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Injury & Illness Prevention Program

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Company name here

Cal/OSHA 3203

*In accordance with Cal/OSHA, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (IIPP). The Program must be in writing and shall at a minimum:*

*(1) Identify the person or persons with authority and responsibility for implementing the Program.*

*(2) Include a system for ensuring that employees comply with safe and healthy work practices.*

*(3) Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health.*

*(4) Include procedures for identifying and evaluating workplace hazards including scheduled periodic inspections to identify unsafe conditions and work practices.*

*(5) Include a procedure to investigate occupational injury or occupational illness.*

*(6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard.*

*(7) Provide training and instruction to all new employees and whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.*

*(8) Written documentation of training, instruction, inspections and other elements must be retained on file.*

Employee Access to the Injury & Illness Prevention Program

Our employees – or their designated representatives - have the right to examine and receive a copy of our IIIPP. The method to accomplish this is checked below:

|  |
| --- |
| * Contact       to receive a copy. A copy of the program will be provided within a reasonable time, but not later than five (5) business days after the request is received from an employee or designated representative. * Access the company server or website at       to review, print and/or email a current version of the program. |

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Company Safety Policy

The management of       recognizes that workplace safety is an essential element in our business for humanitarian, economic and legal reasons.

Management has dedicated itself to providing the active leadership and support necessary to develop and maintain a successful Injury and Illness Prevention Program (IIPP) with these objectives:

* Provide a safe and healthy work environment for all employees.
* Minimize the risk of human and economic losses resulting from unnecessary personal injury or property damage.
* Ensure the security, protection and well-being of the personnel and property of our company.
* Comply with all existing safety and health laws that apply to the workplace.

The success of our Injury and Illness Prevention Program requires the full, earnest cooperation of each employee. Safety must be considered a vital part of every job in our company.

We welcome your safety suggestions and feedback. Please contact our Safety Coordinator       at       or submit an anonymous suggestion via our safety suggestion box located at      .

Our ultimate goal is zero incidents and the best way to achieve this is through encouraging employees to be observant, offer their suggestions, and to foster a safety culture that eliminates unsafe acts and conditions to create an optimally safe and efficient work environment.

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

**Signed**

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

**President**

Safety Training

Safety begins on day one. All new hires will undergo safety orientation prior to beginning their job tasks. The New-hire Checklist should be modified to include job-specific instruction, then reviewed and signed by each new hire.

When new machinery, equipment or processes are introduced to an employee, training will be documented using the attached Safety Training Log or similar means.

Safety Communication

Effective safety communication between management and employees is paramount to the company’s success. The following (checked) methods will be used:

* Employee safety meetings conducted       (monthly, quarterly, semi-annually, annually) with interim meetings conducted as needed
* New employee safety orientation
* Employee bulletin boards with safety messages posted regularly
* Written communications including payroll stuffers, newsletters or postings
* Participation in or communication from the Safety Committee. The committee will meet all Cal/OSHA requirements including:
  + Members from labor and management
  + Meets no less than quarterly
  + Reviews worksite inspection reports
  + Reviews accident investigations and develops plans for corrective action
  + Reviews employee safety suggestions
  + Prepares and makes available written records of issues discussed at meeting

All safety communication efforts will be documented using one of the following documents:

* New-hire Training Checklist
* Safety Training Log
* Safety Communication Log
* Safety Meeting Record/Committee Minutes

Safety Meeting Record

##### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employees in Attendance:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Suggestions:**

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**Suggestion Follow-up:**

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New-hire Training Checklist

❑ If you are unsure how to do a task safely, ask your supervisor.

❑ The following personal protective equipment (PPE) is required to be worn with consistency.

❑ Report all accidents or injuries to your supervisor immediately, no matter how minor.

❑ Do not operate any machines or equipment on which you have not been formally trained.

❑ Report any safety hazards or defective equipment to your supervisor immediately.

❑ Do not remove, tamper with or override any guard, safety device or interlock.

❑ Never use equipment with inoperative or missing guards or interlocks.

❑ Being under the influence of alcohol or legal/illegal substances while on the premises is strictly prohibited.

❑ Never engage in horseplay or fighting.

❑ Use lifting techniques reviewed during orientation. Use a cart, hand truck or two-person lift for heavy or awkward loads.

❑ Use a ladder when accessing high stock or tasks. Never stand on chairs, boxes or racks.

❑ After dark, exit the facility in pairs. Report any suspicious behavior.

❑ Chemical Safety Data Sheets (SDS) are located \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

❑ Understand emergency preparedness plans as posted and practiced.

❑ Attend all safety meetings. Read/understand written & posted safety messages

❑

❑

❑

I have been instructed on the aforementioned topics and understand related company policies and procedures.

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## Supervisor Signature Date

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## Employee Signature Date

Safety Training Log

**Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Topic/Machine** | **Supervisor** | **Date** | **Employee Signature** |
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Safety Communication Log

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| **Newsletter/Poster Topic** | **Date Distributed/Posted** |
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Safety Committee Minutes

##### Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Members in Attendance:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Members Absent:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Old Business:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Review of Accidents:**

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**Recommendations:**

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**Review of Inspection Reports:**

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Safety Committee Minutes (cont.)

**Recommendations:**

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**Employee/Committee Suggestions:**

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**Goal Planning:**

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**Open Forum:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Next Meeting:**

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Hazard Identification and Correction

Informal safety inspections, to include evaluation of the facility, equipment, machinery, vehicles and processes will be completed by any/all personnel on an ongoing basis.

Employees are encouraged to report unsafe conditions or practices by informing their supervisor, the safety coordinator or via note in the safety suggestion box.

Formal safety inspections will be conducted on a       (monthly, quarterly, semi-annual, annual) basis using the Safety Inspection Checklist. Any deficiencies identified on the checklist will be immediately addressed with documented corrective action.

Safety Inspection Checklist

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments /Corrective Action** |
| **Floors dry and in good repair?** |  |  |  |
| **Non-slip mats in good repair and used effectively?** |  |  |  |
| **Aisles and corridors kept clear?** |  |  |  |
| **Good housekeeping standards? Stock neatly arranged?** |  |  |  |
| **Exits marked and free of obstruction?** |  |  |  |
| **Emergency lighting packs in place and functional?** |  |  |  |
| **Ample lighting?** |  |  |  |
| **Hand rails on all stairs, catwalks and mezzanines?** |  |  |  |
| **Ladders in good repair?** |  |  |  |
| **Electrical cords not frayed or damaged?** |  |  |  |
| **Extension cords not used permanently?** |  |  |  |
| **Electrical panels unobstructed?** |  |  |  |
| **Emergency evacuation routes posted?** |  |  |  |
| **Fire extinguishers mounted where identified?** |  |  |  |
| **Each fire extinguisher charged/serviced annually?** |  |  |  |
| **First-aid kits on hand and well stocked?** |  |  |  |
| **Eye wash station in place & tested? Unobstructed?** |  |  |  |
| **Chemicals safely stored and labeled? SDS’s on hand?** |  |  |  |
| **Personal protective equipment (PPE) being used?** |  |  |  |
| **Hand trucks, pallet jacks and carts in good repair?** |  |  |  |
| **Forklifts in good condition and safely operated?** |  |  |  |
| **Inspection schedule followed for forklifts?** |  |  |  |
| **Hand tools kept sharp & in safe working order?** |  |  |  |
| **Employees wearing appropriate footwear?** |  |  |  |
| **Employees lifting safely?** |  |  |  |
|  |  |  |  |
| **Inspection Completed By:** | **Date:** | | |

Safety Policy Enforcement/Disciplinary Procedures

Compliance with the company Injury and Illness Prevention Program (IIPP) is mandatory and shall be considered a condition of employment.

The failure to adhere to safety policies and procedures established by our company can have a serious impact on everyone concerned. Unsafe acts cannot only threaten the well-being of the individual involved, but of his/her co-workers.

The following actions will be used to assure employee compliance with safety policies and procedures:

* Supervisor evaluation of employee practices
* Retraining
* Disciplinary action
* Optional safety incentive program

Just as      has specific disciplinary measures for general employment rules, policies and procedures, it also utilizes these same disciplinary measures for the enforcement of safety rules, policies and procedures.

Information on disciplinary measures, termination/suspension policies and procedures, grievance procedures, and applicable staff member laws can be found in the Employment Policies and Practices Section of the *Employee Handbook.*

Accident Investigation

An accident investigation will be completed to determine the cause of any workplace accident. A corrective action will be implemented to prevent future reoccurrence.

The assigned investigator will interview the injured worker and witnesses using open ended questions. Photos will be taken and possible surveillance video reviewed to accurately understand the event.

The Accident Investigation Form will be completed and corrective actions implemented as soon as possible following the incident.

Accident Investigation Report

### Injured Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time of Accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nature of Accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Conditions of the Accident

*Complete story of what happened:*

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# Safety Conditions

*Unsafe acts or conditions involved:*

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*Photos Provided? Yes \_\_\_\_ No \_\_\_\_\_ Surveillance Video Available? Yes \_\_\_\_ No \_\_\_\_*

# Action Plan

*Action taken to prevent recurrence:*

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**Investigator Signature Date**

Injury & Illness Prevention Program Review

Effective program implementation, regular revisions/updates and recordkeeping are required for this program to conform with state standards. The Injury & Illness Prevention Program will be reviewed annually and revised as necessary. Any significant changes will be communicated with the employees.

Latest Revision Date: