Diocese of Sacramento
Lay Personnel
Injury & Illness Prevention Program

Review and Approved by Ken Urrutia: September 13, 2017

Overall Program Administrator: Chancellor, Kathy Conner
916-733-0200

On-site Program Administration Delegation:

Parishes: Pastor
Deaneries: Dean
Schools: Principal
Cemeteries: Site Superintendent
Pastoral Centers: Human Resources Director
Retreat Centers: Director

Distribution:
Pastoral Center Directors
Pastors
Deans
School Principals
Cemetery Superintendents
Retreat Directors
INTRODUCTION

To our Employees, Managers, and Injury and Illness Prevention Program Administrators:

In order to minimize work related injuries and illnesses, your employer has established, implemented, and will maintain this Illness and Injury Prevention Program.

As required by Cal/OSHA, our Illness and Injury Prevention Program consists of the following elements:

1. Designation of IIPP authority and Responsibility.................................................................3
2. A system to assure safety and health Compliance.................................................................4
3. A procedure for safety and health Communication..............................................................5
4. A system for Hazard Assessment............................................................................................6
5. A procedure for occupational Accident/Exposure Investigation.............................................7
   Basic Guidelines for Accident Investigation
6. A procedure for Hazard Correction.......................................................................................9
7. A procedure for safety and health Training and Instruction....................................................10
   General Safety Rules and Instructions
8. A protocol for Record keeping...............................................................................................14

Forms
IIPP 100 – Safety Recognition Report........................................................................................15
IIPP 101 – Safety Counseling Report..........................................................................................16
IIPP 102 – Safety Training Record............................................................................................17
IIPP 103 – IIPP Annual Review..................................................................................................18
IIPP 104 – Workplace Safety and Health Communication.........................................................19
IIPP 105 – Notification of Safety Hazard...................................................................................20
IIPP 106 – Response to Notification of Safety Hazard.................................................................21
IIPP 107 – {Private} Hazard Assessment and Correction Record...............................................22
IIPP 108 – Accident/Exposure Investigation Report....................................................................23
IIPP 200 – New Employee Safety Orientation Checklist.............................................................24

Each of these elements is detailed on the following pages and required forms are provided.
If you have any questions regarding this Illness and Injury Prevention Program, please contact your supervisor or Lay Personnel at (916) 733-0239.
RESPONSIBILITY

Overall Responsibility for IIP Implementation and Maintenance:

The Injury and Illness Prevention Program (IIPP) Administrator is the Pastor for Parish Employees, the Principal for School Employees and the Facility Director for other entities. The Program Administrator has the authority and the responsibility for implementing and maintaining this IIPP. All IIPP forms can be found online at www.scd.org under Lay Personnel Employee Forms.

Manager Responsibility:

Managers are responsible for actively promoting safety by:

- Understanding, implementing, and maintaining compliance with this IIPP,
- Answering employee and volunteer questions and providing copies of this IIPP upon request,
- Establishing and maintaining safe and healthful working conditions,
- Being familiar with hazards to which employees, volunteers, and the public are exposed, how to recognize them, the potential effects of those hazards, rules, procedures and work practices for controlling exposure to those hazards,
- Providing safety training, instruction, and communication to make sure that all employees and volunteers understand and follow safe work practices,
- To make hazard assessments through inspections and to correct hazards as required,
- To investigate accidents and take corrective and preventive action.

Employee Responsibility:

Employees are responsible for following safe work practices including:

- No employee should undertake a job until he/she has received instructions on how to do it properly and safely
- No employees should undertake a job that appears to be unsafe,
- No employee would use chemicals without fully understanding their toxic properties and without the knowledge required to work with them safely in accordance with our Hazard Communication Program
- No employees should engage in horseplay or unsafe behavior
- Mechanical safeguards must always be kept in place
- Employees are to report to a superior or designated individual all unsafe conditions encountered during work. (Reports may be made anonymously by using the Notification of Safety Hazard IIPP-105 form)
- Personal protective equipment must be used when and where required, and properly maintained
- Any work related injury or illness suffered, however slight, must be reported to management immediately
COMPLIANCE

All workers, including managers, are responsible for complying with safe and healthful work practices. Our system of ensuring that all workers comply with these practices includes the following:

1. Informing employees of the provisions of our IIPP.

   We inform our employees through initial group meetings, then as part of new employee orientation, and annual refreshers (see ‘Communication’ Section of this IIPP - page 5).

2. Recognizing employees who perform safe and healthful work practices.

   We encourage management to use positive feedback to promote a safe work environment. This feedback can be given on-the-spot or, where appropriate, in performance appraisals. Personal and public recognition, as appropriate, of a job done safely goes a long way to further our safety culture.

   Management is to document significant recognition events using the ‘Safety Recognition Report’ (IIPP-100).

3. Providing training to employees whose safety performance is deficient.

   Most employees want to do a good job, however, sometimes they either don’t know how to do a job safely, or in their rush to complete a job use unsafe procedures.

   Management who witness or hear of unsafe behaviors must provide on-the-spot demonstration of safe practices or provide formal re-training as needed.

4. Disciplining employees for failure to comply with safe and healthful work practices.

   If after re-training an employee continues to ignore safe and healthful work practices, a ‘Safety Counseling Report’, IIPP-101, must be completed and followed-up upon.
   If the corrective action required is not completed, or if unsafe behaviors persist, Management should contact the Office of Lay Personnel for additional information on discipline under our Personnel Guidelines.
COMMUNICATION

Management is responsible for communicating with all employees about occupational safety and health in a form that is readily understandable. Our communication system encourages all workers to inform management about workplace hazards without fear of reprisal and includes:

1. New employee orientation including a discussion of safety and health policies and procedures.

   Please see the ‘New Employee Safety Orientation Checklist (IIPP -200). This form must be used with all new hires prior to work assignments. Please note: Safety information must be readily understandable by all employees. This means that language and perhaps physical disability must be accounted for when training a new employee.

2. Review of our IIPP:

   IIPP review is part of the ‘New Employee Safety Orientation Checklist (IIPP-200)’. Each new employee should receive a verbal overview of each section of the IIPP. Also, each new employee should be told how a copy of the IIPP can be accessed for review. In addition, at least annually, the IIPP should be reviewed as a staff meeting topic. Please use the following ‘IIPP Annual Review’ (IIPP - 103) form as documentation.

3. Posted safety information.

   Safety postings will be provided on an as-needed basis to be posted in a designated area of the site bulletin board where workers’ compensation, wage and hour, and other mandated postings are maintained.

4. Periodic discussion of safety and health topics.

   When safety and health topics are discussed at any meeting, the ‘Workplace Safety and Health Communication’ form, following, is used for documentation.

5. A system for employees to anonymously inform management about workplace hazards.

   Employees must be able to inform management regarding workplace hazards without fear of reprisal. Management must respond to reports of potential workplace hazards. See for ‘Notification of Safety Hazard’ (IIPP - 105) and ‘Response to Notification of Safety Hazard’ (IIPP - 106) forms. A copy of the ‘Notification of Safety Hazard’ (IIPP - 105) form is provided to each employee at orientation and at the annual meeting when the IIP Program is reviewed. If an employee submits a ‘Notification of Safety Hazard (IIPP-105) form a response will be posted on the site bulletin board where workers’ compensation, wage and hour, and other mandated postings are maintained as soon as possible using the ‘Response to Notification of Safety Hazard’ (IIPP -106) form.
HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer throughout our workplace. (Periodic inspection to identify and evaluate workplace hazards shall be performed by Safety Committee.

| The IIPP Administrator is trained as a ‘competent observer’ and has the discretion to train or approve others as a ‘competent observer’. Hazards identified are corrected in accordance with the ‘Hazard Correction’ section of this IIPP. |

Periodic inspections are performed when:

1. A IIPP is established.

2. New substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace;

| The ‘Hazard Assessment and Correction Record’(IIPP- 107) form, will be used for these inspections. Hazards identified are corrected in accordance with the ‘Hazard Correction’ Section of this IIPP. ‘Safety Inspection Checklists’ may also be developed and used. |

3. New, previously unidentified, hazards are recognized

| The ‘Hazard Assessment and Correction Record’(IIPP-107) form will be used for these inspections unless the hazard is reported by an employee using the ‘Notification of Safety Hazard’(IIPP-105) form in which case the ‘Response to Notification of Safety Hazard’(IIPP-106) form will be used (see ‘Communication’ Section of this IIPP). Hazards identified are corrected in accordance with the ‘Hazard Correction’ Section of this IIPP. |

4. Occupational injuries and illness occur

| The ‘Accident/Exposure Investigation Report’(IIPP-108) form is used in this case (see ‘Accident/Exposure Investigation’ Section of this IIP Program). Hazards identified are corrected in accordance with the ‘Hazard Correction’ Section of this IIPP. |

5. Workplace conditions warrant an inspection.

| The ‘Hazard Assessment and Correction Record’ (IIPP – 107), is to be completed annually. Hazards identified are corrected in accordance with the ‘Hazard Correction’ Section of this IIPP. |
ACCIDENT/EXPOSURE INVESTIGATIONS

Procedures for investigating all reported workplace accidents and hazardous substance exposure include:

1. Interviewing injured workers and witnesses
2. Examining the workplace for factors associated with the accident/exposure
3. Determining the cause of the accident/exposure
4. Taking corrective action to prevent the accident/exposure from recurring, and
5. Recording the findings and actions

The purpose of an accident investigation is to help prevent future accidents by finding and removing the true cause of those accidents that do occur.

The ‘Accident/Exposure Investigation Report’ (IIPP-108) form, must be completed as soon as practical after any workplace accident or hazardous substance exposure with copies distributed as noted on the form.

Reminders for conducting an accident investigation are noted on the back of the report form.
Basic Guidelines For Accident Investigation

⇒ *The purpose of an investigation is to find the cause of an accident* and prevent further occurrences, not to fix the blame.

⇒ *Visit the accident scene as soon as possible* - while facts are fresh and before witnesses forget important details.

⇒ *If possible, interview the injured worker at the scene of the accident* and duplicate with him or her what happened taking care not to cause the same accident again.

⇒ *All interviews should be conducted as privately as possible.* Interview witnesses one at a time.

⇒ *Document details.* Use photos as needed.

⇒ *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.

⇒ There are several basic causative factors surrounding any injury:

♦ Was the safety training adequate?
♦ Were hazards identified and communicated?
♦ Were tasks properly planned? Especially non-routine jobs.
♦ Is there involvement by supervisors? Did they know how the job was being performed?
♦ Are changes in operating procedures required?
♦ Is there a need for design improvements?
♦ Is there a need for improved supervision?
♦ Is there effective enforcement of current safety policies?

These should all be reviewed as part of any accident investigation.
HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazard. Hazards shall be corrected according to the following procedures:

1. If possible, immediately when observed or discovered; or

   All employees should correct the hazards that they observe to the extent that they are able to do so safely. If an employee observes a hazard that he/she can not correct, it is the employee’s responsibility to alert management. For example, many simple hazards, such as liquid on the floor that could cause a slip and fall, can be easily corrected on-the-spot.

2. When an imminent hazard exists which cannot be immediately addressed without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary training.

   Management must take appropriate actions to help prevent employees from entering an area with a hazard that is not yet corrected. For example, using warning signs and cones, locking off a portion of the facility, posting a person to warn others, closing the building, etc. may be warranted. The response must be appropriate to the hazard.
TRAINING AND INSTRUCTION

All employees, including management, shall have training and instruction on general and job-specific safety and health practices.

All training must be documented using the ‘New Employee Safety Orientation Checklist’ (IIPP-200) form or the Safety Training Record’ (IIPP-102).

A. Training and instruction is provided:

- When the IIPP is first established
- To all new employees
- 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 employees under their immediate direction and control may be exposed
- To all employees with respect to hazards specific to each employee’s job assignment

B. Each employee needs to be given training and instruction regarding general safety topics.

See following ‘General Safety Rules and Instruction.’ Based upon the types of work performed by employees and on loss history all employees should be trained regarding:

- General Safe Practices
- Prevention of Slips, Trips, and Falls
- Material handling and lifting
- Ladder Safety
- Motor Vehicle Safety (if the employee will drive on behalf of employer)
- Other subjects as applicable

C. Each employee needs training and instruction regarding job-specific safety topics.

Based upon the types of work performed, job-specific training and instruction may include:

- Proper ergonomics for computer operators
- Control of blood-borne pathogens
- Control of sports related injuries
- Materials handling – lifting, moving, etc.
- Use of hand or power tools
- Workplace violence
- Other subjects
General Safety Rules and Instructions

General workplace safety and health practices include, but are not limited to, the following:

General Safe Practices

♦ Implementation and maintenance of the IIPP.
♦ Hazard communication, including worker awareness of potential chemical hazards, and proper labeling of containers.
♦ Proper use of personal protective equipment including face/eye protection, hand protection, hearing protection, foot protection, etc.
♦ Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
♦ Prohibiting horseplay, scuffling, or other acts that tend to adversely influence safety.
♦ Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
♦ Proper reporting of hazards and accidents to management/designated safety person for building.

Preventing Slips, Trips, and Falls

♦ Keep your working area and all walkways clean and well lighted at all times.
♦ Do not string electrical cords across walkways.
♦ Spills should be cleaned up immediately. If a spill is noticed, warn others in the area before leaving the spill to get cleaning materials. If the spill is an unknown substance such as a chemical, follow the appropriate rules for personal protection.
♦ To retrieve items above your reach, use a proper ladder or step stool. Do not use chairs with rollers, boxes, cartons, or other such items which could collapse or move from under you.
♦ Be aware of trip/fall hazards such as cracked walkways, fraying carpets, etc. Please report any such hazards to your supervisor.
♦ Exercise special caution during the wet weather season when entering buildings, walking across drainage areas, etc.
♦ Wear appropriate footwear for the job.
♦ Be especially careful of trip and fall hazards when carrying items. Ensure that the path you take is free of hazards.
♦ Make sure the work area and all walkways are properly lighted. Report any conditions of poor or malfunctioning lighting to your supervisor.
♦ Walk, don’t run.
**Material Handling and Lifting**

**Before you lift**
- Avoid lifting and carrying when possible – use carts when possible.
- Plan ahead - Don’t move it twice if once will do.
- Test before you lift - Don’t try to lift objects which may be beyond your physical capacity. Get help or use a hand truck.
- Be sure the load is balanced and well packed so it won’t shift.
- Ensure that there are no obstructions, slippery spots, etc. in your path when carrying an item.
- Get a firm grip before lifting - Use gloves to protect you hands as required.

**When you lift**
- Choose a comfortable position
- Lift gradually – don’t jerk
- Avoid bending over - use your legs and arms, not your back
- Avoid twisting – shift your feet to change direction
- Avoid reaching out – keep the load close to your body
- Avoid lifting from/to the floor or from/to above your shoulders

**Ladder Safety**
- Choose the right ladder for the job – the ladder must be rated for the load, proper length and of the proper material (e.g. no metal ladders near electrical sources)
- Inspect the ladder before use
- Set the ladder up properly – read and follow the directions on the ladder
- Get help moving and positioning heavy ladders
- Make sure the ladder is on a firm base and is secured from slipping – if possible have another person hold the ladder while you work on it
- Climb and descend facing the ladder – one step at a time
- Only one person may climb a ladder at a time
- When possible, do not work alone – never climb a ladder if there is no one else available for help
- Both hands must be free to grip the ladder when climbing or descending - supplies and materials must be hoisted up on a line.
- Keep your body centered on the ladder – never let your belt buckle pass beyond either ladder rail.
- Don’t climb above the highest safest standing level – usually the 2\textsuperscript{nd} step from the top of a stepladder and the 4\textsuperscript{th} rung from the top of an extension ladder.
**General Kitchen Safety**

- Wear shoes with closed toes and slip-resistant soles
- Only trained persons should operate kitchen machinery (mixers, slicers, etc.)
- Do not operate any machinery without guards in place.
- Handle knives carefully
- Secure storage to prevent falling in case of earthquake
- Only use properly grounded electrical devices and take great care with electricity in wet areas

**General Grounds and Facilities Safety**

- Use personal protective equipment (eye protection, ear protection, gloves, etc.) appropriate for the job
- Select the right tool for the job – if the proper tool is not available, notify your supervisor
- Only trained persons should operate power tools
- Do not operate any machinery without guards in place
- Secure storage to prevent falling in case of earthquake
- Only use properly grounded electrical devices and take great care with electricity in wet areas

**General Office Safety**

- Do not leave desk, file, or cabinet doors open since they create a tripping or bumping hazard
- Do not open more than one drawer at a time to reduce the risk of tipping a cabinet
- Do not climb on chairs, desktops, or other improvised supports
- Ensure that file cabinets and storage shelves are tied to the wall and avoid overhead storage near work areas to reduce the risk of injury in an earthquake
- The use of multi-taps to plug multiple electrical appliances should be closely supervised. Care should be taken not to overload the circuit
- Observe proper computer workstation ergonomic guidelines

**Motor Vehicle Safety**

Check the vehicle to be driven for proper operation of lights, horn, and brakes, etc.
- Wear seat belts
- Drive defensively
- Yield the right of way
- Observe traffic signs and lights
- Maintain a safe following distance
- Do not rely solely on mirrors while backing up or making lane changes
- Maneuver slowly in parking areas
- Look out for pedestrians and bicyclists, as well as for vehicles
- Never drink and drive or drive while on medication that may impair driving abilities.
RECORDKEEPING

Our IIPP recordkeeping policy is as follows:

1. Records of hazard assessment inspections, including the person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a ‘Hazard Assessment and Correction’ (IIPP-107) form and will be maintained for at least one year.

These records include ‘Hazard Assessment and Correction Record’ forms, ‘Safety Inspection Checklists’, ‘Notification of Safety Hazard’ forms with corresponding ‘Response to Notification of Safety Hazard’ forms, and ‘Accident/Exposure Investigation Report’ forms. Keep these records one calendar year in a file marked ‘IIPP Hazard Assessment/Corrections for (year).’

2. Documentation of safety and health training for each employee, including the employee’s name, training dates, type(s) of training, and trainers are recorded on training and instruction forms and will be maintained for at least one year.

These records include ‘New Employee Safety Orientation Checklist’ (IIPP-200) and Safety Training Record (IIPP-102) form that are to be kept in the individual employee’s personnel file and the ‘IIPP Annual Review’ (IIPP-103) and ‘Workplace Safety and Health Communication’ (IIPP-104) forms that are to be kept in a file marked ‘Safety and Health Training’ for the appropriate calendar year.
Safety Recognition Report

Date: ______________

To: _______________________________ (Employee's Name)

From: ____________________________ (Manager's Name)

Reason for Safety Recognition (e.g. identified hazard, good work practices, helped others work safely, etc.):

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

How was the Employee Recognized for Safety? (e.g. on-the-spot, at a meeting, gift/award given, etc.)

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Manager’s Signature ____________________________

cc: Employee Personnel File (Lay Personnel)

IIPP 100
Safety Counseling Report

Date: ___________

To: ____________________________ (Employee's Name)

From: ____________________________ (Manager's Name)

**Reason for Safety Counseling** (failure to follow safe work practices, failure to report hazards, etc):
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

**Corrective action to be taken by Employee:**
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Date Corrective Action is Due: _________________

Employee Signature: __________________________

Management Signature: ________________________

cc: Employee Personnel File (Lay Personnel)

IIPP 101
Safety Training Record

Date: ______________

Employee Name: _____________________________________________

Job Duties: __________________________________________________

Trainer Name: ________________________________________________

The following safety training and instruction was provided:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Comments: ______________________________________________________
______________________________________________________________________________
______________________________________________________________________________

THIS IS TO CERTIFY that I have participated in and understand the safety training noted above. I understand my responsibility for safety in the workplace and am familiar with the organization’s Illness and Injury Prevention Program.

___________________________  ____________________________
Employee Signature          Trainer Signature

cc:   Employee Personnel File (Lay Personnel)

IIPP 102
IIPP Annual Review
(This document must be kept on file for at least one year)

Date: __________

Meeting Conducted by: ______________________

Subjects Discussed: Review of IIP Program including:

1. IIPP authority and Responsibility.
2. Our system to assure safety and health Compliance
3. Our system for safety and health Communication
4. Our system for Hazard Assessment
5. Our procedure for occupational Accident/Illness Investigation
6. Our procedure for Hazard Correction

All attendees were provided a copy of our ‘Notification of Safety Hazard’ form.

Signature of Employees Attending:

__________________________________  __________________________________  _______________________

__________________________________  __________________________________  _______________________

__________________________________  __________________________________  _______________________

__________________________________  __________________________________  _______________________

__________________________________  __________________________________  _______________________
Workplace Safety and Health Communication
(This document must be kept on file for at least one year)

Date: __________

Meeting Conducted by: ________________________

Safety and Health Subject Discussed:

Handouts/Materials provided:

Signature of Employees Attending:

__________________________  _______________________  ___________________

__________________________  _______________________  ___________________

__________________________  _______________________  ___________________

__________________________  _______________________  ___________________

__________________________  _______________________  ___________________
Notification of Safety Hazard
(This document must be kept on file for at least one year)

The following Safety Hazard was observed:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What was the location of the Hazard and when was it observed?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Suggestions for correcting the Hazard:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Employee Name (OPTIONAL): __________________________ Date: ________________

WE ENCOURAGE ALL EMPLOYEES TO MAKE MANAGEMENT AWARE OF POTENTIAL SAFETY HAZARDS. BY LAW, THERE CAN BE NO REPRISALS OR NEGATIVE CONSEQUENCES FOR REPORTING A HAZARD. ANONYMOUS REPORTS ARE ACCEPTABLE.

IIPP 105
Response to Notification of Safety Hazard
(This document must be kept on file for at least one year)

On ____________, the following Safety Hazard was observed:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
As a result of an evaluation of this hazard, the following corrective actions will be taken:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
These actions will be taken by: ______________________________________________________
Signed: ___________________________ Date: __________________

WE ENCOURAGE ALL EMPLOYEES TO MAKE MANAGEMENT AWARE OF POTENTIAL SAFETY HAZARDS. BY LAW, THERE CAN BE NO REPRISALS OR NEGATIVE CONSEQUENCES FOR REPORTING A HAZARD. ANONYMOUS REPORTS ARE ACCEPTABLE.
**Hazard Assessment and Correction Record**

<table>
<thead>
<tr>
<th>Date of Inspection:</th>
<th>Person Conducting Inspection:</th>
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**Unsafe Condition or Work Practice:**

**Corrective Action Taken:**

<table>
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<tr>
<th>Date of Inspection:</th>
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</table>

**Unsafe Condition or Work Practice:**

**Corrective Action Taken:**

*If possible, Hazards shall be corrected immediately when observed or discovered. When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed workers from the area except those necessary to correct the existing condition. Workers who are required to correct the hazardous condition shall be provided with the necessary protection.*

*(This document must be kept on file for at least one year)*

IIPP 107
Accident/Exposure Investigation Report

Date & Time of Accident:
Location:
Accident Description:

Workers Involved:

Preventive Action Recommendations:

Corrective Actions Taken:

Manager Responsible: Date Completed:
cc: ______________________

(This document must be kept on file for at least one year)

IIPP 108
New Employee Safety Orientation Checklist

Date: ______________

Employee Name: _____________________________________________

Job Title: ____________________________________________________

Trainer Name: ______________________________

☐ Employee Responsibility for Safety including:

⇒ No employee should undertake a job until he/she has received instructions on how to do it properly and safely,

⇒ No employee should undertake a job that appears to be unsafe,

⇒ No employee should use chemicals without fully understanding their toxic properties and without the knowledge required to work with them safely in accordance with our Hazard Communication Program,

⇒ No employee should engage in horseplay or unsafe behavior,

⇒ Mechanical safeguards must always be kept in place,

⇒ Employees are to report to a superior or designated individual any unsafe conditions encountered during work. Reports may be made anonymously by using the Notification of Safety Hazard form (copy provided),

⇒ Personal protective equipment must be used when and where required, and properly maintained,

⇒ Any work-related injury or illness suffered, however slight, must be reported to management at once.

☐ Review of the Injury and Illness Prevention Program

☐ Review of General Safety Rules

☐ Review of Job-Specific Safety Rules

☐ Review the Fire Prevention Plan

☐ Review the Emergency Action Plan
Review of the Hazard Communication Program including the employee’s right:

1. To personally receive information regarding hazardous substances to which they may be exposed
2. For their physician or collective bargaining agent to receive information regarding hazardous substances to which the employee may be exposed according to provisions of this section
3. Against discharge or other discrimination due to the employee's exercise of the rights afforded pursuant to the provisions of the Hazardous Substances Information and Training Act

Review Medical Care for Industrial Injuries

Review Injury Reporting Procedures

Comments: ____________________________________________________________
_______________________________________________________________
_______________________________________________________________

THIS IS TO CERTIFY that I have completed the New Employee Safety Orientation including all of the elements checked above. I understand my responsibility for safety in the workplace and am familiar with the organization’s Illness and Injury Prevention Program.

________________________________  ______________________________
Employee Signature               Trainer Signature

cc: Employee Personnel File (Lay Personnel)