



**M S Fire Protection, Inc.**

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PO Box 2339Fresno, CA 93745 (559)485-4400 Fax (559)485-4402 State Contractors License No. 986234

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## **SAFETY AND HEALTH POLICY STATEMENT**

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At MS Fire Protection, Inc. we believe that integrating safety and health into every operation at our company is of the utmost importance. The health and safety of our employees continues to be the first consideration in our operations.

To this extent, MS Fire Protection, Inc. strives to comply with all applicable laws and regulations that govern our operations. In so doing, we conduct our processes and operations in a manner that reduces or eliminates the conditions that are unhealthful or could cause injury to our employees. Employees are consistently urged to report unsafe conditions in their workplace, and work with MS Fire Protection, Inc. management to alleviate these conditions where they may exist.

Quality or production goals do not supersede the safety of our employees. With this in mind, MS Fire Protection, Inc. management and staff have implemented a Safety Management Program. This program provides for:

- The continual commitment of improving safety at our workplace
- Employee awareness and training with regard to safety issues
- A commitment to visitors, neighbors, and our community to lessen or eliminate any safety-related issues from our corporation that could impact them

Within the scope and applicability of our Safety Management Program, MS Fire Protection, Inc. has established a goal to have injury and illness incident rates below the industry average. To accomplish this goal, we ask each of our employees to commit not only to their own safety but to the safety of their co-workers and their community as well.

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Tina Naffziger - Safety Coordinator  
Richard Sever - President  
Noah Sever - Vice President  
MS Fire Protection, Inc.



## **INJURY ILLNESS PREVENTION PROGRAM (IIPP) SAFETY MANAGEMENT PROGRAM REGULATORY STANDARD: CALOSHA 8 CCR 3203**

*OSHA – General Duty Clause*

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### **INTRODUCTION**

The Injury and Illness Prevention Program is intended to establish a framework for identifying and correcting workplace hazards. The California Occupational Health & Safety Administration requires most employers to maintain a written safety program. The material in this program provides guidance on establishing a safety culture that promotes safety as an integral part of its daily operations.

### **TRAINING**

Training should be consistent with the risk exposures anticipated for the nature of the work being conducted and or performed.

### **ACTIVITIES**

- Assign responsibilities to manage this program
- Conduct a safety inspection to evaluate workplace conditions recognizing unsafe work practices and conditions and identify improvement areas
- Develop an action plan, based on priority levels to implement controls for identified hazards
- Maintain the program and schedule periodic reviews to look at each critical component in your IIPP to determine what is working and what changes, if any are needed

### **FORMS**

- Cross Reference for Cal-OSHA & Safety Manual IIPP Requirements
- General Hazard Assessment
- Hazard Alert, as required
- Training Attendance Roster
- ATD Exemption for Dental Clinics, Dental Offices, or Specialty Medical Offices of an Outpatient Nature, if included

**Note: The name of the company Safety Officer is listed on the Safety and Health Policy statement in the safety manual**



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## **INJURY ILLNESS PREVENTION PROGRAM (IIPP) SAFETY MANAGEMENT PROGRAM**

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**1. Purpose.** Effective implementation for job safety and health of our employees requires a written safety program fully endorsed and advocated by the highest level of management within the company. This safety program is designed to establish clear company goals and objectives and will be communicated to all required personnel. It encompasses the total workplace regardless of the number of workers employed or the number of work shifts. Company management will review and evaluate this safety program:

- 1.1 On an annual basis or as necessary.
- 1.2 When changes occur to 29 CFR and/or 8 CCR that prompt a revision.
- 1.3 When changes occur to any regulatory document that affect this program.
- 1.4 When facility operational changes occur that affect this program.

**2. Scope.** Applies to all facilities and jobsites

### **3. Responsibilities**

#### **3.1 Executive Management**

- 3.1.1 Provide sufficient human and financial resources to address federal, state, and local safety and health compliance.
- 3.1.2 Assign compliance and general safety and health responsibilities to the Safety Officer or another designated person.
- 3.1.3 Establish employee safety and health management performance goals.
- 3.1.4 Review the company safety and health management performance as required.
- 3.1.5 Hold Managers and Supervisors accountable for safety and health performances through performance appraisals or by other means.

#### **3.2 Management and Supervisors**

- 3.2.1 Develop safety rules and job procedures necessary to eliminate or control hazards.
- 3.2.2 Conduct employee orientation and on-the-job training as required.
- 3.2.3 Conduct scheduled employee safety meetings.
- 3.2.4 Conduct on-going informal hazard identification checks and scheduled formal audits.
- 3.2.5 Provide personal protective equipment to employee as required, train employees on its proper use and require employees to use it where necessary.



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**3.2.6** Record all incidents and injuries and report them to regulatory agencies as needed or required.

**3.2.7** Investigate and document all accidents per accident investigation procedures.

**3.2.8** Support and enforce all company, department, and job specific safety rules, policies and procedure – utilize disciplinary procedures as necessary as per company policy or the Employee Handbook.

**3.2.9** Implementing and maintain the IIP Program in their work areas and for answering worker questions about this program. A copy of the IIP Program will be available and provided as may be requested or needed.

**3.3 Employees**

**3.3.1** Follow Safety and job rules and procedures, including wearing required PPE.

**3.3.2** Use only tools, equipment, and materials for which training and authorization have been given.

**3.3.3** Report all accidents, injuries, property damage, and near-miss incidents, as required.

**3.3.4** Report all observed unsafe conditions and behaviors.

**3.4 Safety Officer**

**3.4.1** Develop programs to comply with federal, state, and local employee safety and health regulations.

**3.4.2** Coordinate provision of employee and management safety and health training.

**3.4.3** Maintain all required documentation.

**3.4.4** Prepare safety and health management status reports, which may include Workers' Compensation loss summaries, compliance summaries, trend analyses of audit and inspection results, accident and incident causes, safety alerts or other reported safety concerns.

**3.4.5** The Safety Officer will be identified in our company's Safety & Health Policy Statement. The Safety Officer has the authority and the responsibility for implementing and maintaining this IIP Program for our company.

**3.5 Method of Accountability.** Employee and company performance, in relation to safety and health responsibilities, is reviewed within the status reports, and may include the following items:

**3.5.1** Number of workers' compensation claims within the business unit.

**3.5.2** Number of lost time incidents or the types of incidents that occur.



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**3.5.3** Occurrence(s) of disciplinary actions resulting from failure to comply with safety procedures.

**3.5.4** Occurrence(s) of recognized safe behaviors.

**3.5.5** Attendance and participation in safety training.

**3.5.6** Timeliness of audits, inspections, incident reporting and investigation of incidents or accidents.

**3.5.7** Quality of investigation reports and recommended corrective actions.

**3.5.8** Timeliness and effectiveness of implemented corrective actions.

## **4. Procedure**

### **4.1 General Work Rules**

**4.1.1** All employees are to follow all task, department, and facility rules, policies, and procedures. Appropriate personal protective equipment or other control measures will be used as required.

**4.1.2** All employees are to refrain from running, horseplay, practical jokes, and other activities, which could lead to the injury of the employee or others.

**4.1.3** All employees are to report to work in appropriate attire and condition to ensure constant awareness of surroundings and activities. Employees under the influence of alcohol or illegal drugs will be disciplined according to company policies, up to or including termination. If an employee's abilities may be impaired by legal over the counter or prescription medications, he/she is to inform their Supervisor or Manager.

**4.1.4** Employees will only use, repair, or adjust tools and machinery if trained and authorized by Supervisory personnel.

**4.1.5** Employees will maintain good housekeeping in all work areas and follow housekeeping schedules as required by job procedures and department policies.

**4.1.6** Department and job specific rules are located in the main office or can be accessed via the area Supervisor or Manager.

### **4.1.7 General Compliance**

**4.1.7.1** All workers, including managers and supervisors are responsible for complying with safe work practices. To ensure that all workers comply with these practices, the company will do the following;

**4.1.7.1.1** Inform workers of the applicable provisions of the IIPP as it affects them.

**4.1.7.1.2** Evaluate the safety performance of all workers.

**4.1.7.1.3** Recognize employees who perform safe work practices (may be verbal,



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written or other means).

**4.1.7.1.4** Provide training to workers whose safety performance is deficient.

**4.1.7.1.5** Discipline workers for failure to comply with safe work practices, following the company's disciplinary procedures

**4.2 Incidents and Accidents**

**4.2.1** Definitions

**4.2.1.1** Incident/Accident – An *unplanned event resulting in injury or property damage, regardless of severity or fault.*

**4.2.2** Accident, Injury, property damage or near miss Incident reporting procedures.

**4.2.2.1** Employees must report all incidents, accidents and near misses to their Supervisor or Manager. Reporting responsibilities are as follows:

**4.2.2.2** The employee or their Supervisor may complete portions of the accident or incident report. However, the employee's Supervisor must complete all portions relating to the investigation and must also ensure the full completion of all portions of the report. All three types of events (accidents, incidents and near misses) are required to have reports maintained.

**4.2.2.3** The Supervisor or Manager must review and sign the completed form.

**4.2.2.4** As needed or required, copies of the report should be forwarded to the Safety Officer, Claims Officer, and internal Human Resources Representative.

**4.2.2.5** Procedures for investigating accidents, incidents and near misses may include interviewing injured workers and witnesses and examination of the involved area for factors associated with the event. Photographs may also be taken to help with the investigation.

**4.2.3 Accident, Injury, Property Damage or Near Miss Incident Report flow:**

**4.2.3.1** The employee initiates the report as soon as he/she is aware of the event.

**4.2.3.2** The Supervisor conducts an investigation, as required, and completes the report within 24 hours or as soon as possible.

**4.2.3.3** The Supervisor forwards the report to the designated Safety Officer or directly to company management who reviews the report to ensure the completion of a thorough investigation. Additional copies may be sent to other personnel, as appropriate.

**4.2.3.4** If the employee needs outside medical attention or loses time, the





Supervisor should phone the safety officer or human resources representative to assure that any necessary claims management activities are initiated.

#### **4.2.4 Use of Accident, Injury, Property Damage or Near Miss Incident Report Information**

**4.2.4.1** Once the reports are completed and forwarded to the appropriate personnel, the following personnel will undertake the listed activities to make the most of the information provided on the reports:

**4.2.4.1.1** Safety Officer or other designated person at the company reviews the reports to identify incident trends. A Trend Summary Report or similar document may be compiled and presented to company management, who would then initiate corrective actions to address the identified trends.

**4.2.4.1.2** Claims or Human Resources Officer uses the report information to complete the necessary worker's compensation forms and to initiate claims management activities where applicable.

**4.2.4.1.3** Supervisors and Managers follow up with all affected area Supervisors and employees to ensure the correction of identified causes. The Managers may also share relevant information with Supervisors in other areas to ensure similar hazard situations are addressed. Finally, Management ensures the provision of sufficient resources to make the necessary corrections and changes. Such resources may include equipment, materials, money, time, and support for policy changes.

**4.2.4.1.4** Senior Managers use the reports to identify the types of incidents and hazards occurring within the company in order to make appropriate decisions regarding safety and health management program improvement efforts.

#### **4.3 Hazard Assessment and Control**

**4.3.1** Formal safety audits are scheduled inspections in which the findings are documented and reviewed. Informal safety audits are unscheduled inspections in which findings may or may not be documented. However, documentation (such as work orders or disciplinary actions) for hazardous conditions or behaviors observed during informal audits is recommended.

**4.3.2** Periodic inspections will be performed as follows: (a) when the IIP Program is initially established; (b) when new substances, processes, procedures or equipment which present potential new hazards are introduced into the workplace; (c) when new or previously unidentified hazards are recognized; (d) when occupational injuries and illnesses occur; and (e) whenever workplace conditions warrant an inspection.



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**4.3.3 Audit and Inspection Procedures** - Audit schedules will be maintained by company management or their specific designee. Audit procedures and finding reports should be maintained until corrective actions are formalized, or until subsequent audit reports supersede them. Inspection reports will be documented and maintained for at least one year and will include the name of the person doing the inspection, the unsafe condition or work practice and the action(s) taken.

**4.3.3.1 Formal Audits** :( Reference General Hazard Assessment form)

**4.3.3.1.1** Auditors will use the General Hazard Assessment form or an equivalent auditing document to conduct formal audits.

**4.3.3.1.2** Auditors will review the previous audit documentation and other hazard reports or documented concerns prior to conducting the audit.

**4.3.3.1.3** Auditors will complete the auditing documentation and review their findings with the appropriate Supervisor or Manager upon the completion of the audit.

**4.3.3.1.4** Copies of the audit documentation will be forwarded to the company Manager or their specific designee who is in charge of the audit program.

**4.3.3.1.5** The area Manager or Supervisor will assign responsibilities for corrective actions and provide the names and action dates for such assignments to the person r

**4.3.3.1.6** The auditor or audit team will prepare a summary of audit documentation to present to company management. The summary will include the identification of trends in observed unsafe behaviors, unsafe conditions, or non-compliance with regulated elements.

**4.3.3.1.7** The company Manager will review the audit summary to ensure the effective implementation of corrective actions for each deficient item and to address any identified trends. Any meeting minutes or notes will reflect the discussions, identify uncorrected hazards or trends with personnel assigned responsibility for correction, and an estimated time frame for initiating corrective actions.

**4.3.3.2 Inspections (Informal Audits): (Reference Hazard Alert form)**

**4.3.3.2.1** Any employee observing an unsafe behavior or condition must report it to their Supervisor or Manager, verbally or in writing. Documentation in the form of a "hazard alert" or equivalent form may be completed to initiate corrective actions. Employees can fill such forms anonymously without identifying themselves if they so desire.

**4.3.3.2.2 Imminent Hazards.** When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, all exposed workers will be removed 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.



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**4.3.3.2.3** The Hazard Alert form recipient will review the reported hazard and initiate corrective actions as appropriate.

**4.3.3.2.4** The person designated to make any corrective action will note the findings and corrective actions taken on the Hazard Alert form.

**4.3.3.2.5** A copy of the completed Hazard Alert form is sent to the Manager or Supervisor of the area where the hazardous condition or activity took place for review. Additional copies will be provided to company management or the specific designated person who is in charge of any company formal audits for use in the next area audit.

**4.3.3.3** Compliance Audits To ensure compliance with federal and state employee safety and health laws, company management (in conjunction with the designated Safety Officer) will perform evaluations to determine the level of compliance with the regulations and our internal compliance programs.

**4.3.3.4** Irrespective of how an unsafe or unhealthy condition, work practice or procedure was identified, correction of the situation will be done in a timely manner based on the severity of the hazard.

## **5. Safety Information**

### **5.1 New or Altered Equipment and Processes**

**5.1.1** New equipment, chemicals or activities will be reviewed and their hazards evaluated prior to installation or implementation. Area Supervisors or management may be designated to lead the review and evaluation, or a “process change committee” may be set up to perform this task. If a committee is used, documentation will be retained with regard to meeting minutes or notes, corrective actions, evaluation documentation and any of the documents listed below:

**5.1.1.1** Evaluation of new or altered (changes to existing) equipment or to equipment related activities will be documented using the New or Altered Equipment Review form, or an equivalent document.

**5.1.1.2** Evaluation of new chemicals or changes to existing usages or process activities will be documented using the New or Changed Chemical Activity Worksheet, or an equivalent document.

**5.1.1.2.1** Safety Data Sheets and hazard information will be reviewed with all employees using a new chemical or utilizing a new activity with existing chemicals prior to the activity being implemented or performed, in accordance with the company’s Hazard Communication program, if one is required.

**5.1.1.3** New activities and tasks will have written procedures developed that include an evaluation of the hazards of that activity or task, the methods to control identified hazards, protective equipment to be used (if any), and any emergency



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information related to the task or activity. These procedures will be reviewed with employees who perform that activity or task prior to the implementation of the activity or task.

**5.2 Employee Safety Committee** Safety Committees are not mandatory in the state of California. If the company decides to establish one, a separate program outlining the requirements will be included in the company's Safety Manual.

## 6. Training and Information

**6.1** Management will ensure that OSHA compliance training is provided to all employees and in a form readily understandable by all affected employees, as required by company Safety Programs. The area Supervisor or company safety officer may be designated to perform this task. Attendance rosters will be maintained in the main office or where similar documentation and training records are maintained. Training summaries may also be retained.

**6.2 Exception:** If the company has fewer than 10 employees, communication with employees as noted in 6.1 may be done orally in general work practices with specific instructions with respect to hazards unique to the employee's job assignment.

### **6.3** Employee Orientation

**6.3.1** New Employees : all new employees will receive an orientation provided by the Safety Officer, their Supervisor or other designated person prior to their exposure to work place hazards. The new employee orientation may include the following items, as applicable:

**6.3.1.1** Overview of the Safety Management Program (IIPP).

**6.3.1.2** Review of employee and management responsibilities.

**6.3.1.3** Hazard reporting procedures.

**6.3.1.4** Accident injury, property damage and near miss incident reporting procedures.

**6.3.1.5** General work rules.

**6.3.1.6** Department work rules.

**6.3.1.7** Method of access to first aid treatment.

**6.3.1.8** Job tasks hazards and methods of control.

**6.3.1.9** OSHA required training.

**6.3.2** Transferred Employees, Employees transferring within the company will be trained in the items and exposures that any previous training did not cover.

**6.3.2.1** The area Supervisor or Manager will provide this training prior to the employee's exposure to new hazards.

**6.3.3** Orientation Documentation, Employee orientation will be documented



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through the completion of the New Employee Safety Orientation Training List or an equivalent training record. This form must be signed and dated by the trainer and the employee. The form will be maintained in the main office, or where similar documentation and training records are kept.

**6.4 Job/Task Training.** Employees will be trained in the hazards of their jobs and the proper procedures to control the hazards prior to their exposure to the hazards and for new unrecognized hazards. Training will be provided by the area Supervisor or Manager (or their specific designee) and documented on the employee's training record or attendance roster

**6.4.1 Anonymous Notification:** Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal. Workers can anonymously inform management about workplace hazards via the Hazard Alert Form or other similar means where feasible.

## 7 Definitions

➤ *Incident/Accident - An unplanned event resulting in injury or property damage, regardless of severity or fault*

## Cross Reference for Cal-OSHA & Safety Manual IIPP Requirements

#	Requirement	Section
<b>1</b>	<b>RESPONSIBILITY</b>	--
	Identify person with authority and responsibility over the program	3.4.5
<b>2</b>	<b>COMPLIANCE</b>	--
	Recognition of those who follow the rules	4.1.7.1.3
	Training & retraining	4.1.7.1.4
	Disciplinary action	4.1.7.1.5
<b>3</b>	<b>COMMUNICATION</b>	--
	In a manner readily understandable by employees	6.1
	Encourage reporting of hazards without reprisal	6.4.1
	Meetings	3.2.3, 6.5.1
	Training programs	6.5.5
	Postings	6.5.3
	Written communications	6.5.2
	Anonymous notification	4.3.3.2.1, 6.4.1
	Safety Committee	--
<b>4</b>	<b>HAZARD ASSESSMENT</b>	--
	Periodic inspections	4.3.2
	When program established	4.3.2(a)
	New substances, procedures or equipment	4.3.2(b)
	New unrecognized hazards	4.3.2(c)
<b>5</b>	<b>ACCIDENT INVESTIGATION</b>	<b>4.2 et sec</b>
<b>6</b>	<b>CORRECT UNSAFE CONDITIONS</b>	--
	When observed and discovered	4.3.3, 4.3.3.3
	Imminent hazard	4.3.3.2.2
<b>7</b>	<b>TRAINING</b>	--
	When program established	4.1.7.1.1
	All new employees	6.3.1
	New job assignments	5.1.1.3
	New substances/ processes/procedures/equipment	5.1.1 et sec
	New unrecognized hazards	6.4
	To supervisors for hazards their employees exposed to	6.1, 6.6
	All workers for hazards in their job assignments	6.3.1
<b>8</b>	<b>RECORDKEEPING</b>	--
	Records of inspection	4.3.3
	(a) name of person doing inspection	4.3.3
	(b) unsafe condition or work practice	4.3.3
	(c) action taken	4.3.3
	(d) maintain one year	4.3.3
	Training	6 et sec
	(a) employee name	6.6
	(b) date of training	6.6
	(c) type of training (subject matter)	6.6
	(d) trainer	6.6
	(e) maintain one year	6.6

**GENERAL HAZARD ASSESSMENT**

<b>SURVEY DATE:</b>	<b>SURVEYED BY:</b>	<b>DEPT:</b>	<b>SUBMITTED TO:</b>
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CONDITION	COMPLIANT	<u>CORRECTED</u> <u>BY</u>	<u>COMPLETION</u> <u>DATE</u>	COMMENTS AND CORRECTIVE ACTION
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***Electrical:***

▪ Extension cords stored properly	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Extension cords used only for project work	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Face plates on all outlets & switches	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Covers on all junction boxes	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Electrical panel boards: -3 ft clearance maintained -Door closed -Blanks cover empty breaker spaces  -Breakers labeled	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ GFCI's on all outlets within 6 ft of water source	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ All electrical wiring properly covered	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Equipment grounded	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Electrical cords & plugs in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Wiring going through walls in conduit	<input type="checkbox"/> Yes <input type="checkbox"/> No			

***Elevated Work Areas:***

▪ All open sides of floors or platforms 4 or more feet above ground are protected with standard railing & toeboard	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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CONDITION	COMPLIANT	CORRECTED <u>BY</u>	COMPLETION <u>DATE</u>	COMMENTS AND CORRECTIVE ACTION
<b><i>Floors &amp; Stairs:</i></b>				
▪ Floors are clean & dry	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Warning signs place in wet areas	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Carpets/mats/other friction control used in high traffic areas	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Carpets/mats lie flat & in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Inside stairs well lit	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Stair treads in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Riser height even	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Railings properly installed on right descending side (3 or more stairs)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Floor halls properly covered or guarded	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b><i>Ladders:</i></b>				
▪ Rungs in good condition & secure	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Braces in good working condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Safety feet are in place & in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Ladders in use are properly secured	<input type="checkbox"/> Yes <input type="checkbox"/> No			



CONDITION	COMPLIANT	CORRECTED <u>BY</u>	COMPLETION <u>DATE</u>	COMMENTS AND CORRECTIVE ACTION
<b>Life Safety:</b>				
<ul style="list-style-type: none"> <li>▪ Clear access maintained to all work stations, emergency exits, fire extinguishers, fire alarms, fire blankets, electrical disconnects, etc...</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>▪ Exits are clearly marked</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>▪ Doors &amp; other emergency exits are clear of debris, shrubs, &amp; other obstructions</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>▪ Doors &amp; windows working properly</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>▪ Emergency lighting systems functioning</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>▪ Sprinkler systems properly inspected</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>▪ Fire detection systems properly inspected &amp; functioning</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>▪ Fire extinguishers checked monthly &amp; in good operating condition</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>▪ Fire extinguishers accessible &amp; identified where not easily seen</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>▪ Emergency phone numbers &amp; procedures posted where appropriate</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

CONDITION	COMPLIANT	CORRECTED BY	COMPLETION DATE	COMMENTS AND CORRECTIVE ACTION
<b>Storage:</b>				
▪ Storage closets with sufficient aisle space	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Sprinkler heads have minimum 18" clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Shelf strength sufficient for load	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Lofts – floor capacity rated & posted	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Portable Tools/Equipment:</b>				
▪ Equipment stored properly when not in use	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Power cords stored properly	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Cords & plugs in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Tool grounding checks done regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Hand tools in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Walking Areas:</b>				
▪ Floor free of debris	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Floor clean & dry	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Working Areas:</b>				
▪ Work area sufficient for employee & materials	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Employees can vary position to maintain comfort	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Work area minimize employee stress of bending, twisting & reaching	<input type="checkbox"/> Yes <input type="checkbox"/> No			
▪ Work areas free of clutter	<input type="checkbox"/> Yes <input type="checkbox"/> No			

# HAZARD ALERT

OBSERVATION DATE:

HAZARD REPORT DATE:

## HAZARD INFORMATION

HAZARD DESCRIPTION (include specific hazard location):

RECOMMENDED CORRECTIVE ACTIONS:

EMPLOYEE SIGNATURE (Optional):

DATE:

## MANAGEMENT RESPONSE:

RESULTS OF HAZARD ASSESSMENT:

RECOMMENDED CORRECTIVE ACTIONS:

MANAGEMENT SIGNATURE:

DATE:

SUMMARY OF RESPONSE TO EMPLOYEE:

MANAGEMENT SIGNATURE:

DATE:



# ACCIDENT, INCIDENT OR NEAR MISS INVESTIGATION REPORT

## PART 1 IDENTIFICATION INFORMATION

Employee Name	
Date of Accident	Time: <span style="float: right;">AM PM</span>
Occupation	Shift
Department	SS#:
Employee Home Address:	Date of Birth:
	Date of Hire
	Gender: Male ___ Female ___

## PART 2 SUPPLEMENTARY INFORMATION

Company			
Mailing Address			
City	State	Zip	
Telephone (     )			
Accident Location	<input type="checkbox"/> Same as establishment?	<input type="checkbox"/> On premises?	(Check if applies)
Location Where Accident Occurred (if different from above):			
Remarks:			
Was injured person performing regular job at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe activity the person was doing just before they were injured:			
Length of Service: With Employer		On this job	
Time shift started	AM    PM	Overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of physician:			
City	State	Zip	
Employee treated in an emergency room? ___ Yes ___ No.		Employee hospitalized overnight? ___ Yes ___ No	
If hospitalized, name and address of hospital:			
City	State	Zip	
Fatality? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, date of death	

## PART 3 ACCIDENT TREE

<b>NATURE OF INJURY OR ILLNESS:</b>				<b>PART OF BODY AFFECTED:</b>		
<b>Operation Location:</b>	<b>Operation Task:</b>	<b>Employee Task:</b>	<b>Employee Body Position/Activity</b>	<b>Agency</b>	<b>Preceding Situation or Event</b>	<b>Type of Accident</b>

## PART 4 DESCRIPTION AND ANALYSIS

Fully describe accident:

What factors led to the accident (from Part 3/Tree)?

### MACHINERY/EQUIPMENT INVOLVED

Manufacturer		Equip. age	
Serial No.	Model		
Function			
Location			
Has machine/equipment been modified? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, when?
Was it guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, describe guarding and how it functions to provide element of safety desired:			
Was guarding properly:	Constructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Adjusted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No to any of above, explain:			
Was there any mechanical failure? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
If construction related, date of contract:			
Is firm	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Subcontractor	
Name of other contractors			
List any weather conditions that contributed to the incident:			
<b>TRAINING</b>			
Did employee receive specific training or instructions relating to safety and health on the job being performed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type:			
Instructed by:			
When instructed:		Length of training:	

PERSONAL PROTECTIVE EQUIPMENT		
Did employee use any protective equipment for the job or task performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type:		
Did equipment fail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, describe:		
CORRECTIVE ACTIONS:		
Were any corrective or preventive actions put into place due to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, list them:		
Action Taken	Expected Result	Expected Completion Date
Were corrective actions followed through to completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, list results and dates:		
Action Taken	Expected Result	Expected Completion Date
STATEMENTS CONCERNING ACCIDENT		
EMPLOYEE STATEMENT CONCERNING ACCIDENT		
Name	Title	Date
SUPERVISOR/EMPLOYER'S STATEMENT		
Name	Title	Date
WITNESS STATEMENT		
Name	Title	Date
SAFETY COMMITTEE COMMENTS		
Name	Title	Date
ATTACH ADDITIONAL COMMENTS, REPORTS AND PHOTOS ON NEXT PAGE		