

# City of Pinole

## INJURY AND ILLNESS PREVENTION PROGRAM



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## PROGRAM OVERVIEW

The City of Pinole strives to maintain a safe and healthy work environment for all employees. We recognize the responsibilities for safety and health are shared. As your employer, the City is committed to providing leadership and support for the effective implementation of the City's safety and health programs. The City Manager, department heads, managers, supervisors, and employees are required to comply with all applicable federal, state, and local safety laws and regulations. Each department is required to conduct its operations and activities in a safe manner to minimize the risk of injury to employees and the public. No employee will be required to conduct any task that is determined to be unsafe. The City Manager, department heads, managers, supervisors, and employees are expected to report potential safety hazards without fear of retaliation and with confidence that safe and healthful conditions and practices will prevail in the workplace. It is the policy of each City department to identify and minimize potential risks inherent in the operation of various programs, services, facilities, and equipment.

The Injury and Illness Prevention Program (IIPP) establishes as required by Title 8, California Code of Regulations, Section 3203. The objective of the program is to prevent injuries and illnesses in the workplace and engage City employees in maintaining a safe and healthy work environment. The IIPP includes information on the implementation of the following critical elements:

- Program responsibilities
- Compliance methods
- Communication system
- Hazard assessment and periodic inspections of work areas
- Hazard correction
- Accident investigation
- Health and safety training
- Record keeping

The IIPP applies to all City of Pinole departments under the direct control and authority of the. The program includes all City employees providing services at all facilities, workplaces, and events.

The department IIPP supplements provide department-specific information and additional direction. A copy of our IIPP is available from each manager and supervisor. Employees, or a designated representative, will be provided access to the IIPP in a reasonable time, place, and manner, but no later than five business days of a request to their manager or supervisor. Access will include a printed copy of the IIPP for their department or if the employee agrees, unobstructed access to the document through our website [www.ci.pinole.ca.us](http://www.ci.pinole.ca.us) in Workplace Resources.

## **RESPONSIBILITY AND AUTHORITY**

### **IIPP Program Administrator**

The City Manager has the overall responsibility and oversight for the IIPP. The City Manager may designate IIPP administrative tasks to another city employee. Responsibilities include:

- Oversight of the safety program
- Enforcing safety rules and regulations
- Providing resources to support program implementation
- Providing department heads, managers and supervisors health and safety training

### **Department Heads, Managers and Supervisors**

Department heads, managers and supervisors have the authority and responsibility for the implementation of the IIPP, department IIPP or division addendums in the facilities and operations under their control. Responsibilities include:

- Providing leadership and resources to ensure the IIPP is effectively implemented
- Conducting safety orientations and training of new hires ensuring that safety protocols for tasks and activities specific to the new hire's duties are addressed
- Integrating safety communication in staff meetings, department meetings, and other forms of department communication
- Investigating all accidents and incidents within their area of responsibility to determine causes and take corrective/preventative actions.
- Observing employee work practices and conducting periodic safety inspections of facilities
- Verifying corrective actions implement on reported unsafe conditions/hazards
- Instructing employees on safe work practices for daily job assignments
- Recognizing employees who demonstrate safe work practices and behaviors
- Enforcing department/division safe work practices and procedures
- Ensuring equipment, materials and work areas are maintained in safe condition
- Providing job-specific employee safety training
- Provide, and enforce the use of, personal protective equipment
- Attending training to become knowledgeable about hazards and required controls in areas of responsibility

## **Employees**

City employees are responsible for their own safety and the safety of others in the workplace. Responsibilities include:

- Participating in safety trainings
- Complying with the City's IIPP and applicable department IIPP or division addendum including safe practices, procedures and programs
- Promptly reporting unsafe conditions and correcting when feasible
- Obeying and enforcing safety rules and regulations
- Following job-specific safety procedures including use of personal protective equipment
- Reporting any work-related injury, illness, or property damage immediately

## **COMPLIANCE**

The City Manager, department heads, managers and supervisors will ensure all safety and health policies and procedures are clearly communicated and understood by all employees. They will enforce the rules fairly and uniformly and set a good example for employees.

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

Department heads, managers, and supervisors are responsible for establishing and maintaining good health and safety practices. To ensure compliance, they shall be responsible for:

- Informing all employees of the IIPP requirements during new employee safety orientation training and ongoing IIPP and safety training
- Providing comprehensive IIPP training to department heads, managers and supervisors concerning their responsibilities for program implementation
- Evaluating the safety performance of all employees
- Recognizing employees who effectively implement safe and healthful work practices
- Providing supplemental training to employees whose safety performance is deficient.
- Disciplining employees who fail to follow safe work practices and/or procedures or who violate organizational rules or directives in compliance with the City's Personnel Rules, applicable MOUs, policies and procedures.

## **COMMUNICATION**

The City's IIPP and department/division addendums will be most effective in preventing injury and illness when there is clear and open communications amongst all employees. The

following system of communication is designed to facilitate safety and health information in forms that are readily understandable by all employees.

### **Employee Hazard Reporting**

The employee hazard reporting system provides a means for employees to report safety hazards that may result in employee illness or injury, damage to City property, or injury to the public. Report a hazard in person or by e-mail to their supervisor, the IIPP Administrator, or any department head, manager or supervisor immediately. The City's Hazardous/ Unsafe Condition Report form may be used to document hazards and is included in Appendix B.

Employees may also report hazards anonymously and without fear of reprisal using the Employment Risk Management Authority (ERMA) reporting hotline telephone number at: (877) 651-3924.

### **Department Staff Meetings**

Department staff meetings will include a discussion of health and safety concerns and brief training sessions as appropriate. Each manager/supervisor will document health and safety communication and training included in staff meetings. Training documentation will include the subject matter of the safety issues covered, the person presenting the information, the date of the training, and the name/signature of the employees in attendance.

### **Department/Division Health and Safety Training**

Each department/division has developed an occupational health and safety training matrix to ensure employees receive communication on general safety hazards and job-specific safety hazards. Department/division specific training matrices are located in IIPP Appendix A.

### **Safety Bulletin Boards/Supplemental Communications**

Each department/division work location will maintain a safety bulletin board to meet Cal/OSHA posting requirements and to ensure ongoing communication on significant health and safety issues. Department email messages and employee handouts on relevant topics are additional means of safety communication.

## **HAZARD ASSESSMENT**

Assessments of all employee-occupied buildings and surrounding outside areas will be performed periodically by designated competent employees to identify and evaluate workplace hazards.

In addition to periodic assessments, inspections will be conducted:

- When the IIPP is first established or significantly revised;
- When new or previously unidentified substances, processes, procedures or equipment result in new hazards in a department/division;
- When occupational accidents or incidents occur; and
- Whenever workplace conditions warrant an inspection.

Records of assessments and inspections will be retained by the appropriate department/division.

## **HAZARD CORRECTION**

Unsafe or unhealthy work conditions, practices, or procedures shall be corrected in a timely manner based on the severity of the hazards. The appropriate department/division head, manager or supervisor will promptly assess the hazard severity and the period for hazard correction using the following Severity Schedule:

### **Severity Schedule:**

- Critical: may cause death, serious injury, significant environmental impact, or substantial financial losses and/or is likely to occur soon.
- Serious: may cause injury, occupational illness, or environmental or property damage and/or probably occur in time.
- Minor: probably would not affect personnel or environmental safety or health but is in violation of specific criteria.

Hazards shall be corrected when initially observed, reported, or discovered. When an imminent hazard exists that cannot be immediately corrected without endangering employees and/or property, the City will remove all employees from the immediate area except those needed to correct the condition and to address security issues.

All hazard corrective actions will be documented, dated, and retained by the responsible department/division. Documentation shall be maintained for 3 years.

## ACCIDENT AND INCIDENT INVESTIGATIONS

### Investigation Procedures

All accidents or incidents that cause employee injuries or illnesses will be investigated. The responsible on-duty supervisor of the employee involved in the accident or incident will investigate promptly. The purpose of the investigation is to find the root cause of the accident or incident to prevent further occurrences, not to assign blame. The supervisor will complete the Accident Investigation Report (AIR) form (Appendix C). All documentation must be completed within 24 hours of knowledge of the incident and forwarded to the IIPP Administrator or their designee and the department head or manager within 24 hours of notification of the accident. If the accident or incident involves a serious accident (see below) the responsible on-duty supervisor will immediately contact by telephone the IIPP Administrator and responsibility department head.

### Accident Investigation Review Process

The IIPP Administrator or their designee and the appropriate department head or manager will review the accident investigation documentation to determine if the supervisor has identified the root cause of the accident or incident, contributing factors and applied corrective actions to prevent future injuries.

### Cal/OSHA Reporting Requirement for Serious Accidents

All fatalities or serious injuries, as defined by Cal/OSHA, must be reported to the Cal/OSHA District Office immediately but never more than 8 hours from the time the employer knows or should have known of the accident.

Serious injuries as defined by Cal/OSHA, include:

- An injury or illness that requires in-patient hospitalization for any period of time. This excludes hospitalizations for diagnostic testing or medical observation
- An injury that results in the loss of an eye, amputation or that results in any serious degree of permanent disfigurement.

The City Manager or their designee will contact the District Office. In the event the IIPP Administrator or their designee is not available the director, manager or supervisor will call the Cal/OSHA American Canyon District Office at (707) 649-3700.

## TRAINING

### IIPP Training Requirements

All employees will participate in department/division occupational health and safety training on general and job-specific hazards and safe work practices. Supervisors will be trained on all health and safety hazards to which employees under their immediate direction and control are exposed.

Training will be provided:

- When the IIPP is first established or significantly revised;
- When new employees are hired;
- When employees are reassigned to a new area or task with no prior training; and
- When new substances, operations or equipment are introduced.

### **Department/Division Health and Safety Training**

Department specific training requirements are identified in the Employee Safety Training Matrices located in Appendix A.

### **RECORD KEEPING**

The IIPP Program Administrator or their designee will maintain records of:

- IIPP periodic review and revisions
- City-wide safety training

Each Department/Division will maintain the following records:

- Department/Division safety training for each employee, including the employee's name, training dates, type of training, and training providers
- Assessment and Inspections, including the person(s) conducting the inspection, the unsafe conditions and work practices identified, corrective action, and follow up
- Accidents, illnesses, and near-miss investigations that identify the root cause and corrective action taken

# ***APPENDIX A***

## ***DEPARTMENT/DIVISION TRAINING MATRICES***

# CITY OF PINOLE – ADMIN/HR EMPLOYEE SAFETY TRAINING MATRIX

	Training Frequency	Cal/OSHA Section Reference	City Manager	City Clerk	Administrative Assistant (2)	Finance Director	Accountant	Accounting Specialist	Assistant City Manager	Human Resources specialist	Management Analyst	IS Administrator				
Aerial Devices	I/(3yr)	<a href="#">3646, 3648</a>														
Aerosol Transmissible Diseases	I/A	<a href="#">5199</a>														
Aerosol Transmissible Diseases – Zoonotics (animal control)		<a href="#">5199.1</a>														
Asbestos Awareness	I/A	<a href="#">1529, 5208</a>														
Battery Handling & Maintenance	I	<a href="#">5185</a>														
Bloodborne Pathogens	I/A	<a href="#">5193</a>	X	X	X	X		X	X	X	X	X				
Compressed Gas Safety	I	<a href="#">3301, 3304</a>														
Confined Space Awareness	I/U	<a href="#">5157, 5158</a>														
Confined Space Entry	I/U	<a href="#">5157, 5158</a>														
COVID-19 Training	I/U	<a href="#">3203</a>	X	X	X	X		X	X	X	X	X				
Defensive Driving (staff who drive while at work)	I	<a href="#">3203</a>	X	X		X			X		X	X				
Electrical Safety (General Awareness)	I/U	<a href="#">3203</a>	X	X	X	X		X	X	X	X	X				
Electrical Safety (Industrial High/Low Voltage)	I	<a href="#">2299 - 2974</a>														
Emergency Action/Fire Prevention	I/U	<a href="#">3220, 3221</a>	X	X	X	X		X	X	X	X	X				

Training Frequency: I – Initial Exposure/New Employee      A – Annual      U – Update/Change      C – Certification

# CITY OF PINOLE – ADMIN/HR EMPLOYEE SAFETY TRAINING MATRIX

	Training Frequency	Cal/OSHA Section Reference	City Manager	City Clerk	Administrative Assistant (2)	Finance Director	Accountant	Accounting Specialist	Assistant City Manager	Human Resources specialist	Management Analyst	IS Administrator					
Emergency Eye Wash	I	<a href="#">5162</a>															
Equipment Operation Safety (department specific)	I/U	<a href="#">Title 8 Index</a>															
Ergonomics - Office	I	<a href="#">5110</a>	X	X	X	X		X	X	X	X	X					
Ergonomics – Back Safety	I	<a href="#">5110</a>															
Excavation/Trenching/Shoring	I	<a href="#">1540</a>															
Fall Protection	I	<a href="#">1670</a>															
First Aid/CPR (designated staff)	I/C (2yr)	<a href="#">3400</a>															
Forklift	I/C (3yr)	<a href="#">Article 24</a>															
Hazard Communication (General)	I/U	<a href="#">5194</a>	X	X	X	X		X	X	X	X	X					
Hazardous Waste/HAZWOPER (Designated employees)	A	<a href="#">5192</a>															
Hearing Conservation	I/A	<a href="#">5095</a>															
Heat Illness Prevention	A- Spring	<a href="#">3395</a>															
Heavy Equipment Operations	I/U	<a href="#">1590 - 1596</a>															
Injury & Illness Prevention Program	I/U	<a href="#">3203</a>	X	X	X	X		X	X	X	X	X					
Ladder Safety	I	<a href="#">3276</a>															

Training Frequency:      I – Initial Exposure/New Employee      A – Annual      U – Update/Change      C – Certification

# CITY OF PINOLE – ADMIN/HR EMPLOYEE SAFETY TRAINING MATRIX

	Training Frequency	Cal/OSHA Section Reference	City Manager	City Clerk	Administrative Assistant (2)	Finance Director	Accountant	Accounting Specialist	Assistant City Manager	Human Resources specialist	Management Analyst	IS Administrator				
Lead Awareness	I/A	<a href="#">5216</a>														
Lockout/Tag Out	I/U	<a href="#">3314</a>														
Machine Shop Safety	I	<a href="#">3940</a>														
New Employee Safety Orientation/Specific Job Hazards	I	<a href="#">3203</a>	X	X	X	X		X	X	X	X	X				
Outdoor Hazards (plants, animals, insects)	A-Spring	<a href="#">3203</a>														
Personal Protective Equipment Requirements (PPE)	I/U	<a href="#">3380, 3385</a>														
Pesticide Use Safety	I/U	<a href="#">5194</a>														
Respiratory Protection	I/A	<a href="#">5144</a>														
Rigging/Hoisting	I	<a href="#">5006</a>														
Scaffold Safety	I/U	<a href="#">1637</a>														
Standard Operating Procedures (department specific)	A	N/A														
Supervisor Safety Training (designated employees)	I/U	<a href="#">3203</a>														
Tools – Hand & Power (department specific)	I/U	<a href="#">Article 20</a>														
Traffic Control & Flagger Training	I	<a href="#">1599</a>														
Tree Work	I	<a href="#">3421</a>														
Welding & Cutting Safety/Fire Watch/Hot Work	I	<a href="#">4799, 4848</a>														

Training Frequency:      I – Initial Exposure/New Employee      A – Annual      U – Update/Change      C – Certification

# CITY OF PINOLE – ADMIN/HR EMPLOYEE SAFETY TRAINING MATRIX

	Training Frequency	Cal/OSHA Section Reference	City Manager	City Clerk	Administrative Assistant (2)	Finance Director	Accountant	Accounting Specialist	Assistant City Manager	Human Resources specialist	Management Analyst	IS Administrator					
Wildfire Smoke	I	Emerg Reg5141.1															
Workplace Violence	I	<a href="#">3203</a>	X	X	X	X		X	X	X	X	X					
(Department Specific Training)																	
(Department Specific Training)																	
(Department Specific Training)																	
(Department Specific Training)																	
(Department Specific Training)																	
(Department Specific Training)																	
(Department Specific Training)																	
(Department Specific Training)																	
(Department Specific Training)																	
(Department Specific Training)																	
(Department Specific Training)																	

Training Frequency: I – Initial Exposure/New Employee      A – Annual      U – Update/Change      C – Certification

**Appendix B – Hazardous/Unsafe Condition Report**

**Reporting Hazardous/Unsafe Condition\***

Department: \_\_\_\_\_

Person Reporting: \_\_\_\_\_ Contact Information: \_\_\_\_\_  
(Optional) (Optional)

Location of Hazard: \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

Date and time the condition or hazard was observed: \_\_\_\_\_

***Hazards posing an immediate danger to life and health should be reported as soon as possible to your supervisor.***

Description of unsafe condition or hazard: \_\_\_\_\_

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

What changes would you recommend to correct the condition or hazard? \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Optional)

**MANAGEMENT INVESTIGATION**

Name of person investigating unsafe condition or hazard: \_\_\_\_\_

Results of investigation. What was found? Was condition unsafe or a hazard? (Attach additional sheets if necessary.)

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

Proposed action to be taken to correct hazard or unsafe condition:

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

Signature of Investigating Party: \_\_\_\_\_ Date: \_\_\_\_\_

Date reporting employee was notified of action taken (if not an anonymous report) \_\_\_\_\_

*\* Please note: Employees can report unsafe conditions anonymously without fear of reprisal. We encourage our employees to report hazards and commend them for their safety awareness.*



Appendix C – Accident Investigation Report

Employee’s Name:

Incident Date:

**INSTRUCTIONS TO THE SUPERVISOR – INVESTIGATION PROCEDURE**

- ⇒ **Complete this report with full detail. Fax a completed copy to MPA at (925) 946-4183.**
- Return the original completed report to your Human Resources Department within 72 Hours of the day you first became aware of the injury or illness.
- Conduct a walk through of the accident location as needed to gain an understanding of how the incident occurred.
- Interview and get signed statements from the injured employee and witnesses at the scene, if appropriate. Use the attached EMPLOYEE/WITNESS ACCOUNT OF ACCIDENT form.
- Take photographs or make a sketch of the accident scene as needed, and attach to report.
- Ensure hazardous conditions are corrected immediately. Isolate and restrict access to accident-related equipment, areas, etc, as needed.
- Develop appropriate corrective measures to prevent this incident from recurring, and list on this report.**

**SUPERVISOR TO COMPLETE:**

1. **Employee’s usual shift:**            to            (use 24 hour format, i.e. 6:00pm = 18:00)
2. **Time employee started work on day of injury:**
3. **Time of accident/injury:**
4. **Extended shift/overtime on day of injury?**     Yes     No
5. **ROOT CAUSE ANALYSIS: Which of the following may have caused or were underlying factors that resulted in the incident? (Check all that apply)**

<b>PEOPLE Factors</b>		
<input type="checkbox"/> Employee Training / Instruction	<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Correct tool not used
<input type="checkbox"/> Distraction, inattention	<input type="checkbox"/> Operating at unsafe speeds	<input type="checkbox"/> Improper Motivation
<input type="checkbox"/> Fatigue / Condition of Individuals	<input type="checkbox"/> Incorrect lifting, carrying	<input type="checkbox"/> Bypassing safety devices
<input type="checkbox"/> PPE not utilized	<input type="checkbox"/> Taking unsafe position / posture	<input type="checkbox"/> Combative Person / Actions of Others
<input type="checkbox"/> Staffing shortage	<input type="checkbox"/> Tool used improperly	<input type="checkbox"/> Other (list)

<b>EQUIPMENT, MATERIALS or ENVIRONMENT</b>		
<input type="checkbox"/> Lighting too much / too little	<input type="checkbox"/> Proper tool not available	<input type="checkbox"/> HVAC / ventilation maintenance
<input type="checkbox"/> Guard / safety device missing	<input type="checkbox"/> Tools / equipment malfunction	<input type="checkbox"/> Motor Vehicle maintenance
<input type="checkbox"/> Unstable load/ Storage/ Congestion	<input type="checkbox"/> Inadequate work space	<input type="checkbox"/> Walking surface unsafe
<input type="checkbox"/> PPE unavailable	<input type="checkbox"/> Chemical Used (attach MSDS)	<input type="checkbox"/> Other (list)

<b>PROCESSES &amp; PROCEDURES</b>		
<input type="checkbox"/> No warning system	<input type="checkbox"/> S.O.P. not followed	<input type="checkbox"/> Inadequate Traffic Control
<input type="checkbox"/> No warning provided / posted	<input type="checkbox"/> S.O.P. contributed	<input type="checkbox"/> Operational tactics
<input type="checkbox"/> Spills, debris, housekeeping inadequate	<input type="checkbox"/> No procedure in place	<input type="checkbox"/> Other (list)



6. Do you agree with the Triage Description and Employee/Witness statements?  Yes  No

⇒ If not, please describe your understanding of the events that resulted in injury or occupational illness, including tasks assigned.

7. Were other employees also injured?  Yes  No

⇒ If YES, list names:

**Corrective Action**

What action will be taken to prevent recurrences of this incident? (Check as many as necessary):

<input type="checkbox"/> Request ergonomic evaluation	<input type="checkbox"/> Install, replace, adjust guards	<input type="checkbox"/> Provide/monitor protective equip
<input type="checkbox"/> Train Staff	<input type="checkbox"/> Modify, replace tools, equipment	<input type="checkbox"/> Repair (explain below)
<input type="checkbox"/> Improve emergency system	<input type="checkbox"/> Provide inspections, observations	<input type="checkbox"/> Revise equipment, layout
<input type="checkbox"/> Improve housekeeping	<input type="checkbox"/> Personal Safety Coaching	<input type="checkbox"/> Review at roll call / staff mtg.
<input type="checkbox"/> Improve job orientation	<input type="checkbox"/> Develop, revise operating procedure	<input type="checkbox"/> No action taken/Other (explain below)

**Follow Up on Corrective Action**

1. Specific Action taken:

a. Work or Purchase Order to correct condition?  Yes – Order #:  No

b. Operating procedure change?  Yes  No

⇒ If YES, description:

2. Other Comments – explain:

3. PHOTOGRAPHS OR SKETCH ATTACHED?  Yes  No

4. Employee/Witness statement(s) attached?  Yes  No

5. No Action Taken – explain:

---

Supervisor's Name:

Supervisor's Signature:

Date:

---

Management Review – I have reviewed this report and its findings.

Division / Department Head:

Date:

Send the original completed report to the Human Resources Department.

**EMPLOYEE/WITNESS ACCOUNT OF ACCIDENT**

Note: PRINT this form, have completed and forward along with the Accident Investigation Report. Use one form per person – CHECK below as noted:

---

Injured Employee                       Witness (City/Town Employee?    Yes    No)

---

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date/Time of Accident: \_\_\_\_\_ / \_\_\_\_\_

Location of Accident: \_\_\_\_\_

**Accident Description** (explain in detail what you were doing immediately prior to the accident and then how you believe the accident happened):

\_\_\_\_\_  
Signature

Name(s) of Other Witness(s) to Accident:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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ATTACH TO THE ACCIDENT INVESTIGATION REPORT

Send the original completed report to the Human Resources Department.

Appendix D –

***BUILDING INSPECTION CHECKLISTS***