

# 2023



## COUNTY OF TRINITY

### IIPP

# **Trinity County Illness & Injury Prevention Program (I.I.P.P.)**

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# Trinity County

## Injury and Illness Prevention Program (I.I.P.P.)

### **I. POLICY STATEMENT**

Trinity County is committed to preventing injuries and illnesses, as well as providing a safe and healthy workplace. To achieve this goal, Trinity County has adopted an Injury and Illness Prevention Program (I.I.P.P.).

### **II. RESPONSIBLE PARTIES**

See section XII. Appendix A, for current names and contact information.

The responsibilities for safety and health are shared. Trinity County accepts the responsibilities for leadership of the safety and health program, for its effectiveness and improvement, and for the safeguards required to ensure safe conditions.

**A. Program Administrator:** The Risk Manager is responsible for implementing the provisions of this program. Any questions regarding the program should be directed to the Program Administrator or appropriate line manager.

**B. Human Resources Department:**

Risk Manager:

Program Administrator

- Promotes compliance of this I.I.P.P.
- Oversees safety trainings and meetings
- Identifies hazards / remediation
- Investigates all accidents
- Maintains files of safety communication / records
- Processes Workers' Compensation claims

**C. Managers / Supervisors:**

- Responsible for developing proper attitude toward safety and health in themselves and in those they supervise.
- Held accountable for the safety record of the employee(s) working under them.
- Provide a safe and healthy workplace by ensuring compliance of this I.I.P.P.
- Know which Cal/OSHA safety orders contained in Title 8 of the California Code of Regulations apply to their department and use them to identify potential hazards.
- Responsible for workplace equipment and personal, protective equipment (PPE). Management and Supervisors must assure that the operation of workplace equipment is monitored, that routine preventative maintenance is conducted and PPE is reliable.
- Ensure safe work practices by employees and themselves.
- Assure employees are provided and use necessary PPE (Personal Protective Equipment).
- Scheduled inspections are a part of the routine duties of supervisors and managers.
- Must review all written inspection reports and should assist in prioritizing actions and verify completion of previous corrective actions.
- Identify and correct hazards; If the manager is unable to correct a hazard immediately, they shall sign the hazard, block it off or lock out/tag it and immediately report the workplace hazard to

their supervisor AND the Risk Management/Human Resources Department or Program Administrator.

- Investigate incidents and injuries and provide a report to the Loss Prevention Specialist.
- Promote and train employees in safety and health procedures.
- Participate in all monthly safety meetings.
- Participate in a minimum of 3 leadership/supervisory trainings per Trindel Insurance Fund's fiscal year (June 1st through May 31<sup>st</sup>).

**D. Department Safety Representatives (DSR):**

- Act as contact person in a department for all safety communication.
- Involved in all investigations, inspections, incident / hazard reporting and remediation of their department.
- Notify Department Head and immediate supervisor of any incidents, injuries, and / or hazards immediately.
- Assure monthly safety trainings occur.

**E. Employees:** All employees are required to comply with the provisions of this policy.

- Follow all Code of Safe Practices, including those specific to their department duties.
- If an employee identifies a hazard and it cannot be corrected immediately, the employee shall sign the hazard, block it off or lock it out and tag it AND report it to their supervisor and risk management.
- Report all injuries, hazards and near misses on the incident/hazard forms immediately to their direct supervisor or DSR (department safety representative) **and** the Risk Management/Human Resources Department or the Program Administrator.
- Participate in all health and safety activities including training and monthly safety meetings.

### **III. SAFETY RECOGNITION, COMPLIANCE & DISCIPLINE**

**A. Employee Recognition:**

- 1) **Annual Safety Award for an Individual Employee** - Trinity County shall recognize an employee for their high level of safety and health awareness in day-to-day tasks and participation in the loss prevention program.

This employee shall be presented with an award and certificate before the Board of Supervisors prior to the end of the fiscal year.

AND/OR

- 2) **Annual Safety Award for an Entire Department** - Trinity County shall recognize a department for its high level of safety and health awareness in day-to-day tasks and participation in the loss prevention program.

The Department Head and the DSR (Department Safety Rep) for the chosen department shall be presented with an award and certificate before the Board of Supervisors prior to the end of the fiscal year.

- 3) **Annual Performance Evaluations** shall reflect employee's safety awareness, practices and compliance.

**B. Compliance:** All employees are required to comply with the provisions of this policy.

C. **Discipline**: Trinity County reserves the right to discipline employees who knowingly violate Trinity County safety rules or policies. Disciplinary measures will include but not be limited to:

- **Minor offense** – verbal warning and, if needed, documented additional training, signed by the employee.
- **Severe or repeated violations** - written warning and documented training signed by the employee.
- **If verbal and written warnings do not prove sufficient** -suspension without pay.
- **If none of the above measures prove satisfactory and no other acceptable solution can be found** - Trinity County may have no choice but to terminate employment for those who continue to jeopardize their own safety and/or the safety of others.

#### IV. **SAFETY COMMUNICATION**

It is Trinity County's policy to maintain open communication between management and staff on matters pertaining to safety. Thoughts regarding safety are considered important and employee's active participation in Trinity County's safety program is encouraged.

- A. **Expressing Safety Concerns**: Employees may express any safety concerns or suggestions either during a safety meeting, individually to supervisors, or in writing on the incident hazard form (*see Appendix B, form B*).
- B. **Anonymity**: A safety concern or idea may be submitted anonymously through inter-department mail directly to Risk Management.
- C. **Employee Orientation**: Each employee upon new employment is required to attend orientation, which includes training on this I.I.P.P.
- D. **Emergency Communication**: This is department specific. Please refer to your department's code of safe practices and/or immediate supervisor.
- E. **Safety Bulletin Boards**: Each department has a bulletin board on which all safety communication is posted. This board shall be displayed in a universal location within the department.
- F. **Safety Meetings**:
  - a) **Employee Safety Meetings**: All employees shall be provided applicable and meaningful safety trainings on a monthly basis. An original signed roster and a copy or description of topic(s) covered shall be submitted to Risk Management within the first week of the following month.
  - b) **Safety Site Committee Meetings**: Members of these committees are appointed by Department Heads. Member representatives meet on a monthly basis to discuss safety issues pertaining to their department(s). Minutes are prepared within 1 week of the meeting and shared with all employees within that department. The minutes shall be posted on the Safety Bulletin Board.
  - c) **Department of Transportation Committee**: Consists of the Director, Shop Foreman, Road Superintendent/Safety Officer, and three Crew Members at Large
  - d) **Health & Human Services Committee**: Consists of a representative from each unit in Health & Human Services Department.
  - e) **County-Wide Safety Meetings**: An equal mix of supervisors and DSRs (department safety representatives), one representative from each County Department, meet on the last Wednesday of every month. All injuries, incidents and hazards which occurred that month are reviewed and discussed to assure follow through in making corrections and to prevent repeated occurrences. Safety concerns are discussed and resolved. Also reviewed are department safety trainings and department inspections.

- G. **Incident Hazard Form**: Standard form on which a hazard, near miss, injury or incident can be reported. Please refer to **section V. Hazard Identification / Reporting** for correct procedures. Form is available in Appendix B.
- H. **Newsletter**: *Trinity County's "Safety & Wellness Newsletter"* This monthly newsletter is provided to each employee through county email, inter-department mail and/or manual distribution. It shall also be posted on safety bulletin boards within each department / building and will be posted on the Loss Prevention Bulletin Board outside of the Human Resources Office. Announcements, safety education, hazards, recalls, and wellness education are contained here.
- I. **Email**: Safety issues are often shared via email to the involved or affected employees.

## **V. REPORTING – Hazards, Injuries, Incident, Near-Misses & Remediation**

**All accidents and injuries must be reported to your direct supervisor and the Risk Management Department on the same day of the occurrence.**

- A. **Purpose**: Trinity County's Incident/Hazard reporting program provides a means for individual employees to report an injury or an incident, hazard or near-miss that could cause employee injury, illness, death or damage to County property. Trinity County encourages employees to report without fear of reprisal any workplace hazards they identify.
- B. **Reporting Procedure**:

### **For Serious Injuries:**

**Report immediately to Risk Management (530-623-8371, 623-8376 or 530-623-1325) any injury resulting in:**

- **Death,**
- **Serious Physical Harm**
- **Hospitalization**
- **Amputation**
- **Unconsciousness/Fainted from Heat Illness**

**Cal/OSHA must be notified within 8 hours of such injury, regardless of time or day of the week. The Loss Prevention Specialist or Risk Manager shall report to Cal/OSHA. If the Loss Prevention Specialist or Risk Manager is not available, the direct supervisor shall report to Cal/OSHA directly. (530) 224-4743 or FAX: (530)224-4747 (Please see Appendix B, Section 3.)**

### **Incident/Hazard form:**

- a. **Section A**: Identify if reporting an injury, incident/near-miss or hazard by checking the appropriate box and complete this section by providing the date and time of incident, location, date reported, name of person this was reported to, and the affected department.
- b. **Section B**: Briefly describe incident
- c. **Section C**: List cause, if known
- d. **Section D**: If correction cannot be made immediately, list any suggested corrections. *Brainstorming within the effected department or at a safety meeting can prove to be extremely effective.*
- e. **Section E**: If correction has been made, document here including the date. If not, the Loss Prevention Specialist will follow up here.
- f. **Investigated By**: This is usually by the supervisor, Loss Prevention Specialist and/or department safety representative.

- g. **Signature spaces:** Both the DSR and the Department Head must sign to assure they have been made aware of the incident/injury or hazard.

C. **Remediation:** Trinity County shall take all reasonably necessary steps to remedy a workplace hazard in a timely manner consistent with the health and safety standards in the industry. Hazards will be addressed according to their severity, with the most severe hazards receiving priority attention. All reported hazards, injuries, incidents & near misses are reviewed by the County-Wide Safety Committee which meets monthly. This committee assures remedies are completed on all reports, in a timely manner.

Matters which can be solved immediately will be addressed without delay. Depending upon the nature of the condition, steps to be taken may include, but are not limited to:

- a. Fixing defective equipment
- b. Implementing safer procedures
- c. Implementing other modifications or procedural safeguards
- d. Employee training

Employees are to cooperate fully and immediately with any investigation into an alleged workplace hazard and must comply without delay with any remedial action implemented by Trinity County.

## **VI. INVESTIGATION – Hazards, Injuries, Incidents & Near-Misses**

The purpose of investigations is to determine the cause of an accident or incident and prevent further occurrences. It is not to point blame at anyone.

An unbiased approach is necessary to obtain objective findings. Investigations will be done by the supervisor, if possible, the Loss Prevention Specialist and the Department Safety Representative.

The Immediate Supervisor or the Loss Prevention Specialist will conduct an investigation into each reported employee injury to determine if a workplace hazard exists. Additionally, an investigation can be made of all “near misses.”

A written report or finalized incident hazard form adequately identifying the cause(s) of the accident or near-miss occurrence shall be completed by the Loss Prevention Specialist **and** filed within the Risk Management Department. A copy of the report shall be provided to the affected department.

### **Questions to ask in an accident investigation:**

1. **What happened?** The investigation should describe what took place that prompted the investigation: an injury to an employee, an incident that caused a production delay, damaged material or any other conditions recognized as having a potential for losses or delays.
2. **Why did the incident happen?** The investigation must obtain all the facts surrounding the occurrence: what caused the situation to occur; who was involved; was/were the employee(s) qualified to perform the functions involved in the accident or near miss; were they properly trained; were proper operating procedures established for the task involved; were procedures followed, and if not, why not; where else this or a similar situation might exist, and how it can be corrected.
3. **What should be done?** The person conducting the investigation must determine which aspects of the operation or processes require additional attention. It is important to note that the purpose here is not to establish blame, but to determine what type of constructive action can eliminate the cause(s) of the accident or near miss.
4. **What action has been taken?** Action already taken to reduce or eliminate the exposures being investigated should be noted, along with those remaining to be addressed. Any interim or temporary

precautions should also be noted. Any pending corrective action and reason for delaying its implementation should be identified. Also document how the corrective action will prevent reoccurrences, as well as, improve overall operation.

**Tips for an effective investigation:**

1. Visit the accident / incident scene at the earliest moment possible, while facts are fresh and before witnesses forget important details.
2. If possible, interview the injured worker at the scene of the accident and “walk” him or her through a re-enactment.
3. All interviews should be conducted as privately as possible. Witnesses shall be interviewed one at a time. Also, speak with anyone who has knowledge of the accident or incident, even if they did not actually witness it.
4. Request signed statements in cases where facts are unclear or there is an element of controversy.
5. Document details graphically. Use sketches, diagrams, and photographs as needed. Take measurements when appropriate.
6. Focus on causes and hazards. Develop analysis of what happened, how it happened and how it could have been prevented. Determine what caused the accident itself, not just the injury.
7. Every investigation should include an action plan. How will such accidents / incidents be prevented in the future?
8. If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claims costs.
9. Respond to reporting parties within 30 days with the action that has been or will be taken.

## **VII. INSPECTIONS / EVALUATION SYSTEM**

### **A. Facility Inspections:**

Trinity County will prevent many hazards from occurring through semi-annual scheduled and documented self-inspections of each workplace. At least one semi-annual inspection will be performed by the Loss Prevention Specialist. The second semi-annual inspection will be conducted by the Department Safety Representative, or individual as directed by the Department Head.

January & July: Cannabis/ Planning  
General Services  
Solid Waste – Weaverville Facility & Transfer Sites

February & August: Probation Department  
Sheriff Department – Weaverville, Hayfork, Animal Control

March & September: Library – Weaverville, Hayfork, & Trinity Center  
Building & Development Services – Main Office

April & October: Courthouse  
Dept. of Transportation – Weaverville Main Office & All DOT yards  
Transit

May & November: Health & Human Services  
Behavioral Health Services

### **B. Vehicle and Power Equipment Inspections:**

All Trinity County vehicles and individual power equipment will be inspected daily by their operators. Inspection forms are available from supervisors for documenting inspections.

### **C. Vehicle and Power Equipment Maintenance Inspections:**

All Trinity County vehicles and individual power equipment maintenance inspections shall be the responsibility of the assigned departments. Record of all maintenance inspections shall be kept within the assigned department.

### **D. Results of Inspections:**

Inspection results will be discussed during Trinity County department safety meetings, appropriate safety site-committee meetings and the County-wide Safety and Risk meetings. Employees are encouraged to discuss and bring forward their ideas and thoughts regarding any safety items mentioned or of concern to them.

## **VIII. TRAINING IN HEALTH & SAFE WORK PRACTICES**

In order to reduce the risk of employee injury, each employee must understand general safe and healthy work practices and any work hazards specific to the employee's job assignment, and any precautions necessitated by these hazards. Supervisors must be aware of the safety and health hazards facing the employees under their direct supervision.

All County employees, including managers and supervisors, will receive training and instruction on general and job specific safety and health practices. Training and instruction will be provided as follows:

- When the IIPP is first implemented.
- To new employees during their initial orientation and on the anniversary date of all employees at their online review orientations.
- To all employees assigned to a new position for which they have not previously been trained.
- Whenever new potentially hazardous substances, processes, procedures or equipment are introduced into the workplace.
- To supervisors to familiarize themselves with the health and safety hazards to which their staff may be exposed.
- To all employees with respect to hazards specific to their job assignments.
- Whenever the County is made aware of a new or previously unrecognized hazard.
- Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt about how to do a job safely, it is their duty to ask a qualified person for assistance and training.

## **IX. RECORDKEEPING / DOCUMENTATION**

The Trinity County Risk Management Department shall maintain records of the following items:

### **A. Inspections, Investigations and Evaluations Pertaining to Safety Issues:**

Trinity County shall maintain records of scheduled inspections (both internal and any performed by an outside federal, state, county or district agency), accident investigations and hazard evaluations to identify unsafe conditions and workplace practices. These records will describe the person(s) conducting the inspections or investigations, the unsafe conditions and work practices that have been identified, the action taken to correct these conditions and practices and the date of such action. These records shall be maintained for 1 year as a hard copy and up to 5 years electronically.

### **B. Training:**

Trinity County shall maintain documentation of safety and health training attended by each employee, including the employee's name or other identifier, the employee's signature, training dates, training topics, and training providers. This documentation will be maintained for 1 year as a hard copy and up to 5 years electronically.

### **C. Safety Committee Meeting Minutes:**

Trinity County shall maintain prepared minutes of monthly safety site committee meetings and County Safety and Risk meeting minutes. These minutes shall include: Committee name, date of meeting, attendees' names, injuries / incidents / hazards discussed, remediation, inspections. This documentation will be maintained for 1 year as a hard copy and up to 5 years electronically.

### **D. Cal OSHA Required Records:**

These shall include but not limited to Cal OSHA 300 forms, medical exposure records, and injury reports. This documentation will be maintained for 5 years.

## **X. APPENDIX A**

### **1. DEPARTMENT HEAD LISTING**

#### **(D)- Director**

<b>Ag. Commissioner:</b>	<b>Joseph Moreo</b>	<b>530-623-1326</b>
<b>Airports:</b>	<b>Panos Kokkos</b>	<b>530-623-1365</b>
<b>Assessor:</b>	<b>Shanna White</b>	<b>530-623-1257</b>
<b>Auditor:</b>	<b>Angela Bickle</b>	<b>530-623-1317</b>
<b>Behavioral Health Services:</b>	<b>Connie Smith</b>	<b>530-623-1362</b>
<b>Board of Supervisors:</b>		
<b>District 1 -</b>	<b>Ric Leutwyler</b>	<b>530-623-1217</b>
<b>District 2 -</b>	<b>Jill Cox</b>	<b>530-623-1217</b>
<b>District 3 -</b>	<b>Liam Gogan</b>	<b>530-623-1217</b>
<b>District 4 -</b>	<b>Heidi Carpenter-</b>	
	<b>Harris</b>	<b>530-623-1217</b>
<b>District 5 -</b>	<b>Dan Frasier</b>	<b>530-623-1217</b>
<b>Building &amp; Development Services:</b>	<b>Cody Smith</b>	<b>530-623-1354</b>
<b>Environmental Health:</b>	<b>Kristy Anderson(D)</b>	<b>530-623-1459</b>
<b>Cannabis:</b>	<b>Drew Plebani</b>	<b>530-623-1354</b>
<b>Child Support Services:</b>	<b>Bennett Hoffman</b>	<b>707-441-3262</b>
<b>Clerk Recorder/Elections:</b>	<b>Shanna White</b>	<b>530-623-1257</b>
<b>County Administration Officer:</b>	<b>Trent Tuthill</b>	<b>530-623-1382</b>
<b>County Counsel:</b>	<b>Margaret Long</b>	<b>530-623-1382</b>
<b>District Attorney:</b>	<b>David Brady</b>	<b>530-623-1304</b>
<b>Department of Transportation:</b>	<b>Panos Kokkos</b>	<b>530-623-1365</b>
<b>General Services:</b>	<b>Trent Tuthill</b>	<b>530-623-1217</b>
<b>Grants:</b>	<b>Liz Hamilton</b>	<b>530-623-1265</b>
<b>Health &amp; Human Services/OES:</b>	<b>Liz Hamilton</b>	<b>530-623-1265</b>
<b>Office of Emergency Services:</b>	<b>Philip Simi</b>	<b>530-623-1116</b>
<b>Human Resources:</b>	<b>Laila Cassis</b>	<b>530-623-8376</b>
<b>Information Technology:</b>	<b>Michael Singleton</b>	<b>530-623-1217</b>
<b>Library:</b>	<b>Trent Tuthill</b>	<b>530-623-1217</b>
<b>Library:</b>	<b>Kacy Guill(D)</b>	<b>530-623-1373</b>
<b>Planning:</b>	<b>Ed Prestley</b>	<b>530-623-1354</b>
<b>Probation/Juv. Detention/Collect:</b>	<b>Ruby Fierro</b>	<b>530-623-1204</b>
<b>Solid Waste:</b>	<b>Trent Tuthill</b>	<b>530-623-1382</b>
<b>Solid Waste:</b>	<b>Diane Rader(D)</b>	<b>530-623-1326</b>
<b>Sheriff:</b>	<b>Tim Saxon</b>	<b>530-623-2611</b>
<b>Transit:</b>	<b>Panos Kokkos</b>	<b>530-623-1365</b>
<b>Treasurer/Tax Collector:</b>	<b>Terri McBrayer</b>	<b>530-623-1251</b>
<b>Veterans Services Office:</b>	<b>Liz Hamilton</b>	<b>530-623-1265</b>

## **2. DEPARTMENT SAFETY REPRESENTATIVES (DSR)**

<b>Administration, Human Resources, I.T.</b>	<b>Kyle Rehg</b>	<b>530-623-1325</b>
<b>Agriculture</b>	<b>Angela Blanchard</b>	<b>530-623-1356</b>
<b>Auditor</b>	<b>Alyssa Delgado</b>	<b>530-623-1317</b>
<b>Behavioral Health Services</b>	<b>Amber Mandolfo</b>	<b>530-623-8290</b>
<b>Building/EHS</b>	<b>Zach Anderson</b>	<b>530-623-1354</b>
<b>Cannabis/Planning</b>	<b>Vidette Mayer</b>	<b>530-623-1351</b>
<b>Clerk Rec./Assessor/Elections</b>	<b>Kristin Halliday</b>	<b>530-623-1215</b>
<b>Dept. of Transportation/ Transit/ Airports</b>	<b>Christine Siverts</b>	<b>530-623-1365</b>
<b>District Attorney</b>	<b>Shelly Floerke</b>	<b>530-623-1304</b>
<b>General Services</b>	<b>Ivan Klang</b>	<b>530-623-1319</b>
<b>Health &amp; Human Services/OES/Veteran's</b>	<b>Leah Albin-Rupert</b>	<b>530-623-8276</b>
<b>Library</b>	<b>Andrea Samara</b>	<b>530-623-1373</b>
<b>Probation/Collections/Juvenile Detention</b>	<b>Ethan Atterberry</b>	<b>530-623-1204</b>
<b>Sheriff</b>	<b>Robbi White</b>	<b>530-623-8193</b>
<b>Solid Waste</b>	<b>Diane Rader</b>	<b>530-623-1326</b>
<b>Treasurer/Tax Collector</b>	<b>Angie Phillips</b>	<b>530-623-1251</b>

### **3. HEAT ILLNESS PREVENTION PROGRAM**

The following departments maintain a specific Heat Illness Prevention Program:

- The Department of Transportation
- General Services
- Solid Waste
- Health & Human Services – Employment Services

Refer to the department's specific Code of Safe Practices.

#### **4. CODE OF SAFE PRACTICES**

Trinity County will do everything possible to protect our employees from accidents, injuries and occupational disease while on the job.

**Many departments have department-related Code of Safe Practices in addition to this general Code, available within their own departments.**

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

If an employee is injured, positive and prompt action must be taken to see that the employee receives adequate treatment.

All operations must be planned to prevent accidents and injuries.

**A. GENERAL SAFETY RULES:** For the protection and safety of all employees, the County of Trinity has established the following rules designed to prevent accidents and injuries. Compliance with these rules is mandatory. Documentation is made when these rules are distributed.

1. Employees shall report all accidents, injuries, occupational illnesses and unsafe conditions or practices at the time of occurrence to their immediate supervisor and shall complete an Incident Hazard Report Form.
2. The Loss Prevention Specialist shall be informed of all accidents, injuries, occupational illnesses and unsafe conditions or practices at the time of occurrence by a supervisor or department safety representative (DSR).
3. Machines or equipment shall not be operated until employees are properly instructed on their operation.
4. Horseplay, practical jokes, throwing things, running in aisles and stairways, unnecessary shouting, and any other acts that tend to have an adverse influence on the safety or well-being of the employees are prohibited.
5. Work shall be well-planned and supervised to forestall injuries in the handling of heavy materials and in working together with equipment.
6. No one shall knowingly be permitted or required to work while his or her ability or alertness is so impaired by fatigue, illness, or other cause that might unnecessarily expose him, her or others to injury.
7. Employees should be alert to see that all guards and other protective devices are in proper places and adjusted and shall report deficiencies promptly to a supervisor.
8. All spilled oil, grease, water and other liquids must be wiped up immediately.
9. Areas in which maintenance is being performed will be blocked off and posted to prevent possible injury from falling objects or trip hazards. A barricaded or posted area will not be entered except by those performing the work.
10. Any defective tool or equipment must be immediately reported. Any defective tool or equipment will not be used until repaired or replaced.
11. Failure by an employee to comply with the safety rules will be grounds for corrective disciplinary actions.
12. Specific Department Safety Rules, when applicable, will be posted in appropriate work areas.
13. No open flames in work areas unless associated with a required task.

14. Employees shall not handle or tamper with any electrical equipment, machinery, air or water lines in a manner not within the scope of their duties, unless they have received proper instruction.

**C. PERSONAL PROTECTIVE EQUIPMENT (PPE):**

1. Safety glasses, goggles and/or face shields will be worn where eye protection is required.
2. Safe shoes are required of all employees. Shoes with exposed heels, toes or archways will not be permitted in shop, maintenance or construction areas.
3. Where there is a danger of hair entanglement in moving machinery or equipment, a hair enclosure (cap, net or hat) must be worn.
4. Personal Protective Equipment required when performing specific tasks will be worn and used as directed in each department's specific Code of Safe Practices.

**D. HOUSEKEEPING:**

1. Good Housekeeping must be practiced at all times.
2. Materials, equipment and supplies will be kept out of aisles.
3. Materials and supplies will not be stored against doors, exits, fire ladders or fire extinguishers.
4. Tools and other equipment will be returned to their proper storage area each time after use.
5. Tools will be kept dry; all spills will be wiped up immediately.
6. Trash and scrap will be thrown in proper waste containers.

**F. BLOODBORNE PATHOGENS EXPOSURE:**

In the event of an incident or accident which may cause occupational exposure to blood or other body fluids:

1. Contact the appropriate emergency personnel for injured person(s).
2. Once incident has been addressed, use the appropriate universal precautions (i.e., gloves, face mask or shield, goggles).
3. Spilled body fluids should ***not*** be cleaned up without the appropriate protective equipment and materials specifically designated for such fluids.
4. Barricade the area using caution tape, cones, and signage.
5. Contact Risk Management immediately.

### **XIII. APPENDIX B (*FORMS*)**

- A. Cal/OSHA Requirements of a Reportable Injury**
- B. Incident Hazard Form**
- C. Public Incident/Accident Form**
- D. Supervisor's Report Form**
- E. Inspection Form – *Office***
- F. Inspection Form – *Shop***
- G. Safety Meeting Record**
- H. Automobile Accident Form**

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## A. Cal/ OSHA Requirements of a Reportable Injury -\$5,000 fine-

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If an Employee is injured resulting in:

❖ **Death**

❖ **Serious Physical Harm**

\*Hospitalization 24 hrs. +

\*Permanent Disfigurement

❖ **Unconsciousness/ Fainted from Heat Illness**

*Immediately call the following agencies in the order listed to report an injury:*

**Risk Management**

(530) 623-8371 or email [krehg@trinitycounty.org](mailto:krehg@trinitycounty.org) for Kyle Rehg -Loss Prevention Specialist I

(530) 623-8376 or email [lcassis@trinitycounty.org](mailto:lcassis@trinitycounty.org) for Laila Cassis- HR Director/ Risk Manager

**If Risk Management is not available, please contact:**

**Human Resources:**

**530-623-1325**

The nearest office of the California Division of Occupational Safety and Health (Cal/OSHA) must be notified immediately **(within 8 hrs.) including on weekends!**

You may leave this information on their voicemail or fax it if Cal OSHA is closed.

**Redding Division | Phone: (530) 224-4743 or Fax: (530) 224-4747**

The officer taking the call will ask you for the following information regarding the injury.

\*Date of Injury

\*Time of Injury

\*Injured's Name, Age, DOB, & Phone No.

\*Injured's Address

\*Employer (County of Trinity)

\*Employers Address & Phone No.

\*Nature of Injury

\*List & Identity of other Law Enforcement and other responding agencies present at the accident/event site.

## B. TRINITY COUNTY – INCIDENT/HAZARD REPORT

### *INTERNAL USE ONLY*

**Instructions:** Employees shall use this form to report all work-related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to you Supervisor and Risk Management for further action.

#### **SECTION A**

I am reporting a work related:      ☐ Injury    ☐ Incident    ☐ Near Miss    ☐ Hazard

Reported By (*Your name*):

Reported To (*Supervisor's Name*):

Department:

Date & Time of Incident:

Date Reported:

Location:

#### **SECTION B**

DESCRIPTION (*Briefly describe incident*):

#### **SECTION C**

CAUSES (*Describe in detail the cause of the incident, if known*):

#### **SECTION D**

SUGGESTED CORRECTIONS (*Give suggestions for preventing reoccurrence*):

Investigated By:

Was a DWC-1 form provided to the employee?    Yes ☐    No ☐

#### **SECTION E**

CORRECTIVE ACTION (*What HAS been done to prevent this Incident/Hazard?*)

Department Safety Representative Signature:

Date:

Department Head Signature:

Date:

## C. TRINITY COUNTY PUBLIC INCIDENT/ACCIDENT REPORT

(For incidents or accidents involving the public—to be filled out by County Employees – NOT the public).

- To report accidents: First contact your supervisor and then report to: Kyle Rehg at 623-8371 or Laila Cassis at 623-8376 on day of incident.
- Send report immediately to the Risk Management office.
- Please preserve any property damage & photographs for investigation.

Name of person making report \_\_\_\_\_ Date of Report \_\_\_\_\_

Department \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time \_\_\_\_ A.M. \_\_\_\_ P.M. \_\_\_\_

Where did incident happen? \_\_\_\_\_

Type of Incident? (i.e., slip & fall, etc.) \_\_\_\_\_

Persons Injured: Name \_\_\_\_\_  
(If minor child  
Address \_\_\_\_\_  
Parent or guardian)  
Phone # \_\_\_\_\_

Nature and Extent of Incident:

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

Was injured taken by ambulance? Yes \_\_\_\_ No \_\_\_\_

Name, Phone # \_\_\_\_\_  
& Address of \_\_\_\_\_  
Witnesses' \_\_\_\_\_  
\_\_\_\_\_

Please give full details of accident

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Date of this report \_\_\_\_\_

## D. TRINITY COUNTY - SUPERVISOR'S REPORT OF EMPLOYEE INJURY

This form should be completed by supervisory/management staff to report all incidents, injuries, or illnesses sustained by agency staff. This form should also be completed to document any "near miss" situations. After completing this form, it should be attached to the "Incident /Hazard Report Form and sent to the Risk Management and Loss Prevention Department.

Name of injured:

Date of Birth:

Job Title:

Date of Injury:

Time:                      AM          PM

Date Reported:

Time:                      AM          PM

Accident Location:

What was the Nature of Injury (*Describe in Detail*):

Did employee go to the Doctor/Hospital?                      YES          NO                      If Yes, Please List below

Name of Medical Facility:

Address of Medical Facility:

Did Injured Leave Work?

Date:

Time:                      AM          PM

Did Injured Return to Work?

Date:

Time:                      AM          PM

Describe How Accident Occurred? What was the Employee doing Prior to event?

Names of Witnesses? (*if any*):

Recommended preventative action to take in the future to prevent reoccurrence?

Supervisor's Signature:

Date:

Employer:

DWC-1 Claim Form Provided?                      ☐ Yes                      ☐ No                      ☐ Employee Declined

## E. TRINITY COUNTY INSPECTION FORM - OFFICE

Date		County	TRINITY	Department	
Location			Inspect by:		DSR

Item	Description	Corrective Action	C.A. Date
<b>Emergency Communication</b> (Postings, evacuation maps, SDS, etc.)			
<b>Housekeeping</b> (Clutter, cleanliness, storage, not blocking exits, etc.)			
<b>Trip &amp; Fall Hazards</b> (Carpets, rugs, steps and stairways, cords, clutter, storage, etc.)			
<b>Electrical</b> (Extension cords, receptacles, GFIs, breaker panels, exposed or frayed wiring, appliances, etc.)			
<b>Heating &amp; Ventilation</b> (Registers clean, filters, recirculation air, temperature, etc.)			
<b>Lighting</b> (Indoor, parking lots, etc.)			
<b>Emergency Exits</b> (Egress, signage, are lighted signs illuminated, lighting, etc.)			
<b>Janitor Closet</b>			

(Clutter, chemical & flammable storage, cleaning products, eye wash inspected monthly, SDS binder present Etc.)			
<b>Exterior</b> (Parking lots, sidewalks, walkways, etc.)			
<b>Security</b> (Public access, emergency communication, etc.)			
<b>Rest Rooms</b>			
<b>Can an employee locate their IIPP?</b>  <b>First Aid Kit Stocked – any expirations?</b> <b>Fire Extinguishers checked</b>  <b>Misc.</b>			

General Comments:

<b>Inspected by:</b>	
<b>Signature</b>	
<b>Inspected by:</b>	
<b>Signature</b>	
<b>Dept Safety Rep.</b>	
<b>Signature</b>	
<b>Department Head</b>	
<b>Signature</b>	

## F. TRINITY COUNTY INSPECTION FORM – SHOP

Date		County	TRINITY	Department	
Location		Inspect by:		DSR	

Item	Description	Corrective action
<b>Emergency Communication</b> (Postings, evacuation maps, SDS, etc.)		
<b>Housekeeping</b> (Clutter, cleanliness, storage, not blocking exits, etc.)		
<b>Trip &amp; Fall Hazards</b> (Carpets, rugs, steps and stairways, cords, clutter, storage, etc.)		
<b>Electrical</b> (Extension cords, receptacles, GFIs, breaker panels, exposed or frayed wiring, appliances, etc.)		
<b>Compressed Air</b>		
<b>Power &amp; Hand tools</b>		
<b>Welding area / equipment</b>		
<b>Hydraulic Press</b>		
<b>Oil Room</b>		
<b>Jacks / Hoists / Blocking</b>		
<b>Tire / Storage</b>		

<b>Shed</b>		
<b>Flammable Storage</b>		
<b>Steel / Cutting Edge storage</b>		
<b>Heating &amp; Ventilation</b> (Registers clean, filters, recirculation air, temperature, etc.)		
<b>Lighting</b> (Indoor, parking lots, etc.)		
<b>Shop Exterior</b> (Parking lots, sidewalks, walkways, etc.)		
<b>Rest Rooms</b>		
<b>Eye wash station</b>		
<b>Yard</b>		
<b>First Aid Kit</b>		
<b>Fire Extinguishers:</b>  <b>IIPP &amp; Code of Safe Practices:</b>  <b>SDS:</b>  <b>Misc.:</b>		

General Comments:

<b>Inspected by:</b>	
<b>Signature</b>	
<b>Inspected by:</b>	

Signature	
Dept Safety Rep.	
Signature	
Department Head	
Signature	

## G. TRINITY COUNTY SAFETY MEETING RECORD

Department \_\_\_\_\_ Date \_\_\_\_\_

Conducted by \_\_\_\_\_ Location \_\_\_\_\_

Safety meeting topics (in order of priority):

1. Injuries since last meeting
2. Property Damage since last meeting
3. Near-Misses since last meeting
4. Identified hazards
5. What will we be doing until next safety meeting?
6. Relevant topic other than above?

Safety topic(s) discussed:


Action(s) needed to address safety topics discussed:


Comments:


Employees Present:

Print Name	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

If more space is needed attach additional sign in sheet.

Forward Original to: Risk Management

Retain a Copy for department training records.

Phone: 530-623-1325

**TRINITY COUNTY CLAIM FORM**

email: [krehg@trinitycounty.org](mailto:krehg@trinitycounty.org)

Fax: 530-623-4222

**GIVE DETAILS AS FULLY AS POSSIBLE BUT DO NOT DELAY REPORT**

**Name of Person Making  
Making Report**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
(Street & No.) (City or Town) (State)  
Business Address \_\_\_\_\_  
(Street & No.) (City or Town) (State)  
Home Phone No. \_\_\_\_\_  
Business Phone No. \_\_\_\_\_

**Time, Type and Place  
of Accident**

Date of Incident/Accident \_\_\_\_\_ Time of Incident \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Where did incident/accident happen \_\_\_\_\_  
Weather at time of incident/ accident \_\_\_\_\_  
Type of incident/accident (i.e., slip & fall, vehicles, etc.) \_\_\_\_\_

**County Driver and  
Automobile  
(If Applicable)**

Department \_\_\_\_\_  
Make \_\_\_\_\_ Year \_\_\_\_\_ Type of Body \_\_\_\_\_ VIN: \_\_\_\_\_  
License \_\_\_\_\_  
Name of Driver \_\_\_\_\_ Age \_\_\_\_\_  
Address of Driver \_\_\_\_\_ Phone No. \_\_\_\_\_

**Persons Injured**

Name	Addresses	Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Nature and extent of injuries \_\_\_\_\_  
If medical aid was rendered, give name of doctor \_\_\_\_\_  
Where was injured taken \_\_\_\_\_  
(City)

**Other Driver/  
Damage to Property**

Kind of property and extent of damage \_\_\_\_\_ Estimate of Damage \$ \_\_\_\_\_  
If automobile, make of car \_\_\_\_\_ Year/Model \_\_\_\_\_ License \_\_\_\_\_  
Driver's Lic. # \_\_\_\_\_ Insurance Co. name & policy # \_\_\_\_\_  
Name of Driver/Owner \_\_\_\_\_ Address \_\_\_\_\_  
Driver/Owner's phone number \_\_\_\_\_ Where can property be seen \_\_\_\_\_

**Damage to your**

**automobile**

Extent of damage to your automobile. (Please give full details)

\_\_\_\_\_

\_\_\_\_\_

**Names and Addresses  
of Witnesses (Important)**

Names

Addresses

Phone No.

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**Description of  
Accident  
(If applicable)**

Direction your automobile was going \_\_\_\_\_ Other automobile \_\_\_\_\_

Rate of speed, your car \_\_\_\_\_ Other car \_\_\_\_\_

Number of persons in your car \_\_\_\_\_ Other car \_\_\_\_\_

Was roadway wet or dry \_\_\_\_\_ Paved \_\_\_\_\_ Dirt \_\_\_\_\_ Under construction \_\_\_\_\_

Was either automobile on the wrong side of the road, if so which automobile \_\_\_\_\_

Was either driver arrested \_\_\_\_\_ Did police investigate \_\_\_\_\_

If at night, were all lights on other automobile lit \_\_\_\_\_

Who was at fault for the accident, and why \_\_\_\_\_

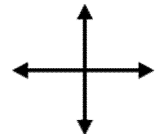
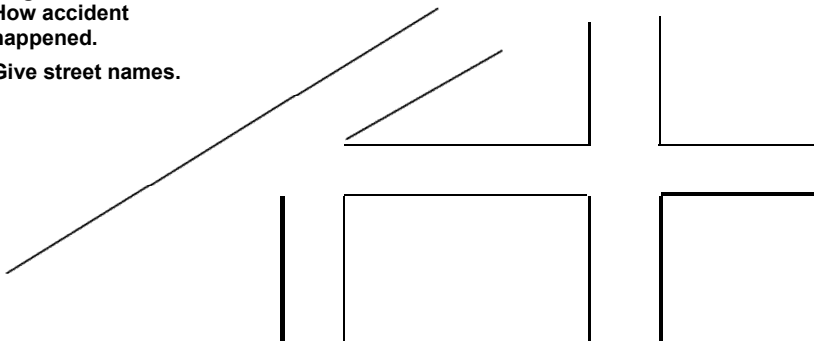
**Please give full details of accident.**

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**Please show on  
diagram  
How accident  
happened.  
Give street names.**



Indicates points of compass  
N.E.S.W.

**Date of This  
Report**

\_\_\_\_\_  
Month/Date/Year

Report made by

