation law.

10.3 Specialized Training
Many workplace operations require specialized training or instruction under the California Code of Regulations, Title 8. Before employees can be allowed to perform certain job tasks, supervisors must ensure that the employees have completed required training courses. These specialized training courses include, but are not limited to: Respiratory Fit Instruction, Bloodborne Pathogen Exposure, Workplace Violence, Emergency Evacuation and Hazard Communication.

10.4 Supervisor Responsibility
It is the responsibility of each supervisor to ensure that employees receive general and job-specific safety training for each employee under his/her direct control. Supervisors are required to review employees' compliance with instruction given regarding safety rules, regulations, and policies established by the Department’s IIPP. The supervisor must ensure that employees comprehend the training they are provided, ensuring that language barriers and/or literacy difficulties are accommodated. Instruction by supervisors shall include the following subjects:

1. Safe work procedures, personal protective equipment, evacuation and emergency response, hazard communication and identification, and reporting of workplace safety hazards.

2. Protection of employees from hazards specific to their individual job duties.

3. New substances, processes, procedures, or equipment introduced into the workplace that may create new hazards, when new or previously unrecognized hazards are brought to a supervisor’s attention.

10.5 Frequency of Training
Department policy requires that employees are provided safety-related instruction upon reporting to work the first day and prior to being assigned a new job task or process for which training has not been previously provided. Supervisors are responsible for providing training whenever a new substance, process, procedure or piece of equipment is introduced into the workplace. Supervisors are required to notify and inform employees when they receive information from the Department’s Occupational Safety and Health Division regarding changes in safety and health rules, regulations, or policies. In addition, the Department shall follow all requirements regarding frequency of training established by the California Code of Regulations, Title 8.

10.6 Documentation and Retention of Records
The person performing safety training must ensure that appropriate records are preserved and maintained. All safety training records must include the subject title, name of employee, last four digits of his/her social security number, the date of training and the person who administered the training. Please use the training roster in appendix 7 to record this information. The supervisors shall retain all documentation of employee safety training and ensure that a copy has been sent to the Department’s Occupational Safety and Health Division at Mail Stop 620. All documentation regarding safety training shall be kept on file at the location where the employee reports to work.
11.0 RECORD KEEPING

Department policies and Cal/OSHA regulations contain requirements for the maintenance and retention of records for occupational injuries and illnesses, medical surveillance, exposure monitoring, inspections, and all other activities relevant to the occupational health and safety of the employee.

11.1 Vehicle Accidents and Property Damage
Completed Vehicle Accident Reports (Form 88) along with the accident investigation report and finding of the investigation panel shall be kept on file for 10 years, and shall be stored in the Department’s Occupational Safety and Health Division.

11.2 Occupational Injury and Illness Reports
Completed Employer’s Report of Occupational Injury or illness (Form 5020) and Employee’s Claim for Workers’ Compensation Benefits (Form WC10) shall be kept in the confidential personnel files which are stored in the Department’s Workers Compensation Division. All records relating to occupational injuries and illness shall be kept for an indefinite period.

11.3 Occupational Injury and Illness Information
Specific information regarding the number and type of occupational injuries and illnesses must be prepared, maintained, and posted as a requirement under the California Code of Regulations, Title 8. Each Department location shall maintain a master log (Cal/OSHA Form No. 300) and summary of occupational injuries and illnesses (Form No. 300A) for those employees assigned to that location, and post the annual summary in the workplace where other OSHA required postings are located from February 1 to April 30. All forms and logs of occupational injuries and illnesses must be preserved and maintained for a period of five (5) years.

11.4 Employee Exposure Records
The employee exposure record contains information regarding exposure of employees to toxic substances or harmful physical agents. These records include results of workplace monitoring or measuring of toxic substances or harmful agents which can be absorbed, inhaled or ingested by employees. These records also include employees’ exposures to regulated carcinogens that may be found in the workplace. Exposure records are generated by the City Industrial Hygienist. All documents of exposure and monitoring that are generated by the City Industrial Hygienist are kept with the Department’s Occupational Safety and Health Division. All employee exposure records shall be kept on file for a period of thirty (30) years after termination of employment.

11.5 Employee Access to Medical Records
Records of employee work-related medical exams, medical fitness reports, medical analyses and assessments for exposure to harmful agents or substances, including required examinations for respiratory protection and hearing conservation programs, are kept on file by the City Medical Services Division of the Personnel Department. These records must be
preserved and maintained for a period of thirty (30) years.

11.6 Documentation of Safety and Health Activities
General documents regarding safety and health issues such as safety concerns and suggestion forms, facility inspections, attendance rosters, and investigations of accidents and potential hazards, and including corrective actions, shall be maintained and preserved in the Occupational Safety and Health Division for a period of ten (10) years.

12.0 WORKPLACE VIOLENCE

Cal/OSHA has classified the circumstances associated with workplace violence into three major types. Type I workplace violence occurs when an individual enters the workplace to specifically commit a criminal act. Type II workplace violence involves an assault or threat by a person who is either the recipient or object of service by the Department. Type III workplace violence consists of an assault by an individual who has some employment related involvement with the Department. The Department is committed to providing a workplace that is free of violence or threats of violence. The Department’s position and policy regarding threats or acts of violence in the workplace is one of zero tolerance. Management will take appropriate action whenever it determines that an employee has engaged in threats or violent behavior.

12.1 Reporting Workplace Violence
Employees shall report any form of violence or threat of violence (actual or reasonably perceived) involving an employee or occurring in the workplace to the Personnel Director at (213) 473-9055.

12.2 Carrying Firearms
The possession or carrying of an unauthorized firearm of any type is strictly prohibited. Possession includes a firearm inside a parked vehicle on City or Department property.

12.3 Immediate Threats
If a threat is immediate to someone and there is a weapon in view, call 911. If the threat is not life threatening, contact the Personnel Director at (213) 473-9055 and/or place a non-emergency call to the Police Department at 311.

12.4 Restraining Orders
Employees are required to report the existence of any restraining order or any potential violent non work-related situation that could likely result in violence in the workplace to the Workplace Violence and Threat Assessment team. Contact Jim Abalos at (213) 473-9055.

12.5 Recognizing Warning Signs
Supervisors or employees should watch for warning signs that can lead to violent behavior. These warning signs can include belligerent or defiant behavior, harassing or threatening language, or indirect threats. Any such behavior should be evaluated, verified, and documented by a manager or supervisor and discussed with the Personnel Director.
12.6 Bomb Threats
Any employee who receives a bomb threat or finds what appears to be a bomb shall immediately call 911. The employee shall also notify the supervisor or contact the Floor Warden if the employee is located in the Personnel Department Building. An employee who discovers a suspected bomb SHALL NOT touch or handle the object, and shall immediately call 911.
APPENDIX 1: Code of Safe Practices

1. All employees shall observe safety rules and regulations as established by the Departments IIPP.

2. Office equipment and furniture shall be arranged as to provide safe access to the work area.

3. Desk and file drawers be kept closed when not in use. Never open more than one file drawer at a time.

4. Never place electrical, telephone, or computer cords or cables across walkways, aisles, stairways or landing area. Always keep aisles clear of obstructions at all times.

5. Report all unsafe conditions and any injury, no matter how slight, to your supervisor immediately.

6. In the event of fire or other building emergencies evacuate your work space according to the Building Emergency Plan.

7. When lifting objects, lift with your legs, never with your back. Ask for assistance if loads are heavy.

8. Workplace shall be kept free of debris, when materials are stored they should be secured in a manner that will prevent them from tipping over or falling.

9. All emergency exits, fire extinguisher and electrical panels shall be kept free from obstruction at all times.

10. All storage cabinets and file cabinets shall be secured and prevented from tipping over in the event of an earthquake.
APPENDIX 2: Glossary of Terms

**Action Level**- A pre-designated level of employee exposure to an airborne contamination or other hazard that, when equaled or exceeded, requires that personal monitoring, medical evaluation, or other regulatory provisions be applied. Action levels are specified for a substance/hazard by State and/or Federal Law.

**Cal/OSHA**- Under the California Department of Labor, Cal/OSHA is the primary State organization that is charged with implementation and enforcement of worker safety and health standards set forth by the California Code of Regulations and Federal Occupational Safety and Health Administration.

**Employee Exposure Records**- Information, results or records concerning employee exposure to toxic or harmful substances or agents in the workplace. Examples include air sampling results, biological monitoring results (blood test, etc.), inventory or chemical Material Safety Data Sheets (MSDS).

**Employee Medical Records**- Records concerning the health status of employees made by physicians, nurses, or other health professionals. Examples include results of physical examinations, first aid records, medical complaints, and diagnoses, opinions, and treatment recommended by a physician.

**Hazard Priority Classification**- A system of categorizing the severity of consequence or probability of injury or damage for identified hazards. This information is used to determine level and speed of corrective action to be taken after a hazard has been identified.

**Industrial Hygiene**- A specialized area within the field of Occupational Health and Safety. Industrial Hygiene has as its goal the recognition, evaluation, and control of worker exposure to harmful physical or chemical agents or conditions.

**Injury and Illness Log**- Required by Federal and State regulations, this log documents injuries and illnesses caused by work-related activities that result in lost time, offsite treatment, and restricted work activity.

**Industrial Safety Procedures**- Specific guidelines for implementing safety regulations and practices in industrial settings. Safety procedures are designed to prevent accidents causing injury and illnesses.

**Injury and Illness Prevention Program (IIPP)**- Mandated by the California Code of Regulations, Title 8, Section 3203, this program is required of all employers in the State. The purpose is to prevent job-related accidents and illnesses through a written plan to identify, evaluate, and correct unsafe workplace hazards.

**Inspections**- Periodic audits of the workplace environment, including equipment, chemicals, building structure, documented procedures, records, and employee knowledge of requirements and hazards.
**Material Safety Data Sheets (MSDS)-** Literature prepared by a chemical product manufacturer that contains hazard and safety information about the product. Information includes ingredients, safety precautions, personal protection requirements, and spill or release response.

**Medical Surveillance-** A program whereby the health of the workers is monitored through a regularly scheduled and post-incident medical examination. Medical surveillance may be required to determine the suitability of workers to perform a certain type of job.

**Personal Protective Equipment (PPE)-** Equipment worn or used by workers to protect themselves from exposure to hazardous materials or conditions.

**Responsible Person-** The individual at a place of employment who has the responsibility and authority to implement the IIPP on behalf of the employer.

**Safety Communication-** The collective means by which safety information is disseminated to employees.

**Supervisors-** Employees who have authority to direct the tasks of other employees, and are therefore responsible for the job related environments to which their workers are exposed.

**Time-Weighted Average (TWA)-** As set forth by State or Federal law, a maximum concentration of a hazardous substance, averaged over an eight-hour day, to which employees may be exposed.

**Training-** Classroom instruction, job-site safety meeting, on-the-job training and written materials provided to employees to make them aware of workplace hazards and how to avoid accidents and illnesses.
Safety Concern or Suggestion Report

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

| Name: ___________________________ | Phone Number: ___________________________ |
| (OPTIONAL) | (OPTIONAL) |
| Site or Facility Address: ___________________________ | Date: ____________ |

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

Has this safety concern been brought to the attention of your supervisor?  Yes ☐  No ☐

Date: ____________

Was Administrative Services Division notified regarding safety related repairs?  Yes ☐  No ☐

Date: ____________

Please indicate your desire: ☐ No NOT reveal my name to my supervisor

☐ My name MAY be revealed to my supervisor

Do you want the Safety Staff to contact you?  Yes ☐  No ☐

Phone No: ____________

16
Hazard Removal/Abatement Form

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

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
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<table>
<thead>
<tr>
<th>Area Inspected:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Identified Hazard or concern:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>The steps to be taken to remove the hazard:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Deadline for removing hazard (date):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hazard has been successfully removed/abated on (date):</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Notes:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Supervisor's Signature:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
</table>
1. Name/Job Title of the Person Calling:

2. Time and date of call:

3. Phone number called:

4. Name of OSHA operator or representative:

5. Case/ Report #:

6. Injured Person(s) Name, Gender, Age, Address and Telephone Number:

7. Nature of the Injury (or Injuries):

8. Time/Date of the Accident:

9. Location where the Injured Person(s) was(were) moved to:

10. Site Address of the Accident or Event:

11. Contact Person:

12. Identify any law enforcement agencies, emergency medical response agencies, etc, that are administering assistance:

13. Describe the accident and whether the accident scene has been altered:
Accident investigation forms/statements consist of the Employee’s Report of Injury, Accident Witness Statement, and Supervisor’s Accident Investigation. The supervisor shall provide these to the appropriate individuals for completion after any accident or near miss incident that could have resulted in an accident.

IMPORTANT - Obtaining completed and signed forms as soon as possible following an accident ensures that the employer has an accurate account of how the injury occurred, triggers corrective action to prevent the accident from recurring, and the employee's claim is documented.

After I have these forms completed, what do I do with them?

1. **For all accidents or near miss incidents** (regardless of the outcome): the supervisor should complete any corrective actions identified during the investigation to prevent recurrence of the incident and document this on the Supervisor’s Accident Investigation form. The supervisor should also keep copies of all the forms for future reference.

2. **For all accidents that result in the employee filing a workers' compensation claim**: in addition to step 1 above, submit a copy of these forms to the Worker's Compensation Division along with the Employer’s Report of Occupational Injury or Illness (Form 5020) and the Workers’ Compensation Claim Form (DWC 1) to the Personnel Department Workers’ Compensation Division. Form 5020 and DWC 1 can be obtained on the City's Intranet at:

   http://cityweb.ci.la.ca.us/repository/forms/urldisplay.cfm?id=70

   http://cityweb.ci.la.ca.us/repository/forms/urldisplay.cfm?id=486

3. **For accidents that result in a fatality or a serious injury** (i.e. loss of a member of the body/amputation, in-patient hospitalization in excess of 24 hours for other than observation, or a serious degree of permanent disfigurement like crushing or severe burns): in addition to steps 1 and 2 above, the supervisor must notify the nearest Cal-OSHA District office within 8 hours. For a list of the Cal-OSHA District offices phone numbers and detailed instructions for reporting serious injuries, please go to the links provided below:

   http://www.dir.ca.gov/asp/DoshZipSearch.html

   http://per.lacity.org/safety/FatalitiesAndSeriousInjuries.pdf

What if my injured employee is physically unable to fill out the Employee’s Report of Injury?
Use common sense and good judgment. If the injury is severe - remember, your employee’s health and care are first and foremost. If possible, have the form filled out at a later, more appropriate time when the employee is physically able to document the accident.

What if my employee refuses to fill out or sign an Employee’s Report of Injury?
Of course, you cannot make an employee fill out the document. You can however stress the importance of getting their account of the accident to help prevent the injury from happening again. Also, still obtain the supervisor's report as well as any witness statements.
Employee's Report of Injury Form
(To complete by the employee)

Employee's name: _________________________________________________________ Male___ Female____

Date of birth: ____/____/____                       Home telephone # ( ____ )________________________________

Home address: _____________________________________________________________________________

City: _______________________________________________ State: ________ Zip Code: _______________

Present classification: _______________________________________________________________________

Location of accident:________________________________________________________________________

Date of accident: ______________________________________Time of accident: ______________________

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected

Recommendation on how to prevent this accident from recurring

Name of supervisor: _________________________________________________ Phone#_________________

Name(s) of witness(es): ______________________________________________ Phone#_________________

When did you report the accident to your supervisor? ______________________________________________

Who did you report the injury to?______________________________________________________________

Do you require medical attention? Yes:_______ No:_______ Maybe:__________

Signature of employee: ________________________________ Date:________________
Accident Witness Statement Form
(To be completed by Accident Witness)

Injured employee's name: ____________________________________________

Name of witness: ____________________________________________ Phone # __________________________

Job title of witness: _________________________________________________________________________

Home address of witness: __________________________________________________________________

City: _____________________________ State: ______ Zip Code: _______________

Location of accident: ______________________________________________________________________

Date of accident: ____________________________ Time of accident: ___________________

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring:

Name of Witnesses Supervisor: _________________________________________ Phone # _____________

Signature of Witness: ________________________________________________ Date: _____________
Supervisor's Accident Investigation Form
(To be completed by the employee's supervisor or other responsible administrative official)

<table>
<thead>
<tr>
<th>Injured employee name</th>
<th>Employer's Premises: Yes ☐ No ☐</th>
<th>Date of accident or illness:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Job site: Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Location where accident occurred</td>
<td>☐ Employee ☐ Non-Employee</td>
<td>Time of accident am pm</td>
</tr>
<tr>
<td>Job title or occupation</td>
<td>Name of dept. normally assigned</td>
<td>How long has employee worked at job where injury or illness occurred?</td>
</tr>
<tr>
<td>What property/equipment was damaged?</td>
<td></td>
<td>Property/equipment owned by:</td>
</tr>
<tr>
<td>What was employee doing when injury/illness occurred?</td>
<td>What machine or tool was being used?</td>
<td>What type of operation?</td>
</tr>
<tr>
<td>How did injury/illness occur? List all objects and substances involved.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part of body affected/injured?</td>
<td>Any prior physical conditions? If so, what? Yes ☐ No ☐</td>
<td>Nature and extent of injury/illness and property damaged (be specific)</td>
</tr>
</tbody>
</table>

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

- ☐ Lack of training or skill
- ☐ Unsafe condition/act
- ☐ Equipment use (unsafe or lack of)
- ☐ Failure to follow procedures/protocols
- ☐ Use of force incident
- ☐ Traffic accident
- ☐ Work environment/exposure
- ☐ Repetitive work
- ☐ Fitness/Training

Supervisor's corrective action to ensure this type of accident does not recur:

Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures? Yes ☐ No ☐
Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? Yes ☐ No ☐
Did employee promptly report the injury/illness? Yes ☐ No ☐
Is there modified duty available? Yes ☐ No ☐

Supervisor’s name
Supervisor’s Signature
Phone #
Date
Revise date: 20160517
<table>
<thead>
<tr>
<th>Work Location</th>
<th>Work Shift</th>
<th>Job Title</th>
<th>Employee Name</th>
<th>Employee Signature</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Training Location:**

**Date:**

**Name of Training:**

**Time:**

**Duration:**

**Group Supervisor:**

**Trainer:**

City of Los Angeles

Health and Safety Training Form
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCUMENTATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSHA, other required posters prominently displayed on bulletin board.</td>
<td></td>
<td></td>
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<tr>
<td>All accidents reported to Personnel in timely manner.</td>
<td></td>
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</tr>
<tr>
<td>Supervisory investigation of all accidents, with distribution of reports.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>OSHA Log maintained, Summary Posted Feb.-Apr., Filed for five years.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRST AID</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adequate number of first aid kits available for the number of employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Aid supplies inventoried and replenished as needed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEANS OF EGRESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required exits are clearly evident or marked with illuminated exit signs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required exit doors swing outward to accommodate traffic flow.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edit door hardware operates properly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If required, two distinct and remote exits are available.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Working exit signs are Emergency lights are available.</td>
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<tr>
<td>False exits are marked or labeled to eliminate confusion in emergencies.</td>
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</tr>
<tr>
<td>Required exits and exitways are unobstructed, ready for immediate use.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRE PROTECTION</td>
<td></td>
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</tr>
<tr>
<td>Adequate proper class fire extinguishers in place, visually checked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extinguishers are wall-mounted, unobstructed, and readily available.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual service performed on all extinguisher and dated tags attached.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELECTRICAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical equipment is maintained in good working condition.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All electrical cords are free of frayed areas, splices, or worn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outlets and switches have cover plates to prevent accidental contact.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No electrical cords are running over/under walls or through doorways,</td>
<td></td>
<td></td>
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<tr>
<td>All circuits are properly identified in breaker/fuse panel boxes.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>All electrical equipment is either grounded or double-insulated type.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WALKING AND WORKING SURFACES</td>
<td></td>
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<tr>
<td>Floors are relatively smooth and free of tripping hazards.</td>
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<tr>
<td>Are stairways adequately illuminated?</td>
<td></td>
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</tr>
<tr>
<td>Steps, ramps, and handrails are maintained in good repair.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corridors, walkways, and aisles are maintained free and unobstructed.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Are signs posted showing the elevated surface load capacity? □ □ □
Do elevated work areas have a permanent means of access and egress? □ □ □
Do stairs have at least a 6-½ foot overhead clearance? □ □ □
Are steps on stairs and stairways designed or provided with a slip-resistant surface? □ □ □
Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads? □ □ □
Are stairway handrails capable of withstanding a load of 200 pounds, applied in any direction? □ □ □
Are materials on elevated surfaces piled, stacked or racked in a manner to prevent tipping, falling, collapsing, rolling or spreading? □ □ □

**EXITS AND EXIT DOORS**

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

**EQUIPMENT, FURNITURE, AND FIXTURES**

Office furniture, chairs, desks, and tables are in safe usable condition □ □ □
Equipment is free of sharp edges, splinter, or broken parts. □ □ □
Cabinets and shelves are properly loaded, heaviest items on bottom. □ □ □

**HAZARDOUS MATERIALS AND STORAGE**

Separate and appropriate storage facilities for hazardous materials/items □ □ □
Current Material Safety Data Sheets are available for hazardous materials. □ □ □

**GENERAL SAFETY**

Housekeeping and sanitation is adequate. □ □ □
All areas are provided with adequate lighting and ventilation □ □ □
Outside areas and parking lots are properly maintained. □ □ □

**ADDITIONAL REMARKS:**