**Injury and Illness Prevention Program**

**INTRODUCTION**

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

In order to minimize work related injuries and illnesses, ________________ has established, implemented, and maintains this Illness and Injury Prevention (IIP) Program

*As required by Cal/OSHA*, our IIP Program consists of the following elements:

1. Designation of IIP Program authority and **Responsibility**.
2. A system to assure safety and health **Compliance**.
3. A procedure for safety and health **Training and Instruction**.
4. A system for safety and health **Communication**.
5. A system for **Hazard Assessment**.
6. Procedure for occupational **Accident/Exposure Investigation**.
7. A procedure for **Hazard Correction**.
8. A protocol for **Record keeping**.

Each of these elements is detailed on the following pages and the required forms are provided.

*You will notice some text inside a box like this* The text in these boxes provides instructions and helpful tips for program implementation.

If you have any questions regarding this IIP Program, please call:
Policy Statement

will institute and administrate a comprehensive and continuous Occupational Injury and Illness Prevention program (IIPP) for all employees. The health and safety of the individual employee or individual volunteer takes precedence over all other concerns. The goal of our management staff is to prevent accidents, to reduce personal injury and occupational illness and to comply with all safety and health standards.

Our safety and health program will include:

Providing mechanical and physical safeguards to the maximum extent that is possible;

Conducting a regularly scheduled program of safety and health inspections to find and get rid of unsafe working conditions or practices; to control health hazards; and to comply fully with the safety and health standards of every job;

Training all employees in good safety and health practices;

Providing necessary personal protective equipment and instructions for its use and care;

Developing and enforcing safety and health rules; requiring that employees cooperate with these rules as a condition of employment;

Investigating every accident promptly and thoroughly to find out what caused it and to correct the problem so that it won't happen again;

Employees will be apprised of the existence of this program, and will be responsible for the immediate reporting to management of any concerns that may arise pertaining to health and safety in the workplace. The objective of this program is to enhance and maintain worker health and safety.

We have been recognized in our community for our ministry of service and compassion, we should also be known for our concern for the well being of our employees, volunteers and students. Just as the education of students and service to families should never become routine, no job must ever become so habitual or urgent that every safety precaution is not observed. Prevention of personal injury of both of employees/volunteers as well as students and guests must always remain primary in the mind of every employee.

The success of this program requires the full support of each and every volunteer, employee; management person, teacher, administrator, and other professional staff.
RESPONSIBILITY

Overall Responsibility for IIP Implementation and Maintenance:
__________________________ is designated as the Injury and Illness Prevention (IIP) Program Administrator and has the authority and the responsibility for implementing and maintaining this IIP Program.

Supervisor/Manager Responsibility:

Supervisors, Managers and Department Heads are responsible for actively promoting employee/volunteer safety by:

- Understanding, implementing, and maintaining compliance with this IIP Program.
- Answering employee/volunteer questions and providing copies of this IIP Program upon request.
- Establishing and maintaining safe and healthful working conditions.
- Being familiar with safety and health hazards to which their employees/volunteers are exposed, knowing how to recognize them, being aware of the potential effects these hazards have on the employees/volunteers, and knowing the rules, Agency’s policies, procedures and safe work practices for controlling exposure to those hazards.
- Providing safety training, instruction, and communication to make sure that all employees/volunteers understand and follow safe work practices.
- Making hazard assessments through inspections and correcting hazards as required.
- Investigating accidents and taking corrective and preventive action.

Employee/volunteer Responsibility:

Employees/volunteers are responsible for following safe work practices including:

- No employee/volunteer should undertake a job until they have received instructions on how to do the job properly and safely.
- No employees/volunteers should undertake a job that appears to be unsafe.
- No employee/volunteer 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/volunteer should engage in horseplay or unsafe behavior.
- Mechanical safeguards must always be kept in place.
- Employees/volunteers are to report to a superior or designated individual all unsafe conditions encountered during work.
- Properly using and maintaining personal protective equipment where required.
- Reporting to management at once any work-related injury or illness suffered, however slight.
COMPLIANCE

All employees and volunteers, including managers and supervisors, 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 and volunteers of the provisions of our IIP Program.

   We inform our employees/volunteers as part of our initial new employee/volunteer orientation and then as part of direct, on site, supervisor hosted meetings. (See the ‘Communication’ Section of this IIP Program).

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

   We encourage Supervisors, Managers and Department Heads 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. Supervisors, Managers and Department Heads are to document significant recognition events using the ‘Safety Recognition Report’ that follows.

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

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

   Supervisors, Managers and Department Heads who witness or hear of unsafe behaviors provide on the spot demonstration of safe practices or provide formal re-training as needed.

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

   If after re-training, an employee/volunteer continues to ignore safe and healthful work practices, a ‘Safety Counseling Report’, see following, must be completed and followed-up upon.

   If the corrective action required is not completed, or if unsafe behaviors persist, Supervisors/Managers will contact Human Resources for additional information on discipline under our Personnel Guidelines.
Safety Recognition Report

Date: ____________

To: _____________________________ (Employee's Name)

From: ___________________________ (Supervisor's Name)

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

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
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_______________________________________________________________________________
_______________________________________________________________________________

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

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Supervisor’s Signature _____________________________

cc: Employee Personnel File
Safety Counseling Report

Date:  ____________

To:  ___________________________________ (Employee's Name)

From: ________________________________ (Supervisor'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:  __________________________

Supervisor Signature:  __________________________

cc:  Employee Personnel File
     Human Resources
     Suspense File
TRAINING AND INSTRUCTION

All workers/volunteers, including Managers, Supervisors, and Department Heads shall have training and instruction on general and job-specific safety and health practices.

A. Training and instruction is provided:
   1. When the IIP Program is first established.
   2. To all new employees/volunteers.
   3. To all employees/volunteers given new job assignments for which training has not been previously provided.
   4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
   5. Whenever the employer is made aware of a new or previously unrecognized hazard.
   6. To supervisors to familiarize them with the safety and health hazards to which staff/volunteers under their immediate direction and control may be exposed.
   7. To all employees/volunteers with respect to hazards specific to each employee's/volunteer’s job assignment.
   8. With at least one safety related topic being discussed each quarter at a management directed staff meeting.

All training must be documented using the ‘New Employee/Volunteer Safety Orientation Checklist’ form (see ‘Communication’ section) or the ‘Employee/Volunteer/Supervisor Training Record’, following.

B. Each employee/volunteer is given training and instruction regarding general safety topics.

   Based upon the types of work performed by employees/volunteers and on historical loss records all employees/volunteers are trained on the following topics:
   ♦ General Safe Practices
   ♦ Prevention of Slips, Trip, and Falls
   ♦ Material handling and lifting
   ♦ Ladder Safety
   ♦ Motor Vehicle Safety (if the employee/volunteer will drive on behalf of the School/Parish)

C. In addition, each employee/volunteer is trained and instructed 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
   ♦ Proper use of hand or power tools
   ♦ Workplace violence
Employee/Volunteer/Supervisor Safety Training Record

Date: ______________

Employee/volunteer Name: _____________________________________________

Job Duties: __________________________________________________

Supervisor or 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/Volunteer Signature  Supervisor or Trainer Signature

cc: Employee/Volunteer Personnel File
COMMUNICATION

All managers and supervisors are responsible for communicating with all employees/volunteers about occupational safety and health in a form that is readily understandable. Our communication system encourages all workers to inform their managers and supervisors about workplace hazards without fear of reprisal and includes:

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

   Please see the ‘New Employee/volunteer Safety Orientation Checklist’, following. This form must be used with all new hires prior to work assignment. Please note: Safety information must be readily understandable by all employees/volunteers. This means that language and perhaps physical disability must be accounted for when orienting a new employee/volunteer.

2. Review of our IIP Program.

   The IIP Program review is part of the ‘New Employee/volunteer Safety Orientation Checklist’. Each new employee/volunteer should receive a verbal overview of each section of the IIP Program. Also, each new employee/volunteer should be told how a copy of the IIP Program could be accessed for review.

   In addition, at least annually, the IIP Program is reviewed as an agenda item at a staff meeting. Please use the following 'IIP Program Annual Review' form as documentation.

3. Posted safety information.

   Our program administrator provides safety postings on a periodic basis. They are posted in designated areas of the site bulletin boards 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, included in this IIPP, is used for documentation of subject matter and those in attendance.

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

   Employees/volunteers must be able to inform management regarding workplace hazards without fear of reprisal. Management must respond to reports of potential workplace hazards.

   Drop boxes or an assigned staff member (not employee’s direct supervisor) can be used for this process.
New Employee/Volunteer Safety Orientation Checklist

Date: ______________

Employee/volunteer Name: _____________________________________________

Job Duties: __________________________________________________

Supervisor or Trainer Name: ___________________________________

The supervisor, human resources person, or designated trainer is to review the following safety management policies and procedures.

☐ Employee/Volunteer Responsibility for Safety including:

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

• No employees/volunteers should undertake a job that appears to be unsafe.

• No employee/volunteer 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/volunteer should engage in horseplay or unsafe behavior.

• Mechanical safeguards must always be kept in place.

• Employees/Volunteers are to report to a superior or designated individual all unsafe conditions encountered during work. Reports may be made anonymously by filling out the Notification of Safety Hazard form and dropping it into an appropriate drop box located throughout the Agency.

• 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/volunteer’s rights:
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/volunteer 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 ________________ New Employee/Volunteer 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/Volunteer Signature  Supervisor or Trainer Signature

cc: Employee/Volunteer Personnel File
IIP Program 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. IIP Program 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/Volunteers 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/Volunteers Attending:

_________________________  ___________________________  __________________________

_________________________  ___________________________  __________________________

_________________________  ___________________________  __________________________

_________________________  ___________________________  __________________________

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_________________________  ___________________________  __________________________

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<table>
<thead>
<tr>
<th>Notification of Safety Hazard</th>
<th>Notification of Safety Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The following Safety Hazard was observed:</strong></td>
<td><strong>The following Safety Hazard was observed:</strong></td>
</tr>
<tr>
<td>..................................................</td>
<td>..................................................</td>
</tr>
<tr>
<td><strong>What was the location of the Hazard and when was it observed?</strong></td>
<td><strong>What was the location of the Hazard and when was it observed?</strong></td>
</tr>
<tr>
<td>..................................................</td>
<td>..................................................</td>
</tr>
<tr>
<td><strong>Suggestions for correcting the Hazard:</strong></td>
<td><strong>Suggestions for correcting the Hazard:</strong></td>
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<tr>
<td>..................................................</td>
<td>..................................................</td>
</tr>
</tbody>
</table>

*BY LAW, THERE CAN BE NO REPRISALS OR NEGATIVE CONSEQUENCES FOR REPORTING A HAZARD. ANONYMOUS REPORTS ARE ENCOURAGED.*

<table>
<thead>
<tr>
<th>Name (optional): _____________________</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (optional): _____________________</td>
<td>Date: ____________</td>
</tr>
</tbody>
</table>
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 ENCOURAGED.
HAZARD ASSESSMENT

Periodic (e.g., semi annual) inspections to identify and evaluate workplace hazards shall be performed by a competent observer (e.g., Director of Maintenance) accompanied by at least two additional members of the Executive Safety Committee (the associate inspection "team" members should be from other supervisory job disciplines within the school and their "term" shall be rotated annually). Results of the inspection are to be sent to the IIPP Administrator for action by Management.

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

Periodic inspections are performed according to the following schedule:

1. When we initially established our IIP Program.

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

   The ‘Hazard Assessment and Correction Record’ form, following, will be used for these inspections. Hazards identified are corrected in accordance with the ‘Hazard Correction’ Section of this IIP Program.

3. When new, previously unidentified hazards are recognized.

   The ‘Hazard Assessment and Correction Record’ form will be used for these inspections unless the hazard is reported by an employee/volunteer using the anonymous drop box in which case the response will be posted. (See ‘Communication’ Section of this IIP Program). Hazards identified are corrected in accordance with the ‘Hazard Correction’ Section of this IIP Program.

4. When occupational injuries and illnesses occur.

   Receipt of an ‘Occupational Injury/Illness Investigation Report’ form will initiate a ‘Hazard Assessment’ (see ‘Accident/Illness Investigation’ Section of this IIP Program). Hazards identified are corrected in accordance with the ‘Hazard Correction’ Section of this IIP Program.

5. Whenever workplace conditions warrant an inspection.

   The ‘Safety Inspection Checklist” following is to be completed at least 2 times during the school year and reviewed by both the IIPP Administrator as well as the Safety Committee. Hazards identified are corrected in accordance with the ‘Hazard Correction’ Section of this IIP
<table>
<thead>
<tr>
<th>Date of Inspection:</th>
<th>Person Conducting Inspection:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Unsafe Condition or Work Practice:

Corrective Action Taken:

<table>
<thead>
<tr>
<th>Date of Inspection:</th>
<th>Person Conducting Inspection:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Unsafe Condition or Work Practice:

Corrective Action Taken:

<table>
<thead>
<tr>
<th>Date of Inspection:</th>
<th>Person Conducting Inspection:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</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.
## Safety Inspection Checklist - All Facilities
*(This document must be kept on file for at least one year)*

### 1. Life Safety

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are building exits properly marked?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are building exit paths free of obstructions?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are exits unlocked when the building is occupied?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do all exit doors open easily?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Test the emergency lighting unit(s). Do they function properly?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Test the building smoke detector(s). Do they function properly?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If any “No” answers, describe problem, what corrective action will be taken, and when:

______________________________________________________________________________
______________________________________________________________________________

### 2. Fire Safety

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are fire extinguishers present in each building/marked/ hung on wall?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have the extinguishers been tested within the last year, (check tag)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are all flammable liquids properly stored?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are combustible materials stored away from ignition sources?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If building has sprinklers, has system been tested within the last year?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If any “No” answers, describe problem, what corrective action will be taken, and when:

______________________________________________________________________________
______________________________________________________________________________

### 3. Walking Surfaces

#### Sidewalk

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holes or cracks?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Overgrown vegetation?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tree roots/unmarked changes in elevation?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### Stairs

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loose steps/nosings?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Loose railings?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lighted properly/ lights function?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### Ramps

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loose railings?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Slippery surfaces?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### Parking Lot

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holes or cracks?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Unmarked speed bumps?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If any “Yes” answers, specify location, what corrective action will be taken, and when:

______________________________________________________________________________
______________________________________________________________________________
4. Electrical

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any damaged outlets/ switches/ junction boxes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any electrical cords in poor condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extension cords used as permanent wiring?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do any circuit breaker panels have less than 30 inches of clear space in front?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any circuit breakers not labeled?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any circuit breakers taped?</td>
<td></td>
<td></td>
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</tbody>
</table>

If any “Yes” answers, specify location, what corrective action will be taken, and when:
______________________________________________________________________________

5. Equipment

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check all ladders. Do any of the ladders have loose rungs, cracks, loose horizontal stringers, missing safety feet, or any other problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any untrained, or unauthorized employees allowed to use ladders?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are all hand and portable power tools in poor condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any missing guards on equipment with moving parts?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If any “Yes” answers, specify condition, corrective action to be taken, and when:
______________________________________________________________________________

6. Storage/ Housekeeping

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>All materials stored properly, heavy objects stored 36-44 inches above ground?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are storage racks sturdy, secure, and tied to the wall?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any storage racks or shelves overloaded?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any housekeeping problems noted?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note any deficiencies and corrective action- __________________________________________

7. Chemicals

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all containers properly labeled?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are material safety data sheets available for all chemicals?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Employee Safety / Administration

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Designated Safety Coordinator for this Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a properly stocked first aid kit available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is personal protective equipment available and used as required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earplugs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Employee/Volunteer Safety / Administration (Continued)

Employees/Volunteers know to report on the job injuries immediately?  Yes  No
Employees/Volunteers know where to get medical treatment if needed?  Yes  No
Are reported accidents investigated/ action taken to prevent recurrence?  Yes  No
Are safety activities being properly documented?  Yes  No
Has safety information been communicated since the last inspection?  Yes  No
Please specify the information and the date provided to the employees/volunteers

Note any recommended improvements to safety administration at this location:

____________________________________________________________________________________

____________________________________________________________________________________

Completed by__________________________________  Date________________________

Distribution:  Retain original and send a copy to IIPP Administrator
# Supplemental Safety Inspection - Use as Applicable

## Schools

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If there is playground equipment, is it in good condition stable and secure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there adequate cushioning around the equipment, including concrete footings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a written Fire Drill Procedure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the Procedure posted in the Office and each Classroom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a Fire Drill been conducted within the last month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a Disaster Plan procedure in place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are adequate Traffic Control Procedures in place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have all buildings been surveyed for friable asbestos?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have appropriate records of asbestos surveys been retained?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note deficiencies, corrective action needed, and when action will take place _____________________________________________________________

## Churches

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a flammable/combustible materials storage container in the sacristy for candles, matches, briquettes, etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are all votive candles away from combustibles and in metal stands?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are votive candle stands placed on metal pan or tile floor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are altar servers instructed and supervised in the proper use of matches?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note any deficiencies from above, corrective action needed, and when actions will occur ____________________________________________

## Vehicles

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do all drivers, including volunteers, have a valid driver’s license?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are organization vehicles serviced and inspected?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are vehicle inspection records retained?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are volunteer drivers required to provide insurance certificates?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note any deficiencies from above, corrective action needed, and when actions will occur ____________________________________________

Completed By______________________________________Date_____________________

Distribution: Retain original and send a copy to IIPP Administrator
ACCIDENT/EXPOSURE INVESTIGATIONS

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

1. Interviewing injured workers/volunteers 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 reoccurring; 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 occur.

The ‘Occupational Injury/Illness Investigation Report’ form, following, 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 “Accident/Exposure Investigation” form.
Date & Time of Accident:

Location:

Accident Description:

Workers Involved:

Preventive Action Recommendations—Circle 1 or more items under Equipment, Material, People & Environment:

<table>
<thead>
<tr>
<th>EQUIPMENT</th>
<th>MATERIAL</th>
<th>PEOPLE</th>
<th>ENVIRONMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>Select</td>
<td>Select</td>
<td>Plants</td>
</tr>
<tr>
<td>Arrange</td>
<td>Place</td>
<td>Place</td>
<td>Animals</td>
</tr>
<tr>
<td>Use</td>
<td>Handle</td>
<td>Train</td>
<td>Temperature</td>
</tr>
<tr>
<td>Maintain</td>
<td>Process</td>
<td>Lead</td>
<td>Insects</td>
</tr>
</tbody>
</table>

Corrective Actions Taken:

Manager Responsible:  
cc:  

Date Completed:  

(This document must be kept on file for at least one year)
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 "walk" him or her through 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. **Refer the “job hindrance” or “accident cause” to 1 or more of the 16 items listed under Equipment, Material, People or Environment.**

⇒ *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 – do they know - how the job is being performed?
◆ Are changes in operating procedures required?
◆ Is there a need for design improvements? (i.e. mechanical guards, adjustable work stations)
◆ 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 hazards. Hazards shall be corrected according to the following procedures:

1. If possible, immediately when observed or discovered.

   Many simple hazards, such as liquid on the floor that could cause a slip and fall, are easily corrected on-the-spot. All employees/volunteers should correct the hazards that they observe to the extent that they are able to do so safely. If an employee/volunteer observes a hazard that he/she cannot correct, it is the employee’s/volunteer’s responsibility to alert a Supervisor/Manager.

2. When an imminent hazard exists which cannot be immediately abated without endangering employee(s)/volunteer(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 protection.

   Supervisors/Managers must take appropriate actions to help prevent employees/volunteers 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, or closing the building, etc. may be warranted. The response will be appropriate to the hazard.
RECORDKEEPING

Our IIP Program record keeping policy is as follows:

1. Records of hazard assessment inspections, including the names of 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 forms and "are maintained for at least one year."

These records include ‘Hazard Assessment and Correction Record’ forms, ‘Safety Inspection Checklists’, ‘Notification of Safety Hazard’ forms with copies of the corresponding response to the ‘Notification of Safety Hazard’ forms, and ‘Occupational Injury/Illness Investigation Report’ forms. Keep these records in a file marked “IIPP Hazard Assessment/Inspections for Calendar Year ____”

2. Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers are recorded on a worker training and instruction form and are maintained for at least one year.

Keep these records in the individual employees/volunteers personnel file