

Injury Illness Prevention Program



San Diego Unified

School District

2012

Injury Illness Prevention Program

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INJURY AND ILLNESS PREVENTION PROGRAM

San Diego Unified School District (SDUSD) will administer a comprehensive and continuous occupational *Injury and Illness Prevention Program (I.I.P.P.)* for all employees. The health and safety of the individual, whether at schools, support sites, or in the field, takes precedence over all other operational concerns. Management's goal is to prevent accidents, reduce personal injuries and occupational illnesses, and comply with all safety and health standards.

I.I.P.P. Policy

Responsibility

The Superintendent for the San Diego Unified School District is responsible for the district's *I.I.P.P.* The Superintendent has appointed the Safety Program Supervisor from Auxiliary Services with authority and responsibility for implementing the *I.I.P.P.*, and overall management and administration of the program (District Administrative Procedure No. 5100). Each administrator or supervisor is responsible for implementing the *I.I.P.P.* in his/her work area. A copy of the district's *I.I.P.P.* shall be made available to any employee by request to his/her supervisor. Any questions regarding the program should be directed to the employee's supervisor.

Employee Compliance

Employees who follow safe and healthy work practices will be appropriately recognized and those who are unaware of correct safety and health procedures will be trained or retrained as described below. Willful violations of safe work practices may result in disciplinary action in accordance with district administrative procedures.

Communication

Matters concerning occupational safety and health will be communicated to employees by written documentation, staff meetings, formal and informal training, and posting. Communication from employees to supervisors and/or safety representatives about unsafe or unhealthy conditions is encouraged and may be verbal or written as the employee chooses. The employee may use the Employee Report of Safety Hazard form (attached) and remain anonymous. No employee will be retaliated against for reporting hazards or potential hazards or for making suggestions related to safety.

Hazard Assessment

Inspections

Each site manager or supervisor will conduct regular inspections to identify unsafe work conditions and practices. Informal inspections or checks can be conducted as often as necessary. Employees should get into the habit of checking their work areas and equipment for deficiencies on a daily basis. Formal, documented inspections shall be conducted:

1. Twice each year in all work areas.
2. Whenever new substances, processes, procedures or equipment which present potential new hazards are introduced into the workplace that represents a new occupational safety or health hazard.
3. When new previously unidentified hazards are recognized.

The inspection outcomes above must be performed and documented on the *Semi-Annual Site Safety Inspection and Report* form (page 8-15). These reports must be returned to the Physical Plant Operations Department by May 1st and November 1st and a copy is to be maintained at the

site. Informal inspections may be recorded on the Safety Inspection Data Form (page 22).

Hazard Corrections

Whenever an unsafe or unhealthy condition, practice, or procedure is observed, discovered, or reported, the immediate administrator or supervisor will take appropriate corrective measures in a timely manner based upon the severity of the hazard. Employees will be informed of the hazard and interim protective measures taken until the hazard is corrected. Employees may not enter an imminent hazard area without appropriate protective equipment, training, and the prior specific approval of the Program Administrator or designee. An imminent hazard is that which poses an immediate serious threat to safety and health.

Training and Instruction

The Site Administrator or designee shall assure that supervisors receive training on general workplace safety as well as on safety and health issues specific to their job. This training is provided:

1. To all new workers;
2. To all workers given new job assignments for which training has not been previously provided;
3. Whenever new substances, processes, procedures or equipment are introduced to the workplace and present a new hazard;
4. Whenever the employer is made aware of a new or previously unrecognized hazard;
5. To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
6. To all workers with respect to hazards specific to each employee's job assignment.

The record of Employee Safety Training (page 23) must be used to document all safety training.

Reporting of Serious Injury, Illness or Death

Occupational injuries and illnesses are to be handled in accordance with section 330(h), T8CCR and District Administrative Procedure No. 5170 and documented on Form 78, the *Supervisor's Report of Accident/Illness/Accident* (page 17). This form may be downloaded from the District's Risk Management website at <http://www.sandi.net/page/1940>.

When an employee is injured in the workplace and requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement they must report it to the nearest Cal/OSHA office. It must be reported as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. This does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway. Detailed information on mandatory reporting of serious injury, illness or death (pages

Record Keeping

The Inspection Administrator or designee shall keep records that include the following:

1. Date of inspection.
2. Name(s) of person(s) conducting the inspection.
3. Unsafe conditions and work practices that were identified during the inspection.

4. Action to correct the unsafe conditions and work practices.

The *Supervisor's Report of Injury/Illness/Accident* (page 17) should be used to document all accident/illness investigations. These records shall be maintained for three (3) years.

The Training Instructor or designee shall also keep documentation of safety and health training attended by each employee including employee name, training dates, type or topic of training and names of training providers. This documentation shall be maintained for three (3) years.

Workplace Security

San Diego Unified School District's Injury and Illness Prevention Program (I.I.P.P.) for workplace security addresses the hazards known to be associated with the three major types of workplace violence.

Type I workplace violence involves a violent act by an assailant with no legitimate relationship to the workplace, who enters the workplace to commit a robbery or other criminal act.

Type II involves a violent act or threat of violence by a recipient of a service provided by our district, such as a client, patient, customer, passenger or a criminal suspect or prisoner.

Type III involves a violent act or threat of violence by a current or former employee, supervisor or manager, or another person who has some employment related involvement with our district, such as an employee's spouse or lover, an employee's relative or friend, or another person who has a dispute with one of our employees.

Responsibility

The Chief of School Police is the program administrator for workplace security. The Chief has the authority and responsibility for implementing the provisions of this program.

ALL managers and supervisory personnel are responsible for implementing and maintaining this I.I.P.P. in their work areas and for answering employee questions about the I.I.P.P. District procedures detail appropriate actions to be taken to ensure site security.

Compliance

The District has established the following procedure to ensure compliance with our rules on workplace security.

Managers and supervisors will ensure that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all employees. This action can be accomplished by instructing subordinate employees to read and acknowledge a basic understanding of district procedures related to this subject

All employees are responsible for using safe work practices, for following all directives, policies, and procedures, and for assisting in maintaining a safe and secure work environment.

The District wants to ensure that all employees, including supervisors and managers, comply with work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace. Steps to ensure compliance include:

1. Informing employees, supervisors and managers of the provisions of our I.I.P.P. for workplace security.
2. Evaluating the performance of all employees in complying with our district's workplace security measures.
3. Recognizing employees who perform work practices which promote security in the workplace.
4. Providing training and/or counseling to employees whose performance is deficient in complying with work practices designed to ensure workplace security.
5. Utilizing progressive discipline for employees who failure to comply with workplace security practices. The following practices ensure employee compliance with workplace security directives, policies, and procedures:
 - a. Immediate one-on-one counseling for non-compliance.
 - b. Notation within the employee's performance evaluation for repeated compliance issues.
 - c. General workplace security training and inspection includes, but is not limited to the following:
 - i. Explanation of security measures and procedures for reporting any violent acts or threats of violence.
 - ii. Recognition of workplace security hazards including the risk factors associated with the three types of workplace violence.
 - iii. Measures to prevent workplace violence, including procedures for reporting workplace security hazards or threats to managers or supervisors.
 - iv. Ways to diffuse hostile or threatening situations.
 - v. Measures to summon others for assistance.
 - vi. Employee routes of escape.
 - vii. Notification of law enforcement authorities when a criminal act may have occurred.
 - viii. Emergency medical care provided in the event of any violent act upon an employee.
 - ix. Post-event trauma counseling for those employees desiring such assistance.

Remember, it is incumbent of all supervisors and/or managers to provide specific instructions to all their assigned employees, instruction and guidance regarding workplace security hazards unique to their job assignment to the extent that such information was not already covered in other documented training.

Communication

Within SDUSD, we recognize that to maintain a safe, healthy and secure workplace, we must have open two-way communication between all employees, managers and supervisors, on all workplace safety, health and security issues. Our district has a communication system designed to encourage a continuous flow of safety, health and security information between management and our employees without fear of reprisal and in a form that is readily understandable.

Our communication system consists of the following items:

1. New employee orientation in our district's workplace security policies, procedures and work processes.
2. Periodic review of our I.I.P.P. for workplace security with all personnel.
3. Training programs designed to address specific aspects of workplace security unique to

our district.

4. Regularly scheduled safety meetings with all personnel that include workplace security discussions.
5. A system to ensure that all employees, including managers and supervisory personnel, understand the workplace security policy.
6. Posted or distributed workplace security information.
7. A system for employees to inform management about workplace security hazards or threats of violence.

**San Diego Unified School District
Safety Office**

School/Site: _____ Date of Inspection: _____

SEMIANNUAL SITE SAFETY INSPECTION AND REPORT

Instructions: The fire and safety laws in the State of California require that all places of employment, both public and private, be inspected on a routine basis to discover and correct unsafe conditions and violations of existing safety rules and regulations. This semiannual inspection and documentation is one of the key elements in our district’s safety program. Properly executed, it serves to maintain an active awareness of safety needs at all sites, and should identify those conditions requiring corrective action.

By **November 1st** and **May 1st** of each school year, the Building Services Supervisor or Plant Operations Supervisor is required to conduct the semiannual site safety inspection and complete this report. The site administrator reviews and approves the report and sends it to the **WORK ORDER DESK** at *Physical Plant Operations*.

Attach the completed Pressure Vessel Relief Valve Testing and Inspection Log for Boilers and Water Heaters to this report.

1. Physical Plant				
	<i>Machinery and Equipment</i>	Yes	No	N/A
A.	All defective equipment tagged and restricted from use until repaired? <i>Action Taken/Comments:</i>			
B.	“Points of operation” guards provided on all moving machinery? <i>Action Taken/Comments:</i>			
C.	Moving parts of power-driven machinery adequately guarded? <i>Action Taken/Comments:</i>			
D.	Instruction in safe operating procedures given for each machine? <i>Action Taken/Comments:</i>			
E.	Ladders have all required labeling? Is it equipped with safety feet and maintained in good condition? <i>Action Taken/Comments:</i>			
F.	Gas cylinders properly secured (Strapped or chained—no free-standing cylinders)? Extinguisher on each welding cart? Are cylinder caps in place when not in use? <i>Action Taken/Comments:</i>			
G.	All welding areas ventilated and screened? <i>Action Taken/Comments:</i>			
	<i>Electrical</i>	Yes	No	N/A
A.	Are premises free from electrical hazards? (If not, explain.) <i>Action Taken/Comments:</i>			
B.	Are all electrical cords in good condition and free of taped areas? <i>Action Taken/Comments:</i>			

1.	Physical Plant – Electrical	Yes	No	N/A
C.	Are all rooms free of extension cords being used as substitutes for fixed wiring? <i>Action Taken/Comments:</i>			
D.	Do all 110 volt convenience outlets have 3-prong grounded receptacles? <i>Action Taken/Comments:</i>			
E.	Do all plugs on cords serving electrical devices which are not approved and labeled “double insulated” having a grounding prong? <i>Action Taken/Comments:</i>			
F.	Are all electrical boxes covered with an appropriate plate or cover? <i>Action Taken/Comments:</i>			
G.	Have you ensured that power strips have not been plugged into one another or “daisy chained”? <i>Action Taken/Comments:</i>			
H.	Extension cords/reloadable power strips are not affixed to structures, extended through walls, ceilings, floors, under floor coverings or subject to environmental or physical hazards? <i>Action Taken/Comments:</i>			
I.	Electrical rooms clean and free of all combustibles: <i>Action Taken/Comments:</i>			
	Heating (All heating equipment including flues, pipes and steam lines)	Yes	No	N/A
A.	In good condition and well-maintained? <i>Action Taken/Comments:</i>			
B.	Properly insulated and separated from all combustible material by a safe distance? <i>Action Taken/Comments:</i>			
C.	Boiler and mechanical rooms clean and free of all combustibles? <i>Action Taken/Comments:</i>			
D.	Equipment testing and inspection log complete? <i>Action Taken/Comments:</i>			
	Ventilation and Illumination	Yes	No	N/A
A.	Are all work areas provided with adequate lighting? <i>Action Taken/Comments:</i>			
B.	Are all lamps properly guarded? <i>Action Taken/Comments:</i>			
C.	Are all work areas provided with adequate ventilation to meet task requirements? <i>Action Taken/Comments:</i>			

1.	Grounds and Buildings	Yes	No	N/A
A.	Fire alarms, switches, wires, etc., in good repair, free from broken glass or bare wires hanging loose that could cause injuries? <i>Action Taken/Comments:</i>			
B.	Plumbing fixtures or outlets in good condition? <i>Action Taken/Comments:</i>			
C.	Grounds, blacktop and sidewalks free of undermining, holes, or cracks large enough to cause tripping accidents? <i>Action Taken/Comments:</i>			
D.	Sprinkler heads and pipes—free from jagged edges or pipes protruding out of ground that could cause injuries? <i>Action Taken/Comments:</i>			
E.	All areas free of debris, broken glass, and other hazardous materials? <i>Action Taken/Comments:</i>			
F.	Playground equipment—slides, backstops, goalposts, swings, jungle gyms, and other equipment free of broken or missing parts and sharp edges? <i>Action Taken/Comments:</i>			
G.	Area around and under playground equipment has proper amount or sand or rubber matting? (No exposed concrete footings.) <i>Action Taken/Comments:</i>			
H.	Are fire hydrants painted yellow and a 3 foot clearance being maintained? <i>Action Taken/Comments:</i>			
I.	Are fire lane markings and signage in good condition <i>Action Taken/Comments:</i>			
	Emergency Shutoff/Gas	Yes	No	N/A
A.	Is an exterior gas shut-off provided for each building unit for emergency use? <i>Action Taken/Comments:</i>			
B.	Are all gas shut-off valves painted red and marked “Gas Shut-Off”? <i>Action Taken/Comments:</i>			
2.	Safety			
	Fire	Yes	No	N/A
A.	Are fire extinguishers provided on each floor so that not over 75 feet travel is required to reach the nearest extinguisher? <i>Action Taken/Comments:</i>			

2.	Safety – Fire	Yes	No	N/A
B.	All extinguishers clearly accessible and free from obstructions? <i>Action Taken/Comments:</i>			
C.	Have all fire extinguishers been checked and recharged within the last twelve months? <i>Action Taken/Comments:</i>			
D.	Have all fire extinguishers been visually checked and tag signed monthly? <i>Action Taken/Comments:</i>			
E.	Are date recharge tags attached to all extinguishers? <i>Action Taken/Comments:</i>			
F.	Is a large woolen blanket (in a fire blanket cabinet) readily available for use in all areas or classrooms where there is a chance of clothing fire due to cooking, use of an open flame, or hot plate? <i>Action Taken/Comments:</i>			
G.	Are all stage curtains, window curtains, drapes, and pieces of upholstered furniture in good repair and properly flame proofed as outlined in District Procedure No. 5105? <i>Action Taken/Comments:</i>			
H.	Were mandatory fire drills conducted? 1. Dates _____; _____; _____; _____; 2. Average time of exits: minutes _____ and seconds _____ <i>Action Taken/Comments:</i>			
I.	Are fire alarms audible in all classrooms, child care facilities and assembly areas? (If not, please explain.) <i>Action Taken/Comments:</i>			
J.	Assignment of fire drill duties and emergency procedures posted? <i>Action Taken/Comments:</i>			
K.	Are fire drill exit routes posted in every room? <i>Action Taken/Comments:</i>			
	Exit	Yes	No	N/A
A.	Are all exit doors equipped with panic locks or school type locks? <i>Action Taken/Comments:</i>			
B.	Are locks tested each week to insure ease of operation? <i>Action Taken/Comments:</i>			

2.	Safety – Exit	Yes	No	N/A
C.	Are all doors and exits free from bars or chains during all hours of occupancy which would hamper or prohibit ready egress from any room or area? <i>Action Taken/Comments:</i>			
D.	Are all exits, aisles, ramps, corridors and passageways clear of any obstructions? <i>Action Taken/Comments:</i>			
E.	Are all fire exits marked? (Letters on signs must be 6” high.) <i>Action Taken/Comments:</i>			
F.	Are all bulbs in fire exit signs functional? <i>Action Taken/Comments:</i>			
G.	When auditorium, gymnasium, or other rooms are in use are fire exit signs lighted and exit doors unlocked? <i>Action Taken/Comments:</i>			
H.	Are chairs “bonded” in groups of not less than three (3) when there are more than 300 seats set up without accompanying tables as in cafeterias? <i>Action Taken/Comments:</i>			
I.	If your site has classroom buildings that have second floors, have you ensured that grades K-2 classrooms are not on the second floor? <i>Action Taken/Comments:</i>			
	Housekeeping	Yes	No	N/A
A.	Are floors kept clean, dry and free of depressions or tripping hazards? <i>Action Taken/Comments:</i>			
B.	Is ceiling clearance of 18 in. for sprinklered and 24 in. for non-sprinklered being maintained? <i>Action Taken/Comments:</i>			
C.	Are classrooms, offices, corridors, and grounds free from tripping hazards? <i>Action Taken/Comments:</i>			
D.	Permanent aisles and passageways clearly defined? <i>Action Taken/Comments:</i>			
E.	Are all materials piled, racked, or stored in safe manner? <i>Action Taken/Comments:</i>			
F.	Are all waste materials and scrap lumber stored properly? <i>Action Taken/Comments:</i>			

2.	Safety – Housekeeping	Yes	No	N/A
G.	Are overhead storage areas provided with guardrails and ladder access? <i>Action Taken/Comments:</i>			
H.	Are bottles and jars in science labs protected by “earthquake wiring” or shelf lips to prevent dislodging and falling? <i>Action Taken/Comments:</i>			
I.	Are step ladders provided in all storage areas/rooms for shelf access? <i>Action Taken/Comments:</i>			
J.	Are food items being stored in classrooms and being kept away from chemicals? <i>Action Taken/Comments:</i>			
K.	Are of the following prohibited areas free from accumulations of combustibles and debris? Basement Boiler/Furnace Room Electrical Panel Room / Mechanical Room Dressing Rooms Under Stairs Back Stage Other (specify) <i>Action Taken/Comments:</i>			
	Safety – Signs/Postings/Documents	Yes	No	N/A
A.	Is annual safety training for custodial staff current? Are training records kept on file for review? <i>Action Taken/Comments:</i>			
B.	Danger and/or Caution signs provided in areas where there is exposure to hazardous conditions/materials? (shops, labs, etc.) <i>Action Taken/Comments:</i>			
C.	Sign posted at each air compressor warning employees that “Machine is automatically controlled and may start at any time”? <i>Action Taken/Comments:</i>			
D.	Elevator and/or pressure vessel permits posted as required? <i>Action Taken/Comments:</i>			
	Personal Protection (PPE) – Personnel and students working in laboratories and industrial workshops are provided with:	Yes	No	N/A
A.	Protective clothing? <i>Action Taken/Comments:</i>			
B.	Face and eye protection? <i>Action Taken/Comments:</i>			
C.	Respiratory protection (when required)? <i>Action Taken/Comments:</i>			

2.	Safety – Personal Protection (PPE) – Personnel and students working in laboratories and industrial workshops are provided with:	Yes	No	N/A
D.	Showers and eye wash stations? Are they being activated monthly? <i>Action Taken/Comments:</i>			
E.	Ear protection (when required)? <i>Action Taken/Comments:</i>			
3.	Environmental – Including Hazardous Materials/Waste and Universal Waste			
	Signs/Postings/Documents	Yes	No	N/A
A.	County of San Diego, Dept of Environmental Health Unified Program Facility Permit (if required) is posted in a conspicuous location and it current. <i>Action Taken/Comments:</i>			
B.	Hazardous materials inventory is current and material safety data sheets (MSDS) are available for each substance onsite. All hazardous materials are properly labeled. <i>Action Taken/Comments:</i>			
C.	Is annual hazmat training including information on managing universal waste; batteries, fluorescent light tubes, lamps, cathode ray tubes (CRT's), aerosol cans for custodial staff current? Are training records kept on file for review? <i>Action Taken/Comments:</i>			
D.	Are hazardous waste and universal waste receipts kept on file and available for review for the past 3 years? <i>Action Taken/Comments:</i>			
	Storage	Yes	No	N/A
A.	Are hazardous waste containers properly labeled with the following: Site name, address, phone number, EPA ID number, accumulation start date, description of contents, physical state and hazardous properties? <i>Action Taken/Comments:</i>			
B.	Are all flammable liquids dispensed from approved safety cans and properly labeled as to contents? <i>Action Taken/Comments:</i>			
C.	Are all flammable liquids in excess of ten gallons in any one room stored in approved safety storage cabinets? <i>Action Taken/Comments:</i>			

3.	Environmental – Storage	Yes	No	N/A
D.	Are hazardous waste and universal waste containers kept closed when not in use? <i>Action Taken/Comments:</i>			
E.	Are metal waste containers, with tight fitting covers, used for storage of oily waste, polishing cloths, solvent rags, etc.? <i>Action Taken/Comments:</i>			
F.	Universal wastes properly labeled with the following: UNIVERSAL WASTE Site name and accumulation start date <i>Action Taken/Comments:</i>			
G.	No Hazardous waste and universal waste have been stored onsite for more than one year?			

Name of Person Inspecting Site	Title	Date(s) of Inspection
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Action MUST be initiated by site staff to correct all hazards identified through this inspection process. For hazards that cannot be corrected immediately, appropriate protective measures must be implemented by site personnel to prevent injury. These measures may include taking equipment out of service, erecting barricades, closing an area, posting notices, etc. Item(s) which cannot be corrected by site personnel should be reported by telephone to the Maintenance Department "work order desk". For items which are not routine maintenance or are capital outlay, a "Request for Maintenance Service" form should be completed and submitted. Any questions concerning items identified through this inspection process should be directed to the appropriate division/department head for answers and/or assistance.

Reviewed and approved By _____
Site Administrator
Date

Make copy for school/site record; send original copy to **WORK ORDER DESK** at Physical Plant Operations.

PRESSURE VESSEL RELIEF VALVE TESTING AND INSPECTION LOG FOR BOILERS AND WATER HEATERS

Printable version available at <http://www.sandi.net/Page/1948>

PRESSURE VESSEL RELIEF VALVE TESTING AND INSPECTION LOG FOR BOILERS AND WATER HEATERS

SITE: _____

1. Manually Test Relieve Valves Type of Equipment	Size	Fuel	Loc.	Month 1		Month 2		Month 3		Month 4		Month 5		Month 6	
				Date/Signed		Date/Signed		Date/Signed		Date/Signed		Date/Signed		Date/Signed	

2. Boiler Room Cleaned	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6

1. Auxiliary Boiler Equipment in good operating order.	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6

4. Deficiencies (description and date(s) reported):

2. I certify that all pressure vessels at this site are identified here and have been inspected as indicated above.

_____ Date
 Principal/Administrator

_____ Date
 Building Services Supervisor

SUPERVISOR'S REPORT OF INJURY/ILLNESS/ACCIDENT

(Sample Only)

Printable version available at <http://www.sandi.net/page/1940>

<p>SAN DIEGO UNIFIED SCHOOL DISTRICT</p> <p>SUPERVISOR'S REPORT OF INJURY/ILLNESS FORM 78</p> <p>(For supervisor, <u>not employee</u>, to report work related injury/illness)</p> <p>Completing this form is not an admission of SDUSD liability.</p> <p>REFERENCE: ADMINISTRATIVE PROCEDURE 5170</p>

1. Immediately complete all sections of the Supervisor's Report of Injury/Illness and fax to Risk Management Department. **DO NOT WAIT FOR THE PRINCIPAL/DEPARTMENT HEAD'S SIGNATURE. FAX (858) 627-7353.**
 2. Forward the original Supervisor's Report of Injury/Illness with Principal/Department Head's signature to Risk Management
 3. Use additional pages as needed to provide all pertinent information regarding this employee's injury/illness.
 4. Forward the original Supervisor's Report of Injury/Illness to Risk Management with Principal/Department Head's signature.
- ★ The site is required to call CalOSHA AT (619) 767-2280 within 8 hours of the injury in the event of a serious injury or illness defined as requiring inpatient hospitalization for other than medical observation, or in which an employee suffers a loss of any member of body, or suffers any serious degree of permanent disfigurement. Failure to do so may result in a fine of up to \$5,000 to the site.**

Employee Information			
Employee's First & Last Name	Position Title	Site/Location Name & Number	Work Phone & Ext #
Employee's Mailing Address	City	Zip Code	SDUSD Employee ID #
Scheduled Days at Site <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Start Time	End Time
Total Hours Worked Per Week _____		: <input type="checkbox"/> am <input type="checkbox"/> pm	: <input type="checkbox"/> am <input type="checkbox"/> pm
		<input type="checkbox"/> Volunteer (Board Approved)	
		<input type="checkbox"/> Student Paid by SDUSD	
Injury/Illness Information			
Date/Time of injury or onset of illness ____/____/____ at ____:____		Witness <input type="checkbox"/> No <input type="checkbox"/> Yes, full name(s)	
Specific injury/illness and part(s) affected: (i.e. broken index finger on right hand, sprain in left forearm, etc.)			
Describe How Injury/Illness Occurred: 1. Provide sequence of events. 2. Specify object of exposure which directly produced the injury/illness. Use separate sheet of paper if necessary (ie Employee was walking from the classroom to the administration office when she tripped over uneven pavement and fell on both knees).			
Location/Department where injury/illness occurred: Site location:		Address:	City: Zip Code:
Was Employee acting within the normal course of duties? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, explain)			
Any equipment, chemical, materials, etc. used at time of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, explain)			
Are physical repairs necessary to site? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, explain)			
Was employee following safety procedure(s) when injury occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, explain)			
Has corrective action been taken, to prevent a reoccurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, explain)			
Medical Treatment <small>(EMPLOYEE RECEIVING MEDICAL TREATMENT MAY NOT RETURN TO WORK WITHOUT A MEDICAL RELEASE)</small>			
<input type="checkbox"/> NO Medical Treatment Sought			
<input type="checkbox"/> NO Medical Treatment Sought/Employee was seen by School Nurse. _____			
<input type="checkbox"/> YES, Medical Treatment Sought. Name/Location of Approved Occupational Medical Facility _____			
<input type="checkbox"/> YES, Medical Treatment Sought. Employee has a Pre-Designation of Personal Physician Form on file with the Risk Management Department.			
Medical Facility & Physician's Full Name: _____			
Address:(Street, City, Zip)		Phone: _____	
Workers' Compensation Site Representative/Contact			
Print Name	Title	Phone & Ext #	
Date of Supervisor's Knowledge/Notice of Injury/Illness	Signature	Date Signed	
Principal/Department Head			
Print Name	Title	Signature	Date Signed

Rev. 07 / 2011

MANDATORY REPORTING OF SERIOUS INJURY, ILLNESS, OR DEATH

Section 342(a), Title 8, California Code of Regulations (T8CCR) requires employers to report immediately by telephone, **619-767-2280** or fax, **619-767-2299** to the nearest Cal/OSHA enforcement unit district office any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment.

Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. Reporting delays can result in Cal/OSHA fines to your department. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

Serious injury or illness is defined in section 330(h), T8CCR as any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway.

Important information for staff When an injury occurs in the workplace we need to ensure that the employee receives prompt medical assistance & that Risk Management Department is notified AS SOON AS POSSIBLE. Managers, Supervisors & Lead men need to immediately follow up with the injured employee and/or the medical facility to get information on the nature of the injury and determine whether or not it fits the definition of a serious injury. During normal working hours Risk Management will assist you in obtaining information and reporting to Cal/OSHA, Risk Management can be reached at 858-627-7345 or via fax at (858) 627-7353. If you have employees that work in the evenings or on weekends you need to make sure that they are aware of these requirements and that they know who to contact when there is an injury. Night shift Custodians should notify their BSS or POS, if they are unavailable contact the Duty COS via pager.

Supervisors are required to:

1. Investigate every work related injury or illness immediately upon occurrence.
2. Print, complete, and immediately fax the Supervisor's Report of Injury/Illness (Form 78) to the Risk Management Department at (858) 627-7353; do not wait for a principal/department head's signature.
3. After faxing, give the form to the principal/department head for review and signature.
4. Forward the original Form 78 to the Risk Management Department, retaining a copy for site records.

For general questions regarding the workers' compensation process, contact Risk Management at (858) 627-7345 or visit the Risk Management department website. Employees with questions regarding an existing workers' compensation claim should contact their assigned workers' compensation claims representative. General contact information for the District's Third Party Claims Administrator is also found on the Risk Management website.

BASIC RULES FOR ACCIDENT INVESTIGATION

1. The purpose of an investigation is to find the cause of an accident and prevent further occurrence, not to fix the blame.
2. An unbiased approach is necessary to obtain objective findings.
3. Visit the accident scene as soon as possible, while facts are fresh and before witnesses forget important details.
4. If possible, interview the injured employee at the scene of the accident and “walk” him/her through a re-enactment.
5. All interviews should be conducted as privately as possible.
6. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident, even if they did not actually witness it.
7. Consider taking signed statements in cases where facts are unclear or if there is an element of controversy.
8. Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.
9. 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.
10. Every investigation should include an action plan. How will you prevent such accidents in the future?
11. If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claim costs.

San Diego Unified School District
EMPLOYEE REPORT OF SAFETY HAZARD

School/Site/Dept:	Inspected By:	Date:
Exact Location:		
Safety Discrepancy:		
Suggested Corrective Action:		

**San Diego Unified School District
SAFETY INSPECTION FORM**

School/Site/Dept:	Inspected By:	Date:
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Hazardous Condition:

Suggested Corrective Action:

RECORD OF EMPLOYEE SAFETY TRAINING

Printable version available on the Safety Office website at <http://www.sandi.net/Page/1948>



San Diego Unified
SCHOOL DISTRICT

SAFETY TRAINING ATTENDANCE

TOPIC: _____

Date: _____ Site/location: _____ Instructor: _____

Print name (no nick)

Signature

Job Title
(Teachers, include subject taught)

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WITNESS STATEMENT

(Please Print Clearly)

WITNESS TO ACCIDENT INVOLVING:	
DATE OF ACCIDENT:	TIME OF ACCIDENT:
NAME OF WITNESS:	WORK LOCATION:
TELEPHONE (Work):	TELEPHONE (Home):
ADDRESS:	
WORK RELATIONSHIP TO PARTY OR PARTIES TO ACCIDENT:	
WHERE WERE YOU (<i>location, distance from accident, etc.</i>) AT THE TIME OF THE ACCIDENT?	
WHAT WERE YOU DOING AT THE TIME OF THE ACCIDENT?	
WHAT DID YOU OBSERVE?	
ANY ADDITIONAL COMMENTS?	
DATE:	WITNESS SIGNATURE: